# Transforming the Post-clerkship FM Experience:

## Foster Competence and Forge Professional Identity with Curricular Activities like IMP and PBJ/Jam!

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# Agenda

On completion of this session, the participants should be able to:

- Compare and contrast what medical students, faculty, and residencies want to do in a fourth year FM elective
- Describe novel new curricular activities designed for the post-clerkship medical student
  - IMP and PBJ/Jam
- Analyze various curricular activities which capture current trends in PCMH, patient safety/QI, and self-directed learning.
- Develop an action plan for a post-clerkship elective at your home institution.

# Disclosures

- None

# Needs Assessment

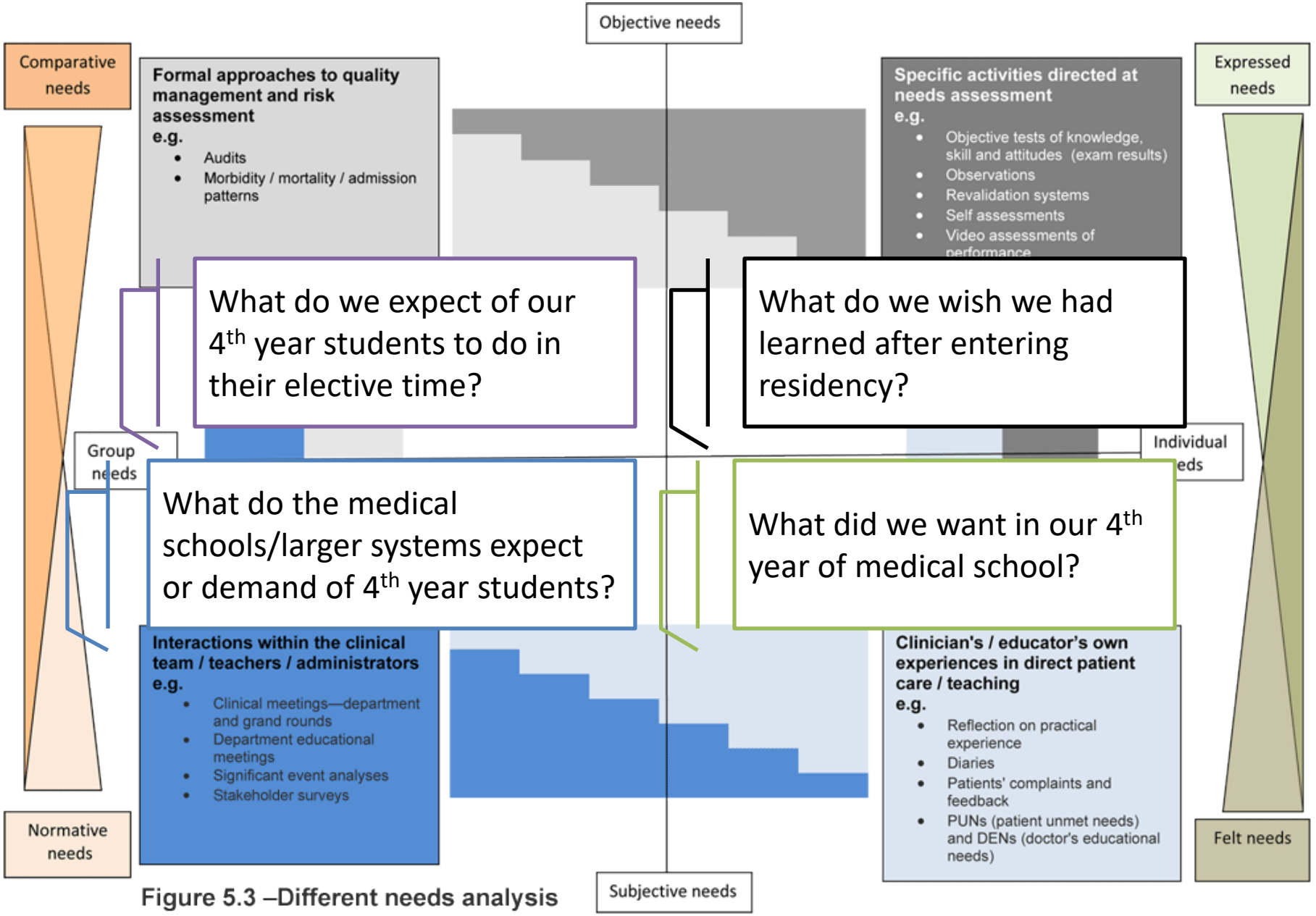


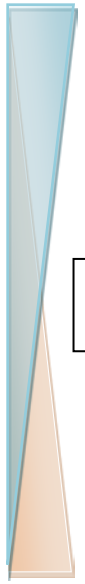

Figure 5.3 –Different needs analysis methods in relation to types of needs

# Needs Analysis Methodologies and Types

*Comparative Needs*

*Group Needs*

*Normative/ Standard Needs*



| | |
|---|---|
| **What we talk about in FM**<br>**Diverse experiences**: *OB, Geri, Sports, Addictions*<br>**Group Visits**<br>**Research opportunities** | **What residents wish they had**<br>**Procedures:** Dermatology, GYN<br>**Difficult conversations:** Hospice/palliative care |
| **Typical FM 4th year electives**<br>Clinic, Global Health Serving the Underserved, BMed/Ψ, Pharm, Direct Primary Care, Literature & Medicine | **What students want**<br>Sports Medicine<br>Rural Medicine<br>Sub-Internship |

*Expressed Needs*

*Individual Needs*

*Felt Needs*

*Unperceived Needs*

*Perceived Needs*

(adapted from University of Dundee's Medical Education Module on Needs Assessment: Figure 5.3 –Different Needs Analysis Methods in Relation to Types of Needs.) https://my.dundee.ac.uk/bbcswebdav/courses/CM50103_CMN_D65_201112/Chapter-5-figure-5edit2.gif
