Clinical Service and Education in a Pandemic: Does today's crisis change yesterday's dilemma?

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VIRTUAL CAFÉ FOR FELLOWSHIP PROGRAM DIRECTORS

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Objectives

- Review qualitative and quantitative data from pediatric residency program directors and pediatric residents regarding
  - The definition of service activities during training
  - The optimal integration of service and education within a program

- Discuss in small groups how the COVID-19 pandemic may have altered or impacted the dialogue around service and education
  - Has the pandemic made a challenging situation worse?
  - Have new opportunities emerged during the crisis?

Timeline

- 15 minutes to present data from 2 studies about service and education in pediatric GME
- 10-15 minutes in small groups
  - Debate exercise
- Finish with a debate on how the Covid 19 pandemic has changed the perennial conversation about service and education

A Tale of Two Studies

Article

Defining Service and Education in Pediatrics

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Debra Boyer, MD, MHPE[1,2], Josh Gagne, MA[3], and Jennifer C. Kesselheim, MD, MEd[2,3]

- Conducted focus groups of residents (N=18, representing 16 programs) and program directors (N=14)
- Two phase qualitative analysis revealed 4 themes
  - Misalignment of the perceived definition of service
  - Agreement about the definition of education
  - Overlapping perceptions of the value of service to training
  - Additional suggestions for improved integration of education and service

Misalignment of the perceived definition of service

Residents

Themes:

Giving back to the community

Altruism

Caring for patients

Heterogeneity

PDs

Themes:

Activities that are not educational

- **Scut**
- **Non-physician activities**

Heterogeneity of resident definitions

Overlapping perceptions of the value of service to training

Residents

"there is value in it because it's teaching you how to work with different people"

"this might be too stressful, but in the end it'll make you more confident"

"I'm happy to do these things because it makes the patient's life better…but it's not educational at all"

"rounds can be very beneficial, whether you realize it or not"

"preparing us to be able to take care of anything that walks through the door"

"I think service makes us better, more well-rounded physicians"

PDs

"I think that without service, there IS no education"

"I tend to view [service] as a negative, because I never hear the residents…talk about it in a positive…or educational way"

"part of education is learning to be efficient"

"learning to be efficient, learning to be brave"

Overnight call repeatedly identified by both cohorts, especially residents, as an example of service that is valuable for learning.

Additional suggestions for improved integration of education and service

Residents

"they are so intertwined…as long as you're traying to learn from it and to be better and to provide service, then you're accomplishing both at the same time"

"We changed over this year to protect the {didactic} time…and the hospital has to cover us for 1 hour"

"Educational goals for every rotation"

"The attendings take us away from the floor, even if it's only 15-20 minutes, to discuss one kid"

PDs

"I feel like it is balanced with I see a senior resident say on a busy day "I learned so much"

"Over the long run you end up being balanced, the need to always be balanced makes it…out of balance"

"You have a job…they're giving us service that way…and you have education…that's the two pieces of your life as a professional"

Conclusion

Both pediatric residents and residency PDs hold numerous definitions for service. The 2 cohorts share the belief that service activities can have substantial educational value. These data should guide the ACGME as they interpret survey data about the role of service in training programs. Moreover, PDs, seeking to integrate education and service, can use these data to guide curricula and facilitate useful dialogue with trainees.

Integrating Education and Service in Pediatric Residency Training: Results of a National Survey

Jennifer C. Kesselheim, MD, MBE, MEd; Alan Schwartz, PhD; Debra Boyer, MD, MHPE; for the APPD LEARN Study Group on Education and Service

- APPD LEARN network
  - 15 programs participated
  - 6 of 8 APPD geographic regions represented
- Program directors, associate program directors and residents from each program participated

