Use of Objective Structured Clinical Examination to Introduce the Rheumatology Competence by Design Curriculum to Residents and Faculty

Author: Maysam Khalfan, Peter van Stolk, Susan Humphrey-Murto, Raheem B. Kherani
Presenter: Maysam Khalfan
Moderator: James Powell
Time: 12:45 – 1:00

Every year the UBC Rheumatology program hosts a Crash Course in rheumatology for new PGY4 rheumatology residents. The course usually consists of lectures. This year (July 2019) we will be introducing an OSCE session on the last day of the course. OSCEs will be evaluated using the Competence by Design (CBD) evaluation format which includes observation, feedback, and documenting achievement of milestones and Entrustable Professional Activities (EPAs). The objectives are two-fold. One is to help introduce residents and staff to the CBD evaluation format as this will be the first year that Rheumatology programs across Canada will be using the CBD curriculum. Second is to help reinforce learning during the course by providing an opportunity to practice learned skills in the OSCE setting. The research component of this project is to use surveys to assess whether the OSCE session had any effect on resident comfort with the CBD curriculum. We will also be surveying faculty who participated as examiners in the OSCE to see if there was any effect on their comfort with the CBD curriculum. We hope the results will be helpful in recommending similar OSCE sessions for future years at UBC Rheumatology, or for other programs wishing to use OSCE as a tool to introduce CBD to their new residents.

Videoconferencing in Distributed Medical Education: Challenges and Opportunities for Teaching and Learning

Author: Sharon Doucet, Clare Newlands, Timothy Bateman
Presenter: Sharon Doucet, Timothy Bateman
Moderator: James Powell
Time: 1:00 – 1:15

What problem have you identified and/or tried to address?

UBC's Undergraduate Medical Education (UGME) Program is distributed over four teaching sites across British Columbia. Educational technologies play an important role in making this type of distributed education possible and successful, while also significantly changing the learning environment for both teachers and learners. Facilitating and participating in engaging, collaborative tutorials in online learning environments creates new challenges for teachers, students and support staff.

What did you do (a description of methods and/or innovation?

For rural faculty and students in Midwifery we developed a support and training strategy for the online tutorial technology that focused on what to do when the system breaks down. Further, through piloting the online tutorial environment in Midwifery, the experiences of students and teachers were documented to develop best practices and processes for the training and facilitation of these sessions that can be applied to UBC's UGME program.

What did you discover in the work (findings and/or lessons learned)?

We discovered that technology training needs to be mandatory so that protected tutorial time is not compromised by lack of knowledge of what to do when the system fails. We also determined that without the training, some faculty are resistant and fearful of facilitating an online tutorial session. We learned that when faculty and students are trained effectively the technology that previously was the main focus becomes invisible and the learning and collaboration begins.

Why is this important (implications and/or future directions of the work)?

The distributed UGME program requires rural students to participate in online tutorial environments. Training is critical to the effective deployment of this fast becoming, essential tool for the successful delivery of distributed online tutorials.

Keywords: video-conferencing, training, facilitation

The Role of Previously Undocumented Data in the Assessment of Medical Trainees in Clinical Competency Committees

Authors: Jennifer Tam, Anupma Wadhwa, Maria Athina (Tina) Martimianakis, Oshan Fernando, Glenn Regehr
Presenter: Jennifer Tam
Moderator: James Powell
Time: 1:15 – 1:30

Introduction: The clinical competency committee (CCC) comprises a group of clinical faculty tasked with assessing a medical trainee's progress from multiple data sources. Current guidelines regarding the utilization of previously undocumented data (PUD) introduced in the CCC meeting are conflicting. This study explored the use of PUD in conjunction with documented data in creating a meaningful assessment in a CCC.

Methods: An instrumental case study of a CCC that uses PUD was conducted. A single CCC meeting was observed, followed by semi-structured individual interviews with all CCC members (n=7). Meeting and interview transcripts were analyzed using constructive grounded theory approaches.

Results: Informal PUD were introduced as summary impressions, contextualizing factors, personal anecdotes, and rarely, hearsay. The purpose was to raise a potential issue for discussion, enhance an impression, or counter an impression. PUD supported the co-construction of a developmentally-focused trainee assessment. Various mechanisms allowed for the responsible use of PUD: embedding PUD within a structured format; sharing relevant information without commenting beyond one's limitations; clarifying allowable disclosure of personal contextual factors with the trainee pre-meeting; excluding PUD not widely agreed upon in decision-making; and providing direct in-the-moment feedback to trainees pre-meeting. Documented data were perceived as limited by inaccurate or superficial data.

Conclusion: PUD appear to play a vital part of the group conversation in a CCC to create meaningful, developmentally-focused trainee assessments that cannot be achieved by documented data alone. Consideration should be given to ensuring the thoughtful incorporation of PUD as an essential part of the CCC assessment process.

Key words: clinical competence committees, data management, group decision-making

The Ecology of Family Medicine and Clinical Education

Authors: Jacqueline Ashby, Christie Newton
Presenters: Christie Newton
Moderator: James Powell
Time: 1:30– 1:45

Several challenges have emerged in clinical education over the past two decades. Health professional programs have increased in both number and size resulting in an upsurge of trainees. This rapid expansion has strained clinical educators as they attempt to accommodate the increase in program capacity and demands of teaching while simultaneously managing their patient care workflow. The unprecedented growth has increased the workload of clinicians' office staff as university administrators work to coordinate their learners' placements and schedules. Further complicating the matter are the varying teaching remuneration models between programs and their preceptors.

Globally, the ecology of family medicine is evolving. Concerns have been raised about the erosion of relationships between patients and their doctors. Compounding matters are patients' lack of health insurance coverage; external pressures for healthcare to be cost effective and efficient in practice; pressures for healthcare workers to specialize; and changes in the family structure and population demographics. This altered landscape and increasing divide influence and impart their stresses on the educational paradigms responsible for training learners. The burst of scientific advancements, learning theories, digital technologies, coupled with a desire to take a more patient-centred approach to address these concerns add to this complexity with much of the responsibility falling upon the community preceptor to navigate and instruct with minimum support.

In this session, we will discuss a recent research initiative to better understand the context, challenges, and facilitators of clinical practice education as well as how we can improve the experience for residents, preceptors, and patients.

Learning Objectives:

1. Participants will be able to describe the current ecology of clinical education; considering its challenges and opportunities.
2. Participants will be able to address the current questions emerging on sustaining the clinical placement model.
3. Participants will be able to explore how we can best support community preceptors and apply these findings to their program.