Pediatric Hospitalist Retreat

April 15th, 2014

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"To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

Sir William Osler, 1903

WELCOME

2-2:10: Pre Survey – please complete

2:10-2:20: Mittal FCR Article – please read

2:30-3:45: Introduction/Background/Orientation to PROPS – Lora/Jen

3:45-4:00 Break

4-4:30 – MOC process/small group discussion

PROPS

- Pediatric Rounds Observational Peer Study
  - An opportunity for us to grow as faculty
  - An opportunity for us to learn from each other and highlight our “bright spots”
  - An opportunity for us to better understand our own variability
  - An awesome remedy for the direct observation “withdrawal” you may be experiencing ☺

WHY?

- As a division we started FCR back in 2006
  - We had training at that time, but many things have changed since 2006
  - Of the people here today – 4 people went through the original training
- What is FCR/FCC?
  - FCRs are multidisciplinary rounds that occur inside patient's rooms, in the presence of patients and family members, and integrate patient and parent perspectives and preferences into clinical decision – making
- Is this what we are doing every day?

Sisterhan, et al. Teach Learn Med 2007; 19(3)
American Academy of Pediatrics Pediatrics 2003; 112(3)

Feedback from the FCR Players

- Residents
  - Concerns from the assessment
    - Variability in Attendings
      - Expectations
      - Teaching
  - From literature: “single most important factor associated with their (residents) satisfaction with FCR was the attending physician”

Rappaport, et al. Implementing Family-Centered Rounds: Pediatric Residents' Perspectives Clinical Peds 49(3) 2010

Feedback from the FCR Players

- Nurses
  - Nursing surveys demonstrate variation between providers in rounding

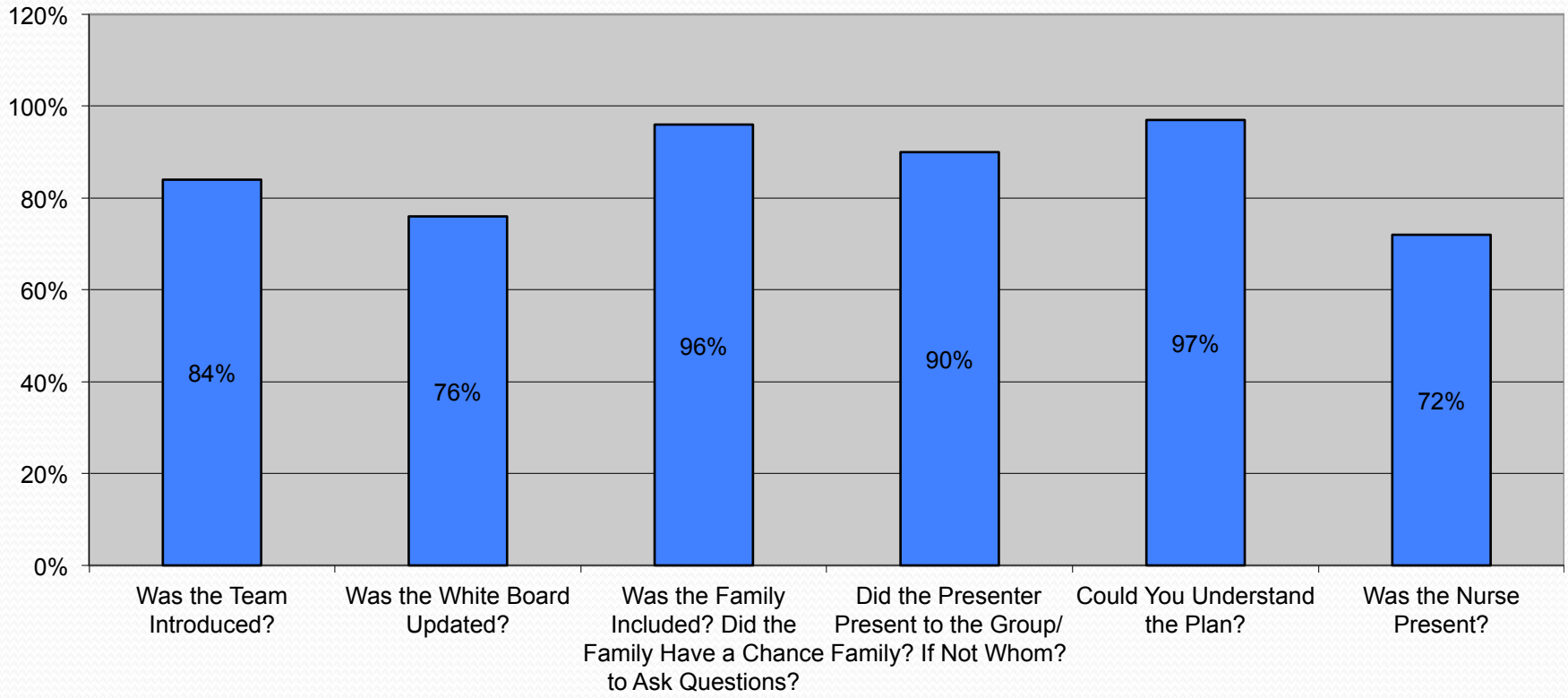
3 questions on the nursing survey from 2013:

