

Increase feedback to residents: How a simple intervention doubled feedback to residents

Brandy Deffenbacher, MD
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Disclosures

- None

Behavioral Objectives

- Describe the intervention used to increase documentation of precepting feedback
- Describe the intervention used to increase knowledge and correct use of milestones
- Identify at least one idea from the session that helps to address an area of concern in your program

Session Agenda

- Discussion feedback/evaluation of resident continuity clinic performance
- Present our evaluation/feedback process, intervention, and data
- Set goals

Index Cards

- Take out the 4 index cards & answer one question on each
 - #1: Barrier to giving feedback in clinic
 - #2: Challenge CCC faces with “assigning” milestone level
 - #3: Barrier to collecting written feedback on resident performance
 - #4: Effective feedback is _____?

One word you think of when asked about providing daily resident feedback

Start the presentation to activate live content

If you see this message in presentation mode, install the add-in or get help at PollEv.com/app

#1 Barriers to giving feedback in clinic

- Time
- Harder to provide feedback to higher level learner than one who is struggling

Impetus for change

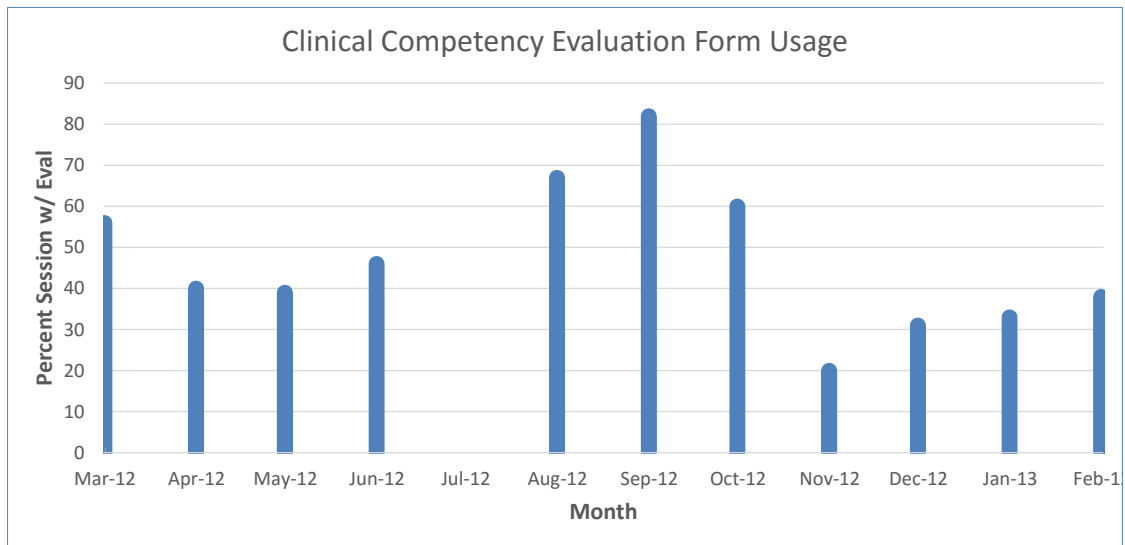
- ACGME alpha test in Dec 2012- Feb 2013
- Realized significant shortcomings of the evaluation process
 - Not enough of it
 - Not capturing the “right” data
 - Not capturing written clinic performance feedback (all word of mouth)

#2 Challenges CCC faces with “assigning” milestone level

- Little documentation of the day to day behaviors/performance
- Using gestalt or “gut feeling” to complete

Initial PDSA

- Developed process to capture written feedback
 - Direct observation encounters
 - Clinical Competency Evaluation Forms (CCEF)
 - Based on “field notes” from University of Alberta
 - Provide immediate, in the moment feedback on observed behaviors



Progress

- Used paper system 18 months
- Faculty found CCEF helpful when behavior specific comments provided
- Residents felt CCEF were minimally helpful, wanted more behavior specific detail

CCC Comments

- Improved amount of documentation
- Missing helpful information about resident performance
 - Behavior specific comments best
- Incorrect use/application of milestones

#3 Barriers to collecting feedback on resident performance

- No process to collect written feedback
- Concern about putting poor performance in writing

