

# Faculty Peer Mentoring to Address Concerns on ACGME Survey and Improve Teaching Strategies

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# Disclosures

Nothing to disclose.

# Overview

- Introduction to workshop
- Giving and Receiving Feedback Presentation and Activity
- Hidden Curriculum Presentation and Activity
- Teaching to the Learning Level Presentation and Activity

# Introduction

- ACGME resident surveys indicated areas of concern
- Faculty brought together collective expertise to create a plan
- Resulted in a series of faculty development workshops and peer mentoring initiative
- Shifted faculty culture in positive direction

# Giving and Receiving Feedback

# Clinical Teaching Tips for Giving Feedback

- Recognize that feedback can be “scary” because emphasis is often on deficiencies
- Create a safe environment
- Think about non-verbal communication
- Be specific and timely
- Use self assessment as a launching pad

# Considerations in Giving and Receiving Feedback

- Recognize power dynamics that are present
  - Hierarchy/seniority/years of experience
  - Gender
  - Age
  - Race/ethnicity
  - Social roles and other social identities that influence the way we work, communicate, and collaborate with others

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## ARCH Model





**A** = Allow / Ask for self-assessment

**R** = Reinforce what is being done well (attitudes, skills, Knowledge)

**C** = Confirm what needs Correction or improvement

**H** = Help the learner with an action plan for improvement and coach as needed

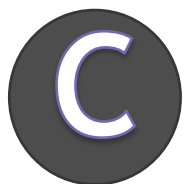
**A** = **Allow/Ask for self assessment**

*“Tell me something you feel you’re doing well, and also tell me something you feel needs improvement. Then we can explore how to make the improvement happen.”*

**R = Reinforce what is being done well**

Reinforce, Explore, Add

*“I agree that your patient presentations have improved because it was much more organized. I could tell you separated your Subjective from Objective nicely. How did you make this improvement?” “I also liked the way you used terms that were easy to understand.”*



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**Confirm what needs  
correction or improvement**

Restate/clarify what the learner identified, if needed add

*“You said you need to improve on developing treatment plans for common problems seen here in the office. I appreciate your recognition of this. Difficulty in developing treatment plans is common to students at your level, let’s work on this together”.*

**=**

**Help learner with action plan  
for improvement, coach as  
needed**

Ask, Collaborate, and Plan SMARTER

*“What are some things you can do to help improve on developing treatment plans for common office problems?”*

*“I think that’s a good idea. Working on developing a treatment plan for these 3 common complaints over the next week seems more feasible. Plus, it could help you really focus on knowing those 3 treatments plans well. What are your thoughts?”*

*“I know we talked about a lot of information today, do you want to summarize what actions you will take moving forward.”*

# Receiving Feedback

Recognizing areas of growth and being open to the vantage point of others



# Tips for Receiving Feedback

- Role model by ASKING for feedback
- Express APPRECIATION for feedback
- Be MINDFUL of your response to feedback
- FOCUS on the feedback itself

# Resources

Society of Teachers of Family Medicine. ARCH: A Guidance Model for Providing Effective Feedback to Learners. S. Dennis Baker, PhD; Gregory Turner, EdD; Suzzane Bush, MD .

<https://www.stfm.org/publicationsresearch/publications/educationcolumns/2015/november/>

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Ericsson KA. Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. Acad Med 2004;79(10 Suppl):S70–81.

Bienstock JL, Katz NT, Cox SM, et al. To the point: medical education reviews—providing feedback. Am J Obstet Gynecol 2007 Jun;196(6):508-13.



# Hidden Curriculum

# What is the hidden curriculum?

- **Implicit** lessons embedded in the learning **culture** that are often **unintended**
- Often conflicts with explicit, formal curriculum particularly regarding ethics and professionalism
- May be the **absence** of teaching
- Distinct from both formal and informal curriculum

# Examples

- Labeling patients as “frequent flyers”
- “You’re a third year. You should know that already.”

# Goals

- Identify hidden curriculum
  - Align implicit curriculum with explicit curriculum
  - Change behavior when appropriate
- Reveal implicit curriculum when possible to point out that teaching is happening (in other words, make the implicit explicit)

# Strategies for Change

- Identify the specific examples of a negative hidden curriculum
  - Self-reflection
  - Feedback from peers
  - Observing it in your peers
- Replace negative hidden curriculum with a positive curriculum (implicit or explicit)

# Teaching to the Learning Level

# Introduction

- When teaching students and residents, it is useful to understand where they are in the spectrum of their professional development
- Knowing where a learner is developmentally allows the preceptor to tailor their teaching to best help the learner continue to progress along this continuum
- One such model that is easy to employ is the RIME model

