June 2016 Articles you may enjoy (abstracts and links)

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1. **An autoethnographic exploration of the use of goal oriented feedback to enhance brief clinical teaching encounters. (***Laura Farrell's Masters study)*
2. **Adapting the forms of yesterday to the functions of today and the needs of tomorrow: a genealogical case study of clinical teaching units in Canada (***UBC authors)*
3. **Mobile technologies in medical education: AMEE Guide No. 105**
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5. **From Theory to Practice: Utilizing Competency-Based Milestones to Assess Professional Growth and Development in the Foundational Science Blocks of a Pre-clerkship Medical School Curriculum.**
6. **Perceptions of Peer-to-Peer Interprofessional Feedback Among Students in the Health Professions** *(UBC co- authors)*
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8. **Seeing Is Believing: Evaluating a Point-of-Care Ultrasound Curriculum for 1st-Year Medical Students**
9. **Direct Observation of Clinical Skills Feedback Scale: Development and Validity Evidence**
10. **When the Mannequin Dies, Creation and Exploration of a Theoretical Framework Using a Mixed Methods Approach**

1. **An autoethnographic exploration of the use of goal oriented feedback to enhance brief clinical teaching encounters.**
 Laura Farrell et al
Advances in Health Sciences Education First on-line May 23, 2016 DOI: 10.1007/s10459-016-9686-5

Abstract: Supervision in the outpatient context is increasingly in the form of single day interactions between students and preceptors. This creates difficulties for effective feedback, which often depends on a strong relationship of trust between preceptor and student. Building on feedback theories focusing on the relational and dialogic aspects of feedback, this study explored the use of goal-oriented feedback in brief encounters with learners. This study used autoethnography to explore one preceptor's feedback interactions over an eight-month period both in the ambulatory setting and on the wards. Data included written narrative reflections on feedback interactions with twenty-three learners informed by discussions with colleagues and repeated reading of feedback literature. Thematic and narrative analyses of data were performed iteratively. Data analysis emphasized four recurrent themes. (1) Goal discussions were most effective when initiated early and integrated throughout the learning experience. (2) Both learner and preceptor goals were multiple

and varied, and feedback needed to reflect this complexity. (3) Negotiation or co-construction of goals was important when considering the focus of feedback discussions in order to create safer, more effective interactions. (4) Goal oriented interactions offer potential benefits to the learner and preceptor. Goal oriented feedback promotes dialogue as it requires both preceptor and learner to acknowledge and negotiate learning goals throughout their interaction. In doing so, feedback becomes an explicit component of the preceptor–learner relationship. This enhances feedback interactions even in relatively brief encounters, and may begin an early educational alliance that can be elaborated with longer interactions.

To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s10459-016-9686-5

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s10459-016-9686-5

2. **Adapting the forms of yesterday to the functions of today and the needs of tomorrow: a genealogical case study of clinical teaching units in Canada**
   Brett Shrewe, Daniel Pratt and William McKellin
   Advances in Health Sciences Education May 2016, Volume 21, Issue 2, pp 475–499

Abstract: Emergent discourses of social responsibility and accountability have in part fuelled the expansion of distributed medical education (DME). In addition to its potential for redressing physician maldistribution, DME has conferred multiple unexpected educational benefits. In several countries, its recent rise has occurred around the boundaries of traditional medical education practices. Canada has been no exception, with DME proliferating against a backdrop of its longstanding central node, the clinical teaching unit (CTU). The CTU first appeared just over 50 years ago with its position in Canadian health care largely taken-for-granted. Given the increasing prominence of DME, however, it is timely to reconsider what the place of tertiary centre-based practices such as the CTU might be in shifting medical education systems. From a genealogical perspective, it becomes clear that the CTU did not just "happen". Rather, its creation was made possible by multiple interrelated cultural, social, and political changes in Canadian society that, while subtle, are powerfully influential. Making them visible offers a better opportunity to harmonize the benefits of longstanding entities such as the CTU with novel practices such as DME. In so doing, the medical education field may sidestep the pitfalls of investing significant resources that may only produce superficial changes while unwittingly obstructing deeper transformations and improvements. Although this work is refracted through a Canadian prism, reconceptualizing the overall design of medical education systems to take advantage of both tradition and innovation is a persistent challenge across the international spectrum, resistant to tests of time and constraints of context.
To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s10459-015-9608-y

