Using Workplace-Based Assessments to Drive Post-Call Feedback: Can It Work?

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Background

**EPA’S AND MILESTONES**
- Provide clear learning direction and explicit teaching assessment goals

**WORKPLACE-BASED ASSESSMENT**
- Multiple observations
- Verbal feedback
- Quality documentation in WBA tools

**ePORTFOLIO**

**DECISIONS**
- Progression or remediation

**Practice Expectancies Defined** → **Practice Environment** → **Competence Committee**

Graphic courtesy of: RCPSC, 2017
Background

Second-year core paediatric residents cover subspecialty inpatients overnight in a night float model

WBA tool implemented in response to lack of feedback post-call
Methods

Web-based surveys before tool implementation and monthly afterwards

WBA tool comment review

Quantitative & qualitative data analyzed
Post-call WBA tool

• Technology assisted

• **Assessors**: Subspecialty residents & fellows

• **Trainees**: Second-year core paediatric residents

• Long and short versions of tool tested as part of feasibility analysis
Call shifts with feedback provided (aggregate data)

Median shifts with feedback provided

Month(s) following tool introduction

$\text{n} = 9$ (pre-tool baseline)

$\text{n} = 16$ (post-tool over entire study period)
Resident perceptions (aggregate data)

Tool was useful in facilitating feedback for **Medical Expert**

Tool was useful in facilitating feedback for **Leader**

Tool was **feasible within post-call clinical workflows**
Resident perceptions (aggregate data)

Tool was useful in facilitating feedback for **Medical Expert**

Agreed (38%)

Tool was useful in facilitating feedback for **Leader**

Disagreed (50%)

Tool was **feasible within post-call clinical workflows**

Disagreed (63%)

\[n = 16\]
Feedback Environment and Daytime Handover Structure

"[I received feedback] from the overnight fellow when I ran a specific issue by her"

"...nephro handover is done in the AM via text or phone call and so I had to find a way to meet the fellow after I had handed over to all of the other teams"
"Most of the time, they don’t seem to care enough about giving us feedback”

“Fellows were a bit upset at the length of the tool”

“I’d have to ask them to stay later”
“It is difficult to always find the postcall fellow to do the evaluation”

“Most [of the] time is taken explaining to fellows what this tool is”
“The questionnaire was way too long for post call sleepy fellows”

“Fellows need...their usernames integrated into the...system [and] more options to have the evaluation request sent out to be completed at a later date and time”
Feedback Quality

“Would really appreciate more constructive feedback”

“I didn’t get more than a ‘I agree’ with my plan”
WBA analysis

Medical Expert
- Actionable feedback: 9%
- Non-actionable feedback: 16%
- No comment: 75%

Leader
- Actionable feedback: 8%
- Non-actionable feedback: 39%
- No comment: 53%

n = 64
Where are we now?

- **Gap between goals of WBA tool and reality of implementation**
  - Non-sustained increase in feedback frequency after WBA tool introduction
  - Post-call WBA tool not perceived as useful, and was challenging to integrate into post-call clinical workflows
Barriers to WBA
Usefulness & Feasibility
How do we bridge the gap?

Lessons for the post-call environment and WBA generally

- Assessor education around WBA/tools, availability
- Education to support feedback quality
- Shorter tools, flexibility for WBA completion (time & place), ease of assessor access
Acknowledgements

We are grateful to all the residents, fellows, and faculty who have been involved in implementing, evaluating, and optimizing WBA in our workplace and learning environment.
References


• Additional photos courtesy of: University of Toronto Core Paediatric Residency Program.
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• Go to: www.royalcollege.ca/icre-evaluations to complete the session evaluation.

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Appendix
Documents clinical encounters/course in a manner that enhances intra- and interprofessional care

Identifies patients requiring handover to other physicians or health care professionals

Communicates clearly with the receiving physicians or health care professionals during transitions in care

Communicates with the patient’s primary health care professional about the patient’s care

Provides relevant information (e.g., comorbidities, meds, complications)

Monitors and reports patient safety issues, as appropriate

Summarizes the patient’s issues in the transfer summary, including plans to deal with the ongoing issues & next steps for management

Uses cognitive aids (e.g., procedural checklists, unstructured communication tools such as RASS pathway)

Conducts handover in a timely manner and in a quiet setting

Conducts handover face-to-face, confirms understanding; answers questions; clarifies responsibility for tasks
Please provide feedback around the medical decisions (e.g., management decisions) made for patients under the care of this resident overnight:


Please provide feedback around the functioning of this resident in the manager/leader role over their call shift (e.g., prioritization of tasks, communications with RNs and senior MDs, time management):


Were there any opportunities for growth in the area of professionalism for this resident (e.g., punctuality, use of social media, appropriateness of written and/or verbal communication, awareness of limitations)?

- [ ] Yes
- [ ] No

Other comments:


## WBA analysis examples

<table>
<thead>
<tr>
<th>Actionable</th>
<th>Medical Expert</th>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“On the right track- would encourage to continue to make decisions around patients independently (and then check in with the fellow if worried)”</td>
<td>“When escalating care, always presented a differential diagnosis and proposed management plan”</td>
</tr>
<tr>
<td>Non-actionable</td>
<td>“Great job”</td>
<td>“She is perfect”</td>
</tr>
<tr>
<td></td>
<td>Block 2 (baseline)</td>
<td>Block 3 (L)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Responded</strong></td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total on call</strong></td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td><strong>% responded</strong></td>
<td>56.3</td>
<td>57.1</td>
</tr>
<tr>
<td><strong>Median shifts worked</strong></td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td><strong>Median shifts with ME feedback</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Median shifts with M/L feedback</strong></td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Tool facilitated ME feedback</strong></td>
<td>4</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td><strong>Tool facilitated M/L feedback</strong></td>
<td>2</td>
<td>1, 2, 3</td>
</tr>
<tr>
<td><strong>Tool feasible in clinical workflows</strong></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
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