ACADEMIC PEDIATRICS 2017;17:907–914

Methods: Survey Instrument

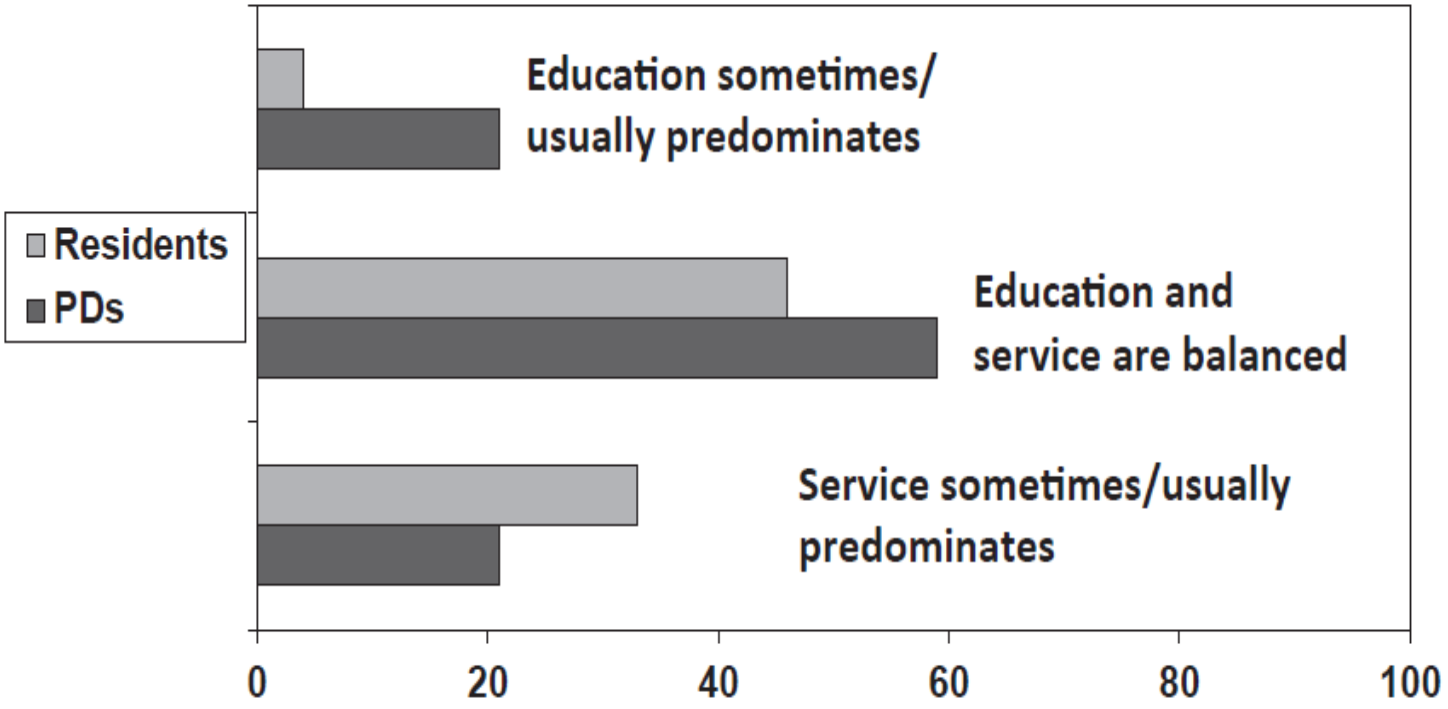
Online survey instrument containing 4 domains and 27 items

- Perceptions of service and education in the program
- Definitions and perceived value of service and education
- Ratings of service and education intrinsic to 12 common pediatric training scenarios
  - Vignettes based on previous qualitative work
  - Each rated on two separate 7-point Likert scales assessing educational value and service content
- Demographics

Response Rate and Demographics

- Completed surveys
  - 34 PDs (100%)
  - 359 residents (45%)
- Resident response rate varied by program

- PDs
  - Mean age 42 years (SD 16.5)
  - 20 female (59%)
  - Mean of 5.7 years in role as PD (SD 4.6, range 0-17)
- Residents
  - Mean age 29.1 years (SD 4.9)
  - 269 female (74%)
  - Even distribution of post-graduate year


Residents
PDs
Education sometimes/
usually predominates
Education and
service are balanced
Service sometimes/usually
predominates
0
20
40
60
80
100