Ratnapalan, S., et al. (2002) *Needs Assessment in Postgraduate Medical Education: A Review*. [Serial Online] Med Educ Online. 7:8. Available from: http://www.med-ed-online.org/f0000040.htm [Accessed 14/6/14]

# FM 4th year: "Exploration Elective"

- Goal
- 1) Expand opportunities for positive early FM exposure in fourth year,
- 2) Promote Primary Care and Family Medicine as a promising career option
- Forge Professional Identity
  - PBJ & Jam
- Fostering Competence in Primary Care setting
  - IMP

# Novel FM elective curricular activities

- Problem-Based Learning → Problem-Based Journaling and Jam Sessions (PBJ & Jam)
- Information Mastery in Practice Information Management Plan (IMPs)
- Group Visits

# How to build competence and confidence

- Deliberative Practice
  - In order to become an expert, you need to dedicate 10,000 hours over 10 years

Practice involves repeated, well-defined activities.
Improvement requires two components:
1. fast and immediate feedback in the moment, followed by
2. slower reflection, deliberation and revision.

Ericsson, K.A. (2004). Deliberate Practice and the Acquisition and Maintenance of Expert Performance in Medicine and Related Domains. Academic Medicine. 79(10), S70-81.

How do we do this in the clinic?

# Expert Diagnostic Practice

1) Extensive clinical knowledge

2) Skill with patient stories

3) Reflective integration
of the knowledge and stories into a diagnosis

4) Continuous learning through clinical practice
and broader admission of uncertainty, humility for development, change and growth

Mylopoulos, M., et al. (2012) Renowned Physicians' Perceptions of Expert Diagnostic Practice. Acad Med, 87(10), 1413-1417.

