All Aboard for Social Paediatrics (SoPeds) Residency Training Programme

AUTHOR(S):
- Chayakamon Niyasom, Department of Paediatrics, Faculty of Medicine, Naresuan University Hospital (NUH), Thailand (Presenter)
- Jiranun Weerakul, Department of Paediatrics, Faculty of Medicine, Naresuan University Hospital (NUH), Thailand

ABSTRACT

Background: Comprehensive healthcare from birth to adolescent requires thoughtful multidisciplinary work, accounting for the local culture. SoPeds curriculum serves the vulnerable children while promoting their development, the program which is in keeping with Thailand Royal College of Paediatrics Core Competency on Community Child Health. In 2018, Department of Paediatrics, Faculty of Medicine, Naresuan University Hospital (NUH) initiates the challenging and innovative SoPeds programme for paediatric residency training programme. Traditionally, general paediatric training focuses on disease management more than psycho-social supportive. Therefore, this refined programme encompasses the holistic perspective of health and social care. Objective: To allow the very first paediatric resident in training to capture the essence of Community Child Health.

Summary of Work: The resident rotated through the one month programme with experiences in managing special needs children, health promotion and injury prevention. Daily visit, accompanied by at least one staff and a departmental secretary, the team worked with private bodies, charity works, governmental establishment at daycare, school, law court and homes of patients.

Summary of Results: At each stage, the resident and staff acquire new knowledge, be it home visit, meetings with other agencies or at the final presentation and feedback. For children with chronic illnesses, an evolving health, education and overall care plan is offered. All paediatric subspecialists devoted time to be involved. A limitation of programmed instruction is understanding the inconsistent learning objectives. The feedback from our network, while simultaneously establishing a growing relationship offer options to develop further this program for the next generations of paediatric residency training at NUH.

Discussion and Conclusions: SoPeds curriculum offers insight for transition and continuing of care. The opportunity is both rewarding and a learning process while creating network exercise. Starting from the resident level, branching to general paediatricians and subspecialists, as well as children and families all stands to benefit.

Take-home Messages: The holistic perspective of health and social care leads to a productive life, with improved self-esteem and contributing positively to society.
Challenging the simulation panacea: Preparing junior doctors for the stress of acute care

AUTHOR(S):
- Scott Clarke, Edinburgh Medical School: Medical Education, University of Edinburgh, UK (Presenter)
- Janet Skinner, Edinburgh Medical School: Medical Education, University of Edinburgh, UK
- Catriona Bell, The Royal (Dick) School of Veterinary Studies, University of Edinburgh, UK
- David Hope, Edinburgh Medical School: Medical Education, University of Edinburgh, UK

ABSTRACT

Background: High quality and timely resuscitation of deteriorating patients saves lives. As the hospital's first responders, the performance of junior doctors is critical but they often report feeling underprepared for this role; narrating feeling overwhelmed, and even paralysed, by the stress of providing acute care. Little research has explored the factors contributing to this stress. This study aims to explore junior doctors' perceptions of stress during the management of acutely unwell patients and the effectiveness of medical school at preparing them for it. Furthering our understanding offers the potential to develop educational interventions and tools to mitigate its effects.

Summary of Work: Following institutional approval, semi-structured interviews have been carried out with Foundation Doctors working in South-East Scotland. Interviews have been transcribed and, subsequently, analysed through thematic analysis.

Summary of Results: Early analysis points to a challenging transition after graduation. Participants described learning about the management of sick patients through short-lived, simulated scenarios, where support was readily available. On entering clinical practice they faced the stress of having to take responsibility on their own, over longer periods, where investigations and equipment were not immediately available. Uncertainty leading to indecision has been a commonly cited stressor, especially in complex patients with unclear diagnoses or multiple problems. Calling for help appears to be a pivotal moment, with many describing the stress relieving effect of interacting with a supportive senior, who is readily available and assumes responsibility for decision making. Conversely, seniors not being available or unwilling to help was described as further exacerbating stress.

Discussion and Conclusions: Simulation is purported to 'bridge-the-gap' between learning and practice, but our work suggests that undergraduate scenarios frequently don't accurately portray real-world stressors. Managing uncertainty and complexity are promising candidates for educational interventions to improve preparedness, and thus reduce stress. Finally, the impact of a supportive and readily available senior should not be underestimated; institutions should continue to focus on this in teaching and escalation policies.

