

Feedback, entrustment and motivation...Getting to the heart of the matter in medical education

Cheryl W. O'Malley, MD

Friday Sept 7, 2018

Disclosure

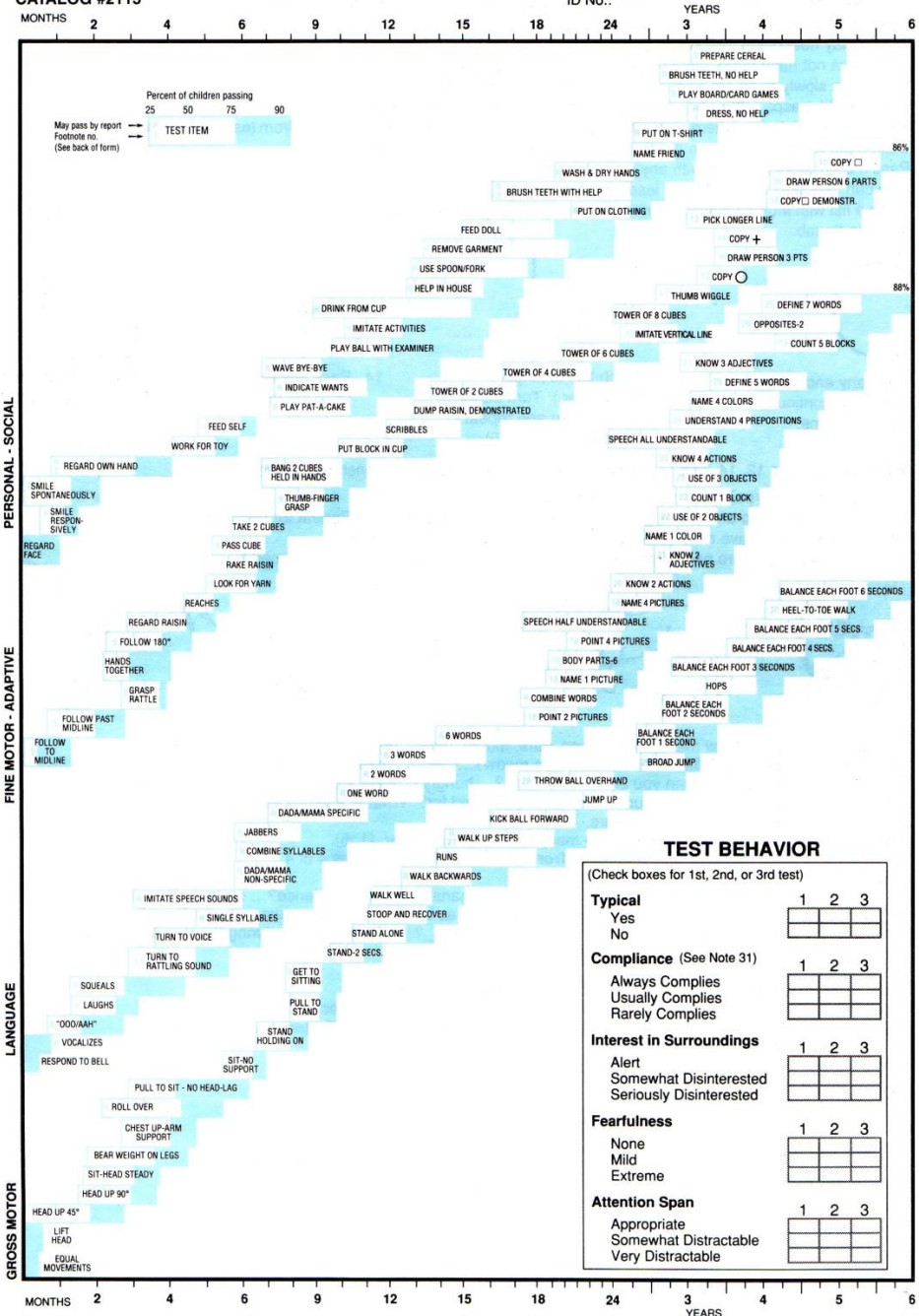
- Have no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.
- I do write questions for the ABIM Self Evaluation Program. Today's talk does not contain any questions or content related to that work.

Objectives

- Describe how the level of entrustment for specific professional activities informs daily decisions regarding level of supervision and autonomy.
- Understand the factors impacting motivation
- Apply discussions of work-based observation to improved assessment and feedback
- Provide relevant updates on how these apply to our current roles



Sophie Elizabeth Kouklin July 3, 2011



FOR USE OF THIS FORM, SEE APR 600-75

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Developmental Domains

1. Personal-Social
2. Fine Motor-Adaptive
3. Language
4. Gross Motor

Denver II

DDM, INC. 1-800-419-4729
CATALOG #2115

Examiner:

Date:

