Reflective Practice & Leadership:
AN EVIDENCE BASED APPROACH TO EDUCATING FELLOWS IN THE “NEW CORE COMPETENCIES”
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Department of Pediatrics, Baylor College of Medicine
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Department of Pediatrics, Roy J. and Lucille A. Carver College of Medicine, University of Iowa

This abridged version of the full presented contains:
1) BCM overview, 2) Iowa design & outcomes,
2) 3) BCM Outcome evaluation form, 4) Iowa self-assessment form
This slide set does not contain some graphics
and unpublished outcome data

Presented to APPPD
Forum for Fellowship Directors
Denver, CO
April 29, 2011

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Workshop Structure

Review basic RP&L methods

Work through 4 categories of situations

1. Example situations from seminar for heme/onc fellows’
2. Identify comparable situations in your subspecialty
3. Define the key challenges for each situation
4. List the educational strategies to prepare fellows
Learning Objectives

Define the concepts of Reflective Practice and Leadership (RP&L) as applied to pediatrics and pediatric fellowship education.

Describe how these methods can address ACGME core competencies in pediatric fellowship programs.

Describe how methods can be tailored to fit various program/learner needs and resources.
Institutions responsible for medical education are being challenged to demonstrate that physicians acquire what the ACGME has described as core competencies.

The “new” competencies go beyond traditional categories of medical knowledge & technical application of knowledge to patient care.
ACGME Core Competencies

• Patient Care
• Medical Knowledge
• Practice-Based Learning and Improvement
• Systems-Based Practice
• Professionalism
• Interpersonal & Communication Skills

Capacity for reflection & leadership is embedded in many of the competencies
Background - What you already know

Physicians frequently encounter complicated situations -
Not only technical
also psychological, social
and institutional dimensions
Background - What you already know

Knowledge & skill are required to guide others through these situations -

- this is the *leadership* dimension of the physician’s role
Leadership is

“Influencing people by providing purpose, direction, and motivation while operating to accomplish ... (the) mission and improving the organization.”

US Army Field Manual
All definitions of leadership have an elemental core - leadership has a **primary purpose or function** -

...to address a need, a problem, or threat - a **challenge** that requires more of a group than maintaining the status quo
These components of care have been traditionally referred to as the

“art of medicine”
The “art” of a professional - the ability to comprehend and adjust to complex situations as they occur & design an effective response or solution

This capability distinguishes a professional’s approach from that of a technician

Sailboats at Night by Ricardo - Age 9
Texas Children's Cancer Center & Hematology Service
Arts in Medicine Program
Background - What you already know

Physicians acquire these complex skills
- primarily through modeling
  - implicitly and in a hit or miss fashion

Advanced medical education is an apprenticeship - seasoned physicians -
are the primary models
  for residents & fellows
Background

Problem

The artistry of seasoned and expert physicians is clearly visible as you manage complex situations - but the *skills* required for such artistry are *not visible*

However,...
Background

We think the requisite skills hinge on the same form of scientific thinking that underpin expert clinical reasoning and decision making can be learned

Francis Bacon,
Novum Organum
1620
Background

Question

What educational methods can help improve these crucial skills?

J. Dewey
How We Think
1910
Our **Premise**

Physicians are well-schooled in a scientific approach to biomedical situations

- but often lack formal education in reasoning through other complex dimensions

- including *their own role* in situations - *emotions*
Our Approach

Our *hypothesis* -

Physicians in training can grasp these dimensions if given opportunities to analyze social situations in ways similar to complex biomedical problems
Our Approach

Reflective Practice & Leadership

Principles:

- disciplined examination of reasoning
- making reasoning explicit - open to review & critique
- modifying practice according to insights developed in the process
Our Approach - Method

Steps:

- Presenting case & framing a question
- Reflection/Systematic analysis
- Hypothesis Formation/Working Diagnosis
- Plans for Strategic Action
- Evaluation

