

PROBLEM BASED LEARNING: MAKING IT WORK FOR RESIDENT EDUCATION

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Objectives:

1. To describe the PBL process and the educational foundation of PBL
2. To explain how PBL can be utilized in resident education

Problem Based Learning (PBL) is a stimulating and challenging instructional technique that focuses on problem solving in a collaborative atmosphere. This method allows faculty facilitators to identify individual learners' current knowledge and respond to specific learning needs. Through highly structured case scenarios, PBL promotes increased understanding and retention of information that is directly applicable in subsequent clinical situations.

The classic PBL model is widely used in medical schools, but requires some adaptation for use in residency training. Over the last 10 years, the classic PBL model has been modified for training beyond medical school by a multi-specialty group of clinical educators. This adapted PBL model is ideally suited for efficient, effective educational sessions with residents. At the Children's Hospital of Pittsburgh, we have conducted faculty development training sessions in PBL case design and facilitation and have integrated the technique into our attending rounds.

In this workshop, participants will join in a brief but highly interactive group discussion of the educational principles that form the foundation for both classic and adapted PBL. The workshop faculty will then demonstrate the facilitation of a typical resident PBL session. To experience the full impact of this model, participants will break into small groups to become learners in a sample PBL case with workshop faculty as facilitators. Next, the workshop faculty will share their experiences using PBL for teaching conferences with residents and/or students. Finally, based on their activities in this workshop, participants will discuss the faculty development programs that would be required to successfully implement this PBL model at their home institutions.

HELPING MANAGE WHAT YOU KNOW AND WHAT YOU DON'T KNOW: A WORKSHOP IN PROFESSIONAL DEVELOPMENT

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Pediatrics will be very different in the 21st century with medical advances introduced at an unprecedented rate. Recent studies question the ability of traditional CME to meet this challenge and conclude that more efficient methods are needed to help physicians in their pursuit of lifelong learning.

This workshop will initially compare and contrast several approaches to learning in clinical practice and the evidence of their effectiveness. The principles of continuing professional development (CPD) - namely education that is grounded in practice, uses experts as learning resources, and interaction with peers to overcome barriers to changes in practice - will be the basis for exploring new strategies. The value of experiential learning from practice reflection will then be reviewed.

Participants will discover how to create and manage a personal list of educational needs from practice experiences, leading to a discussion on the advantages and disadvantages of keeping a "don't know" database. Examples of computer-supported learning tools that help physicians direct, focus and manage their CPD will be introduced. The overarching goal is to explore the value of these tools for promoting lifelong learning.

A PRIMER IN COMMUNICATION AND EFFECTIVE FEEDBACK SKILLS

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By the end of the workshop, the learner will be able to:

Objectives:

- 1) List and discuss the barriers to effective communication
- 2) Propose strategies for preparing the learner to accept and learn from feedback
- 3) Discuss guidelines for giving effective feedback
- 4) Practice methods of giving effective feedback

This interactive workshop will give participants a chance to refine their communication skills as well as become proficient at providing feedback to both residents and colleagues. Although communication skills are essential to success both in clinical practice in addition to thriving in an academic environment, very few clinicians are actually trained in this subject matter. Moreover, the ability to communicate effectively is a precursor to giving feedback effectively. Feedback is a crucial component of all program director's or chief resident's responsibilities. One of the most common resident complaints is that they do not receive feedback in a timely manner from their training programs. Because the task of providing negative feedback causes anxiety for both the teacher and the learner, it is often avoided. Alarming, the literature supports that even useful, positive feedback is lacking. However, we know that residents, students and colleagues all desire feedback on their performance. In order to address all of the above issues, this workshop is designed to instruct learners on the principals of both effective communication and feedback. Therefore, the first half of this 90-minute workshop will review barriers to effective communication. Through short videotaped segments and interactive discussion, participants will identify and discuss methods of overcoming these barriers. The next half of the workshop will be devoted to putting these skills to work by concentrating on the art of giving effective feedback. We will demonstrate approaches used to prepare learners to accept and learn from feedback. The differences between feedback and evaluation will also be addressed. Finally, we will discuss guidelines for giving effective feedback and practice these methods via small group role-play.