# **PBJ & Jam**:
# Fostering Competence & Forging Professional Identity in the FM Exploration Elective

Bandura's theory of self-efficacy

PBL

Practice Inquiry

Balint group

http://bwfamilymedicine.com/

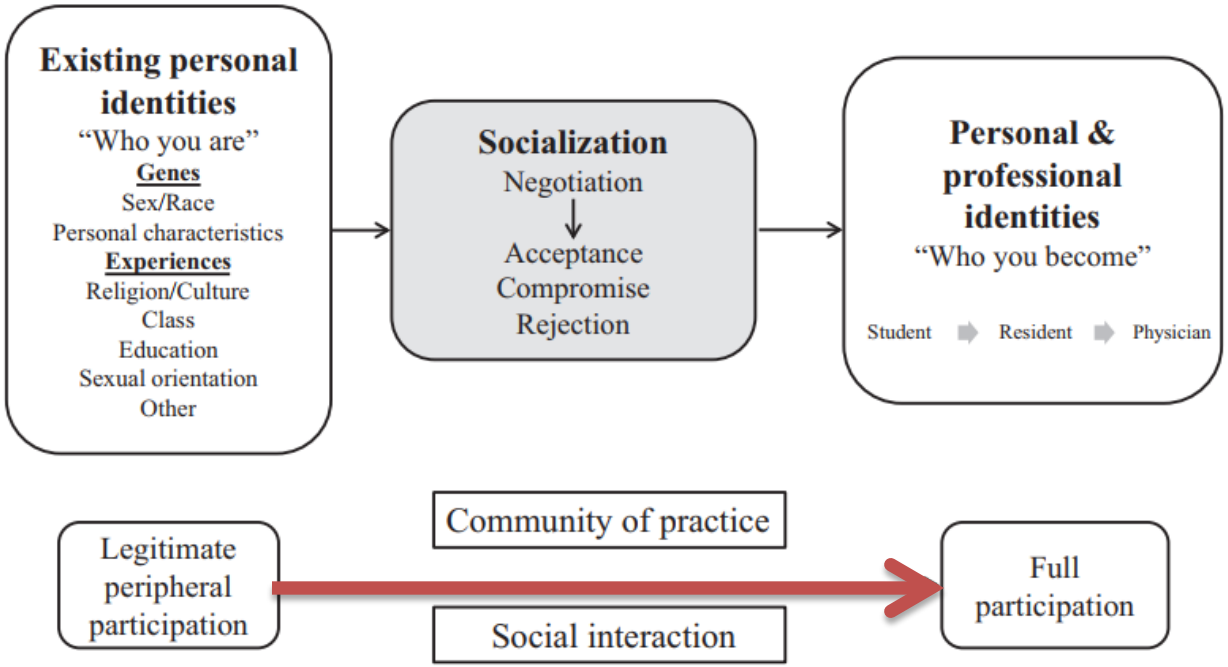



**Figure 1** A schematic representation of professional identity formation, indicating that individuals enter the process of socialization with partially developed identities and emerge with both personal and professional identities (upper portion). The process of socialization in medicine results in an individual moving from legitimate peripheral participation in a community of practice to full participation, primarily through social interaction (lower portion).

Professional Identity Formation (Cruess 2015)
*A Schematic Representation of the Professional Identity Formation and Socialization of Medical Students and Residents: A Guide for Medical Educators*