MONTHS

2

4

6

9

12

Percent of children passing

25

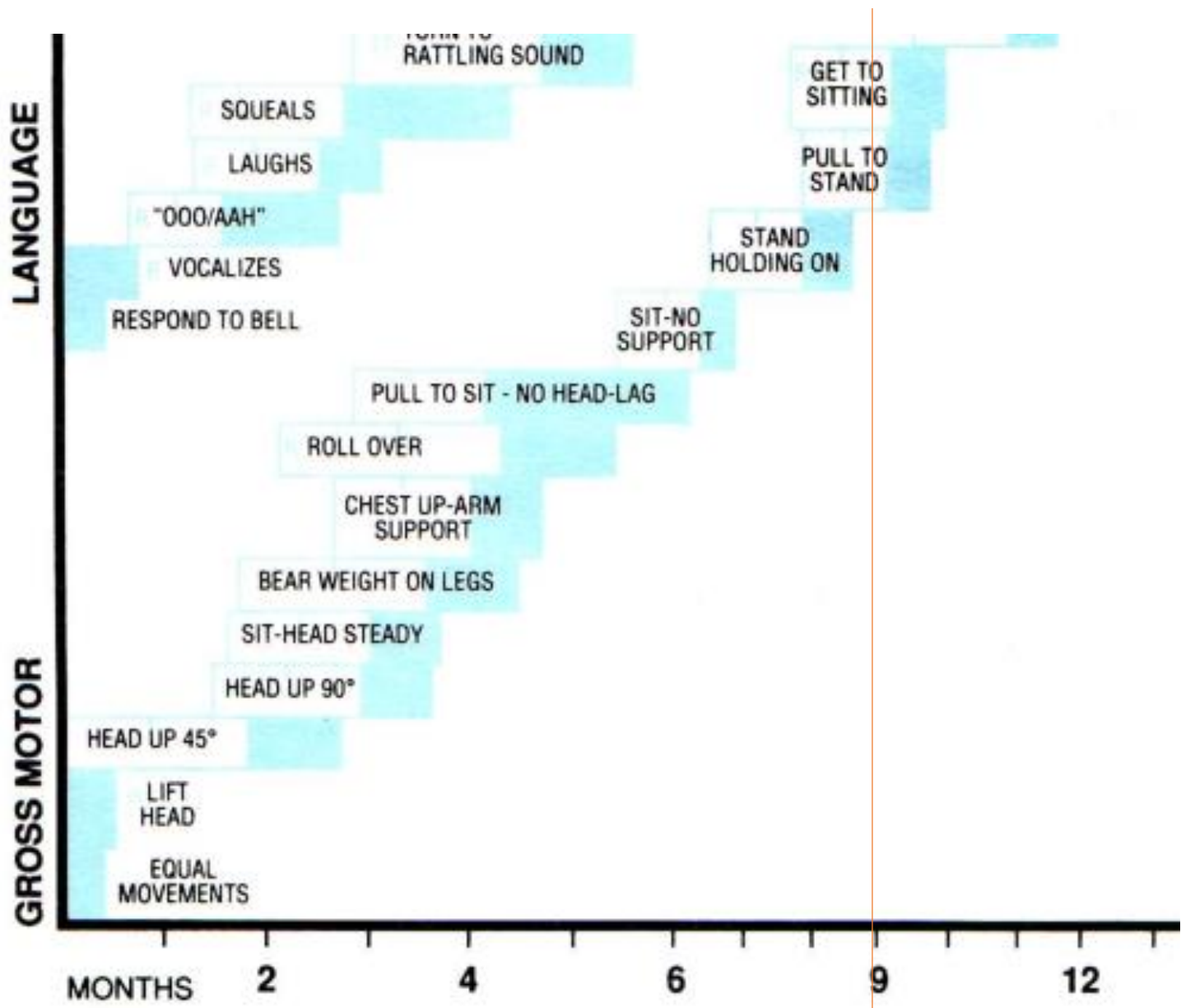
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75

90

May pass by report →
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TEST ITEM



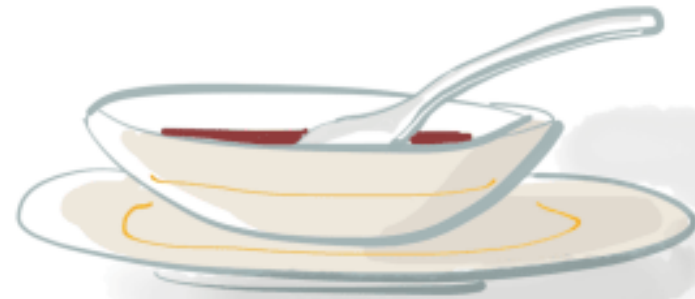
VARIABLE	TRADITIONAL TIME/PROCESS BASED	COMPETENCY BASED MEDICAL EDUCATION
Driving force: curriculum	Content-knowledge acquisition	Outcome-knowledge application
Responsibility for content	Teacher	Learner
Assessment tool	Proxy	Authentic (mimics real tasks of profession)
Setting for evaluation	Removed (gestalt)	Direct observation
Evaluation	Norm-referenced	Criterion-referenced
Timing of assessment	Emphasis on summative	Emphasis on formative

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FORMATIVE SUMMATIVE



WHEN THE **CHEF**
TASTES THE SOUP



WHEN THE **GUESTS**
TASTE THE SOUP

@bryanMatters

FROM STEVE WHEELER'S BLOG "THE AFL TRUTH ABOUT ASSESSMENT"

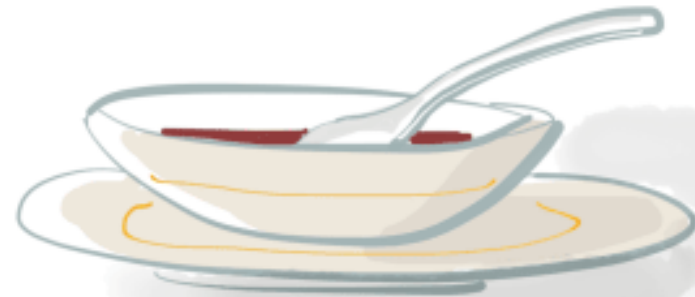


FORMATIVE SUMMATIVE



Every other
assessment

ITE exam



Semi-annual Clinical
Competency
Committee reviews

ABIM exam

Douglas Stone & Sheila Heen

of the Harvard Negotiation Project and coauthors of
DIFFICULT CONVERSATIONS

Thanks for the Feedback*

THE SCIENCE AND ART OF
RECEIVING FEEDBACK WELL



**even when it is off-base, unfair, poorly delivered,
and, frankly, you're not in the mood*

“the goal of feedback isn’t to be objective, but rather, it should be to make judgments thoughtfully, and once made, to have them be transparent and discussable.”

https://www.ted.com/talks/carol_dweck_the_power_of_believing_that_you_can_improve

COMPETENCY BASED MEDICAL EDUCATION

Outcome-knowledge
application

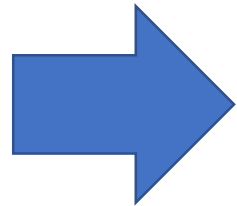
Learner-centered

Authentic (mimics real
tasks of profession)

Direct observation

Criterion-referenced

Emphasis on formative



NEW Weekly Ward Assessment

Scale based on level of supervision
necessary → “yet”

