Incubators for Innovators May 2021 Chat Highlights

Q

Do you find any difference in residents' abilities to deeply reflect depending on whether they came from med schools where this was done vs not?

A

I have not enquired specifically re: previous experience in all trainees. Most have not disclosed formal guidance/experience in reflective practice. But, I would expect those that have had training/experience and been trained in a culture of reflection would find engaging in that self-trust relationship easier.
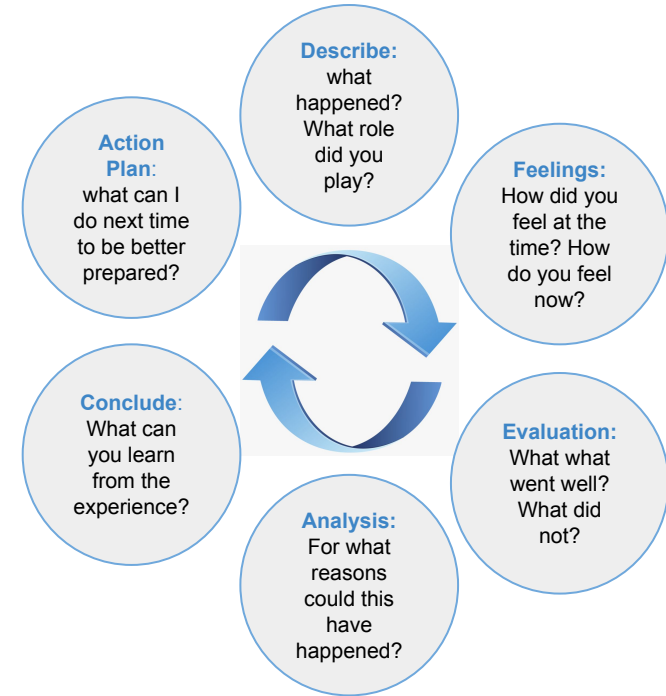
Q

According to Gibb, who helps the learner MD with reflection? Was Gibb's model specific for adverse events?

A

Gibbs model - not specifically developed for use in medicine. Can apply to many different experiences. Initially designed for use in repeated situations to promote learning.
When learning how to have a meaningful experience with reflection, one may benefit from guidance from someone who has experience. This is tricky when supervisors may not have experience themselves. This is one of the strengths of the Gibbs model. The prescriptive stages effectively lead trainee (and trainer, if needed) through the process.

Reflective Practice

Describe: what happened? What role did you play?

Feelings: How did you feel at the time? How do you feel now?

Evaluation: What what went well? What did not?

Analysis: For what reasons could this have happened?

Conclude: What can you learn from the experience?

Action Plan: what can I do next time to be better prepared?

Gibbs Reflective Cycle

Quality Improvement

One challenge in CBME is the need to create narrative comments that can simultaneously serve assessment purposes (helping a competence committee understand resident progression) and feedback purposes (supporting resident growth and development). Sometimes these purposes are aligned, but they can also be at odds. Has your approach attempted to address this challenge?

This is an ongoing potential issue, but I would say that our program has found that you can balance this. Its not always the amount you write. But if you provide one piece of specific actionable feedback on each EPA form AND provide a comment on your observation of resident progress you hopefully capture the a little of both of these on each encounter.

CPSO, the College of Family Physicians of Canada (CFPC) and Royal College (RCPSC) will require evidence of a quality improvement process in clinical practice. (identify learning needs, create an approach to education, apply new learning into practice) Might there be a way that residents could apply this process of assessment once they are practicing physicians?

Using an online portfolio system (ie. Padlet) can serve as an **EASY and VISUAL** and/or multimodal avenue for documenting learner's progress over time. In Padlet (padlet.com), a PD can create simple and straightforward documentation of resident's journey learning processes. Photos, documents, texts, and audio can be uploaded.
Residents and Fac would both have access to the Padlet as a way to communicate with each other and add to the "living" portfolio. Example: (https://padlet.com/susana_ibdah/7xomfe84y5n1egfu)--it can be password protected but I am not sure about the legal/ethical issues with this platform for Schulich.

Great to see work that tries to understand and maximize the role of narrative comments in competency-based evaluation and feedback. What tips would you give other programs who want to start to focus on this area?

Consider a competence committee workshop to educate faculty about how committee works, Have them understand how their feedback fits in the larger narrative of resident progression, provide examples/templates of specific and actionable feedback for resident

What platforms are you all using to design online modules - we're working on some too

We used **wordpress** to design the online part and the evaluation portal is designed In house but open to collaborations for other programs

Website & Workshops

We all know that hidden curriculum recognition and mitigation is explicitly addressed by Royal College accreditation and is very difficult to exemplify as part of explicit curriculum - does your research offer any suggestions?

1) Not all hidden curriculum has to be negative
2) What if, based on hidden curriculum findings, we decide to address a problem that is acceptable to all and engaging.

e.g what if I decided to engage faculty in a problem of "lets implement structured reflection and check-ins with our advanced trainees". Basically, I want to find and solve a problem that is engaging for everyone, instead of threatening to some.

Does this group have a website that could serve as a repository of these presentations? It could help with documenting these efforts not only in a public manner but also that could serve for career advancement purposes (e.g., promotion).

Yes, after consent from each presenter, we'll upload into https://vod.schulich.uwo.ca/ and our PGME CBME website is getting an overhaul and we'll link to that too

How do you keep faculty, in so many roles (AA, CC, assessment completion etc), continuously engaged and motivated with so many changes?

- At PGME, we offer tailored **workshops** on YOUR schedule with section
- 3 MOC credits,
- practical teaching videos (2 mins or less for plug and play ease/efficiency at staff meetings or grand rounds),
- Articulate 360 courses for resources and activities that you can print and revisit and post on your office wall as reminders or anchor charts,
- we will also be providing "retreats" (online at this point) to do team building, case studies, and a lot of group reflection games, techniques for fac's multiple roles, and opportunities for debriefing in safe spaces)