

How Do Remediation Preceptors Conceptualize What They Do?

Author: Gisele Bourgeois-Law, Glenn Regehr, Pim Teunissen, Lara Varpio

Presenter: Gisele Bourgeois-Law

Moderator: Marilyn Champagne

Time: 2:00 – 2:15

Background: There is little in the literature on the remediation of practicing physicians and even less on the particular role of remediation preceptors. The grey literature suggests that stakeholders view these preceptors as similar to postgraduate preceptors, but this may not accurately represent how they conceptualize themselves and their role. This study interviewed preceptors regarding their understanding of their role and their framing of those they are remediating.

Summary of work: We interviewed individuals who serve as remediation preceptors, that is, who are asked by regulatory and health authorities to oversee the learning and practice of physicians with significant competence gaps. A narrative approach enabled us to explore the phenomenon of remediation without imposing a structure on the experience. Narratives were initiated with “Tell us about a particularly memorable remediation experience”. When the narrative was ‘positive’, we then asked for a second story about a less successful experience, and vice versa.

Summary of results: Preliminary analysis is revealing incongruities between how remediators conceptualize what they do, and the activities/processes they are performing. For example, they refer to themselves as coaches and mentors, yet their described actions run counter to published studies and descriptions of the role of coaches and mentors. We will have a more detailed analysis by October.

Discussion: Incompatibility between what remediators think they do and what they actually do may contribute to the challenges of remediation in practicing physicians.

Keywords: Remediation; CPD; qualitative research

Seeing but Not Believing: Insights into the Intractability of Failure to Fail

Author: Andrea Gingerich, Stefanie Sebok-Syer, Roseann Larstone, Chris Watling, Lorelei Lingard

Presenter: Andrea Gingerich

Moderator: Marilyn Champagne

Time: 2:15 – 2:30

Failure to fail is a well-established phenomenon. Despite targeted efforts, the problem remains that many physicians are unwilling to formally document judgments after identifying underperformance. Routinely documenting varying levels of performance becomes increasingly critical as emphasis shifts from programs based on time to ones mapping competence. The intractability of failure to fail suggests that a better understanding of the experience of being confronted with an underperforming trainee is needed.

We analyzed 22 interviews with BC physicians using constructivist grounded theory. When asked to describe experiences working with trainees who demonstrate incompetence, physicians asserted that “incompetence” was the wrong term. It suggested a finality that contradicted a belief that trainees are carefully selected and capable of learning through iterative cycles of teaching, clinical experiences, and feedback. Instead, terms like “struggling” better captured the slowed or stalled progression of rare trainees. Frustrated and perplexed by stalled progression, physicians searched for causes to explain why a trainee cannot or will not engage in iterative learning cycles.

An underperforming trainee is unexpected evidence that disconfirms the belief that, with sufficient feedback and experiences, trainees should progress. With iterative learning cycles seen as inherent to training, lack of progression nullifies the preceptor’s role. The disconfirmed expectations paradigm posits that the inconsistency could intensify belief in progression. The belief could be reinforced by identifying defects in trainees that impede progression; thereby reducing cognitive dissonance while also rejecting the trainee. Examining the limits of the learning cycle imperative and destigmatizing plateaus may promote documentation of non-progression.

Keywords: failure to fail, workplace based assessment, clinical competence

Codifying Trust? Tacit Judgments and Explicit Standards in Entrustment Decisions

Authors: Anneke van Enk, Olle ten Cate

Presenter: Anneke van Enk

Moderator: Marilyn Champagne

Time: 2:30 – 2:45

Subjective judgments are being reframed as necessary and valuable in learner evaluations in HPE. At the same time, however, the adoption of CBME can be read as an attempt to exclude or at least control subjectivity. CBME represents a strong faith in explicit standards, and it is difficult to carve out a role for personal experience, gestalts, and gut feelings, which are often challenging to codify.

One of the key assumptions underpinning CBME is that explicitness is essential to good educational practice. More specifically, published evaluation criteria are believed to be the basis for openness, impartiality, and intentionality in evaluation. This presentation lays out why it is worthwhile interrogating this assumption. We need a more nuanced understanding of the value of explicit standards. Under what circumstances, for what purposes, and in what forms can they contribute to good assessment? And in what ways might their development and implementation be fruitless or even detrimental?

Entrustment constitutes one promising site for answering such questions. As a bridge between formal standards and practical judgments in HPE assessment, it can shed light on the relative merits of codified and tacit knowledge and the interplay between them.

To ground these ideas, attendees will be invited to consider a concrete example--an evaluation form offered as a template for observations of entrustable professional activities (EPAs). Unpacking the tensions the form presents between tacit and explicit approaches to assessment will highlight the necessity for drawing on both approaches but also the complexities inherent in doing so.

Keywords: entrustment; tacit knowledge; assessment standards

Educational Impact Drives Feasibility of Workplace-Based Assessment for Cataract Surgery

Authors: Nawaaz A. Nathoo, Ravi Sidhu, Andrea Gingerich

Presenters: Nawaaz A. Nathoo

Moderator: Marilyn Champagne

Time: 2:45– 3:00

Phenomenon: In the transition to competency-based medical education, workplace-based assessments (WBAs) are taking a more prominent role in assessment programs. However, the increased demand for WBA leads to new challenges for implementing suitable WBA tools with published validity evidence, while also being feasible and useful in clinical and surgical practice. For the single activity of cataract surgery in ophthalmology residency, there are at least five published tools each incorporating different design features such as global rating scales or step-by-step surgical rubrics. Despite published evidence to support their validity, there has been very poor uptake. In order to understand why evidence-based assessment tools may not be incorporated into residency programs, it is necessary to understand the perspectives of stakeholders who are ultimately the end-users of these tools, as well as the system factors that both deter or support their use. Without adequate input from frontline stakeholders regarding their use of the various design features on assessment tools, there may be unrecognized misalignments between good assessment design principles and design features needed to support teachers in documenting good feedback and assessment judgments in the workplace. Such misalignments could hinder our current efforts to implement assessment programs with a focus on WBA.

Approach: We focused our investigation on WBA implementation by studying the feasibility of prototypical WBA tools. Eleven surgical teachers used 3 daily assessment tools each with different design features on a rotating basis while supervising cataract surgery with ophthalmology residents. Semi-structured interviews with teachers and a focus group with the residents enabled discussion of their perspectives on dimensions of the tools such as acceptability, demand, implementation, practicality, adaptation, and integration. Interpretive description, a qualitative methodology, was used to guide data analysis and group observations into themes.

Findings: Three themes summarize participants' reactions to using the WBA tools. (1) Surgical teachers' primary goal for assessment is to provide feedback to improve surgical competence. The tools helped to facilitate the feedback conversation by serving as a reminder to initiate the 3 conversation, a framework to structure the conversation, and a memory aid for providing detailed feedback. (2) Surgical teachers preferred the assessment tool with a design that best aligned with their approach to teaching and how they wanted to provide feedback. (3) Orientation to the tools, combined with established remediation pathways, may help preceptors to better use assessment tools and improve their ability to give critical

feedback.

Insights: Feasibility of a WBA tool may be based primarily on its perceived educational impact achieved by supporting feedback conversations. Even in the context of a single, repetitive operative procedure such as cataract surgery, learners and especially teachers preferred differently designed assessment tools that best augmented the specific feedback conversation needed to address the particular performance. As such, tools that emphasize feedback and align with teaching practices may improve feasibility to stakeholders and help to overcome known threats to feasibility such as long tools and frequent submissions.

Keywords: workplace based assessment; competency based medical education; cataract surgery; post-graduate medical education