Critical Incident Narratives in Residency Education: What can we learn?

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AMS Phoenix Project

From the Ground Up: Using Critical Incident Narratives During Residency Training to Promote the Development of Compassionate Physicians
Goals

• design, implement and evaluate an educational program for residents to promote the development of compassionate physicians

• use insights gained from the evaluation to shape future educational strategies
Objectives

- Design and implement a curriculum for PGY-1 to PGY-5 residents using critical incident narratives to address the issues of patient-centred care and the hidden curriculum.
- Collect critical incident narratives from residents to produce sustainable teaching materials for future years.
- Qualitatively analyze critical incident narratives.
- Use results to prepare plenary or workshop QCARE.
Aligning with AMS Phoenix

• Address two key concepts in the education of physicians, patient-centred care and the hidden curriculum

• Critical incident narratives will be used as a teaching method to cover these concepts

• The rationale for focusing on patient-centred care and the hidden curriculum is that both of these concepts are key to promoting the development of compassionate physicians
Values in Medical Education

- Patient-centred care
- Compassion
- Awareness of the hidden curriculum
Hidden Curriculum

• challenge faced by educators who want to change aspects of the culture of medicine. For some, the hidden curriculum is seen to work against the integration of patient-centred care into the environment of medical education.
Critical Incidents

• Important and particularly memorable events, either positive or negative, that encourage trainees to re-examine their ideas, values and attitudes

• Integrated into medical education curricula using a variant of the critical incident technique developed by Flanagan

• In critical incident analysis, a report or narrative is coupled with a reflective exercise that prompts students to analyze or reflect on specific aspects of the event
• Many programs for teaching professionalism, including those utilizing critical incidents, are aimed at undergraduate medical students

• Residency training may be a more appropriate time
• Residents are the front-line physicians in academic settings where they are regularly exposed to the hidden curriculum and the stressful environment of today’s hospitals
• Positive and negative role modeling
• Reinforcement of such teaching is needed in postgraduate training
• A resident’s daily experience is rich with possible critical incidents
• Supported by both the theory of reflective learning and transformative learning theory
• Personal nature, and origin in the trainee’s own professional life.
• According to transformative learning theory, there is potential personal transformation and enhanced professionalism.
• A learner who has been transformed does not go back to doing things as they did before
• Potential to influence the professional development of physicians
• Ambitious?
Steps

• All Program Directors at Queen’s University will be invited to have their residents participate.
• Concepts of patient-centred care and the hidden curriculum to residents, by citing introductory meeting individualized for each residency program.
• Residents asked to identify critical incidents pertaining to patient-centred care and the hidden curriculum.
• Residents will be asked to prepare written narratives related to these critical incidents.
• Thematic qualitative analysis of the narratives across and within residency programs will be performed.
• Using the resident narratives and results of the thematic analysis, small group sessions for sharing of narratives and discussion will be facilitated.
• A plenary or workshop based on fellowship activities will be presented at QCARE
• Results from thematic analysis and narratives will be reviewed Program Directors and the Postgraduate Dean to inform teaching in residency programs at Queen's University
• Project results and recommendations for future interventions will be presented to AMS Phoenix Project committees
Research Ethics
From the Ground Up: 2 parts

• Part 1 – Residency program narratives
• Part 2 – QCARE Hidden Curriculum Workshop
Residency Program Narratives

• The story so far...
List of PG programs

- Ophthalmology
- Critical Care
- Gastroenterology
- Radiology
- Medical Oncology
- Radiation Oncology
- Internal Medicine
- PMR
- Pediatrics
- ObGyn
Initial Meeting

- Patient-centred care
- Compassion
- Hidden Curriculum
- Critical Incidents
- Narratives
Specialty specific discussion

• Literature review
  – Radiology: Career choice
  – Pediatrics: Compassion
  – OBGYN: Reflection
  – Ophthalmology: Patient expectations
• Requested narratives
• Planned to review themes and come back for a second meeting
• 27 narratives
• From Ophthalmology, Critical Care, Physical Medicine and Rehabilitation, Medical Oncology, Psychiatry, Internal Medicine, Ob/gyn
• Slow coming in...
• Process issues
• AHD
• Requests
• Hesitation
• Analysis pending
Second Meetings

• Concerns regarding the narratives
Concerns

• Not keen on sharing with other programs
• Concern with confidentiality given size of program and community
• Mandatory or not?
A different direction...

- Discussion re: narratives
  - Open re: concerns
  - Very reluctant
- Focused on issues around the specialty
• Hidden Curriculum
• Specialty specific issues
• Negative issues and positive issues
Completion of meetings

- Second meeting with each
- Last meeting – a final presentation
Dual Purpose

• Educational program
• Research project
• Common issue in PGME research
Q CARE Hidden Curriculum Workshop

- Three workshops, 1 hour each, for PGY-1s
- Introductory talk with examples
- Critical incident narrative writing
- Small group discussion
- Large group discussion
- Narratives handed in
QCARE Hidden Curriculum Workshop

- Focus on Hidden Curriculum
- 89 narratives from PGY-1
- Process
- Results
• Example
• Small group discussion – valuable, common experience
• Very insightful descriptions
• Some emotional
Emotion

- Watching listeners' faces/expressions
- Hearing stories told to large group
QCARE Hidden Curriculum Workshop Results

- Look at context, e.g. Surgical area
- Role models
- Environment
- CanMEDS roles
- Reactions...transformation?
First impressions...

- Teaching and learning environment
- First experiences
- Context
- Career choice
- Resources
- Pressure to discharge patient
• Hierarchy, opportunities
• Residents incorporating reflection
• Error reporting
• Teamwork
• Observations re: preceptors
• Time constraints
• Attitude toward family medicine residents
• Communication issues
• Professionalism
• Structural issues
• Patient safety
• Resident safety
• Standard of care
• Marginalized patients
• Ideals (supported or eroded)
• Humour
• Self-care
• Decisions
Limitations

- Deciphering handwriting
- No opportunity to ask questions for clarification
- Can’t observe the writer
- Influence of examples, stories
Critical Incidents

- Value of these is reinforced by narratives
- Basis for discussion
- Not always easy to discuss
- Personal
What can we learn?

- Stories
- Hidden curriculum
- Residency stressors
- Teaching and learning environment
- Residents and patient-centred care?
- Residents and compassion?

The AMS Phoenix Project
A Call to Caring
Going Forward

- Analyze the resident narratives
- Continue with the educational program, all programs agreed
- Making a video for teaching
- Continue QCARE workshop
- Variation: one positive/one negative or focus on patient-centred care/compassion
Perspectives

- Resident
- Program Director
- Faculty
- Researcher
Presentation of Results

- Report to AMS Phoenix Project
- Dissemination of results
- Back to the residents
Conversation

• Addressing the issue at the level of the School of Medicine and PGME
• How to have this conversation?
“As medical educators, we do well to listen to our students. Their reports of what they are learning reveal what we are actually teaching”

Elizabeth Gautberg et al. Academic Medicine 2010;85:1709-1716
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