Definitions of Service

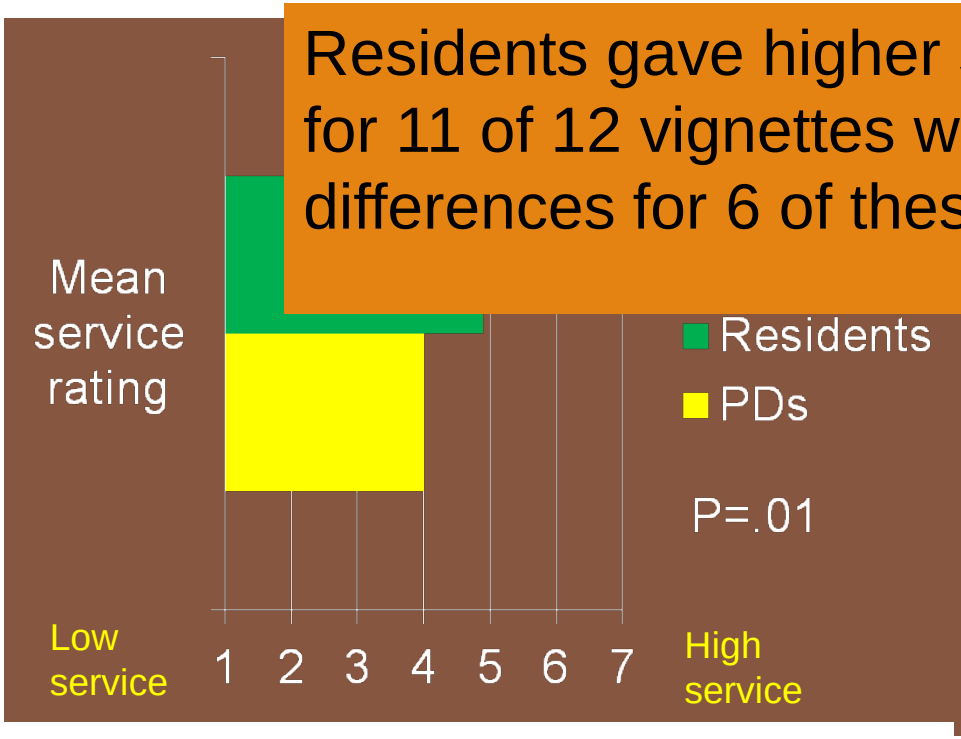
Proposed definition	% Resident endorsing definition	% PD/APD endorsing definition	p	Resident value ratings Mean (sd)	PD value ratings Mean (sd)
Volunteering in the community	**82%**	**59%**	**.002**	**3.5 (1.1)**	**4.0 (1.0)**
Political advocacy work	**71%**	**66%**	**.54**	**3.0 (1.1)**	**3.7 (1.2)**
Advocating for an individual patient	**92%**	**84%**	**.17**	**4.4 (0.7)**	**4.9 (0.2)**
Going above and beyond for an individual patient	**91%**	**78%**	**.016**	**4.5 (0.8)**	**4.8 (0.4)**
Routine patient care duties	**92%**	**72%**	**<.001**	**4.4 (0.8)**	**4.8 (0.5)**
Administrative tasks	**76%**	**75%**	**.86**	**2.5 (1.0)**	**3.3 (1.0)**