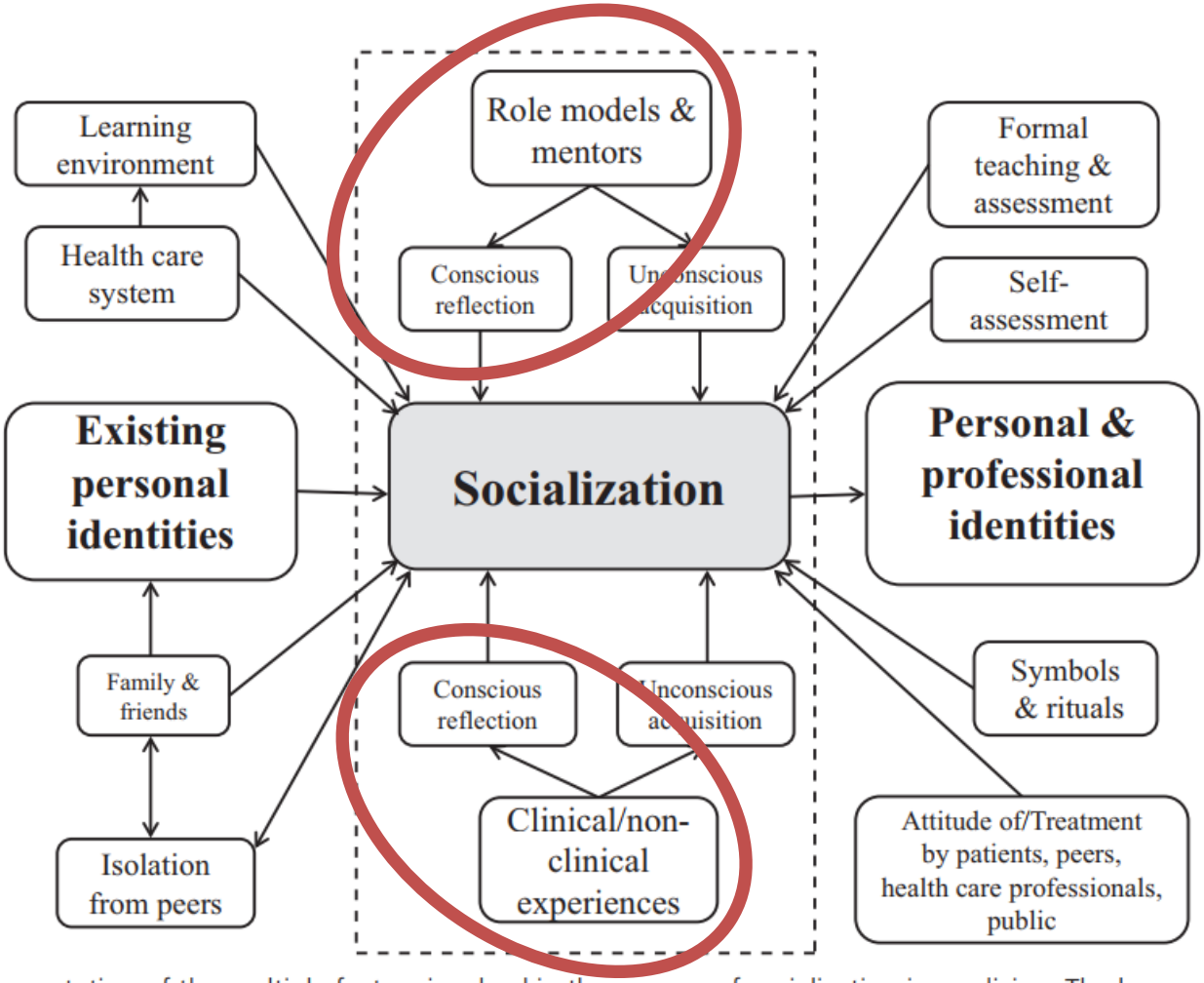



**Figure 2** A schematic representation of the multiple factors involved in the process of socialization in medicine. The large center box surrounded by the dotted line, which includes role models and mentors and experiential learning, indicates their importance to this process. The direction of the arrows from existing personal identities to personal and professional identities indicate the dynamic nature of this process.

Professional Identity Formation (Cruess 2015)

*A Schematic Representation of the Professional Identity Formation and Socialization of Medical Students and Residents: A Guide for Medical Educators*