# The RIME Model

- **R** – Reporter
- **I** – Interpreter
- **M** – Manager
- **E** – Educator



# Reporter

- Able to gather necessary clinical information from the patient/chart
- Can accurately organize clinical information and present facts about patients to the instructor
- Can generally distinguish normal from abnormal but does not necessarily understand the significance of the information they have gathered
- Typical of a medical student early in their training



# Interpreter

- Has mastered the reporter role
- Now able to take collected data and begin formulating broader differentials and basic treatment plans
- Better understands what additional testing may be helpful in order to arrive at an accurate diagnosis
- Has generally gained a degree of confidence based on past experiences but will likely struggle with more complex or atypical presentations



# Manager

- The point at which a learner can go beyond interpreting data and can synthesize information to choose among options
- Requires greater knowledge and experience
- Able to manage atypical and complex problems by bringing together multiple available resources to formulate treatment plans
- Expected level of functioning for a senior resident/attending physician

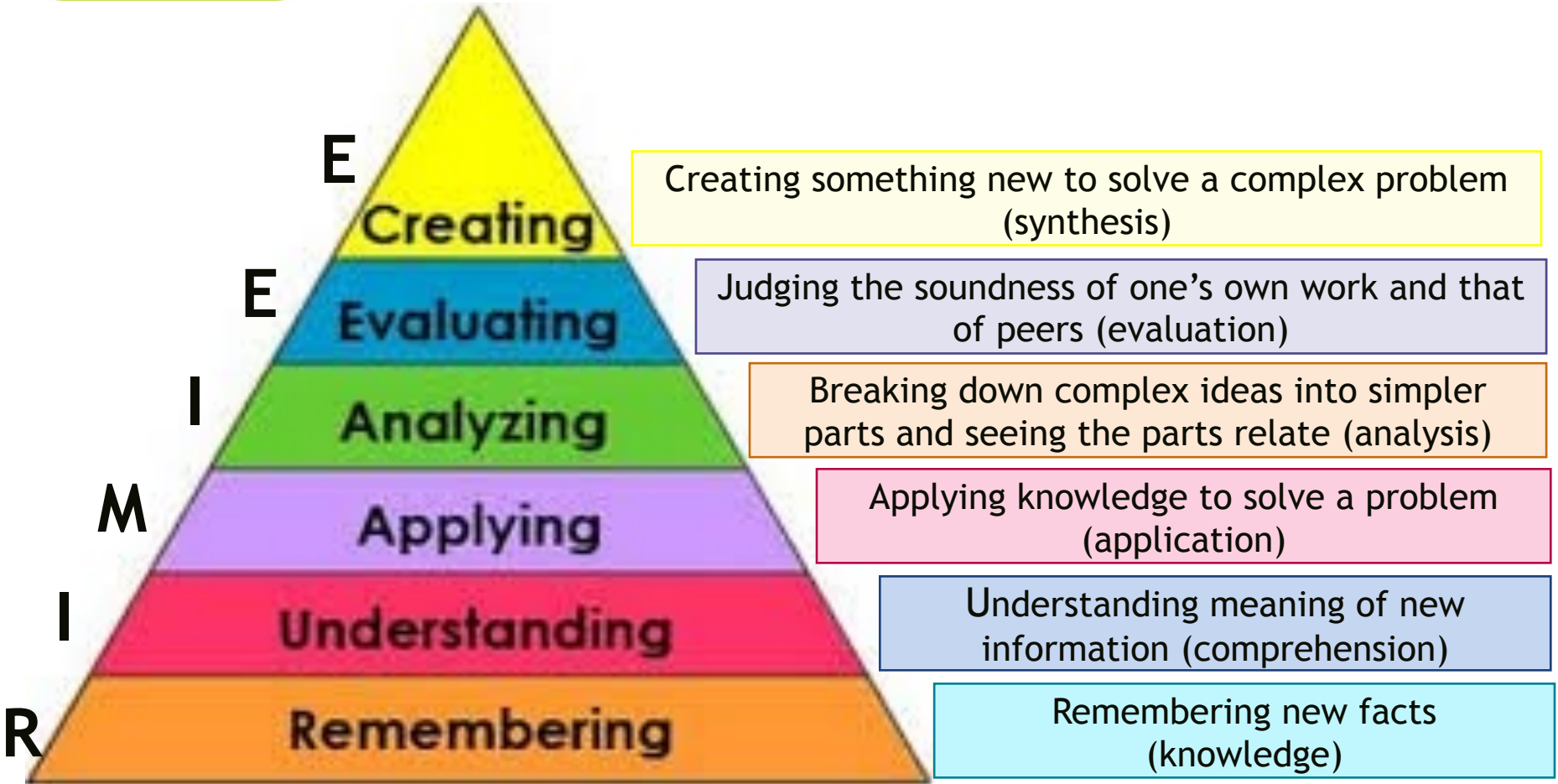
# Educator

- The highest level of attainment and often considered an extension of the manager role
- Requires a great deal of maturity, experience, and a strong commitment to continual self-improvement and learning in order to gain expertise
- Able to synthesize information in such a way that it can then be taught to others to increase their understanding
- Requires maturity and confidence