Limitations

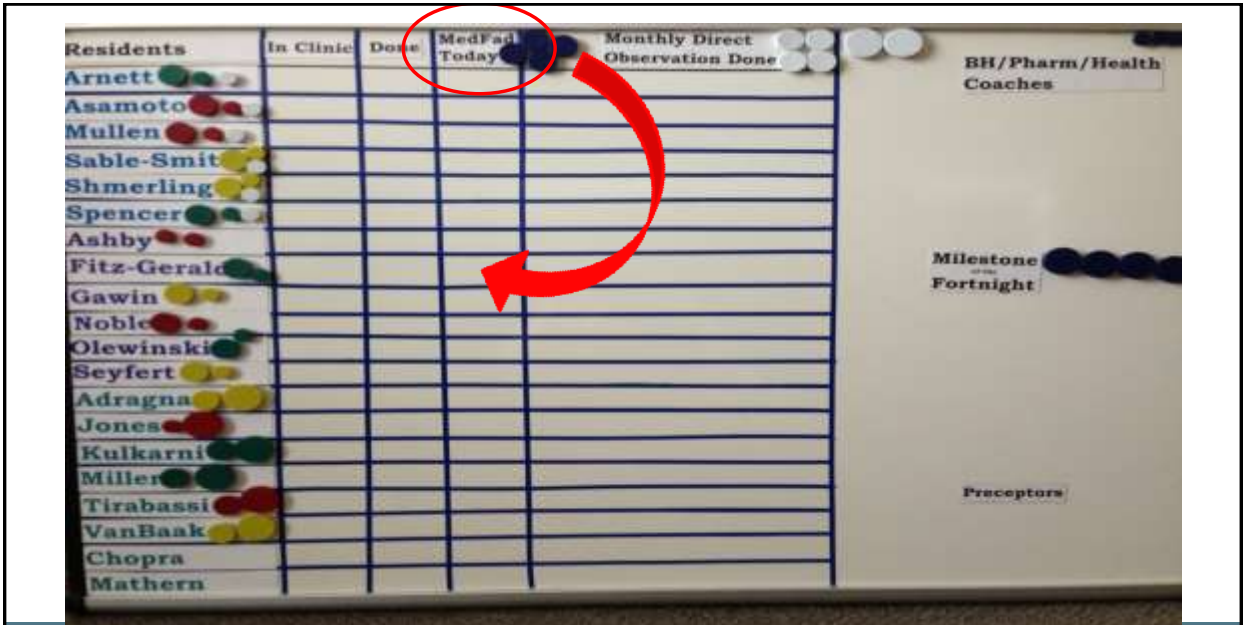
- Lots of admin time
 - Difficulty scheduling and tracking completion of direct observations
 - Difficulty collecting written feedback
 - Written CCEF had to be transcribed & tracked manually
- CCEF & residents were not “randomly” selected

Second PDSA

- Installed a whiteboard in precepting room
 - Serve as reminder to preceptor to give and document feedback
- Piloted online formative assessment documentation program
 - MedFAD
- Initiated “Milestone of the Fortnight”
 - Brief biweekly faculty development sessions on the milestones and providing feedback

Residents	In Clinic	Done	MedFad Today	Monthly Direct Observation Done	BH/Pharm/Health Coaches
Arnett					
Asamoto					
Mullen					
Sable-Smit					
Shmerling					
Spencer					
Ashby					
Fitz-Gerald					
Gawin					
Noble					
Olewinski					
Seyfert					
Adragna					
Jones					
Kulkarni					
Miller					
Tirabassi					
VanBaak					
Chopra					
Mathern					

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MedFAD

- Asked to participate in pilot
- Medical Formative Assessment & Development
 - Developed by Larry Mauksch & Doug Coutts
 - www.medfad.com
- Easily document residents' performance during session and provide feedback
- Categorize feedback by competency & milestone

Milestone of the Fortnight

- Brief twice monthly sessions held during regularly scheduled faculty meeting
- Review each subcompetency and associated milestones
- Develop list of behaviors observed in clinic that exemplify the milestones

Practice

- Review real MedFADs from our faculty and determine:
 - 1) Is it good feedback? If not, how could it be better?
 - 2) Is it assigned correctly? If not, where might it fit better?

Example

- C4: Utilizes technology to optimize communication

C4

- Other ways to break this down
 - Timely documentation
 - Clear logic
 - Clear language
 - Careful copying
 - Up to date databases
 - Confidentiality

Revision: 9/2013

E-4 Utilizes technology to optimize communication					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Recognizes effects of technology on information exchange and the physician/patient relationship</p> <p>Recognizes the ethical and legal implications of using technology to communicate in health care</p>	<p>Ensures that clinical and administrative documentation is timely, complete, and accurate</p> <p>Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries</p> <p>Uses technology in a manner which enhances communication and does not interfere with the appropriate interaction with the patient</p>	<p>Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums of care</p>	<p>Effectively and ethically uses all forms of communication, such as face-to-face, telephonic, social</p> <p>Timely</p> <p>Uses technology to optimize continuity care of patients and transitions of care</p>	<p>Stays current with technology and adapts systems to improve communication with patients, other providers, and systems</p>

Timely documentation: documentation missing or tardy (0)
Fails to document refills/result review (1)

Clear language: missing documentation of subtle findings (murmurs), long rambling sentences, adheres to APSO format (1)
Occasionally notes too brief or long for the complaint, reliably documents completed subjective & objective (2)
Management plan and follow up always documented; notes accurate and complete but lack conciseness (3)
Notes accurate and complete and lack extraneous information; plan and possible future complications are always easy to find(4)