Take-home Messages: Our current approach to undergraduate simulation leaves students underprepared for the stress of acute care. Exposure to realistic stressors is required to better prepare them for practice.
Developing professionalism amongst medical interns who have taken part in open disclosure after medication error: Feedback that avoids ‘Facebook reflection’

AUTHOR(S):
- Andrew Lane, Sydney Medical School, Australia (Presenter)
- Christopher Roberts, Sydney Medical School, Australia

ABSTRACT

Background: Mistakes are common within healthcare. Open disclosure is a policy stating doctors should apologise for errors, discussing them with the harmed parties. Many junior doctors take part in open disclosure without training or experience. However, how do junior doctors make sense of their experience of open disclosure?

Summary of Work: A Phenomenological study of ten medical interns involved in open disclosure. Participants were selected using purposive and criterion sampling. Face-to-face semi-structured interviews illuminating their experiences of open disclosure after medication error. The descriptive audio-data was analysed using Interpretative Phenomenological Analysis.

Summary of Results: Three super-ordinate themes were identified. The superordinate-theme ‘Rationalisation of medical error’ described how the interns rationalised error in three different ways. ‘Error is in the eye of the beholder’ described rationalisation of their observations: interns demonstrated knowledge gaps and poor clinical reasoning when conceptualising their clinical practice. ‘Apologetic justification’ described rationalisation of their thoughts: interns justified errors using diffusion and distortion of responsibility. ‘Softening the blow’ described rationalisation of their language: interns utilised euphemistic language and discourse markers.

Discussion and Conclusions: The interns appeared to lack important elements in their cognitive frames, demonstrating conscious incompetence associated with rationalisation: they were aware of their mistakes but framed them due to something that was beyond their practice. Their cognitive frames also demonstrated unconscious incompetence, associated with cognitive dissonance. A learning model developed from the data suggested the presence of a prior cognitive frame, which was labelled ‘readiness to apologise’. This learning model was linked to the competency framework, along with inherent and future cognitive abilities. ‘Readiness to apologise’ meant that the interns were; aware of the need to apologise; aware of the rationale to apologise; and aware of the want to apologise. This resonated with the theory of intellectual humility. Inability of reflective competence, ensuring the appropriate development of professionalism, was labelled ‘Facebook reflection’.

Take-home Messages: Medical educators need to be aware of how learners are situated cognitively before they embark on a period of learning, and ensuring they are in the correct mindset to learn will optimise their progression through the competency matrix.
Conversations with interns - a safety net for personal and professional support

AUTHOR(S):

- Cecilia Moore, Austral University, Argentina (Presenter)
- Soledad Alvarez Campos, Austral University, Argentina
- Carlos Navari, Austral University, Argentina
- Angel Centeno, Austral University, Argentina

ABSTRACT

Background: The interns complete their practices at different affiliated hospitals, and face diverse social and human situations. We have several assessment and monitoring strategies at each practice site, but insufficient opportunities for interns to talk and reflect with their peers and tutors about their professional and human experiences.

Summary of Work: Periodic and voluntary reflection meetings were incorporated. All interns (52) in groups of five met twice a year with the internship coordinator and two educators. They participated in the two scheduled meetings and then evaluated the experience. The aim of this presentation is to highlight the experiences that the interns considered most relevant during their internship and the contribution of these meetings to handle them.

Summary of Results: The emerging themes are grouped into three dimensions: teaching experience, human personal aspects and professionalism. The most relevant teaching experience was to identify their own learning gaps, point out good and bad rotations and teachers, and to discover new areas of professional development. In personal human aspects they highlighted situations that had impacted them emotionally, such as the suicide of a young patient, the suffering and death of patients, not having anyone to talk about these distressing situations. In relation to professionalism, indifference towards relatives of patients, lack of communication skills and respect for the autonomy of patients. They also highlighted positive aspects of the teaching experience and professionalism and identified what kind of doctor they wanted to be. The interns spontaneously enunciated most of these topics. Sharing and reflecting on these experiences with their peers and educators had allowed them to discover that they were not alone facing complex and emotionally powerful professional situations. Talking about these experiences, helped them to reduce the anguish and uncertainty.

Discussion and Conclusions: The interns live in their daily practice challenging experiences that they need to share with their peers and faculty. The career has to provide opportunities that allow them to reflect on them in a safe and supportive environment.

