

Faculty Peer Mentoring to Address Concerns on ACGME Survey and Improve Teaching Strategies

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Disclosures

Nothing to disclose.

Overview

- Introduction to workshop
- Giving and Receiving Feedback Presentation and Activity
- Hidden Curriculum Presentation and Activity
- Teaching to the Learning Level Presentation and Activity

Introduction

- ACGME resident surveys indicated areas of concern
- Faculty brought together collective expertise to create a plan
- Resulted in a series of faculty development workshops and peer mentoring initiative
- Shifted faculty culture in positive direction

Giving and Receiving Feedback

Clinical Teaching Tips for Giving Feedback

- Recognize that feedback can be “scary” because emphasis is often on deficiencies
- Create a safe environment
- Think about non-verbal communication
- Be specific and timely
- Use self assessment as a launching pad

Considerations in Giving and Receiving Feedback

- Recognize power dynamics that are present
 - Hierarchy/seniority/years of experience
 - Gender
 - Age
 - Race/ethnicity
 - Social roles and other social identities that influence the way we work, communicate, and collaborate with others

ARCH Model



A = Allow/Ask for self-assessment

R = Reinforce what is being done well (attitudes, skills, Knowledge)

C = Confirm what needs Correction or improvement

H = Help the learner with an action plan for improvement and coach as needed



= Allow/Ask for self assessment

“Tell me something you feel you’re doing well, and also tell me something you feel needs improvement. Then we can explore how to make the improvement happen.”

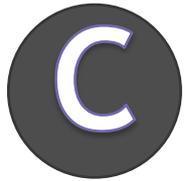
R

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Reinforce what is being done well

Reinforce, Explore, Add

“I agree that your patient presentations have improved because it was much more organized. I could tell you separated your Subjective from Objective nicely. How did you make this improvement?” “I also liked the way you used terms that were easy to understand.”



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Confirm what needs correction or improvement

Restate/clarify what the learner identified, if needed add

“You said you need to improve on developing treatment plans for common problems seen here in the office. I appreciate your recognition of this. Difficulty in developing treatment plans is common to students at your level, let’s work on this together”.



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**Help learner with action plan
for improvement, coach as
needed**

Ask, Collaborate, and Plan SMARTER

“What are some things you can do to help improve on developing treatment plans for common office problems?”

“I think that’s a good idea. Working on developing a treatment plan for these 3 common complaints over the next week seems more feasible. Plus, it could help you really focus on knowing those 3 treatments plans well. What are your thoughts?”

“I know we talked about a lot of information today, do you want to summarize what actions you will take moving forward.”

Receiving Feedback

Recognizing areas of growth and being open to the vantage point of others



Tips for Receiving Feedback

- Role model by ASKING for feedback
- Express APPRECIATION for feedback
- Be MINDFUL of your response to feedback
- FOCUS on the feedback itself

Resources

Society of Teachers of Family Medicine. ARCH: A Guidance Model for Providing Effective Feedback to Learners. S. Dennis Baker, PhD; Gregory Turner, EdD; Suzzane Bush, MD .

<https://www.stfm.org/publicationsresearch/publications/educationcolumns/2015/november/>

MacLeod L. Making SMART goals smarter. Physician Exec 2012; Mar/Apr:38(2):68-72.

Ericsson KA. Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. Acad Med 2004;79(10 Suppl):S70–81.

Bienstock JL, Katz NT, Cox SM, et al. To the point: medical education reviews—providing feedback. Am J Obstet Gynecol 2007 Jun;196(6):508-13.

Hidden Curriculum

What is the hidden curriculum?

- **Implicit** lessons embedded in the learning **culture** that are often **unintended**
- Often conflicts with explicit, formal curriculum particularly regarding ethics and professionalism
- May be the **absence** of teaching
- Distinct from both formal and informal curriculum

Examples

- Labeling patients as “frequent flyers”
- “You’re a third year. You should know that already.”

Goals

- Identify hidden curriculum
 - Align implicit curriculum with explicit curriculum
 - Change behavior when appropriate
- Reveal implicit curriculum when possible to point out that teaching is happening (in other words, make the implicit explicit)

Strategies for Change

- Identify the specific examples of a negative hidden curriculum
 - Self-reflection
 - Feedback from peers
 - Observing it in your peers
- Replace negative hidden curriculum with a positive curriculum (implicit or explicit)

Teaching to the Learning Level

Introduction

- When teaching students and residents, it is useful to understand where they are in the spectrum of their professional development
- Knowing where a learner is developmentally allows the preceptor to tailor their teaching to best help the learner continue to progress along this continuum
- One such model that is easy to employ is the RIME model

