

# Clinical Staff as Educators

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## Objectives

- Identify resident knowledge gaps when transitioning into practice.
- Utilize clinical staff strengths and implement them into resident training.
- Evaluate feedback methods, workflow and knowledge gaps to improve resident education.

# VCU- Fairfax Family Practice

- Community-based private practice
- Fairfax, Virginia, Washington DC metropolitan area
- 8-8-8
- 21 Faculty physicians (includes Full-time & Part-Time)
- 4 Teams
- 4 residents per team
- 1 RN/LPN and 1 CMA for each resident team
- 2<sup>nd</sup> & 3<sup>rd</sup> year residents in patient care or walk-in clinic at least ½ day each day.
- Approx. 1300 patient visits per year by 2<sup>nd</sup> & 3<sup>rd</sup> residents

## Clinical Staff Duties

- Rooming patients (VS, reason for visit)
- Med reconciliation
- Vaccines
- Point of care testing
- Large focus on quality measures

## 2-Way performance Evaluation

- Clinical staff evaluate residents and residents evaluate clinical staff annually and milestones

## How this project started

- Noticed obvious lack of support and team dynamics between residents and resident clinical staff
- Neither knew how to give the other feedback or how to improve workflow
- Message management when residents at hospital, electives, on vacation ect.

## First Steps

- Met with resident clinical staff
- Discussed their role
- Answered questions they had
- Learned: communication, feedback and understanding residency requirements were biggest obstacles

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## Resident Knowledge Gaps

- Office protocols
- Office schedule
- EMR (navigating system, orders, portal messages, tasks)
- Printers (patient summary, handouts, Rx)
- Clinical staff abilities/skills (RN/LPN, CMA, MA)

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# Resident Knowledge Gaps

- Recognizing feedback from staff
- Giving clinical staff feedback and communicating to improve patient care and provider/staff workflow

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# Clinical Staff Strengths

- Experts using EMR
- Nurses: labs, results, treatments
- Knowledge of patients and their families
- Referrals
- Patient resources, educational handouts



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## Resident Clinical Staff Gaps

- Typically, are the newest staff members
- Don't understand the resident program & requirements
- Feedback: unsure of how to evaluate and give feedback

## Regular Resident Staff Meetings

- What is a resident?
- What is the difference between 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> year?
- Recognized staff importance in educating residents
- Clarify expectations of the resident staff nurse/assistant
- Recurrent themes in staff meetings:  
Communication and evaluation/feedback

# Resident Meeting

- Issues they recognized with patient flow
- Communication issues with staff
- Comfort with giving feedback
- Who to go to if things aren't going well

# Bringing residents and staff together for workshop

- Communication and feedback styles discussed
- Role play: clinical scenario > feedback given > what went well? What didn't?
- Discussed what a person did particularly that they found helpful. (ie. "Jack expressed how frustrated he was with the patient and stated he understood how the situation was stressful for me, the provider. It gave me the sense we were a team.")