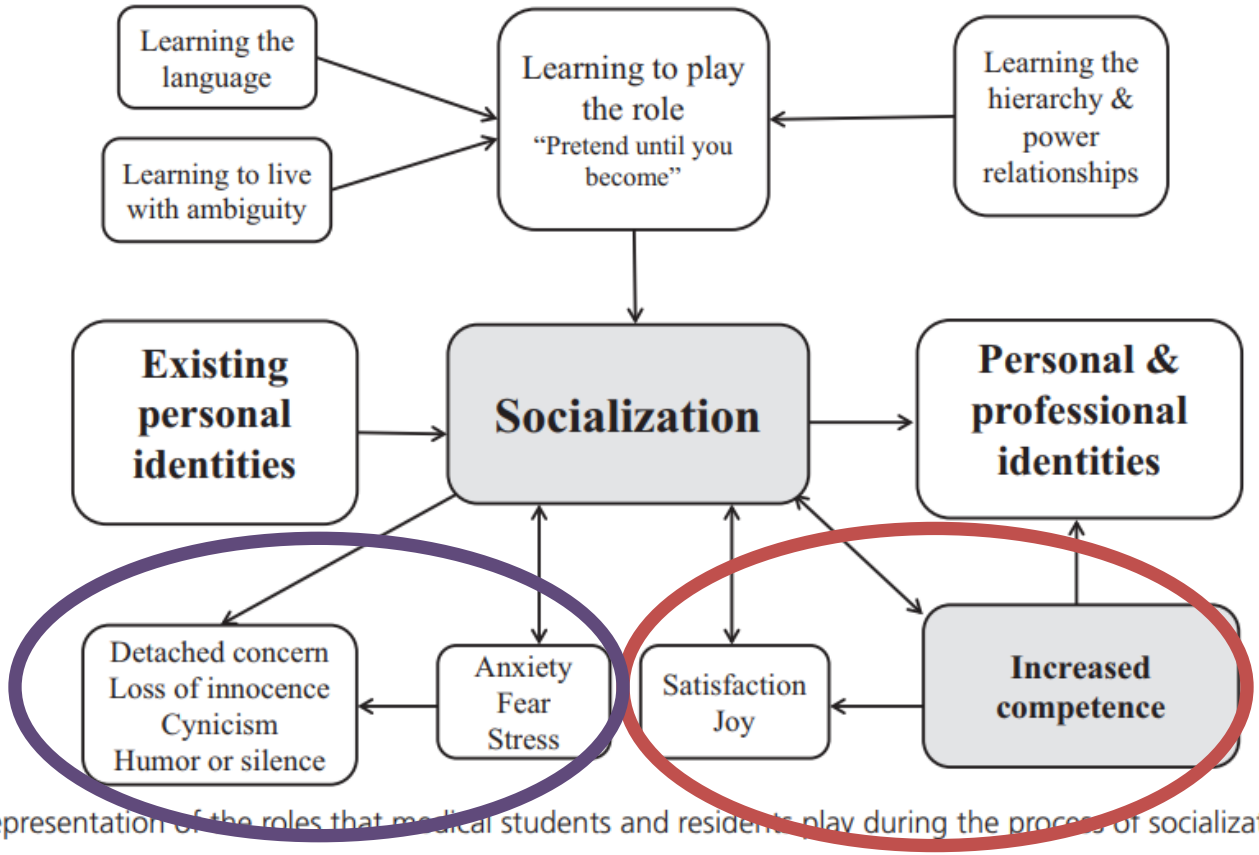



**Figure 3** A schematic representation of the roles that medical students and residents play during the process of socialization and their potential responses to this process.

Professional Identity Formation (Cruess 2015)

