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Interactive Session Using a “Good Judgment” Model Improves Resident Confidence in Providing Feedback to Learners

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Introduction

Feedback is an important component of resident training. Building on work done at Harvard and the education literature, UNM started a feedback initiative using the “good judgment” model to stimulate self reflection and thus identify and address behaviors that diverge from optimal clinical practice. This self reflection is achieved when the teacher observes gaps in the learner’s practice, advocates for optimal practice, and uses inquiry to understand the learner’s frame (knowledge, assumptions, and feelings). “Batting practice”, a technique adapted from Motivational Interviewing, was used to prepare residents to provide the kind of in-the-moment feedback required in the quick-paced clinical environment. The purpose of this project was to assess confidence from residents who attended a modified feedback using good judgment workshop.

Methods

The resident training session included a 45 minute didactic illustrating the feedback with “good judgment” model, followed by 45 minutes of small group “batting practice” with 4 faculty and 6-8 residents per group. Residents role-played giving formative feedback to learners presenting with errors in judgment. Residents were surveyed at the conclusion of this session.

Results

46 of 72 internal medicine residents attended this session. 42/46 (91%) completed an anonymous voluntary survey. Level of training was PGY1 (43%), PGY2 (26%), and PGY3 (31%). Using a 5-point Likert scale, attendees’ perceived confidence in providing feedback rose after the training session (means of 3.19 to 4.07; difference = 0.88, p< 0.01, two-tailed paired t-test). The largest increase in confidence was seen with PGY2 residents (difference = 1.09).

Batting Practice Example

Case setup: You are the attending physician on rounds observing the team while the medical student is presenting.

Scenario: The intern Dr. Jones is texting during rounds.

Using good judgment model: Attending: “Dr. Jones, I noticed that during rounds you were on your phone texting (observation). My concern is that you were not giving full attention to the patient’s presentation so that you will know them on cross-cover (advocacy). What are your thoughts on that?” (inquiry)

Frame of learner: Dr. Jones: “My father is undergoing bypass surgery.”

Conclusion

A 90-minute training-session in feedback with “good judgment” can increase internal medicine resident confidence in providing feedback, with the largest impact on PGY2 residents. One hypothesis is that PGY2 residents have a more vested interest given their newly established leadership roles. PGY2 residents are likely a target group for future feedback interventions.

References