Weekly formative assessment

Weekly attending feedback by resident on how the faculty is facilitating their autonomy, mastery and purpose and supporting the growth mindset

Our new
scale for
ward
evals—“Not
Yet” and
“Yet”

"Watch me do this" (i.e., requires complete hands-on guidance, did not do, or was not given the opportunity to do)

“Let's do this together”

"I'll watch you"

"You go ahead, and I'll double check all of your findings"

"You go ahead, and I'll double check key findings"

“I am not needed to check on this, they can do it on their own at the level of a general internist”

“They do this better than I do, they are teaching me

"Failure is an opportunity to grow"

GROWTH MINDSET

"I can learn to do anything I want"

"Challenges help me to grow"

"My effort and attitude determine my abilities"

"Feedback is constructive"

"I am inspired by the success of others"

"I like to try new things"

"Failure is the limit of my abilities"

FIXED MINDSET

"I'm either good at it or I'm not"

"My abilities are unchanging"

"I don't like to be challenged"

"I can either do it, or I can't"

"My potential is predetermined"

"When I'm frustrated, I give up"

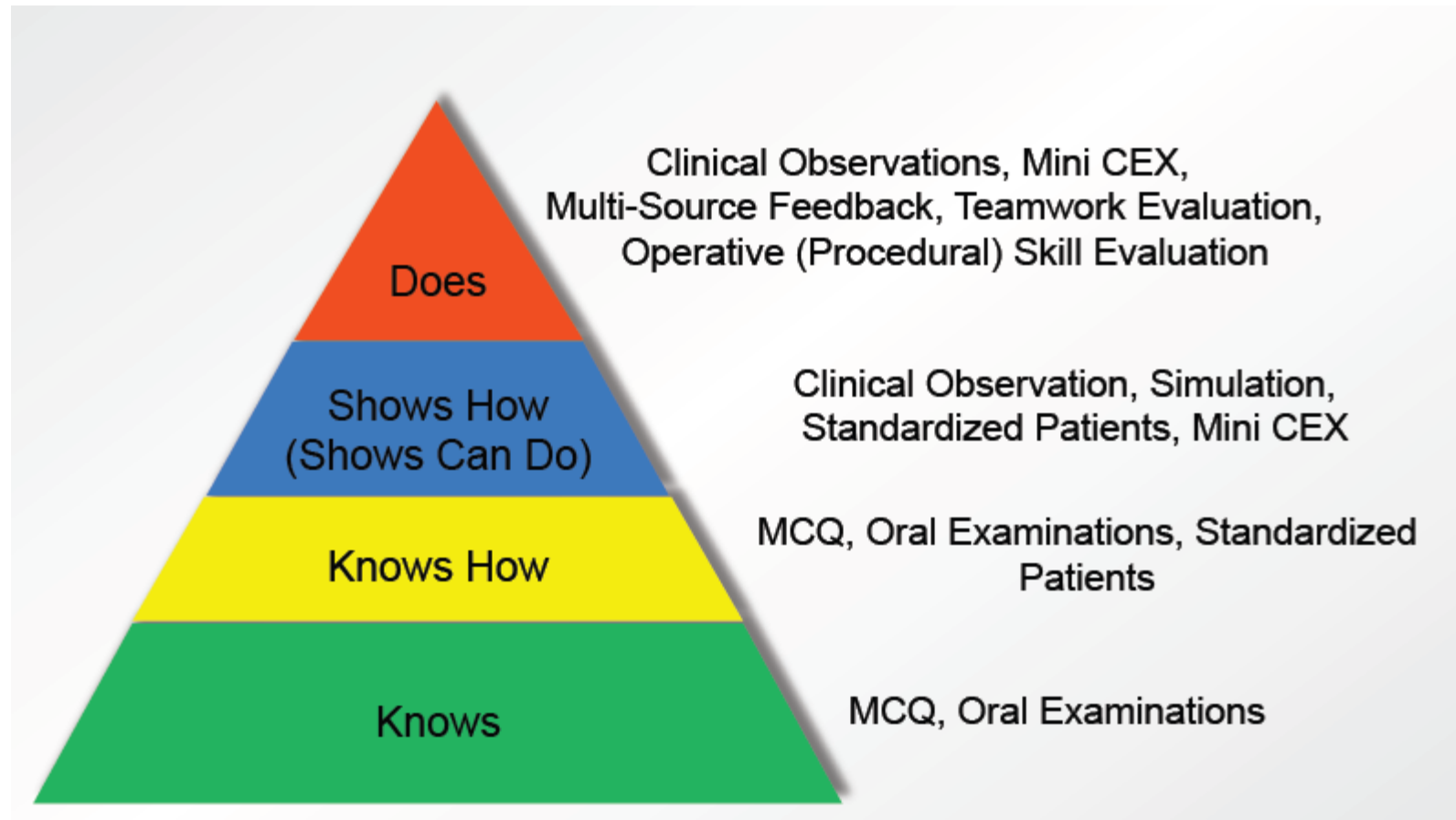
"Feedback and criticism are personal"

"I stick to what I know"

Knowing vs Doing




Miller's Pyramid of Clinical Competence



Miller, GE. Assessment of Clinical Skills/Competence/Performance Academic Medicine (Supplement) 1990. 65. (S63-S67)
van der Vleuten, CPM, Schuwirth, LWT. Assessing professional competence: from Methods to Programmes. **Medical Education** 2005; 39: 309–317

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“... the critical *activities* that constitute a specialty ... the *activities* of which we would all agree should be only carried out by a trained specialist.”