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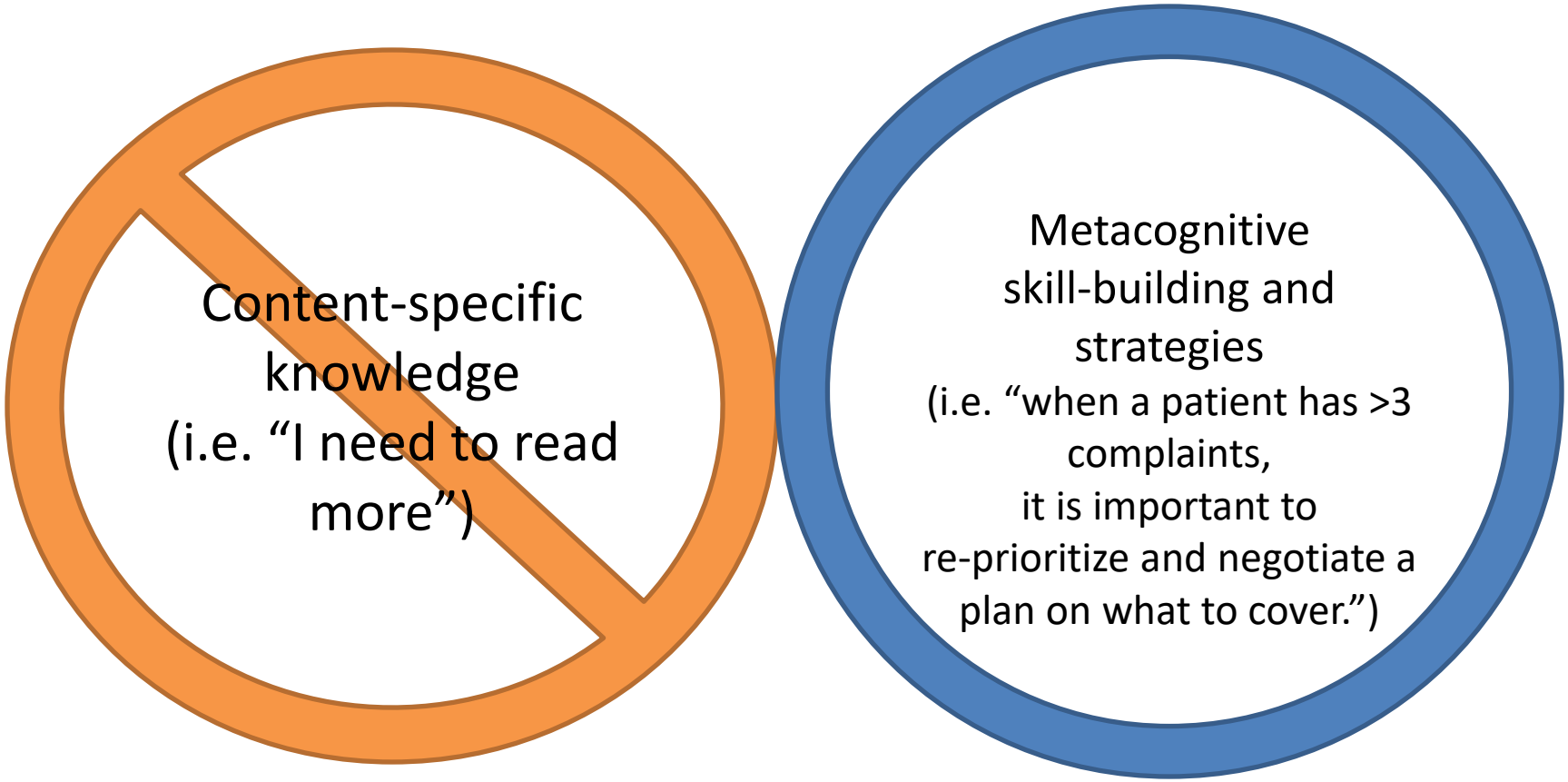
# Practice Inquiry, Balint and Problem-Based Journaling (PBJ)

- Clinical Reasoning Tasklist & "Q-list" → Daily reflections→ Weekly journals
- Weekly themes
  - Framing the Encounter
  - Diagnosis
  - Management
  - Self-Reflection
- What do I reflect on? (Level 2 or 3 "Meta-Questions")
  - How did I help? Where do I fit in?
  - What did I do? Why did I do it? What can I do now?
  - What do I know, and how did I come to know it?

- Move beyond your knowledge, skills and attitudes and reflect on your metacognition.



# Novel FM elective curricular activities

- Problem-Based Learning → Problem-Based Journaling and Jam Sessions (PBJ & Jam)
  - Fostering Competence and Forging Professional Identity
  - Weekly reflective journaling on various topics (Framing the Encounter, Diagnosis, Management, Self-Reflection)
  - Weekly Jam sessions (a blend of PBL, Practice Inquiry, & Balint)
- Information Mastery in Practice/Information Management Plan (IMPs)
  - Applying skills in "Hunting and Foraging" for the latest evidence
  - Developing and organizing a personal information system to manage information from apps, emails, RSS feeds, CME, conferences/grand rounds
- Group Visits
  - Addictions support group
  - Wellness/Weight loss group
  - Cultural experiences & health: "Gwoup Sante" for Haitian immigrants
  - ?Centering Pregnancy – OB continuity group

# FM Exploration Elective

**FM Match Rate Analysis**

- 1) Expand opportunities for positive early FM exposure in fourth year
- 2) Promote Primary Care and Family Medicine as a promising career option