Take-home Messages: Activities that facilitate the conversations of the interns with their peers and their tutors should be incorporated as a systematic activity in the curriculum.
Developing a shared purpose for each hospital admission: An essential component of team competence

AUTHOR(S):
- Mark Goldszmidt, Schulich School of Medicine & Dentistry, Canada (Presenter)
- Katherina Baranova, Schulich School of Medicine & Dentistry, Canada
- Jacqueline Torti, Schulich School of Medicine & Dentistry, Canada

ABSTRACT

Background: In addition to addressing acute problems, prior research has shown that attending physicians hold three different perspectives on admission purpose: 1) discharge swiftly; 2) ensure patient safety by monitoring co-morbid chronic active conditions; 3) monitor and identify opportunities for improving overall health. Given the patient care implications and potential collaborative challenges of such varying perspectives, this study explored how perspectives are negotiated and enacted within a clinical teaching team context.

Summary of Work: The research took place on two internal medicine teaching units each with three separate teams. Constructivist grounded theory was used to inform data collection and analysis. Fifty-four individuals participated including residents, medical students, and attending physicians. Data was collected through 150 hours of direct observation with field interviews. Management decisions around purpose of admission were observed across 185 patients.

Summary of Results: We identified a dominant perspective for each observed attending and senior resident (SR). For attendings, purpose of admission appeared to be taken as a ‘matter of fact’ and not a ‘matter of concern’ (Latour 2004). Moreover, we were unable to identify any instances where the team explicitly discussed purpose or why a particular perspective was held. Team member perspective differences became most noticeable at the extremes and when differences existed between the SR and attending. Strategies used by attendings for implicitly signaling their perspective included using authority, shutting down and re-directing discussion. Trainees also participated in maneuvers to perform their perspective ranging from direct advocacy to covert manipulation such as avoidance/forgetting and delaying until attending changeover.

Discussion and Conclusions: Achieving a shared admission purpose is hampered by collaborative tension, dysfunctional advocacy, and an overstressed healthcare system. Attendings’ holding perspective on admission purpose as a ‘matter of fact’ may impact both patient care and teaching. Not explicitly addressing purpose may also lead to covert maneuvers by trainees to work through the conflict.

Take-home Messages: Attending physicians play a pivotal role in directing patient care, supporting collective competence and shaping trainees’ future practices. It is therefore essential they be explicit about admission purpose and create a flexible approach to each patient characterized by shared decision making amongst team members and the patients themselves.
Disentangling residents’ engagement with communities of clinical practice in the workplace

AUTHOR(S):
- Francisco M Olmos-Vega, Pontificia Universidad Javeriana, Colombia (Presenter)
- Diana Dolmans, Maastricht University, The Netherlands
- Carlos Guzmán-Quintero, Pontificia Universidad Javeriana, Colombia
- Camila Echeverri-Rodriguez, Pontificia Universidad Javeriana, Colombia
- Pim Teunissen, Maastricht University, The Netherlands
- Renée Stalmeijer, Maastricht University, The Netherlands

ABSTRACT

Background: The workplace is an unstructured learning environment, which often results in residents missing learning opportunities that are afforded to them in this setting. Other professionals’ lack of acceptance of residents as participants within the healthcare team constitutes one reason for this problem. Although some research has explored how residents engage with supervisors, nurses and pharmacists individually, there is little research on how residents enter into and engage with the broader community of clinical practice (CoCP).

Summary of Work: Through a constructivist grounded theory approach, we conducted 13 semi-structured interviews using the Pictor technique with residents from different training levels and disciplines during the first weeks of their new rotations at Universidad Javeriana in Bogotá, Colombia. Results were constructed through iterative data collection and analysis, constant comparison methods and theoretical sampling.

Summary of Results: Residents were identified to either have a central or a peripheral trajectory in the CoCP. How residents’ goals for their rotation aligned with those of the CoCP strongly influence the learning experience. The identification of relevant CoCP members and understanding how these members could assist their successful engagement with the community’s practices was vital. Negotiation between the resident and the CoCP member determined ultimate resident participation in the CoCP.

Discussion and Conclusions: Balancing resident’s agency and the needs of the CoCP strongly influence workplace learning. It needs to be considered that not all residents have the same trajectory during their rotations in post-graduate training. Optimising workplace learning includes being mindful as to how each member of the healthcare team influence residents’ engagement on practice, and on understanding the nuances of residents’ participatory trajectories while interacting with them.

Take-home Messages: Recognising the variety of residents trajectories within a community and aligning workplace affordances related to these trajectories might help optimize workplace learning during post-graduate training. Promoting residents’ alignment with the healthcare team might include introducing themselves to all members, promoting open dialogue about their goals and understanding how each member could assist them in their learning agenda. It also includes for residents to be flexible enough to balance their goals against the healthcare team needs.