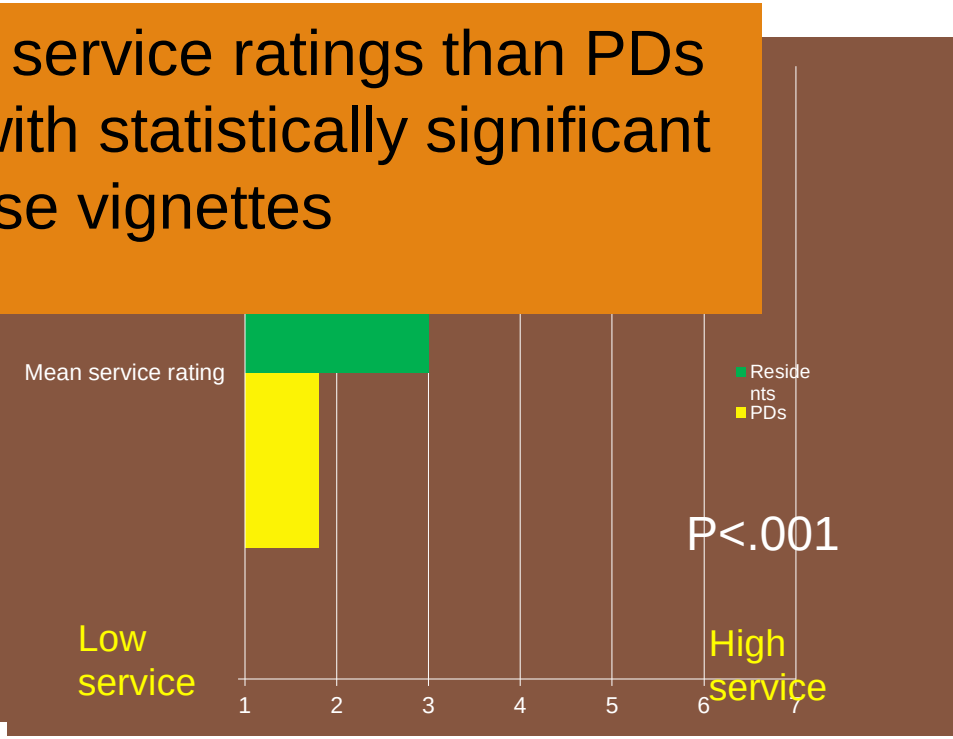
Training Vignettes

While working in the Emergency Department, a trainee sees a 2 year-old boy with gastroenteritis, the 6th such patient in the last two days.

Twice a month in the pediatric ICU, trainees have a mock code in which they function as the team leader during the simulated resuscitation

Residents gave higher service ratings than PDs for 11 of 12 vignettes with statistically significant differences for 6 of these vignettes





Training Vignettes

Three vignettes with high (> or =5) service ratings from both cohorts

- Dictating discharge summaries
- Placing an IV
- Coordinating a radiographic study

Four vignettes with high (> or =5) education ratings from both cohorts

- Formal teaching experiences/didactics
- Individualized feedback on management

Two vignettes with moderately high (> or =4) ratings on both service AND education from both cohorts

- Working 5 overnights in a row to cover a general pediatric service with an attending available by phone
- Volunteering at a school-based clinic to provide free care to the local high school children

Conclusions

- PDs and residents demonstrate discordant perceptions of the balance of education and service in their training programs
  - Residents significantly more likely to perceive higher amounts of service than PDs
  - PDs give higher ratings to the value of service activities
  - Ramifications for how PDs and residents communicate

- Residents and PDs endorse some of the same definitions of service
  - Advocating for an individual patient
  - Going above and beyond to care for a patient
  - Residents are more likely than PDs to also endorse routine patient care and volunteerism

Next Steps

- Many forms of service add value to the training program
  - Evidenced by high value ratings for certain definitions of service
  - Some vignettes found to have high service AND high education ratings
- Propose to redirect conversation