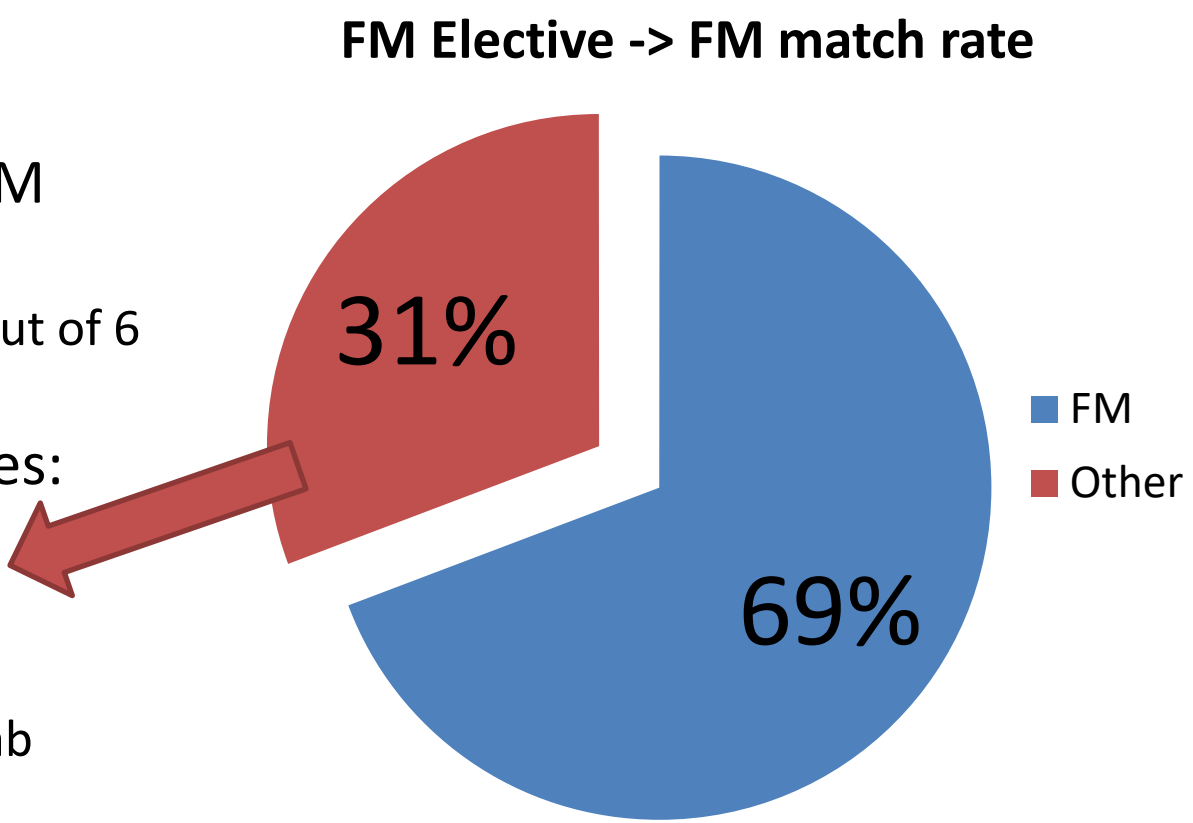
**Focus Group Quotes:**

- Fostering Competence in Primary Care setting
  - IMP
- Forge Professional Identity
  - PBJ & Jam

# FM Elective Stats and Quotes

**FM Match**

- Over 3 years, 9 matched with FM (69%) n=13
  - 2017-2018: 5 out of 6 applying in FM
- Other residencies:
  - IM
  - Peds (x2)
  - Physical Medicine/Rehab
  - Pathology



# Focus Group Quotes:
# **Socialization and Self-Efficacy**

When I heard that we were going to write journal entries, I was initially worried about forced reflections, but **it turned out to be different** than what I thought it would be about.

One of the nicest parts [of PBJ] is the part about listening to each other and having an **opportunity to validate the feelings that we have** about a difficult patient, and then I can go 'oh, I'm not the only one!'

The **open-ended nature** of the group really helped.

# Focus Group Quotes:
# **Professional Identify Formation**

Being able to reflect on my patients with my peers in a more structured fashion has helped me **become a more confident provider**.
I know this was only a four week rotation, but I really do feel more confident in talking to my attendings about difficult patients."