**Entrustable
Professional
Activities**

ten Cate et al.
Acad Med 2007; 82: 542-47

Entrustable Professional Activities



Interpret EKG



Manage ACS



*Resuscitate, stabilize, and care for
unstable or critically ill patients.*



Core Entrustable Professional Activities for Entering Residency



1. Gather a History and Perform a Physical Examination
2. Prioritize a Differential Diagnosis Following a Clinical Encounter
3. Recommend and Interpret Common Diagnostic and Screening Tests
4. Enter and Discuss Orders and Prescriptions
5. Document a Clinical Encounter in the Patient Record
6. Provide an Oral Presentation of a Clinical Encounter
7. Form Clinical Questions and Retrieve Evidence to Advance Patient Care
8. Collaborate as a Member of an Interprofessional Team
9. Give or Receive a Patient Handover to Transition Care Responsibility
10. Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management
11. Obtain Informed Consent for Tests and/or Procedures
12. Perform General Procedures of a Physician
13. Identify System Failures and Contribute to a Culture of Safety and Improvement

Our new EPAs for the wards

Week 2

- 1. Obtains the “complete story” through patient interview and all other sources
- 2. Accurate medication reconciliation on admission, transitions of care and discharge
- 3. Synthesize all data to generate a prioritized differential diagnosis and problem list.
- 4. Perform and document accurate physical exams that are appropriately thorough
- 5. Formulate and implement initial treatment plan for patients
- 6. Modify the differential diagnosis and care plan based on clinical course and data as appropriate
- 7. Apply updated medical knowledge to manage inpatient disorder

Week 3

- 1. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately
- 2. Deliver concise, accurate and appropriately thorough verbal presentations on rounds and when requesting consults
- 3. Lead the team around the patient’s care
- 4. Manage a patient with a situation that requires urgent care.
- 5. Establish a therapeutic relationship with a patient
- 6. Address an angry or emotional patient or family's concerns
- 7. Lead patient-centered discussion with shared decision making



Week 4

- 1. Safely discharge a patient
- 2. Make patient-centered decisions that incorporate value (ie: appropriate utilization and interpretation of test results, accurate patient placement, and prevention of hospital readmissions)"
- 3. Effectively utilizes consults (e.g. asks meaningful questions and incorporates recommendations to adjust patient's care).
- 4. Teach the medical student and/or intern effectively.
- 5. Manage the daily tasks of multiple patients effectively
- 6. Completes appropriately thorough documentation on all patients in a timely manner
- 7. Acknowledges/learns from all feedback and self-reflects