Faculty Review
Visit the RP&L website for a detailed description of methods
Key Structural Elements

Seminar Leadership

- Led by senior faculty physicians
- Assisted by psychologist
- Faculty model self-disclosure & reflection
- Faculty must be held in high regard by fellows
Key Structural Elements

Attendance & Schedule

- Mandatory for 1st year fellows to provide protected time & signal importance in program
- Elective in upper level years
- Conducted 2x/month, 1.5 hour sessions
Key Structural Elements

All discussions are confidential

Content determined by the fellows

Any challenging situation encountered in role –
patient care, research, the educational program, etc.
– considered fair game for discussion & an analogy to
future challenges

Average of 2 to 4 faculty guide discussion
Keys to the Method

Steps:

- Presenting case & framing a question
- Reflection/Systematic analysis
- Hypothesis Formation/Working Diagnosis
- Plans for Strategic Action
- Evaluation

Faculty Review
Keys to Implementation & Sustainability

Clear authorization from program/department leadership

Participation of seasoned, highly regarded faculty

The importance of faculty who are role models of rp&l - willingness to model self-critique and disclosure of emotion - courage
Keys to Implementation & Sustainability

Consistent use of method
Invitation for comparable cases
Review by faculty and occasional notes on method to keep internally consistent in the practice of the seminar
Observation that faculty being “off method” is not a mistake, but is a likely indicator that the topic is very important and complex
Willingness to re-examine function of the seminar - open to critique
Keys to Implementation & Sustainability

Prompts

*Can see immediate effects, but takes time to find and/or grow the faculty & establish heritage*

*Utility of having someone (e.g. psychologist) in role of facilitator (not content expert) who pays particular attention to the method and the process of the seminar*
Keys to Implementation & Sustainability

Accreditation Matters - Tracking outcomes linked to ACGME core competencies
Outcome Measures

Pre-Post Appraisals of Self-Efficacy

Example Question:

My ability to understand the response of family members to tragic medical situations.

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... the psychological and social effects of the illness and treatment on the family in ways that will enhance my ability to be of assistance to the whole family.

... the effect of caring for a child with cancer and blood disorders on medical professionals in ways that will enhance my ability to experience positive personal development over the course of my career.

... psychosocial factors in ways that will enhance my ability to exert effective leadership in health care teams and institutions.

My general ability to reflect on and analyze complex situations, formulate working hypotheses about the situations and take strategic action.

The level of positive working relationships among our group of fellows and other members of the department.
RE: Tragedy, communication & physician role

N=40

My ability to understand the response of family members to tragic medical situations.

... my own and my colleagues' personal responses to tragic medical situations.

... the role of the physician as it pertains to communication and support of families during times of tragedy.

... to communicate with families during times of tragedy.
**RE: ACGME Competencies  N=40**

**PATIENT CARE**

My ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

... communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.

... counsel and educate patients and their families.

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

... investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

... analyze practice experience and perform practice-based improvement activities using a systematic methodology.

... facilitate the learning of students and other health care professionals.
**INTERPERSONAL AND COMMUNICATION SKILLS**

My ability to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

... create and sustain a therapeutic and ethically sound relationship with patients.

... use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

... work effectively with others as a member or leader of a health care team or other professional group.
**PROFESSIONALISM**

...demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

...demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

...demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

...demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
References


Baylor Pediatrics &
Texas Children’s Cancer Center
Gladstone Airewele, MD
Carl Allen, MD, PhD
Susan Blaney, MD
Stephen Gottschalk, MD
Ching Lau, MD, PhD
Kathryn Leung, MD
Donald Mahoney, Jr, MD
Jodi Muscal, MD
Will Parsons, MD
Karen Rabin, MD

Baylor Academic General Pediatrics
Jan E. Drutz, MD
Armando Correa, MD
Carl Tapia, MD, MPH

Baylor Risk Management
Brenda Hart, D Jurs

Other Colleagues
Lindsey Kilburn, MD (Children’s National Medical Center)
Dean Lee, MD, PhD (M.D. Anderson Cancer Center)
G. Doug Myers, MD (Children’s Mercy Hospitals and Clinics, Kansas City, Kansas)
Douglas Strother, MD (Alberta’s Children’s Hospital, Calgary, Alberta, Canada)
John A. Widness, MD (Roy J. and Lucille A Carver College of Medicine, U. of Iowa)

Mountaineering Pictures Courtesy of Nick Pope
Thank you!

