Exploring the Development of Adaptive Expertise in Navigating Difficult Conversations

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Difficult Conversations

Breaking Bad News

“. . . situations where there is either a feeling of no hope, a threat to a person’s mental or physical well-being, a risk of upsetting an established lifestyle, or where a message is given which conveys to an individual fewer choices in his or her life.”

Bor et al. 1993
Adaptive Expertise

- Flexible use of knowledge and experience to solve new, complex or unexpected problems
  Bransford, Brown & Cocking, 2000
  Hatano & Inagaki, 1986

- *Adaptive expertise* examines how experts use problems to innovate, construct new ideas and learn
  Mylopoulos & Woods, 2009
Objectives

• To explore how residents and newly graduated physicians **develop adaptive strategies** when navigating difficult conversations

• To better understand the types of learning experiences that facilitate this change
Methodology

• Constructivist grounded theory study
  – Data and theories are co-constructed through research by the researcher and participants (Charmaz, 2008)
• Semi-structured interviews (n=14)
  – 13 participants were subspecialty residents and newly graduated physicians, 1 experienced physician, Division of Developmental Paediatrics
• Constant comparative analysis (NVivo 11)
• Themes identified inductively and deductively
• Detailed audit trail and memos
Participants: Transition to Practice
Results
Theme 1: Shift in understanding of flexibility and openness

“I think the more I do this the more I realize you have no idea how any feedback session is going to go, and I think honestly that helps give me the confidence that I can deal with any of them because I’ve pretty much not been so well-prepared for any of them.”
Theme 2: Adaptive strategies being demonstrated in the moment

“But later in fellowship it switched to thinking about how to be more flexible and how to look for what the family is … what kind of cues the family is giving you and to adapt. In-game adjustments…”
Theme 3: Active experimentation drawing on positive and negative encounters builds conceptual understanding

“I think just by having to do it, like having to actually be the one to say, you know, and your child has autism… I think you learn a lot from just having to do it and having it go well and having it go poorly and readjusting for the next time…”
Significance

• Residents need to lead difficult conversations to learn how to do this flexibly

• Active experimentation, and success and failure, provides room to develop the flexibility needed for future encounters

• This study provides important information on how physicians develop a **deeper conceptual understanding of difficult conversations** and the **openness required to employ adaptive strategies to meet families’ individual needs**
• Bloorview Research Institute: Family Leadership Program, for reviewing our grant application and providing feedback and a letter of support

• Paediatric Consultants Educational Scholarship Grant, Hospital for Sick Children
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