THE "PROBLEM" RESIDENT - AN INTERACTIVE WORKSHOP

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Somewhat remarkably, most resident physicians survive the academic and personal rigors of residency without difficulties- Even with this uncomplicated group the work of program directors in assuring a curriculum of training that is in compliance with the recommendations of the Residency Review Committee and then evaluating and documenting each resident's progression through the program is substantial. When a resident physician experiences problems during their residency training the "work for the program director increases exponentially. Though the problems experienced by resident physicians vary tremendously and the solutions are as diverse, the program director must always investigate the problem, determine the magnitude of it on the resident's performance or potential performance, provide appropriate interventions including disciplinary or remedial actions, and involve all the necessary parties in the process so that there is due process for the resident, the institution, the department and the program and its director. Over the past few years, we have experienced a variety of resident problems and have "learned" the hard way about deficiencies that existed in our program regarding needed policies, as well as more accurate evaluation and documentation systems. We have also perceived that the climate for dealing with such problems has become more adversarial. The purpose of this workshop is to share some of these experiences and their outcomes and solutions with other program directors so as to help others avoid similar issues.

During the workshop we will discuss in broad categories the types of difficulties that residents might experience such as academic deficiencies in knowledge or clinical skills, professional conduct issues including apparent moral and ethical lapses and problems of physical and mental health that lead to inadequate resident performance. Information collected from a confidential survey of residency program directors regarding the types of problems that they have encountered and their experiences in dealing with these problems will be presented. In addition, we YAll survey the ABP regarding the national statistics available since 1992 that track the competencies of pediatric residents that cannot be measured using a written examination and present information which will allow us to assess our own performance in this important arena. Following this workshop, participants should understand more fully the types of problems that residents may encounter and should be better prepared as a program to deal with such problems if they arise in the future.

USES OF TECHNOLOGY IN RESIDENT DOCUMENTATION: FROM LOW TECH TO HIGH TECH

Ernie Guzman, MD, White Memorial Medical Center; Kirby Rekedal, MD, Monmouth Medical Center; Rob McGregor, MD, St. Christopher's Hospital for Children; John Mahan, MD, Columbus Children's Hospital; David Lewis, MD, Children's Hospital of Wisconsin

Objectives:

1. Describe newer technological options available for resident documentation. Identify resources to assist your program efforts.
2. Discuss benefits and limitations of current technology and future, trends.
3. Access a few of the technologies and design a plan for implementation at home-

"Don't work harder, work smarter." This seems to be the mantra of academic medicine for the new millennium. In this workshop, we will describe and demonstrate some documentation systems currently in place at our institutions meant to simplify the collection and documentation of data regarding some of the RIZC requirements. These systems range from PC-based systems to Web-based documentation to Personal Digital Assistants (PDA) (Palm Pilot, Handspring, etc.)

The workshop has no pre-requisites. You need not be techno-savy to gain some ideas. The discussion will begin with basics and develop as the participants direct. Product comparison as well as use of keyboards and infrared ports will be discussed. Some of the Software to be discussed includes: PatientKeeper, HanDBase, ePocrates, GoType, SCS Print, GroupSynch and OnlyMe. Interactive discussion and hands on demonstrations should highlight this workshop.

Bring your own strategies, favorite software and solutions to such issues as patient confidentiality, maintaining security, and data storage. Bring your own PDA if you have one.

CONSENT AND CONFIDENTIALITY - TEACHING HOUSESTAFF TO RESPECT THE RIGHTS OF OTHERS

S. Selbst, K. Palmer, M. Gorelick, S. Singh, A dupont Hospital for Children, 1600 Rockland Road, Wilmington, DE

Objectives:

1. To be aware of the appropriate way to obtain informed consent.
2. To teach residents the importance of keeping information confidential

Procedural skills are an important part of housestaff training. Unfortunately, residents often learn the technical skills but are less aware of how and when to obtain proper consent or to communicate effectively with families. Likewise, some fail to appreciate the need to keep information private.

This workshop will focus on common, important issues that arise in pediatric training such as:

1. Appropriate discussion of risks and benefits before a procedure.
2. Getting consent for clinical research.
3. How to deal with religious objections.
4. Managing the patient or parent who wants to leave "AMA."
5. Testing for HIV - to help the patient, or to help the staff after needle injury.
6. Caring for a pregnant adolescent who doesn't want her parents to know.
7. The dangers of 'elevator talk".
8. Sensitive management of suspected child abuse.
9. Protecting the privacy of VIP patients.