Continue for U of Iowa material
Reflective Practice & Leadership at Iowa

A Combined Seminar for 1st Year Pediatric Fellows IN ALL SUBSPECIALITIES

No Conflict of Interest To Disclose
As Departmental & Divisional PD I Had …

1. A strong desire to provide fellowship training in all areas, including personal growth and development – even if not specifically required by the ACGME, RRC or the ABP.

2. A gnawing sense was that there was something important missing from the fellowship training we were providing – something beyond our excellent departmental & divisional “core curriculum” seminars.
A Possible Solution to My Problem?


Very appealing to me because I get “2 for 1,” ie, I can address my “gnawing concern” AND address the ACGME!

Donald Mahoney, Jr., M.D.
Professor, Department of Pediatrics, Section of Hematology-Oncology, Department of Immunology and Department of Medicine, Baylor College of Medicine
What I Learned from Dr Mahoney About the RP&L Seminars at Baylor ...

- RP&L provides a hypothesis driven, analytical method that can be applied to challenging professional situations.

- The method is similar to, but the situations discussed different from:
  - Morning report which also uses a hypothesis driven, analytic approach for developing a differential diagnosis, evaluation, plan, etc.
  - Research training which teaches developing hypotheses, learning methods and approaches to a challenging questions
Why Would PDs Consider Initiating Training in RP&L? Is It “Just One More Thing To Do?”

RP&L can *accelerate* improvement in fellow skills:

- In analyzing and managing difficult & complex professional problems through “collaborative team mentoring” by faculty *and their peers*
- In becoming more aware of & comfortable with themselves & their reactions in challenging professional situations
- In providing effective self care for managing stress
Iowa’s RP&L Seminars – Nitty-Gritty

- 1st year pediatric fellows (6-9 fellows/yr)
- Led by 4-5 interested faculty who are selected by director (me)
- Eight 1-hr seminars annually (Aug to Dec) every 3rd wk
- Strict confidentiality – nothing leaves the room!
- Punctuality with lunch available at 11:45 am for noon to 1 pm seminar
- Cell phones & beepers turned off
- One fellow selects a difficult situation of their choosing—anything goes (we have them sign up at the beginning)
- Have fellows do majority of talking – with faculty guidance
- 1 Outcome is done as online ACGME self-assessment by fellow
Fellow Self-Evaluation of RP & L Iowa Seminar By ACGME Core Competencies*

1) **PATIENT CARE**: My ability to counsel and educate patients and their families

2) **PRACTICE-BASED LEARNING & IMPROVEMENT**: My ability to analyze practice experience and perform practice-based improvement activities using a systematic methodology

*Adapted from Baylor’s Pediatric Heme/Onc Fellowship Materials (available in APPD online documents)
Fellow Self-Evaluation of RP & L Iowa Seminar By ACGME Core Competencies*

3) INTERPERSONAL AND COMMUNICATION SKILLS: My ability to work effectively with others as a member or leader of a health care team or other professional group

4) PROFESSIONALISM: My ability to demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest …

*Adapted from Baylor’s Pediatric Heme/Onc Fellowship Materials (available in APPD online documents)
Self Evaluation of RP & L Seminar re. “Personal Health And Well Being”

My ability to demonstrate personal self-awareness, sensitivity, and responsiveness to my own needs to effectively and compassionately manage my personal and professional life.

(Note: Iowa’s evaluation questionnaire is available online & as handout)
What Is Needed for a Successful RP&L Program?

