Exploring the Evolving Concept of ‘Patient Ownership’ in the Era of Resident Duty Hour Regulations

Authors: V. Masson, L. Snell, D. Dolmans, NZ. Sun
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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 - Context

• Sparked by the Libby Zion case, duty hour regulations (DHR) have been applied across North America and Europe over the past decade

• McGill University (Quebec) core internal medicine program

  ➤ Previous 24h system
  ~25-30h

  ➤ Night Float system (phased implementation over 2009-2011)
  ~10-14h

  ~12h
Background - Rationale

- Discussions with regards to impact of DHR on medical professionalism remain very heated.
- While “patient ownership” is described as a key aspect of medical professionalism, it yet remains to be formally defined in the literature.
Research questions

• In a system where optimal patient ownership has transitioned from the traditional, single-physician-24/7 model, to a team-based shared ownership model, how do stakeholders define the concept of “patient ownership”?

and

• What factors are perceived to influence it?
Methods

• Qualitative descriptive methodology\(^1\)
• One-on-one in-depth, semi-structured interviews\(^2\), collected for a previous study focused on impact of duty hour restrictions on medical professionalism\(^2\)
• Purposive sampling (12 faculty members and 18 residents) for maximal phenomenal variation
• Setting:
  ➢ McGill University core internal medicine residency program (Approx 100 residents)
  ➢ Medical clinical teaching units (CTUs) at all 3 training hospitals

\(^1\) Sandelowski, 2000
\(^2\) Sun et al., 2016
\(^3\) Dicicco-Bloom & Crabtree, 2006
Methods

• Analysis
  > Secondary inductive thematic analysis\(^1,^2\)
  > All data related to patient ownership coded: 48% of all data was codable
  > Coding conducted independently by 2 investigators for all transcripts
  > Data saturation reached after analyzing 10 transcripts

\(^1\) Heaton, 2008
\(^2\) Hinds, Vogel & Clarke-Steffen, 1997
Results

Era of Resident Duty Hour Regulations

- Displaying personal concern for patient well-being and outcome
- Decision-making capacity
- Detailed patient knowledge
Results

Era of Resident Duty Hour Regulations

**Patient Ownership**

- Displaying personal concern for patient well-being and outcome
- Quality of interactions with patients and family members
- Decision-making capacity
- Detailed patient knowledge
- Faculty role-modeling
- Fitness for duty
- Faculty empowerment
- Quality of patient handovers
Results

Era of Resident Duty Hour Regulations

Patient Ownership

Displaying personal concern for patient well-being and outcome

[...] it really comes down to do they see themselves filling a shift and kind of going home and forgetting about it or do they see themselves as part of a long-term relationship with that patient to get them through their illness in whatever way they can do it. So, [in the latter case] they do things like calling in, they might even come in on a weekend just to see what's going on with their patient. (P02)
Displaying personal concern for patient well-being and outcome

Decision-making capacity

[...] ownership [...] is sort of a **sense of responsibility.** [...] It represents] *ownership of the ultimate results of your clinical decisions.* (RE03)
Displaying personal concern for patient well-being and outcome

Decision-making capacity

Detailed patient knowledge

Results

Era of Resident Duty Hour Regulations

Patient Ownership

[...][patient ownership is] **knowing the patient**, who they are, where they come from, what their main medical issues are, what they might need [...] [it is] so really **owning them as an overall person**. [...] I’m talking about the **bio-psycho-social**, all the **medical issues**, as well as, all the **potential family issues**, as well as, all the **potential psych issues** [...] – **everything**. (RL01)
Results

Era of Resident Duty Hour Regulations

*Patient Ownership*

- Displaying personal concern for patient well-being and outcome
- Decision-making capacity
- Detailed patient knowledge

"...There is] the ability to see [patient ownership] from staff. [... Senior residents] have a closer daytime relationship with the staff and they know that the staff isn’t just walking away, but very implicated in the care of their patients." (P03)
Results

Era of Resident Duty Hour Regulations

- Patient Ownership
  - Displaying personal concern for patient well-being and outcome
  - Decision-making capacity
  - Detailed patient knowledge

Faculty role-modeling
Fitness for duty

I think during the day because you're less tired and more present you have more time to sit down and speak with patients, speak with families, work on these very humane aspects of being a professional [...] (RE03)
When it comes to patients, the more you interact with them, the more you're seeing them every day, you really do start feeling like they are your responsibility. [...] Then you worry about them and then you'll go and you're not on anymore but you are kind of checking to see what is happening. (S04)
Results

Era of Resident Duty Hour Regulations

Patient Ownership

- Displaying personal concern for patient well-being and outcome
- Decision-making capacity
- Quality of interactions with patients and family members

"[Because] you are the same night float team for the entire week or entire 2-weeks, [...] you know the patient well, [...] you know the family, [...] you're much more inclined to do discussion of goals of care and procedures, on the spot, because you feel comfortable as opposed to delaying them to the next morning." (RE06)
[When a patient is admitted] at night time, the day team still takes the ownership over it. Because the overall hierarchy is there and the leadership is there to tell you where you're headed. On the other hand, somebody gets admitted on the day time, that sense of ownership [...] doesn't necessarily get translated to the night [...] because the day team is the one who is going to make all the decisions anyway, so why bother. (S03)
Results

Era of Resident Duty Hour Regulations

**Patient Ownership**

- Displaying personal concern for patient well-being and outcome
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I think it comes down to the **quality of sign-outs**. [...] if the day team is **not** giving an **adequate sign-out** [...] it's then detrimental to the person who is on nights because they **don't know or understand the big issues** that are going on. (RL07)
Results

Era of Resident Duty Hour Regulations

Patient Ownership

Displaying personal concern for patient well-being and outcome

Decision-making capacity

Detailed patient knowledge

Quality of interactions with patients and family members

Faculty role-modeling

Fitness for duty

Faculty empowerment

Quality of patient handovers
Limitations

- Single center, internal medicine CTUs
- Unknown transferability to smaller training programs
- Secondary analysis of interview transcripts
- Data gathered a few years ago
Implications

• Awareness of the key defining features of patient ownership
  > allows for deconstruction of this key concept
  > facilitates alignment of expectations among clinician-educators and resident learners

• Knowledge of the enabling factors allows creation of system-based solutions to enhance development of patient ownership in trainees
Thank you!
Questions?

Vanessa.Masson@mail.mcgill.ca
Vanessa.Masson@alumni.ubc.ca
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