  away from the balance of service

  and education
- Reframe as optimal

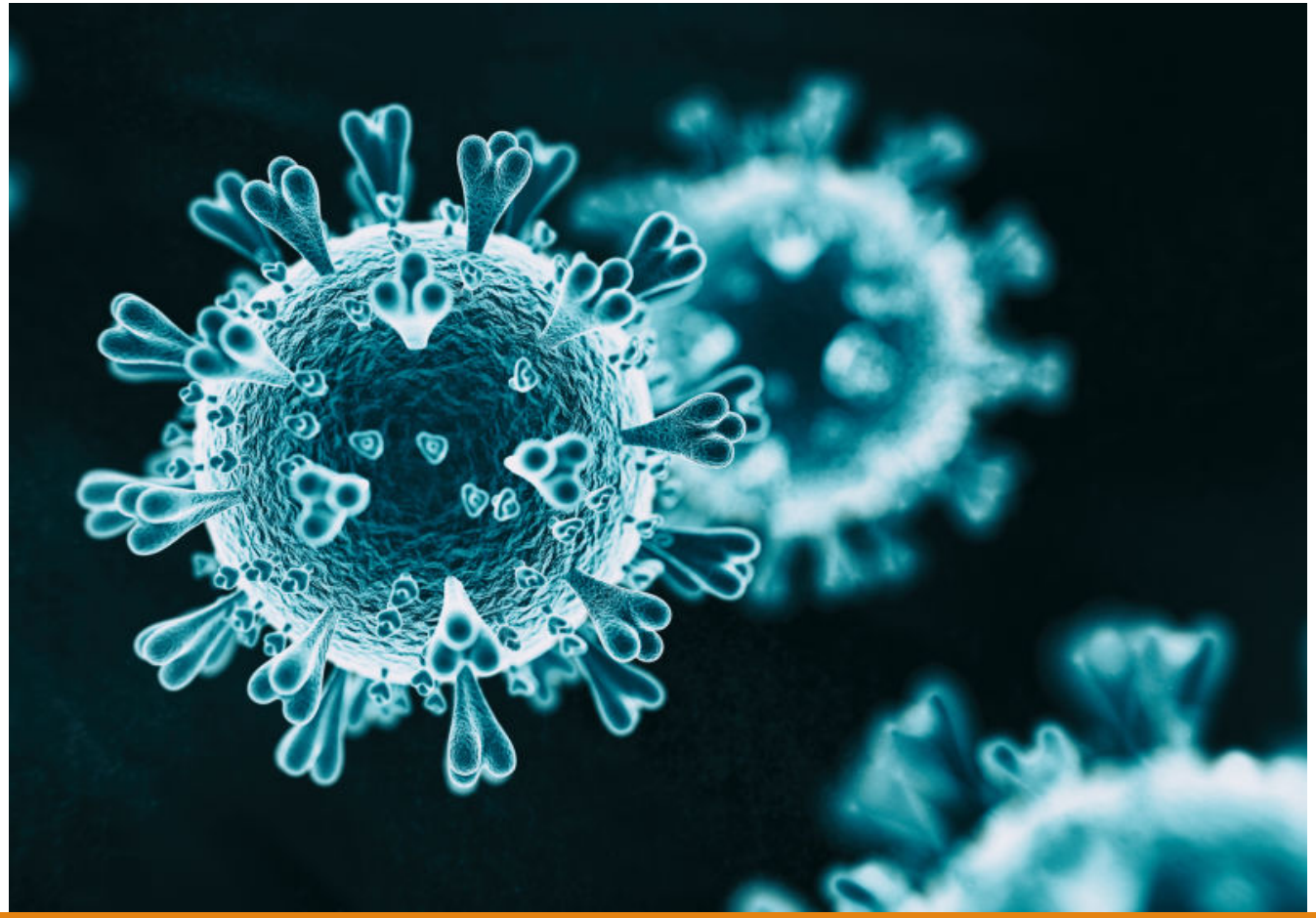
  integration of service

  and education

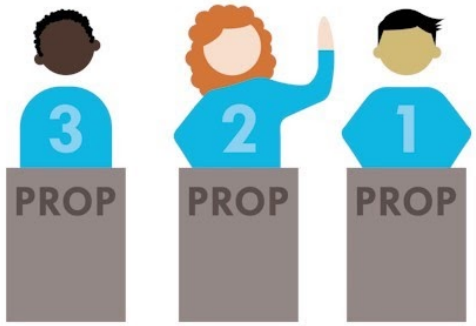


Questions About These Data?

The World Has Changed



How will Covid 19 Pandemic Change this Dialogue?





The pandemic has changed training programs and the training environment in ways that make it easier to successfully integrate service and education.

Pro = Even Numbered Breakout Groups

The pandemic has changed training programs and the training environment in ways that make it more challenging to successfully integrate service and education.

Con = Odd Numbered Breakout Groups

10 minutes to plan in groups