Workshop leaders will facilitate a discussion of the legal and ethical principles involved in considerations of consent and confidentiality, and on methods to effectively teach these issues to housestaff. Participants will then have the opportunity to engage in practical application of teaching techniques through the use of case scenarios, video tapes and role playing in small group sessions.

THE COORDINATOR'S ROLE IN PREPARING FOR A SUCCESSFUL SITE VISIT

Jimmy L. Simon, M. D. and Jeri L. Whitten, Accreditation Council for Graduate Medical Education and West Virginia University, Charleston Division, Pennsylvania Avenue, Suite 104, Charleston, WV

Objectives:

1. To provide information relative to the site visit process
2. To educate the coordinator in ways he/she can contribute to the overall success and proper documentation of the site visit.

Pediatric Residency Program Coordinators play a vital role in the success of an RRC site visit. Sound knowledge relative to the process is essential. The Coordinator, most times, has responsibilities for data collection and preparation of the RRC program information forms. Proper preparation of the document is vital in order to present the program in the most favorable light and assist the field representative in his/her assessment of the program. Various documents, files and schedules for documentation of the overall function of the program should be complete and available to the field representative.

Discussion of these requirements will be presented. The comfort level of the Program Coordinator with the process and the time element involved in preparation can contribute in very great part to the successful site visit.

GME TRACK

Jennifer Grosky, Association of American Medical Colleges, 2450 N Street, NW, Washington, DC

Objectives:

1. To have users fully understand the purpose of GME Track
2. To show users shortcuts and commonly made mistakes
3. To review enhancements to the system
4. To provide and solicit feedback from users

GME Track is a web-based graduate medical education resource and resident database brought to you by the Association of American Medical Colleges (AAMC). One of the key components in GME Track is the National GME Census jointly conducted by the AAMC and the AMA, which collects data on residents and programs. The National GME Census replaces the previous AMA Survey of Graduate Medical Education Programs. The program data that is collected in GME Track is used to populate FREIDA Online and the Directory of Graduate Medical Education Programs otherwise known as the Green Book.

In this workshop, users will have an opportunity to learn about the changes and additions to GME Track as well as being able to share common problems/experiences.

COMMUNICATION - A COORDINATOR'S MASTER KEY

Melodie Parker, Baylor College of Medicine, One Baylor Plaza, Houston, TX and Cathy Root, St.-Christopher's Hospital, Erie Ave. at Front St., Philadelphia, PA

Objectives:

An interactive teaching session to improve a coordinator's communication and listening skills so they can enhance current working relationships and build new working relationships.

This session will teach pediatric residency coordinators the importance of communication and effective listening to enhance working relationships.

We will demonstrate the various techniques available to get the results that may be desired. This demonstration will include working examples that coordinators experience in their every day job roles.

Special emphasis will be placed on developing and maintaining these working relationships through effective communication and interpersonal skills.

COMBINED MED/PEDS PROGRAMS-THE NUTS AND BOLTS

J. Thomas Cross, Jr., MD, MPH, LUHSC-Shreveport; Keith Boyd, MD, Rush-Presbyterian, St. Luke's; Dean Miner, MD, Univ. of AL, Birmingham

Objectives:

1. Describe what a Med/Peds Program is
2. Define how to put together a Med/Peds Program
3. Delineate the differences between Med/Peds Programs and Family Practice Training
4. Define where Med/Peds Graduates practice -

Purpose: To Update Pediatric Residency Program Directors, Residents, Chiefs, and Med/Peds Program Directors on the latest information on Med/Peds Graduates and Training programs.

Methods: Initial Didactic presentations followed by an interactive workshop where attendees could interact with established Med/Peds Program Directors

Topics to be covered in the workshop:

How to start a Med/Peds Program

Where are the current Med/Peds Programs

Where do current Med/Peds Graduates practice

What types of practices do they set up

What type of faculty support is needed for Med/Peds Programs

How have Board requirements changed training over the last few years

Finally, an open forum will exist for entertainment of issues pertinent to the group