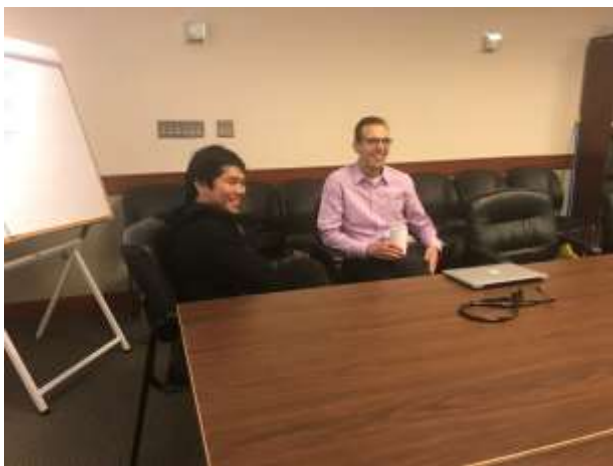
# Resident & Staff Workshop



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# Resident & Staff Workshop

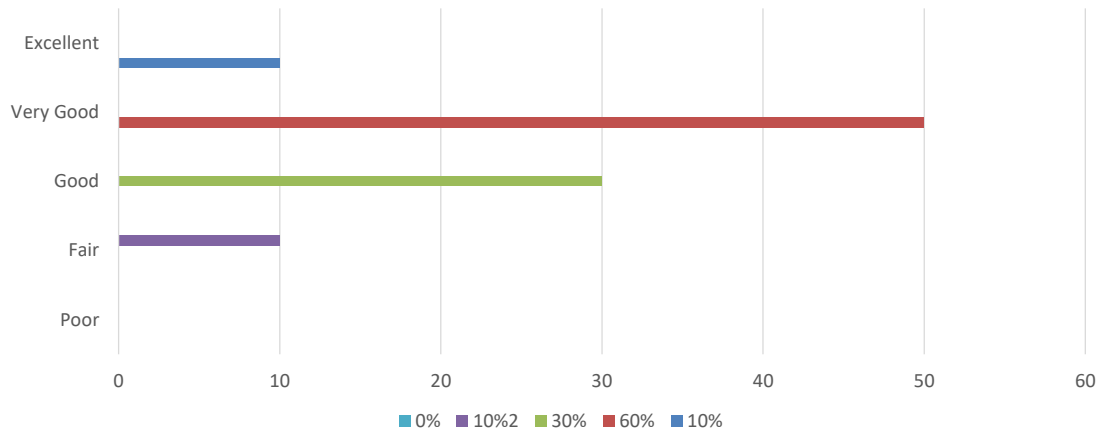


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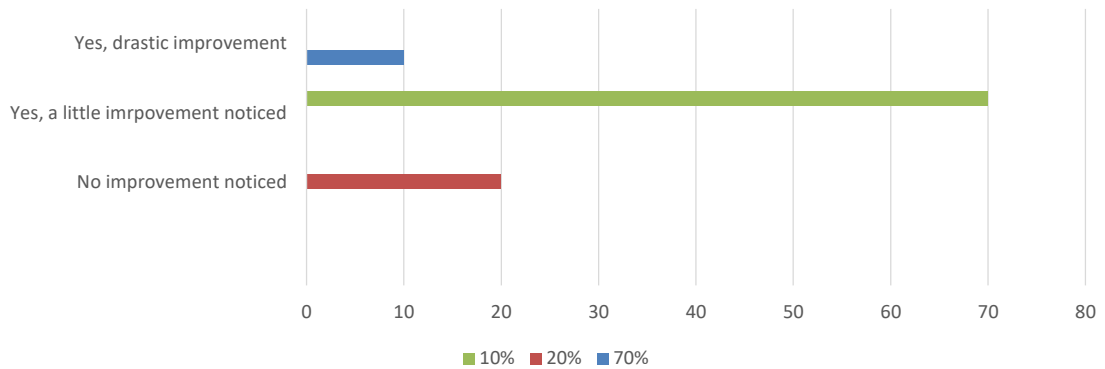
### Overall, how would you rate the communication and feedback workshop?



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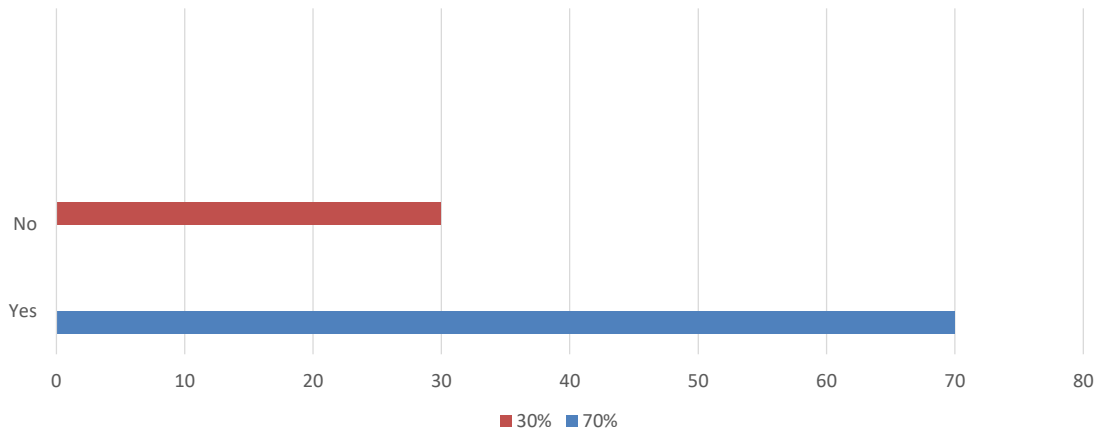
### Have you noticed improved communication between you and your provider/nurse/assistant?