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s10459-015-9608-y

3. Mobile technologies in medical education: AMEE Guide No. 105

Ken Masters, Rachel Ellaway, et al

Abstract

Mobile technologies (including handheld and wearable devices) have the potential to enhance learning activities from basic medical undergraduate education through residency and beyond. In order to use these technologies successfully, medical educators need to be aware of the underpinning socio-theoretical concepts that influence their usage, the pre-clinical and clinical educational environment in which the educational activities occur, and the practical possibilities and limitations of their usage. This Guide builds upon the previous AMEE Guide to e-Learning in medical education by providing medical teachers with conceptual frameworks and practical examples of using mobile technologies in medical education. The goal is to help medical teachers to use these concepts and technologies at all levels of medical education to improve the education of medical and healthcare personnel, and ultimately contribute to improved patient healthcare. This Guide begins by reviewing some of the technological changes that have occurred in recent years, and then examines the theoretical basis (both social and educational) for understanding mobile technology usage. From there, the Guide progresses through a hierarchy of institutional, teacher and learner needs, identifying issues, problems and solutions for the effective use of mobile technology in medical education. This Guide ends with a brief look to the future.

To read more:

http://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.3109/0142159X.2016.1141190

http://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.3109/0142159X.2016.1141190

4. Twelve tips on writing abstracts and titles: How to get people to use and cite your work

David a. Cook and Georges Bordage

Abstract: The authors share 12 practical tips on creating effective titles and abstracts for a journal publication or conference presentation. When crafting a title authors should: (1) start thinking of the title from the start; (2) brainstorm many key words, create permutations, and ask others for input; (3) strive for an informative and indicative title; (4) start the title with the most important words; and (5) wait to finalize the title until the very end. When writing the abstract, authors should: (6) wait until the end to write the abstract; (7) copy and paste from main text as the starting point; (8) start with a detailed structured format; (9) describe what they did; (10) describe what they found; (11) highlight what readers can do with this information; and (12) ensure that the abstract aligns with the full text and conforms to submission guidelines.

To read more:

http://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.1080/0142159X.2016.1181732

http://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.1080/0142159X.2016.1181732

5. **From Theory to Practice: Utilizing Competency-Based Milestones to Assess Professional Growth and Development in the Foundational Science Blocks of a Pre-clerkship Medical School Curriculum.**
   Cathleen C. Pettepher, Kimberly D. Lomis and Neil Osheroff
   Medical Science Educator First Online 07 June 2016 DOI: 10.1007/s40670-016-0262-7

Abstract: Physicians in training require skills and attitudes beyond medical knowledge in order to mature into successful clinicians. However, because assessments in pre-clerkship curricula historically have focused almost exclusively on medical knowledge, faculty contributions to early student development often have been limited. To address this challenge and enhance student progress, we re-designed our pre-clerkship curriculum to include settings in which diverse facets of student performance could be observed and fostered. Concurrently, we transitioned to an assessment strategy focused on competency-based milestones. The implementation of this strategy has allowed pre-clerkship science faculty to provide early-stage students with rich holistic feedback designed to stimulate their professional growth.

To read more:

http://link.springer.com.ezproxy.library.uvic.ca/article/10.1007/s40670-016-0262-7

http://link.springer.com.ezproxy.library.ubc.ca/article/10.1007/s40670-016-0262-7

6. **Perceptions of Peer-to-Peer Interprofessional Feedback Among Students in the Health Professions**
   van Schaik, Sandrijn M. MD, PhD; Regehr, Glenn; Eva, Kevin W.; Irby, David M.; O'Sullivan, Patricia S.
   Academic Medicine Volume 91(6), June 2016, p 807–812

Abstract:

Purpose: Interprofessional teamwork should include interprofessional feedback to optimize performance and collaboration. Social identity theory predicts that hierarchy and stereotypes may limit receptiveness to interprofessional feedback, but literature on this is sparse. This study explores perceptions among health professions students regarding interprofessional peer feedback received after a team exercise.

Method: In 2012-2013, students from seven health professions schools (medicine, pharmacy, nursing, dentistry, physical therapy, dietetics, and social work) participated in a team-based interprofessional exercise early in clinical training. Afterward, they wrote anonymous feedback comments for each other. Each student subsequently completed an online survey to rate the usefulness and positivity (on five-point scales) of feedback received and guessed each comment's source. Data analysis included analysis of variance to examine interactions (on usefulness and positivity ratings) between profession of feedback recipients and providers.