Our new EPAs for the wards

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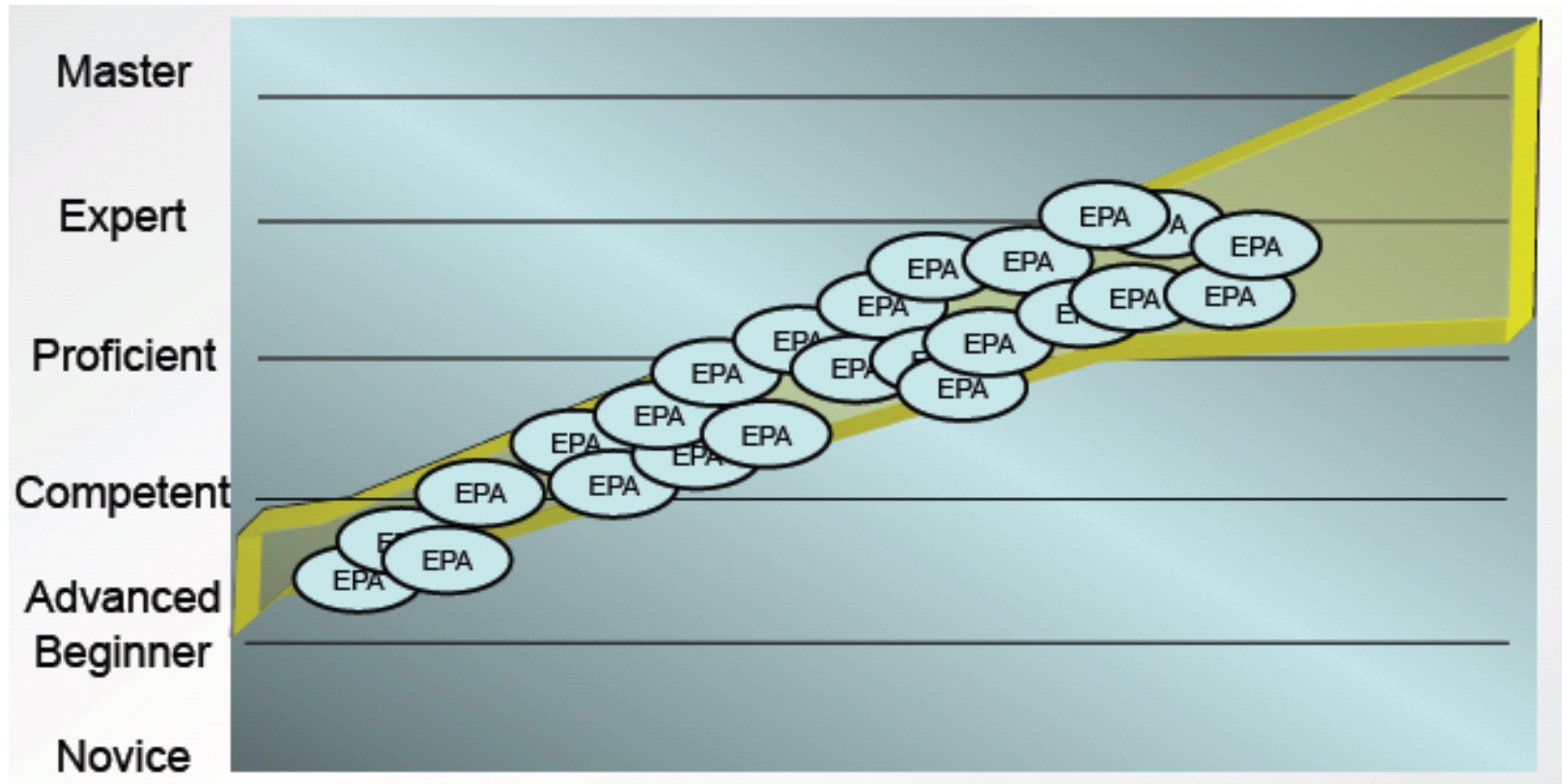
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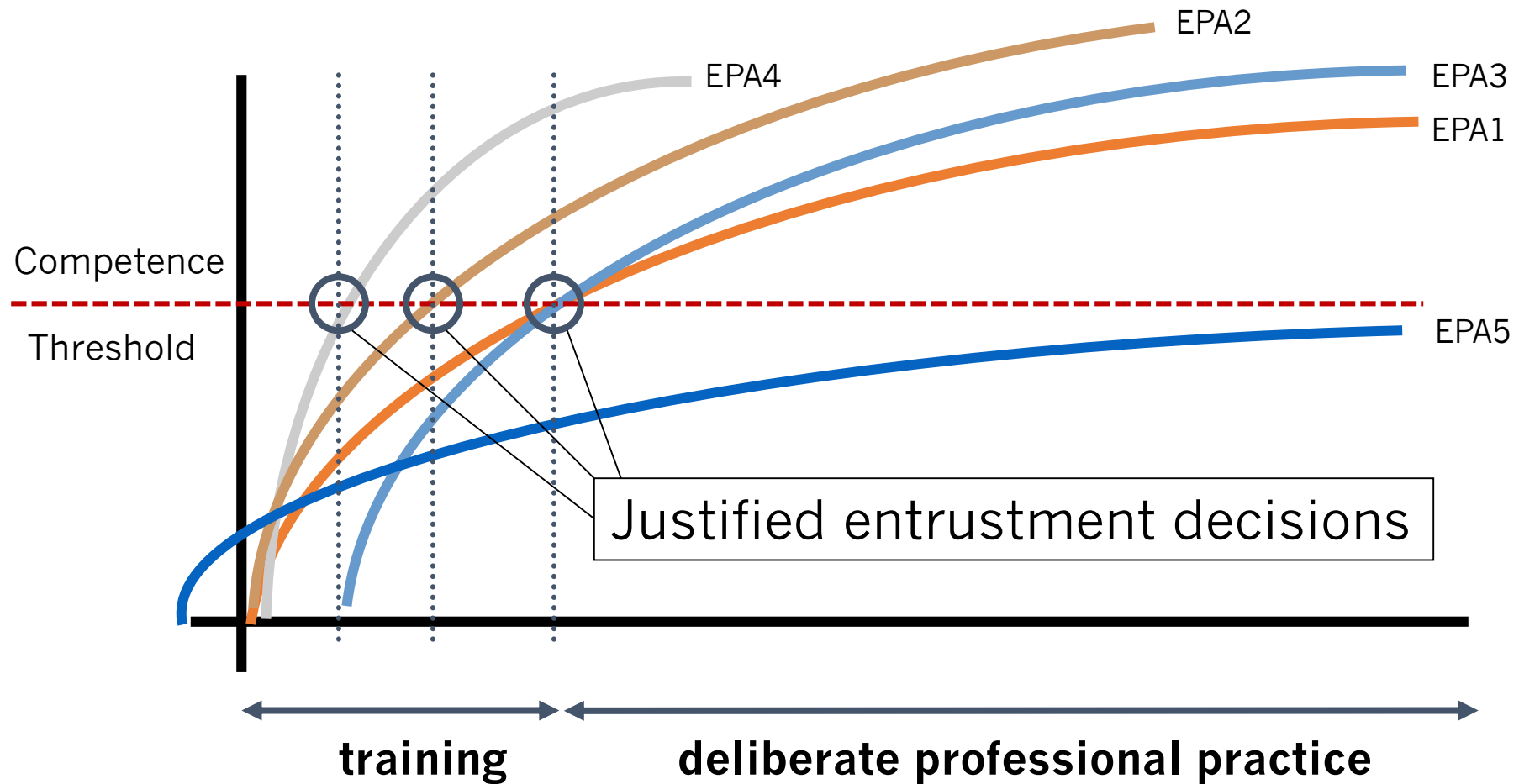
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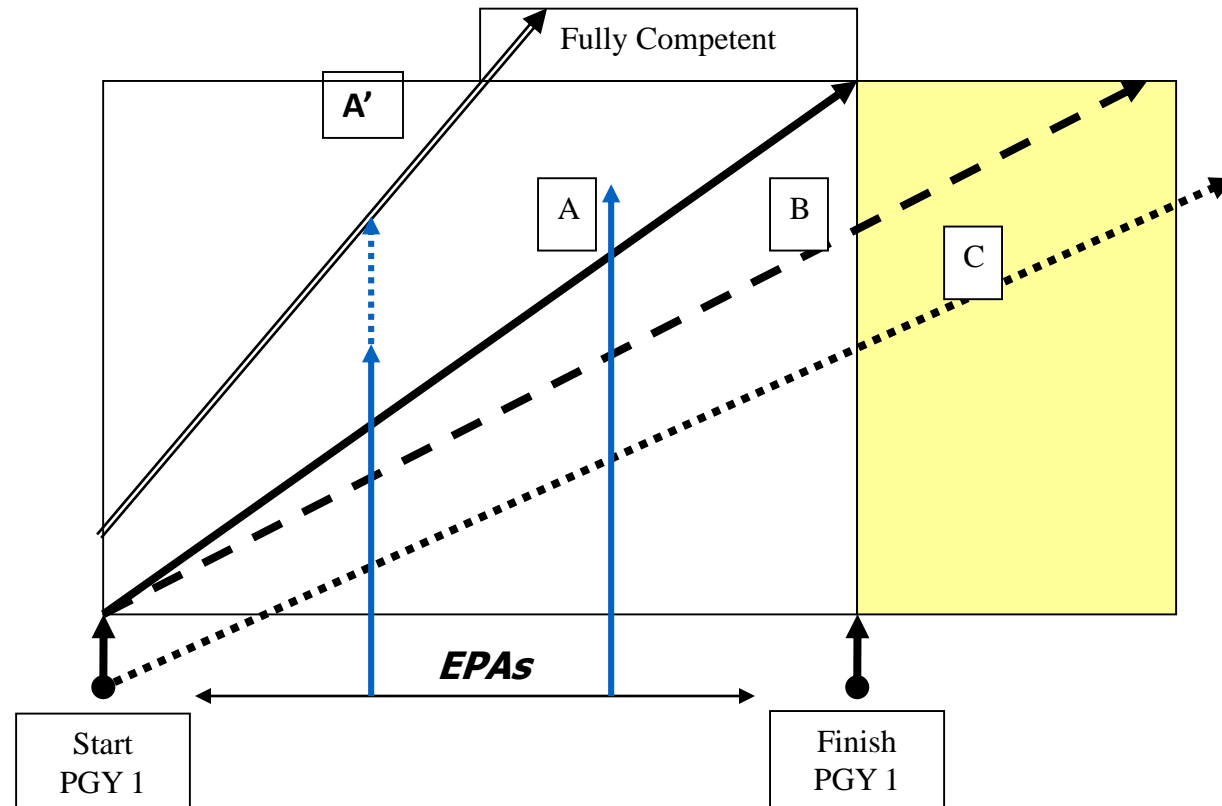
The Goal of the Continuum of Professional Development