# The Four Preceptor Roles



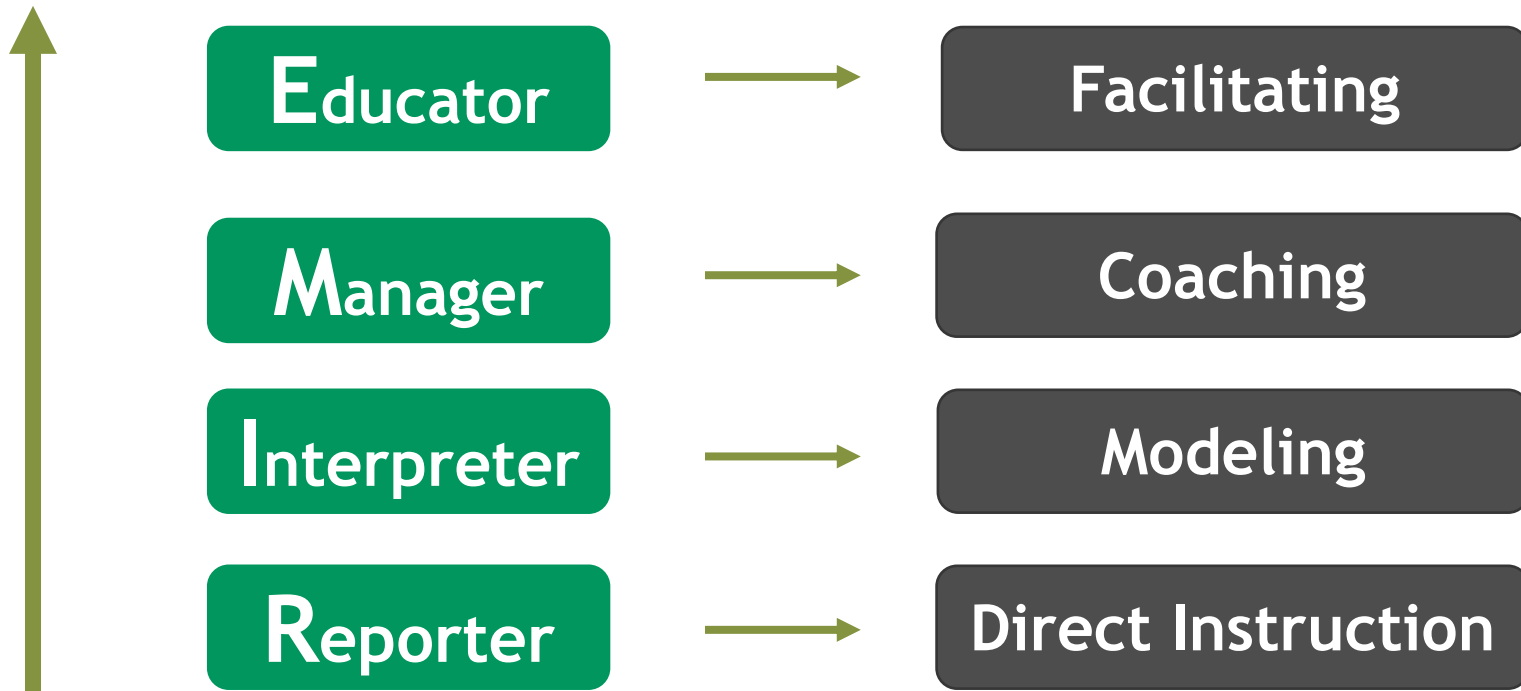


| RIME "LEVELS"           | Reporter          | Interpreter          | Interpreter          | Manager              | Educator                | Educator                |
|-------------------------|-------------------|----------------------|----------------------|----------------------|-------------------------|-------------------------|
| Dimensions of Knowledge | Remember          | Understand           | Analyze              | Apply                | Evaluate                | Create                  |
| Kinds of Knowledge      | Factual Knowledge | Conceptual Knowledge | Conceptual Knowledge | Procedural Knowledge | Metacognitive Knowledge | Metacognitive Knowledge |

# Matching Preceptor's Role to Stage of Learning

## RIME Model

## Four Preceptor Roles





## Facilitating

- Allowing learner to perform independently
- Facilitate ongoing learning
- Use of self-evaluation

## Coaching

- Learner performs the skill or task
- Preceptor observes and provides feedback and direction that allows learner to refine knowledge/skill

## Modeling

- Preceptor demonstrates a skill or process
- “Thinking out loud” so learner can see the problem-solving process of the preceptor

## Direct Instruction

- Teaching foundational knowledge and skills
- Necessary before skills can be applied



# Thank You