Clear logic: A/P lack Ddx, prioritization, or clear logic (1)
Documents reasonable Ddx (2)
Logic of A/P clear flows from prioritized Ddx and documentation of findings/thinking (4)

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Comments:					

Careful copying: note is accurate but clear that sections were copied forward (1)

Note reflects changes without obvious copying (2)

Notes consistently reflect changes over time (3)

Up to date databases: medlist updated, problem list not used, past history no details (1)

Med list updated at each visit (2)

History completed but not updated regularly, problem list used but with all active and inactive problems (3)

History completed and updated regularly, problem list updated and only has active problems (4)

Confidentiality: never uses text, e-mails, or social media to communicate patient info (2)

#4 What makes feedback effective?

- Timely
- Behaviorally focused
- Specific (narrative)
- Provided in safe environment
- Constructive rather than negative

MedFAD Example

You did a nice job of reviewing the patient's chart to get a better understanding of the ultrasound basis for the patient's dating. Remember that if dating is not set in EPIC that you should review the LMP and then document the working EDD in the appropriate area of the chart. Also remember to update the OB history section of the chart so that a patient's Gs and Ps are accurately reflected in Epic. This kind of documentation ensures better care for our obstetrical patients who often see numerous providers

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Example: resident navigate EMR to find history, but did not update dating correctly (or didn't know how)

Up to date databases:

Medlist updated, problem list not used, past history no details (1)

Med list updated at each visit (2)

History completed but not updated regularly, problem list used but with all active and inactive problems (3)

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Resident was able to navigate the OB template in EPIC and able to communicate the plan for a ROB patient well

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Example: Navigated OB template in EPIC and able to use this to communicate plan for ROB patient

Up to date databases:

- Medlist updated, problem list not used, past history no details, able to navigate OB template (1)
- Med list updated at each visit, able to navigate and enter data into OB template appropriately (2)
- History completed but not updated regularly, problem list used but with all active and inactive problems (3)
- History completed and updated regularly, problem list updated and only has active problems (4)

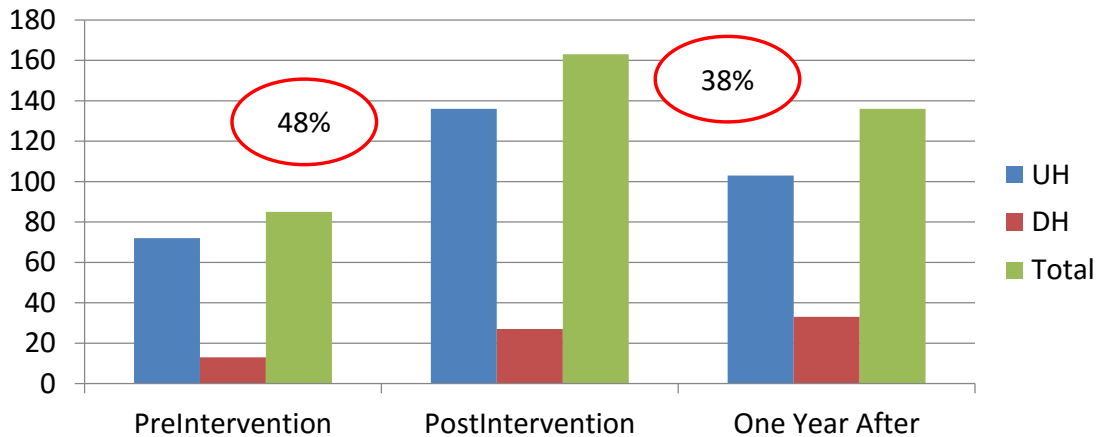
Data: Did our documentation increase?

- Reviewed numbers of MedFads completed during 3 month period prior to intervention and compared to 3 month period after intervention
- Was it sustainable?

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Results



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Quality? Help CCC?

- Future studies

Conclusions

- “point of care” resource to enter feedback important
- Reminders and reinforcement critical to keeping numbers up
- Need to find new ways to remind faculty
- Faculty development

Small Group Discussions

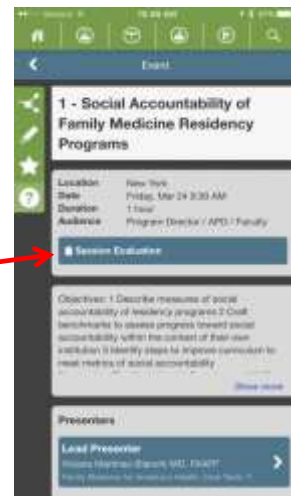
- Write down two challenges/barriers your programs face in regards to resident feedback
- Write down 2 goals to help overcome these barriers or address challenges
- Turn to person next to you and share your ideas

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Please...
Complete the
session evaluation.

Thank you.



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Thanks

Questions?

Brandy.Deffenbacher@ucdenver.edu



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