Sample Competency Curve



Individual Resident Trajectories



Lucey and Boote



Entrustability and
supervision

Benchmark of performance is the ability to be entrusted to perform care with less supervision



Do I trust this trainee...?

...to get good outcomes?

1. Crossley J, Johnson G, Booth J, Wade W. **Good questions, good answers: construct alignment improves the performance of workplace-based assessment scales.** *Med Educ.* 2011 Jun;45(6):560-9.
2. ten Cate O, Scheele F. **Competency-based postgraduate training: can we bridge the gap between theory and clinical practice?** *Acad Med.* 2007 Jun;82(6):542-7.
3. ten Cate et al. *Acad Med* 2007; 82: 542-47 and Nasca

Entrustability decisions are multi-dimensional

1. Clinical knowledge and skills/ complexity of the patient
2. Level of experience
3. Integrity- truthfulness, and benevolence
4. Reliability –conscientiousness, consistency
5. Humility observing limits, willingness to ask for help

Kennedy, Tara J. T.; Regehr, Glenn; Baker, G Ross; Lingard, Lorelei [Point-of-Care Assessment of Medical Trainee Competence for Independent Clinical Work.](#) Academic Medicine83(10):S89-S92, October 2008.

All of our
scales
connect
level of
supervision
with
competence
assessment

"Watch me do this" (i.e., requires complete hands-on guidance, did not do, or was not given the opportunity to do)

"Let's do this together"

"I'll watch you"

Direct Observation

"You go ahead, and I'll double check all of your findings"

"You go ahead, and I'll double check key findings"

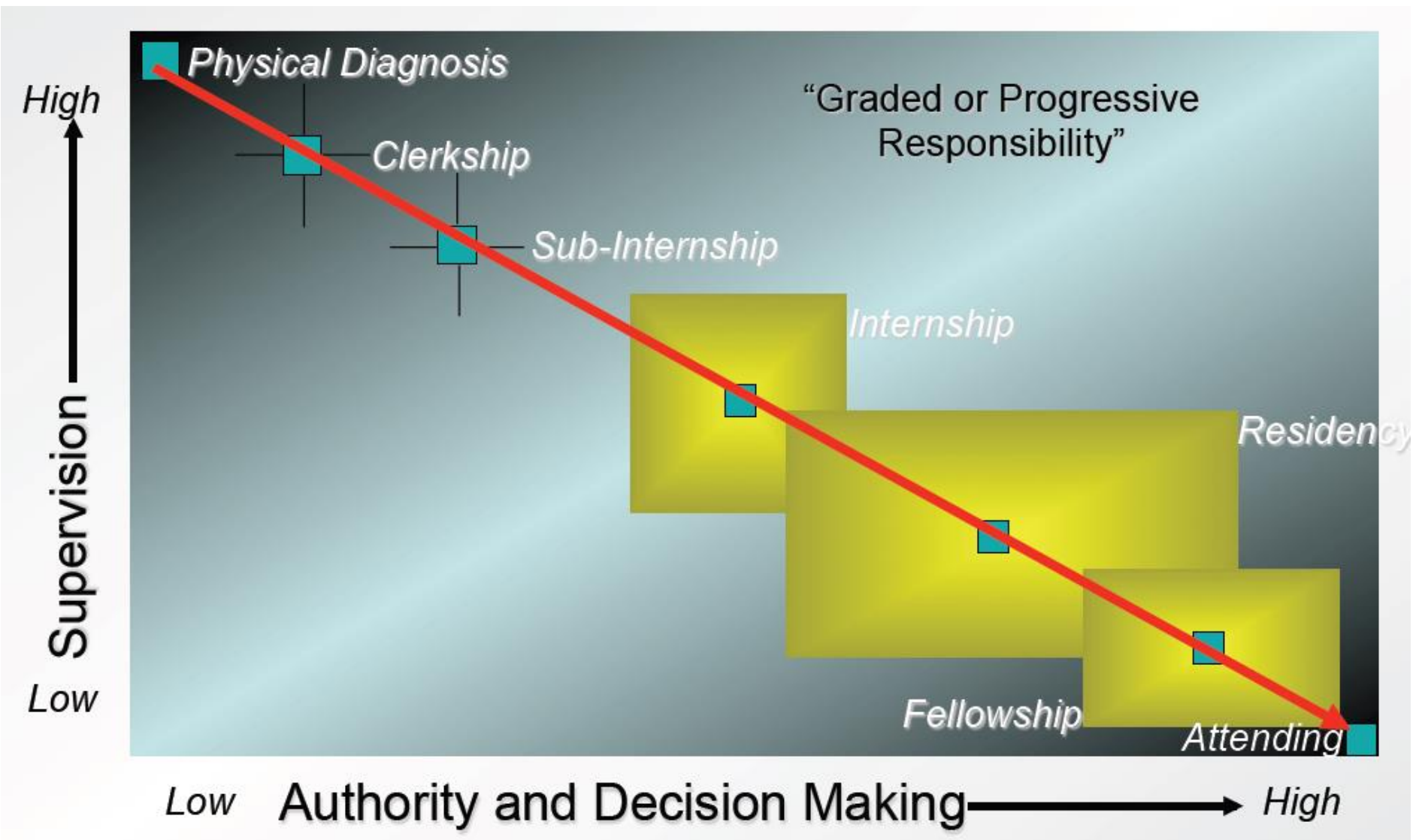
Indirect Observation

"I am not needed to check on this, they can do it on their own at the level of a general internist"