• ~4 to 5 faculty champions who are creative, and who are able to transform challenges into opportunities, and who want to devote the time & interest needed
• A supportive, enthusiastic department chair who expects excellence and encourages such activities
• Supportive fellowship directors (helpful if some are RP&L champions) who encourage fellow participation
• Enthusiastic support of departmental education staff

*To be successful, RP&L requires hard work, creativity, teamwork & commitment on the part of faculty*
Examples Included Online at APPD Site as PPT …

Examples of Clinical Issue

1. “How do you rapidly gain the trust of a family you don’t know but need to deliver catastrophic information?”

2. “What if the family takes the stance they will only work with certain medical team members?”
What questions do you have about how RP&L might work at your program?
Schedule for RP&L Seminar Sessions

Location: 2391 JCP (at end of the corridor on 2 JCP)
Dates: Aug 22, Aug 29 & every third Wed thereafter

Individual Seminar Session:

10:30 a.m. – Fellows sent text pager message reminders.
11:30 a.m. – Lunch available – faculty & fellows.
11:50 a.m. – Begin seminar – door closed.
12:50 p.m. – End seminar – fellows leave.
12:50 p.m. – Begin faculty review
1:10 p.m. – End faculty review

What minor changes should be considered?
The Five Steps of the RP&L Method

1. Presentation of a challenging case and framing the question.

2. Reflection – systematic analysis of circumstances (including self awareness).

3. Formation of working hypotheses/working diagnoses.


5. Summary and evaluation of discussion.
Examples of Research Issues

1. “The first year is so demanding — how do you choose projects? …how do you know what to bet on is right for you and will work?”

2. “What do you do when your research project is stalled and your mentor appears unconcerned?”
Examples of Personal & Professional Boundary Issues

1. “…its hard to keep a perspective on…your life — like how could my child’s piano recital compare to a child who might die?”

2. “How do you manage the impact of grief on yourself (as a provider) and on your family (as secondary fall out)?”
Examples of Academic/Program Issues

1. “We have discussed how to manage night call — how can we bring these issues forward in the program?”

2. “It was suggested to me that I bring up the issue that the transplant team has outgrown the one fellow position — how do you negotiate change from a position of less power?”
RP&L: Helping Your Fellows, Your Program & YOU!

“An ounce of prevention is worth a pound of cure.” ~ Ben Franklin ~

• Beginning fellowship is stressful – particularly for fellows from other programs – With RP&L fellows may are more likely to seek you out &/or know where to go for problems they experience
• 1st year fellows want to learn about everything quickly! Others expect them to be experts in their area, but are not) – With RP&L fellows may feel less stressed
• Fellows want & need faculty mentors/role models – With RP&L fellows may come to you more readily and often for clinical, research & personal reasons
• Fellows want & need a safe haven – With RP&L fellows may come to you for personal reasons needing attention, eg, depression, problems at home
• Fellows want & need to feel looked after – With RP&L fellows will appreciate your nurturing
• Fellows want & need to feel good about themselves – With RP&L fellows may be more likely to succeed professionally & share this with program applicants
Fellows’ Seminar Evaluation Form
V 62005

Year Entered Fellowship:_______

The following questions are taken from the Appraisal of Mid-Month Oncology/Hematology Seminar: Tragedy, Communication & The Physician’s Role a survey instrument used with residents who rotate through our service. Please respond according to your impressions of the impact of the Fellows’ Seminar on your ability in the following areas. For each item rate your ability before you joined the seminar (Before Seminar) and then how much you think the seminar improved your ability (After Seminar)

Please circle the response that best matches your appraisal of the Fellows’ Seminar:

1. My ability to understand the response of family members to tragic medical situations.

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2. My ability to understand my own and my colleagues’ personal responses to tragic medical situations.

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3. My ability to understand the role of the physician as it pertains to communication and support of families during times of tragedy.

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4. My ability to communicate with families during times of tragedy.