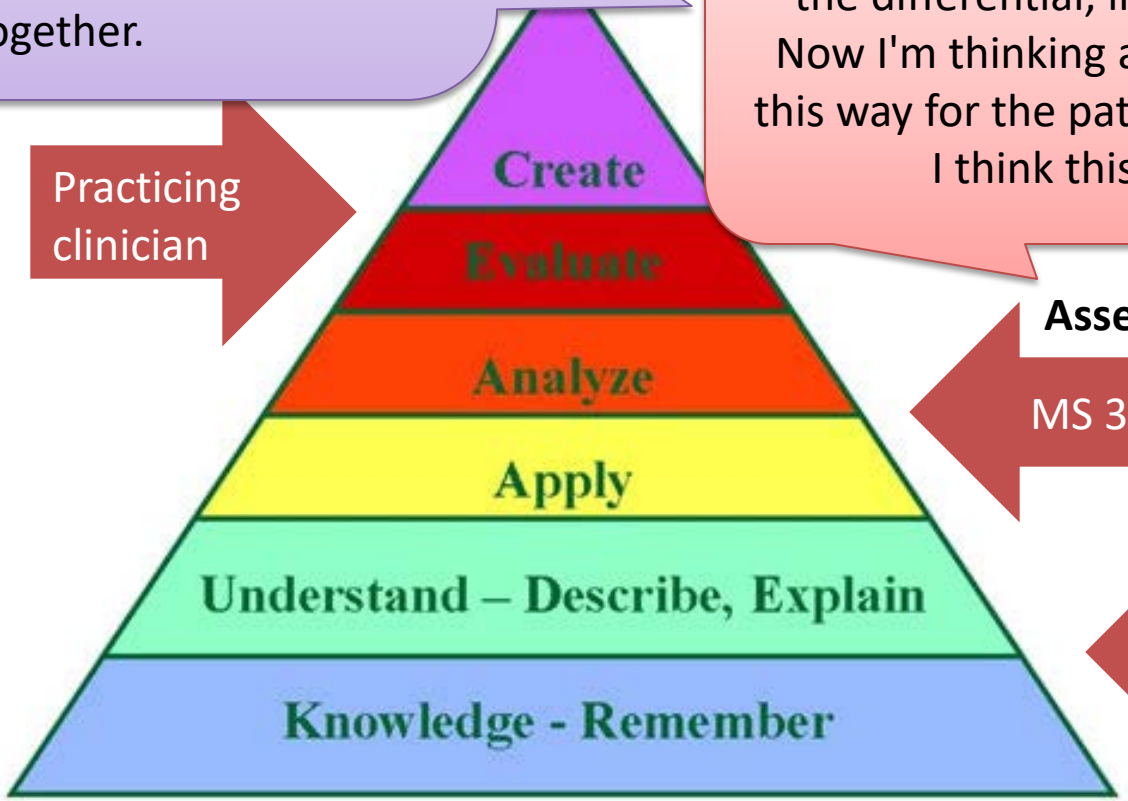
A nice part [of PBJ] is sharing the changes in 4th year. I noticed that I am starting to **embrace my identity** as a physician more; compared to 3rd year where **I felt like an imposter** and I hated wearing my white coat.
Now I am preparing to think of all of the patients I see as **'my patients'**."

# Group Facilitation

"Medical school is a big SOAP note… During first and second year, you are learning and getting these clinical skills; and then in third year, you focus on differential diagnosis and the diagnosis, and then in fourth year, you are working with the patient to make a plan together.

Before it was about diagnosis and the differential, like what is it? Now I'm thinking about why is it this way for the patient or why did I think this way?

Practicing clinician




**Assessment and Plan**

MS 3 & 4

**Diagnosis**

MS 1 & 2

**H&P**

Based on an APA adaptation of Anderson, L.W. & Krathwohl, D.R. (Eds.) (2001)

# Other Resources

## tinyurl.com/fmexplorationelective

- Diagnosis:
  - "Checklists to Reduce Diagnostic Errors"
  - "White Coats and Fingerprints - diagnostic reasoning in medicine and investigative methods of fictional detectives"
- Management:
  - "Q-list manifesto: How to Get Things Right in Generalist Medical Practice"
- Reflection:
  - "Teaching Smart People How to Learn"
  - "Cognitive debiasing 1: origins of bias and theory of debiasing"
  - "Cognitive debiasing 2: impediments to and strategies for change."

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