The RIME Model

- **R** – Reporter
- **I** – Interpreter
- **M** – Manager
- **E** – Educator

Reporter

- Able to gather necessary clinical information from the patient/chart
- Can accurately organize clinical information and present facts about patients to the instructor
- Can generally distinguish normal from abnormal but does not necessarily understand the significance of the information they have gathered
- Typical of a medical student early in their training



Interpreter

- Has mastered the reporter role
- Now able to take collected data and begin formulating broader differentials and basic treatment plans
- Better understands what additional testing may be helpful in order to arrive at an accurate diagnosis
- Has generally gained a degree of confidence based on past experiences but will likely struggle with more complex or atypical presentations



Manager

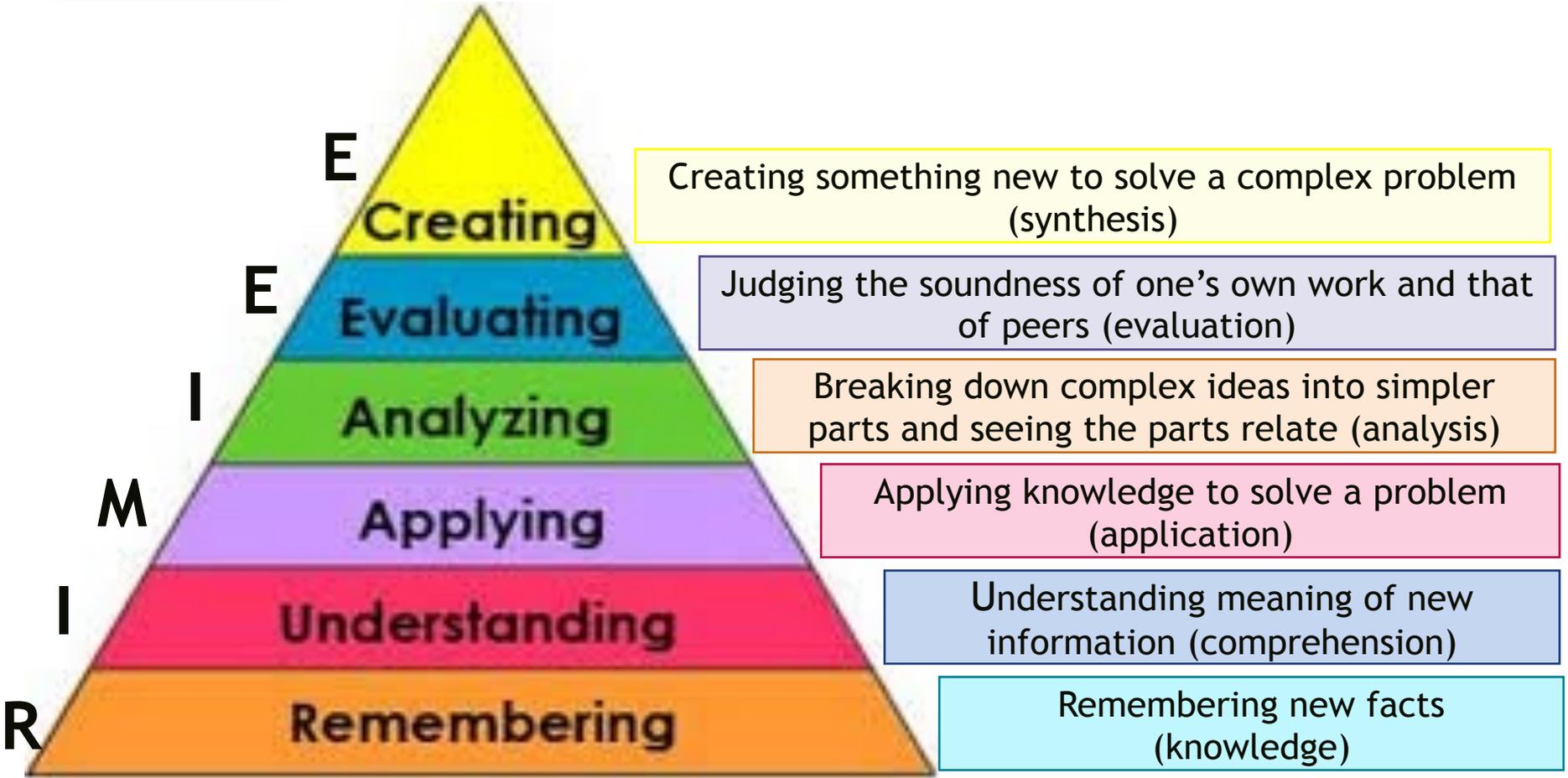
- The point at which a learner can go beyond interpreting data and can synthesize information to choose among options
- Requires greater knowledge and experience
- Able to manage atypical and complex problems by bringing together multiple available resources to formulate treatment plans
- Expected level of functioning for a senior resident/attending physician