Results: Of 353 study participants, 242 (68.6%) accessed the feedback and 221 (62.6%) completed the survey. Overall, students perceived the feedback as useful (means across professions = 3.84-4.27) and

positive (means = 4.17-4.86). There was no main effect of profession of the feedback provider, and no interactions between profession of recipient and profession of provider regardless of whether the actual or guessed provider profession was entered into the analysis.

Conclusions: These findings suggest that students have positive perceptions of interprofessional feedback without systematic bias against any specific group. Whether students actually use interprofessional feedback for performance improvement and remain receptive toward such feedback as they progress in their professional education deserves further study.

To read more:
http://ovidsp.tx.ovid.com.ezproxy.library.uvic.ca/sp-3.20.0b/ovidweb.cgi?&S=KNIFFPJFFIDDPIAINCIKMCGCJKIDAA00&Link+Set=S.sh.22.23.26%7c23%7csl_10

http://ovidsp.tx.ovid.com.ezproxy.library.ubc.ca/sp-3.20.0b/ovidweb.cgi?&S=KNIFFPJFFIDDPIAINCIKMCGCJKIDAA00&Link+Set=S.sh.22.23.26%7c23%7csl_10

7. **Is Reflective Ability Associated With Professionalism Lapses During Medical School?**
   Hoffman, Leslie A.; Shew, Ronald L.; Vu, T. Robert; Brokaw, James J.; Frankel, Richard M.
   Academic Medicine Volume 91(6), June 2016, p 853-857

Abstract:

Purpose: Recently, many have argued that learning to reflect on one's experiences is a critical component of professional identity formation and of professionalism. However, little empirical evidence exists to support this claim. This study explored the association between reflective ability and professionalism lapses among medical students.

Method: The authors conducted a retrospective case–control study of all students who matriculated at Indiana University School of Medicine from 2001 to 2009. The case group (n = 70) included those students who had been cited for a professionalism lapse during medical school; the students in the control group (n = 230) were randomly selected from the students who had not been cited for a professionalism lapse. Students' professionalism journal entries were scored using a validated rubric to assess reflective ability. Mean reflection scores were compared across groups using t tests, and logistic regression analysis was used to assess the relationship between reflective ability and professionalism lapses.

Results: Reflection scores for students in the case group (2.46 ± 1.05) were significantly lower than those for students in the control group (2.82 ± 0.83) (P = .01). A lower reflection score was associated with an increased likelihood that the student had been cited for a professionalism lapse (odds ratio = 1.56; P < .01).

Conclusions: This study revealed a significant relationship between reflective ability and professionalism, although further study is needed to draw any conclusions regarding causation. These

findings provide quantitative evidence to support current anecdotal claims about the relationship between reflection and professionalism.

To read more:

http://ovidsp.tx.ovid.com.ezproxy.library.uvic.ca/sp-3.20.0b/ovidweb.cgi?&S=KNIFFPJFFIDDPIAINCIKMCGCJKIDAA00&Link+Set=S.sh.22.23.26%7c30%7csl_10

http://ovidsp.tx.ovid.com.ezproxy.library.ubc.ca/sp-3.20.0b/ovidweb.cgi?&S=KNIFFPJFFIDDPIAINCIKMCGCJKIDAA00&Link+Set=S.sh.22.23.26%7c30%7csl_10

8. **Seeing Is Believing: Evaluating a Point-of-Care Ultrasound Curriculum for 1st-Year Medical Students**
   Bret Nelson, Joanne Hojsak, Elizabeth Dei Rossi et al
   Teaching and Learning in Medicine Published online May 18, 2016 **DOI:**10.1080/10401334.2016.1172012

Abstract:

Problem: Point-of-care ultrasound has been a novel addition to undergraduate medical education at a few medical schools. The impact is not fully understood, and few rigorous assessments of educational outcomes exist. This study assessed the impact of a point-of-care ultrasound curriculum on image acquisition, interpretation, and student and faculty perceptions of the course.

Intervention: All 142 first-year medical students completed a curriculum on ultrasound physics and instrumentation, cardiac, thoracic, and abdominal imaging. A flipped classroom model of preclass tutorials and tests augmenting live, hands-on scanning sessions was incorporated into the physical examination course. Students and faculty completed surveys on impressions of the curriculum, and all students under-went competency assessments with standardized patients.

Context: The curriculum was a mandatory part of the physical examination course and was taught by experienced clinician-sonographers as well as faculty who do not routinely perform sonography in their clinical practice.