1. Treats Staff in a Professional and Courteous Manner – Mean 4.35 (3.56-4.72)
2. Effectively Communicates to Staff and is easily approachable – Mean 4.39 (3.63-4.83)
3. Appreciates and recognizes staff for their efforts – Mean 4.3 (3.56-4.82)

Feedback from the FCR Players

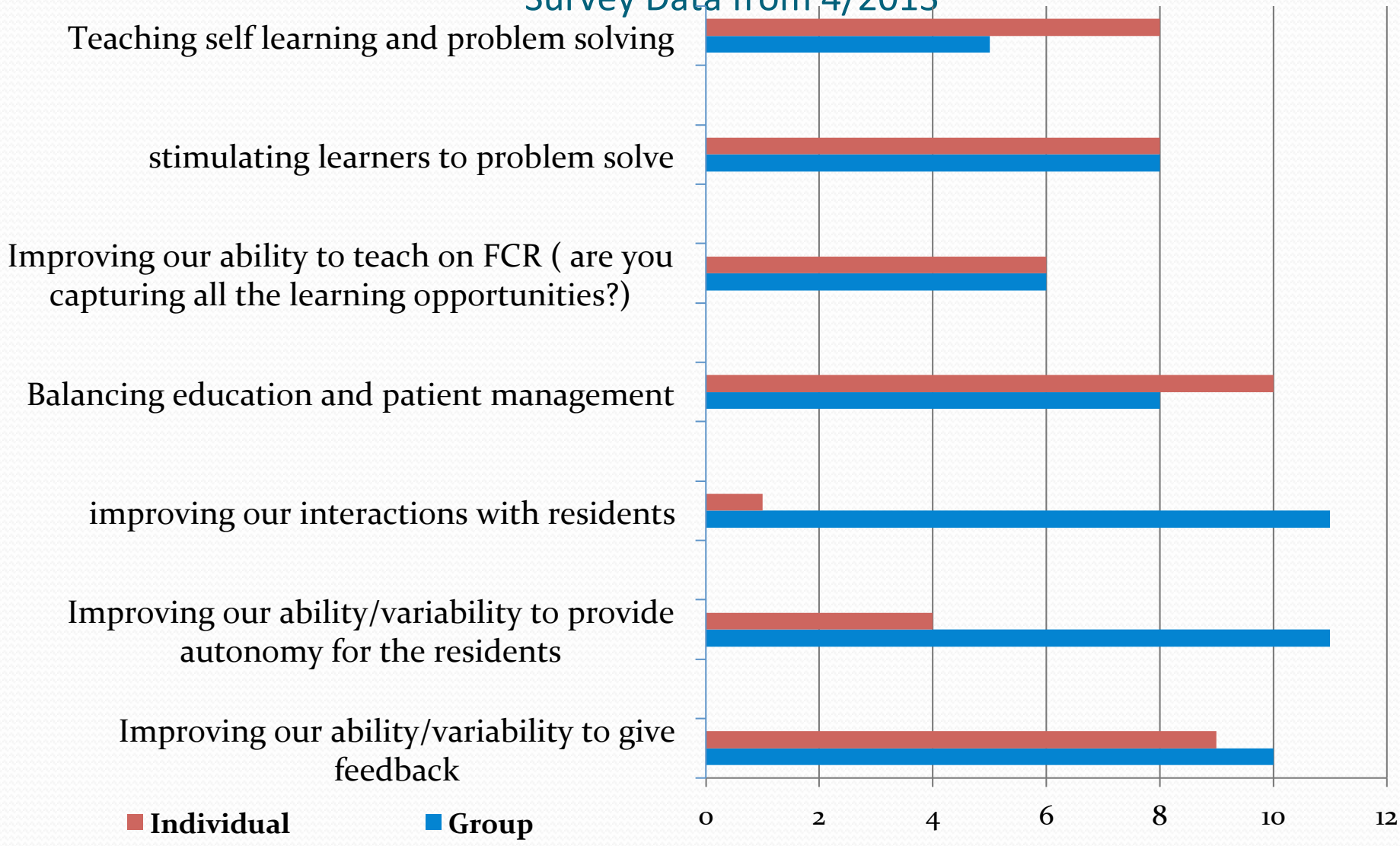
- Patients
  - Patient satisfaction surveys also show variation between us
  - How much does variation on FCR contribute?