Educator

- The highest level of attainment and often considered an extension of the manager role
- Requires a great deal of maturity, experience, and a strong commitment to continual self-improvement and learning in order to gain expertise
- Able to synthesize information in such a way that it can then be taught to others to increase their understanding
- Requires maturity and confidence



The Four Preceptor Roles

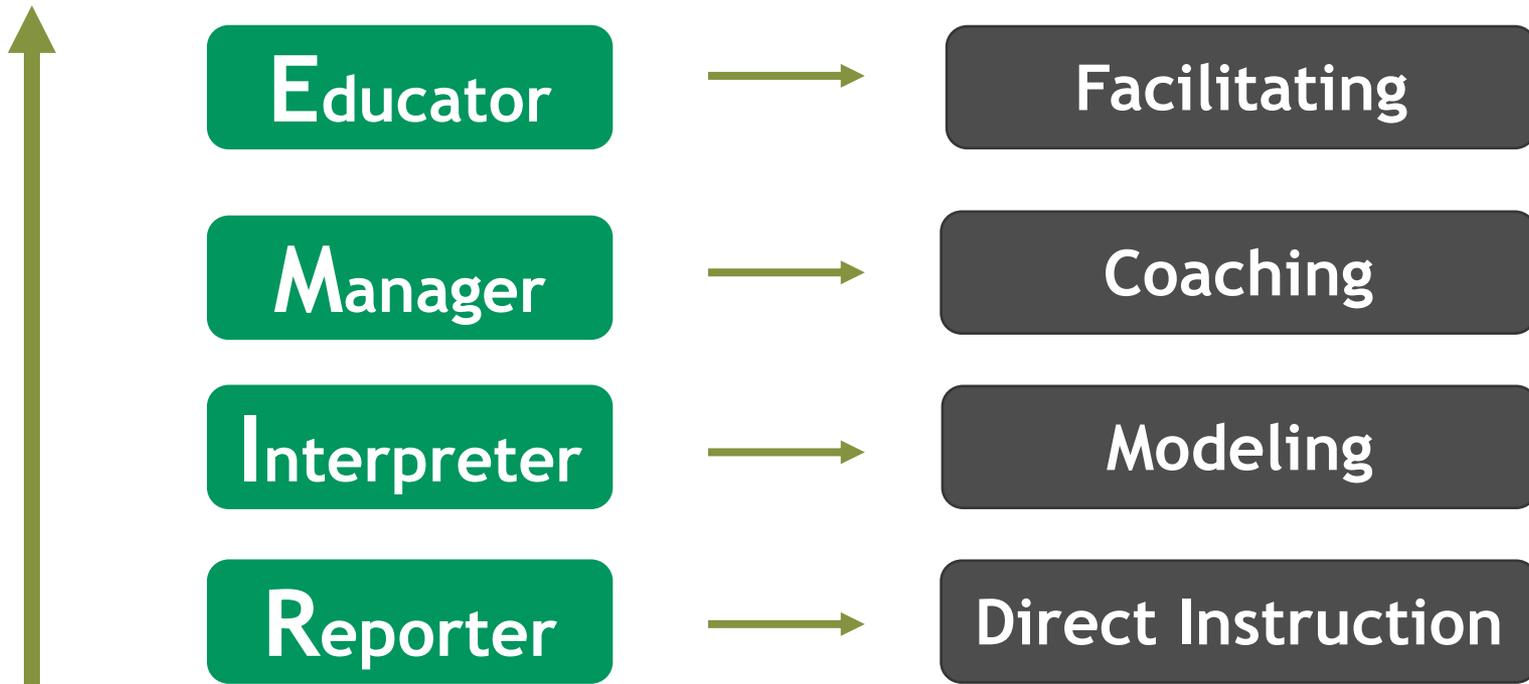


RIME "LEVELS"	Reporter	Interpreter	Interpreter	Manager	Educator	Educator
Dimensions of Knowledge	Remember	Understand	Analyze	Apply	Evaluate	Create
Kinds of Knowledge	Factual Knowledge	Conceptual Knowledge	Conceptual Knowledge	Procedural Knowledge	Metacognitive Knowledge	Metacognitive Knowledge

Matching Preceptor's Role to Stage of Learning

RIME Model

Four Preceptor Roles





Facilitating

- Allowing learner to perform independently
- Facilitate ongoing learning
- Use of self-evaluation

Coaching

- Learner performs the skill or task
- Preceptor observes and provides feedback and direction that allows learner to refine knowledge/skill

Modeling

- Preceptor demonstrates a skill or process
- “Thinking out loud” so learner can see the problem-solving process of the preceptor

Direct Instruction

- Teaching foundational knowledge and skills
- Necessary before skills can be applied



Thank You