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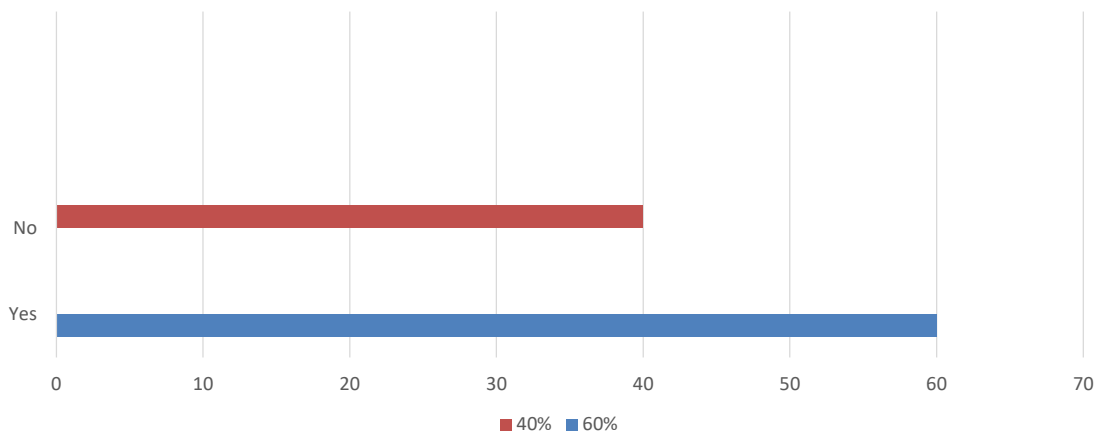
### Have you used any of the techniques mentioned in the workshop?



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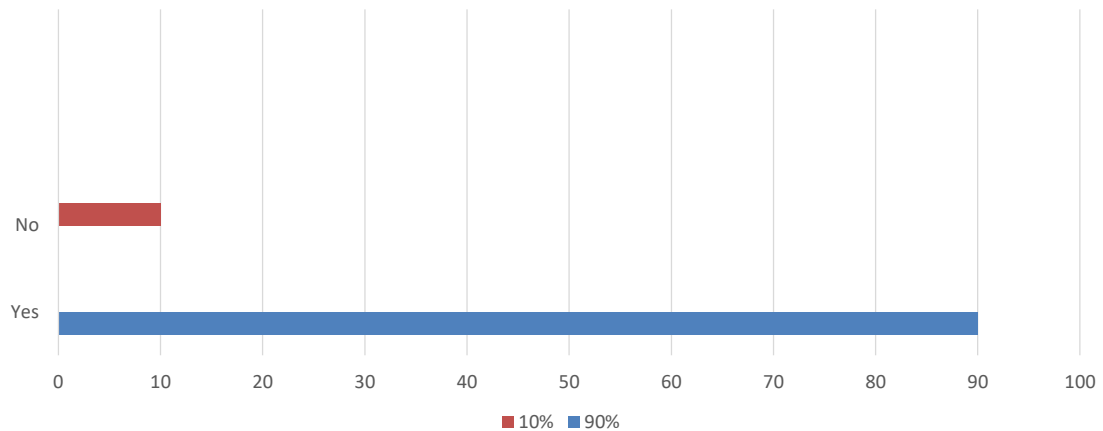
### Have you noticed your provider/nurse/assistant using any of the techniques discussed in the workshop?



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Would you recommend this workshop for future residents/staff?



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## What did you like about the workshop?

- “I was able to let my nurse know that if she has feedback or questions then she can ask me at any point.”
- “I liked that the workshop provided the same training for both providers and nursing staff simultaneously. I believe that this made implementation of the workshop skills easier than if we were trained separately.”
- “Allowed a chance, without pressure of patient care, to be able to discuss how to make things better.”

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What suggestions do you have to improve communication and feedback between residents and clinical staff?

- “I’m very lucky to have open minded, flexible, and confident nurses. I think their strong presence and exceptional work ethic sets the bar very high for the team. We don’t want to let each other down and communication naturally follows as a result of mutual respect. When we see each other trying our best, feedback seems more like a conversation than critique.”

What suggestions do you have to improve communication and feedback between residents and clinical staff?

- “Encourage open communication before or after patient care sessions.”
- “Regular, perhaps monthly, informal practice sponsored times to meet and discuss feedback with providers and nursing staff. It is difficult to find time when both of us are in clinic, not seeing patients, and are prepared to give feedback to each other.”
- “I think having a short huddle prior to patient care going over what is needed for each patient is helpful and keeps things moving”

## Resources

*Information on Recognizing Good Performance, Characteristics of Good Recognition, Coaching: An Approach to Solving Performance Problems, and Giving Constructive Feedback provided courtesy of Enrollment Services Training Staff Development and the Work-Study Office, Boston University*

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## Resources

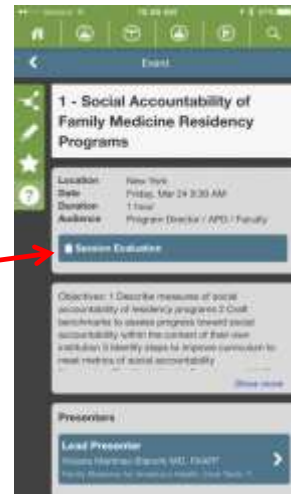
*How to Give Constructive Feedback to Motivate and Improve Your Team*  
<http://getlighthouse.com/blog>

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Please  
complete the  
session evaluation.

Thank you.



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