FCR Data from Summer 2013



Lastly…You asked for this!

Survey Data from 4/2013



National Hospitalist Focus on FCR

- Mittal summary article
  - Improvements noted over last decade in:
    - parental satisfaction
    - discharge timeliness
    - nursing satisfaction
    - communication
    - resident and student education
  - Next phase of FCR improvement…

Mittal, V., "Family Centered Rounds: A Decade of Growth,"HOSPITAL PEDIATRICS Vol. 4 No. 1 January 1, 2014 pp. 6 -8

How can we get there?

- Improvement project for our own FCR
  - What are we doing now?
  - How can we improve as a group?
  - How can we improve as individuals?

- Direct observation experience

We didn't reinvent the wheel

- Mutual Mentoring System
  - Austin, Texas
  - Similar variation concerns
  - Done only by "senior" attendings
- Peer Feedback tool for Clinical Teaching
  - Zenni E, Hageman H, Hafler J, Gusic M. Peer Feedback Tool for Clinical Teaching. MedEdPORTAL; 2011.
    - Formative Feedback tool
- Just when we thought we had an original idea…hot off the press:
  - Mookherjee, S; Monash, B; Wentworth, K; Sharpe, B. "**Faculty development for hospitalists: Structured peer observation of teaching**," Journal of Hospital Medicine 9(4): 244-250, April 2014

Building on our Faculty

- "Rounding like a Ninja" – Medical College of Wisconsin
  - Jen
- Observed Structured Teaching Exercises (OSTE) to Enhance Hospitalist Teaching During FCR – Children's National
  - Megan

Lots of "checklists"

- Cincinnati Children's –
  - Large FCR website resource available with how and why's
  - Also has a checklist
  - http://www.cincinnatichildrens.org/professional/referrals/patient-family-rounds/about/
- "Rounding Like a Ninja"
  - Large resource available on MEDEdPortal
  - Lots of checklists
  - Weisgerber M, Toth H, Brewer C, Bragg D, Metzig N, Marcdante K, Simpson D. The Instructor's Guide for the SOS-REACH (Suspected Observable Senior Resident Empowerment Action Checklist) and SREA-21: Tools for Evaluating Senior Resident Empowerment During Family-Centered Rounds. MedEdPORTAL; 2011

And the survey says…

- Themes of FCR components that our group felt were important for success:

The PROPS Observation Tool

- Built on the previously mentioned resources
- Built on the I-PASS observation style
- 3 Key areas for the tool:
  - Patient and Family Centered Care
  - Teaching and Supervision
  - Interpersonal Communication and Professionalism Skills
- Most important:
  - Observations / Bright Spots
  - Suggestions

This is a tool – not a report card!

- Not all behaviors expected to be observed during each FCR observation session
  - Behaviors may be by attending or other member of team!
- The tool provides a guide for improvement for the individual and the division
- We are not collecting the first page of the tool – it provides some guidance for the observer and person being observed – leading to robust comments and suggestions
- This is a WORK in progress that may change with YOUR input

Goals

- Mutual Mentoring – opportunity for us to help each other and learn from each other
- Decreasing variation to a degree – we don't need to be "cookie cutters" of each other, but more consistency appears to be needed
- Faculty development – opportunity to grow as faculty in teaching and patient interactions
- Best Practice development for our division

Other Potential Benefits

- Developing the "SPACKLE" for our identified PUKAS
- Team Building/Bonding
- Developing New Faculty
- New name for FCR! Let's make our own
- Developing better resident education on FCR

Review of the Tool with Definitions

Patient and Family Centered Care

- Overall efficient time management – Goal of 2 hours
- Encourages/Listens to resident brief/debrief

Resident Brief/Debrief

- Brief: Prior to rounds, senior resident giving an overview of the team (sick patients, discharges) and the day (clinic schedule, AHD). Allows planning for feedback/teaching

- Debrief: Following rounds, senior resident summarizing major to-do tasks and dividing with attending if needed

Review of the Tool with Definitions

Patient and Family Centered Care

- Overall efficient time management – Goal of 2 hours
- Encourages/Listens to resident brief/debrief
- Utilizes family centered care
  - 1.Empowers senior resident to lead rounds
    - Introduction of team – many different styles? Do we need one?
    - Waits until the end to give input
    - Uses opportunity spaces
    - Non dominant position of the attending

“Silence”: Opportunity Spaces

- Providing a “long” deliberate gap to give time for an answer or comment
  - Not rushing learner
  - Could allow team to help each other if needed, i.e. “phone a friend”
  - In or out of the room

"(Be) Second": Non-Dominant Position

- Attending is not blocking Senior Resident from eye contact with group/family
  - In a position to still make eye contact (not hiding) but not in the forefront
  - Sometimes challenging with small rooms and/or big teams, and if senior multitasking (i.e. on stationary computer)