"They do this better than I do, they are teaching me"

Oversite/ Independent practice

The Continuum of Clinical Professional Development Authority and Decision Making versus Supervision



Level of Experience and Supervision Standards in our IM residency program (excerpts from HS manual)

Activity	Resident training level	Level of supervision (numbers correspond with definitions above)
History and Physical and New Consults	Intern	Direct (1) initially and then progress to indirect with direct immediately available (2)
	Resident	Indirect supervision with direct available (3)
Code Status	Intern	Direct (1) initially and then progress to indirect with direct immediately available (2)
	Resident	Indirect supervision with direct available (3)
Procedures	Intern	Direct supervision
	Resident	Depends on discussion with the attending to consider the procedure, patient and demonstrated competence. No procedures can be done without direct supervision until at least 3 successfully completed procedures are documented in new innovations.
Sign out	Intern	Direct (1) initially and then progress to indirect with direct immediately available (2)
	Resident	Indirect supervision with direct available (3)
Error Disclosure	Intern	Direct supervision
	Resident	Direct supervision



Entrustable Professional Activities



Break an egg
Mix the batter



Take cookies out of the
oven



Make chocolate chip cookies

If were to supervise this trainee again in a similar situation, which of the following statements aligns with how you would assign the task?

Break an egg

1. "Watch me do this" (i.e., requires complete hands-on guidance, did not do, or was not given the opportunity to do)
2. "I'll watch you"
3. "You go ahead, and I'll double check key findings"
4. "I am not needed to check on this, they can do it on their own"
5. "They do this better than I do, they are teaching me"

If were to supervise this trainee again in a similar situation, which of the following statements aligns with how you would assign the task?

Mix the dough

1. "Watch me do this" (i.e., requires complete hands-on guidance, did not do, or was not given the opportunity to do)
2. "I'll watch you"
3. "You go ahead, and I'll double check key findings"
4. "I am not needed to check on this, they can do it on their own"
5. "They do this better than I do, they are teaching me"

If were to supervise this trainee again in a similar situation, which of the following statements aligns with how you would assign the task?

**Take cookies out
of the oven**

1. "Watch me do this" (i.e., requires complete hands-on guidance, did not do, or was not given the opportunity to do)
2. "I'll watch you"
3. "You go ahead, and I'll double check key findings"
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**Make chocolate
chip cookies**

1. "Watch me do this" (i.e., requires complete hands-on guidance, did not do, or was not given the opportunity to do)
2. "I'll watch you"
3. "You go ahead, and I'll double check key findings"
4. "I am not needed to check on this, they can do it on their own"
5. "They do this better than I do, they are teaching me"

Pair and Share

How might you have given him feedback on his ability to make cookies?

Specific observations


“I am confident that you can break an egg now without my help. Let me know if you ever want any tips in the future or you might look up some on line if you want to do it faster or more like a master chef”

“I watched you open the oven partially and it lead to you almost grabbing for the cookie sheet with your bare hand. I had to step in and I might have even startled you (sorry). Next time, I will have my hands free to help you and walk you through it together. “

“Since making cookies on your own requires you to not only make the batter and crack the eggs (which you are doing on your own now), but also getting them in and out of the oven, that is the next thing to work on prior to you doing it on your own.”

New Weekly Ward Assessment: Comments first

Inpatient Ward Weekly Assessment Week 2

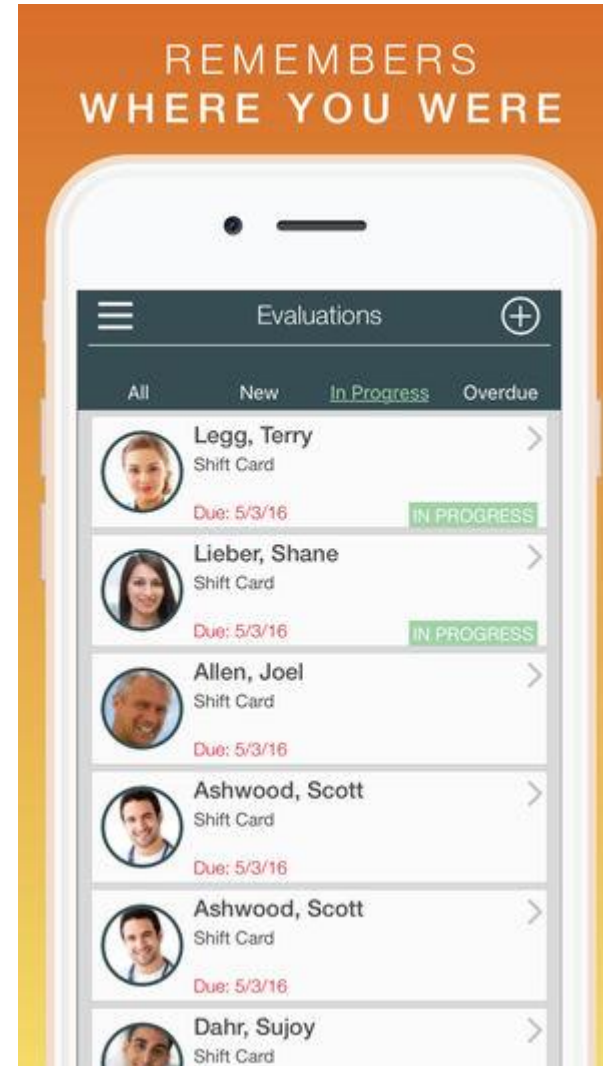
	Subject Name Status Employer Program Rotation Evaluation Dates
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Evaluated by:	Evaluator Name Status Employer Program
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1 List one specific thing that the resident is doing well:

2 List one specific thing that the resident could improve on and include specific suggestions for what would contribute to improvement:

New innovations app- ARMIS



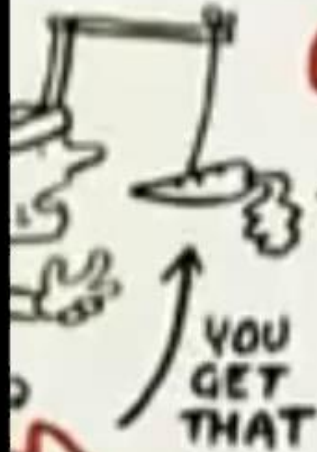
Use voice recognition to enter your comments!