Outcome: Students and faculty agreed that the physical examination course was the right time to introduce ultrasound (87% and 80%). Students demonstrated proper use of the ultrasound machine functions (*M* score = 91.55), and cardiac, thoracic, and abdominal system assessments (*M* score = 80.35, 79.58, and 71.57, respectively). Students and faculty valued the curriculum, and students demonstrated basic competency in performance and interpretation of ultrasound. Further study is needed to determine how to best incorporate this emerging technology into a robust learning experience for medical students.

To read more:

http://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.1080/10401334.2016.1172012

http://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.1080/10401334.2016.1172012

Abstract:

Construct: This article describes the development and validity evidence behind a new rating scale to assess feedback quality in the clinical workplace.

Background: Competency-based medical education has mandated a shift to learner-centeredness, authentic observation, and frequent formative assessments with a focus on the delivery of effective feedback. Because feedback has been shown to be of variable quality and effectiveness, an assessment of feedback quality in the workplace is important to ensure we are providing trainees with optimal learning opportunities. The purposes of this project were to develop a rating scale for the quality of verbal feedback in the workplace (the Direct Observation of Clinical Skills Feedback Scale [DOCS-FBS]) and to gather validity evidence for its use.

Approach: Two panels of experts (local and national) took part in a nominal group technique to identify features of high-quality feedback. Through multiple iterations and review, 9 features were developed into the DOCS-FBS. Four rater types (residents $n = 21$, medical students $n = 8$, faculty $n = 12$, and educators $n = 12$) used the DOCS-FBS to rate videotaped feedback encounters of variable quality. The psychometric properties of the scale were determined using a generalizability analysis. Participants also completed a survey to gather data on a 5-point Likert scale to inform the ease of use, clarity, knowledge acquisition, and acceptability of the scale.

Results: Mean video ratings ranged from 1.38 to 2.96 out of 3 and followed the intended pattern suggesting that the tool allowed raters to distinguish between examples of higher and lower quality feedback. There were no significant differences between rater type (range = 2.36–2.49), suggesting that all groups of raters used the tool in the same way. The generalizability coefficients for the scale ranged from 0.97 to 0.99. Item-total correlations were all above 0.80, suggesting some redundancy in items. Participants found the scale easy to use ($M = 4.31/5$) and clear ($M = 4.23/5$), and most would recommend its use ($M = 4.15/5$). Use of DOCS-FBS was acceptable to both trainees ($M = 4.34/5$) and supervisors ($M = 4.22/5$).

Conclusions: The DOCS-FBS can reliably differentiate between feedback encounters of higher and lower quality. The scale has been shown to have excellent internal consistency. We foresee the DOCS-FBS being used as a means to provide objective evidence that faculty development efforts aimed at improving feedback skills can yield results through formal assessment of feedback quality.

To read more:

http://www-tandfonline-com.ezproxy.library.uvic.ca/doi/full/10.1080/10401334.2016.1186552

http://www-tandfonline-com.ezproxy.library.ubc.ca/doi/full/10.1080/10401334.2016.1186552

10. When the Mannequin Dies, Creation and Exploration of a Theoretical Framework Using a Mixed Methods Approach

Tripathy, Shreepada MD; Miller, Karen H. PhD; Berkenbosch, John W. MD; McKinley, Tara F. MA; Boland, Kimberly A. MD; Brown, Seth A. MD; Calhoun, Aaron W. MD

Abstract:

Introduction: Controversy exists in the simulation community as to the emotional and educational ramifications of mannequin death due to learner action or inaction. No theoretical framework to guide future investigations of learner actions currently exists. The purpose of our study was to generate a model of the learner experience of mannequin death using a mixed methods approach.

Methods: The study consisted of an initial focus group phase composed of 11 learners who had previously experienced mannequin death due to action or inaction on the part of learners as defined by Leighton (*Clin Simul Nurs.* 2009;5(2):e59–e62). Transcripts were analyzed using grounded theory to generate a list of relevant themes that were further organized into a theoretical framework. With the use of this framework, a survey was generated and distributed to additional learners who had experienced mannequin death due to action or inaction. Results were analyzed using a mixed methods approach.

Results: Forty-one clinicians completed the survey. A correlation was found between the emotional experience of mannequin death and degree of presession anxiety ($P < 0.001$). Debriefing was found to significantly reduce negative emotion and enhance satisfaction. Sixty-nine percent of respondents indicated that mannequin death enhanced learning. These results were used to modify our framework.

Conclusions: Using the previous approach, we created a model of the effect of mannequin death on the educational and psychological state of learners. We offer the final model as a guide to future research regarding the learner experience of mannequin death.