Patient and Family Centered Care

- 2. Models incorporation of nurse & staff input –
  Ex. Henri any concerns?
- 3. Assures white boards are up to date
- 4. Solicits input from families – What questions do you have?
- Demonstrates/discusses pertinent physical/clinical findings with learners
- Contributes or elicits additional clinical information when appropriate
- Verifies plan of care is clearly communicated to the family and team

Now for some videos

- Cincinnati Videos

Teaching/Supervision

- Creates an optimal learning environment
  - 1. Involves learners of all stages
  - 2. Encourages questions
  - 3. Encourages autonomy
    - Positive feedback
    - Validates Senior's ideas to the family
    - Gentle Corrections/Clue Questions
    - Supports intern/resident decision making
  - 4. Listens and demonstrates patience

Definitions

- Involves learners of all stages
  - Encourages learners to feel comfortable asking questions
  - Promotes learner interaction with the patient
  - Draws nonparticipating learners safely into the discussion without “grilling”
  - Shows interest in learner’s ideas, comments, concerns

"Safety": Gentle Corrections and Clue Questions

- A few possibilities:
  - Validating correct portions of an answer, then adding the additional portions needed to be completely correct
  - If answer is incorrect, discuss the situation in which it would be correct (validating it as a good thought, just not the best option for this context)
  - If team is stumped (silent) or gives incorrect answer, asking question again with a hint to steer in right direction

Teaching/Supervision

- Teaching reflects appropriate and up to date knowledge, experience and perspective
- Balance between foundational education & teaching patient management
- Teaching Clinical decision making
  - Step 1: Discusses clinical decision making
  - Step 2: Stimulates learner to demonstrate problem solving (what is going on? What should we do? Why?)
  - Step 3. Encourages learners to commit to and develop assessments and plans

Definitions

Balance between foundational education & teaching patient management

- Associates basic science concepts with clinical practice
- Shares relevant research and how it applies to patient's care
- Encourages learners to research a question

More Videos!!

- Cincinnati Videos 2

Interpersonal Communication/ Professionalism Skills

Creates a collegial environment with learners

1. Frequency of interruptions during presentation –listens actively and non-judgmental
2. Situational feedback provided when appropriate
3. Models professional & approachable body language
4. Manages up nurses & staff
5. Enthusiasm and personal engagement with patient care, the team and teaching
6. Humility and self-reflection

Definitions

- Models professional & approachable body language

Definitions

- Enthusiasm and personal engagement with patient care, the team and teaching (have fun!)
  - Shows energy and passion
  - Enjoys the interaction with the learners and patients
  - Is sensitive to learner's abilities
- Manages up nurses & staff
  - Uses learners and patients names
  - Allows learners, nurses and staff to bring up concerns

Another video…

- Cinci video 3

Comments

- Observations/Bright Spots
- - What are bright spots?- A practice or strategy that one of us is using during family centered rounds that is unique/successful/innovative
- Suggestions

- Overall reflections on observations:
- What aspects are different than “your “ FCR?

BREAK

- Take a break!

How are we going to do this?

- 4 Peer Groups
  - Point Person within each group – involved in the development of the tool
    - Lora
    - Megan /Kyra
    - Jen
    - Shilpa
  - Point people are able to assist with questions - may defer to Lora/Jen

MOC plan

- To get MOC credit:
  - Each member will do 6 observations
    - 3 will be in your peer group
    - 3 will be outside of your peer group
  - Each member will be observed 1-3 times
  - You need to complete the comment sheet and return to Jen/Lora with signatures and comments after you sit down and discuss your thoughts with the person you observed.
  - Box similar to IPASS, copy the comment sheet to turn in

MOC plan

- Monthly discussion at division meetings
  - What Bright spots have people seen
  - What suggestions have people been given
  - Are there PUKA's that need spackle?
    - Introductions?
    - White Board?
  - Need to participate in at least 6 meetings for MOC

MOC plan

- Time period: Now through June 2015

Let's try it out…

- Use the PROPS Tool to evaluate video
  DC children's video

- Discuss in small groups

DC Children's Video: Small Group Reflection

- Intern led
- Nurse involvement
  - Notes mom's concerns/verbal patient advocate
  - Attending clarifies plan/questions with her at end
- Attending examines, teaches student
  - Validates team's thoughts and leads discussion in a gentle correction/clue question manner to get to KD diagnosis
- Senior resident regroups with mom at end of discussion and summarizes
- Criticisms:
  - Intern uses medical lingo sometimes without good explanation to mom (WBC count, etc.)
  - Senior resident quiet/doesn't lead at all!
  - Limited explanation of KD to mom (i.e. treatment)
  - Attending's position may be considered somewhat "dominant"

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Thanks for coming!!