Why does this all matter?

Patient safety, engagement, sustainability, continuous improvement....

...E, STRAIGHT FORWARD
OUTSTANDING



YOU GET THAT

← MONEY IS A MOTIVATOR
FACT

IF YOU DON'T PAY ENOUGH ...

PEOPLE **WON'T** BE MOTIVATED

PAY PEOPLE ENOUGH TO TAKE THE

SK GETS MORE
D, IT REQUIRES
PTUAL, CREATIVE





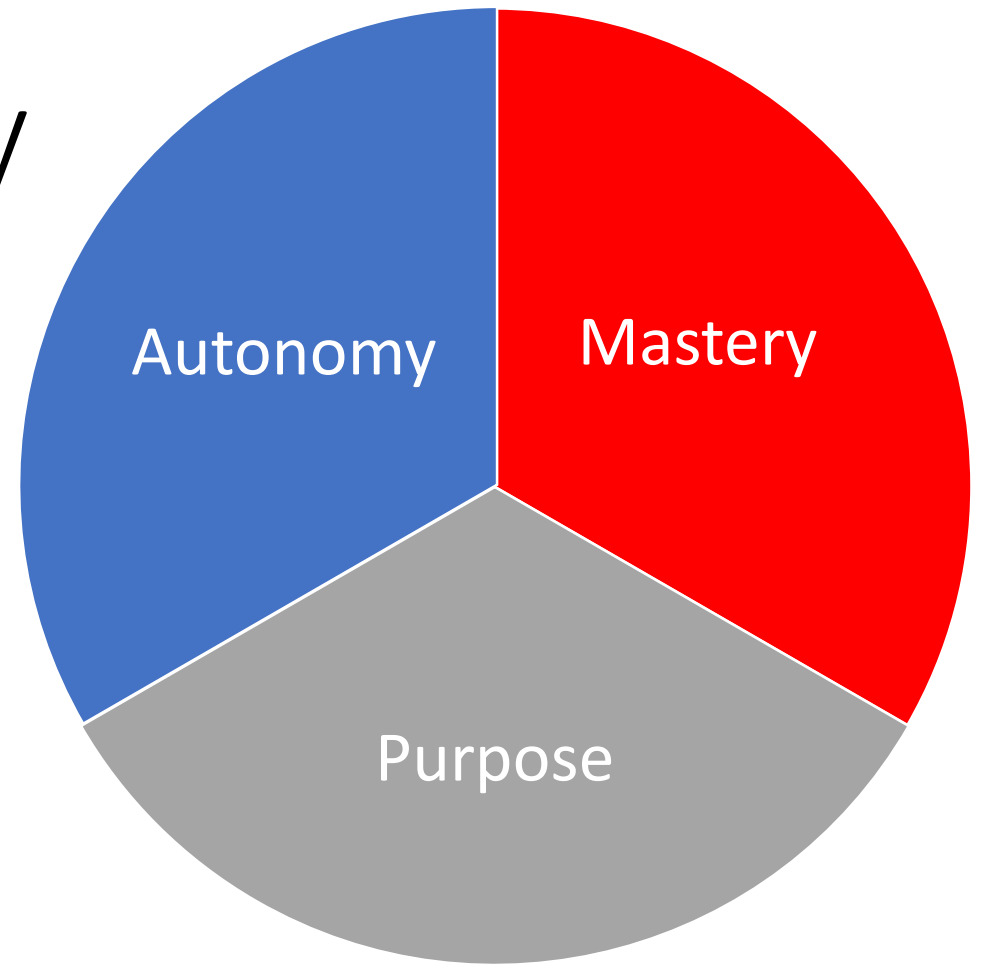
How did supervision seem to impact Hogan's motivation and engagement? (think: autonomy, mastery, purpose)

Medical Students- Autonomy, Mastery and Purpose

- CMS new documentation rules that allow student notes to “count” for billing:
 - **Attending:** “I was present with the medical student during the visit. I personally performed an exam, made the assessment and developed the care plan as documented below. I have verified student’s documentation of history and agree with the student’s findings.”
 - **Resident with student:** “I was present with the student during obtaining the history and exam.”
 - **Attending after resident with student:** “The resident was present with the student during obtaining the history and exam. I personally performed an exam, made the assessment and developed the care plan as documented below. I have verified and agree with the student’s and resident’s documentation. ”
- Coming soon → “preliminary orders”

You-Autonomy, Mastery and Purpose

1. Which (A, M, P) was in your motivating experience this month?
2. Which (A, M, P) was in your discouraging/demotivating experience?



COMPETENCY BASED MEDICAL EDUCATION

Outcome-knowledge
application

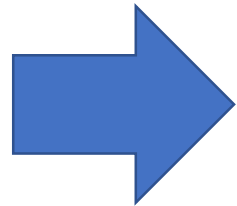
Learner-centered

Authentic (mimics real
tasks of profession)

Direct observation

Criterion-referenced

Emphasis on formative



NEW Weekly Ward Assessment

Application of knowledge

Facilitate growth mindset of resident

7 EPAs per week

Based on actual events

Scale based on level of supervision
necessary → “yet”

Weekly formative assessment

Weekly attending feedback by resident on how the faculty is facilitating their autonomy, mastery and purpose and supporting the growth mindset

Right sized supervision fosters autonomy

Frequent formative feedback as positive and specific observations and a growth mindset foster mastery

Connecting with our purpose as educators and physicians to provide excellent patient care now and in the future