Stanford Pediatrics Residency Program’s Coaching Initiative

- Carrie Rassbach MD, Associate Program Director
- Becky Blankenburg MD, MPH, Program Director
Disclosures

• The authors have nothing to disclose
Background

- Residents need specific, formative feedback, ideally in a longitudinal manner
- Pediatric residency programs need optimal assessment and evaluation tools
- ACGME Requirements for 2013-14 will require
  - Bi-annual Pediatric Milestones report cards
  - Clinical Competency Committees
Background

Challenges facing resident education:

- **Duty hour restrictions**
  - Shorter shifts for residents = potentially less time with faculty
- **Shorter lengths of service time for faculty**
  - Leads to less time with same faculty
- **Individual pathways + Duty Hours**
  - May lead to less time cycling back to same service \( \rightarrow \) less time with same faculty
- **Only longitudinal assessment we have is in continuity clinic**
Program Description

• Goal: To provide longitudinal feedback to residents, stimulate reflective practice in residents, and provide covert faculty development
• 8 Faculty Coaches (10% FTE each)
  – Selected by application, interview, and review of teaching evaluations
• 10 Residents/Coach
• Longitudinal observations in multiple settings: inpatient and outpatient settings, across rotations, and through training years
Objectives

• To assess residents’ skills in the following areas:
  – Patient care
  – Professionalism and interpersonal communication
  – Critical thinking
• To create goals for improvement in the above areas
• To foster residents’ abilities to reflect on their performance and set goals for improvement
Coach-Resident Relationship

• Initial meeting to establish rapport and review residents’ goals/ILP
• Each subsequent meeting includes direct observation, facilitated reflection and formative feedback
• Observations occur on rounds, in clinic, during new patient encounters, handoffs, supervisory encounters, care conferences, and other settings
• Each year, residents receive:
  – PGY 1: 10 observations
  – PGY 2: 7 observations
  – PGY 3: 5 observations
Observations

• PGY1s:
  – History-taking
  – Physical Exam Skills
  – Communication Skills
  – Presenting on Rounds
  – Clinical Reasoning
  – Handoffs
  – Documentation

• PGY2s and PGY3s:
  – Handoffs
  – Teaching/Precepting
  – Care Conferences
  – Clinical Reasoning
  – Giving bad news
Other Duties of the Faculty Coach

• Solicit feedback from faculty regarding residents’ performance and communicate areas needing improvement
• Complete written evaluations following each observation
• Participate in monthly faculty development sessions
• Participate in bi-annual Clinical Competency Committee meetings to complete Pediatric Milestones report card for each resident
Program Evaluation

• Pre- and post-intervention surveys of residents to assess:
  – Residents’ perceptions of the quality and quantity of feedback they receive from faculty, peers, nurses and patients
  – Residents’ confidence in:
    • Clinical skills
    • Professionalism
    • Setting goals for improvement
  – Connectedness to the residency program, faculty and institution
Program Evaluation

• Pre- and post-intervention surveys of faculty coaches and non-coaches (controls) to assess:
  – Educational experience (roles and prior faculty development)
  – Confidence in:
    • Providing quality feedback to residents
    • Coaching residents to set goals
  – Perceptions of the adequacy and quality of verbal feedback residents receive
  – Perceptions of the adequacy of verbal feedback faculty receive
  – Connectedness to the residents, residency program, and institution
Additional Outcomes

• Pre- and post-intervention comparison of:
  – Average number of evaluations per resident per month
  – Qualitative assessment of evaluation comments
  – Average number of residents requiring remediation per year
  – Average time to initiation of remediation
  – Individualized Learning Plan goals (qualitative analysis of goal quality)
  – Residents’ reflective capacity
  – Residents’ life-long learning capacity
  – ACGME and GME Annual Resident Survey Results
  – ACGME and GME Annual Faculty Survey Results
  – Average in-training-exam (ITE) score
  – Pediatric Boards' Pass rate
References

Specific Questions to the Group

• Other outcomes to study?

• Recommendations of what to observe in PGY2’s and PGY3s?
  – Handoffs
  – Teaching/Precepting
  – Care Conferences
  – Clinical Reasoning
  – Giving bad news