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What aspect of the seminar was most helpful to the task (learning about communication with families in times of tragedy)?:

________________________________________________________________________________________

________________________________________________________________________________________

What aspect was least helpful?:

________________________________________________________________________________________

What suggestions do you have for education in the area of doctor-patient communication in times of tragedy?:

________________________________________________________________________________________

________________________________________________________________________________________

(Continued on next page)
(The following questions relate to some of the original goals of the seminar.)

1. My ability to understand the psychological and social effects of illness and treatment on the child in ways that will enhance my ability to be of assistance to the child.

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3. My ability to understand the effect of caring for a child with cancer and blood disorders on medical professionals in ways that will enhance my ability to experience positive personal development over the course of my career.

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4. My ability to understand psychosocial factors in ways that will enhance my ability to exert effective leadership in health care teams and institutions.

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5. My general ability to reflect on and analyze complex situations, formulate working hypotheses about the situations and take strategic action.

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6. The level of positive working relationships among our group of fellows and other members of the department.

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The ACGME has defined a set of “Core Competencies”. These are fundamental educational targets each training program must address. The items in the next section are based on the exact language used by ACGME. We would like to know if you think the seminar was useful in developing your competence in these areas.

**PATIENT CARE**

1. My ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

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2. My ability to communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families

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3. My ability to counsel and educate patients and their families

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**PRACTICE-BASED LEARNING AND IMPROVEMENT**

4. My ability to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

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5. My ability to analyze practice experience and perform practice-based improvement activities using a systematic methodology

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6. My ability to facilitate the learning of students and other health care professionals

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INTERPERSONAL AND COMMUNICATION SKILLS

7. My ability to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

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8. My ability to create and sustain a therapeutic and ethically sound relationship with patients

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9. My ability to use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

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10. My ability to work effectively with others as a member or leader of a health care team or other professional group

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PROFESSIONALISM

11. My ability to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

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12. My ability to demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development

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13. My ability to demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices

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14. My ability to demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

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Your suggestions for improving the seminar:

____________________________________________________________________________________
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We deeply appreciate your participation in the seminar and this evaluation. It truly is “the Fellows’ Seminar” and we want to make it the best possible experience for you and your future colleagues. Thanks again!

Thank you. Please return this form to
The ACGME has defined a set of “Core Competencies” that are fundamental educational targets that training programs must address. Please evaluate if the RP&L seminar series was useful in the first half of your first year of fellowship developing your competence in the following Core Competency areas.

**PATIENT CARE**

1. My ability to counsel and educate patients and their families

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Comments (optional):

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**PRACTICE-BASED LEARNING AND IMPROVEMENT**

2. My ability to analyze practice experience and perform practice-based improvement activities using a systematic methodology

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Comments (optional):

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**INTERPERSONAL AND COMMUNICATION SKILLS**

3. My ability to work effectively with others as a member or leader of a health care team or other professional group

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Comments (optional):

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**PROFESSIONALISM**

4. My ability to demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development

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Comments (optional):

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Although not include by in the ACGME set of “Core Competencies,” we welcome your responses to the following questions that are also important during your first year of fellowship training.

**PERSONAL HEALTH AND WELL BEING**

5. My ability to demonstrate personal self-awareness, sensitivity, and responsiveness to my own needs to effectively and compassionately manage my personal and professional life

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Comments (optional):

**VALUE OF RP&L SEMINAR IN CONTEXT OF TIME AVAILABLE DURING FELLOWSHIP**

6. The primary goal of the RP&L seminar series is to accelerate fellows’ abilities in analyzing and managing challenging professional situations by applying a hypothesis-based method. Recognizing that there is limited time to accomplish all that is needed during fellowship, please rate the value of the RP&L seminar for 1st year pediatric fellows in this context

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Comments (optional):

Please provide any additional suggestions for improving the RP&L seminar:

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*Thank you for completing your evaluation!*