Patient Education and Counseling xxx (2016) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Adherence

Content and conceptual frameworks of psychology and social work preceptor feedback related to the educational requests of family medicine residents☆

Luc Côté[a,b,*], Rhéa Rocque[c,d], Marie-Claude Audétat[e,f]

[a] Department of Family Medicine and Emergency Medicine, Laval University, Quebec, Canada
[b] Faculty of Medicine, Ferdinand-Vandry Building, Office 2476, Quebec, G1V 0A6, Canada
[c] School of Psychology, Laval University, Quebec, Canada
[d] Faculty of Social Sciences, Félix-Antoine-Savard Building, 2325 Allée des Bibliothèques, Québec, G1V 0A6, Canada
[e] Unit of Development and Research in Medical Education, University of Geneva, Geneva, Switzerland
[f] Primary Care Unit (UIGP), BFM Local 4091, Centre Médical Universitaire de Genève, 9 Avenue de Champel, 1211 Genève 4, Switzerland

ARTICLE INFO

Article history:
Received 14 April 2016
Received in revised form 29 November 2016
Accepted 13 January 2017

Keywords:
Feedback
Preceptors
Clinical teaching
Family medicine

ABSTRACT

Objectives: Supervision of communication competency in clinical settings in medicine is an important component of professional training. The purpose of this study was to describe the content and rationale of psychology and social work preceptor feedback to family medicine residents who express educational needs during case-based written vignettes.
Methods: We conducted a qualitative study with 25 psychology and social work preceptors from family medicine departments of the three French-speaking universities in the province of Quebec, Canada. During an individual interview, preceptors were asked to respond to three short case-based written vignettes depicting resident educational issues regarding communication and to explain their responses. Authors analyzed the content of responses and the conceptual frameworks reported.
Results: The three vignettes elicited 475 responses, including 58 distinct responses and 33 distinct conceptual frameworks. Therapeutic alliance and stages of grief were the two most reported conceptual frameworks.
Conclusion: The vignettes stimulated a wealth of responses and conceptual frameworks among psychology and social work preceptors in family medicine.
Practical implications: The complete list of responses could be useful for faculty development activities by stimulating preceptors' reflexive practice with regard to their responses, the educational goals of these responses and the conceptual frameworks underlying their feedback.

1. Introduction

Communication, including in the physician–patient relationship, is a core competency to be developed by family physicians in training. According to the situated learning theory [1–4], residents develop their professional skills by gradually immersing themselves in a professional community, with legitimate peripheral participation. Their experiences, including observation of and interaction with the people they encounter during their residency contribute to their learning. In concrete terms, clinical training: 1) puts residents in touch with the realities of their profession; 2) helps them understand the different clienteles and practice settings; 3) spurs them to analyze the different practice models and styles of other health professionals and 4) encourages them to gradually incorporate all the skills they need into their practice while developing their own style.

However, certain learning conditions are required to optimize this development. One of these conditions is that residents enjoy opportunities for cognitive apprenticeship [5] with inspiring clinical teachers who demonstrate skills and qualities deemed

☆ The work described has not been published previously and it is not under consideration for publication elsewhere. This manuscript publication is approved by all authors.

* Corresponding author at: Department of Family Medicine and Emergency Medicine, Laval University, Quebec, Canada.
E-mail addresses: luc.cote@fmed.ulaval.ca (L. Côté), rhea.rocque.1@ulaval.ca (R. Rocque), marie-claude.audetat@unige.ch (M.-C. Audétat).

http://dx.doi.org/10.1016/j.pec.2017.01.012
0738-3991/

important [6–11]. Another condition is to provide opportunities for the direct observation of residents during clinical training [12]. In Quebec, Canada, the clinical teaching teams in family medicine teaching units are multidisciplinary . Psychologists or social workers routinely work with a physician to provide supervision through direct observation (SBDO) of medical interviews conducted by residents. The pooled expertise of family physicians, psychologists and social workers enriches the discussion with the resident and provides an opportunity to address important topics in family practice, such as clinical reasoning, doctor-patient relationship, interdisciplinary communication and professionalism [13]. Professionals involved in the SBDO receive training on these topics through faculty development activities. These training activities are structured as eight to ten half-day sessions during residency where professionals observe interviews with patients and then meet with the resident to discuss different issues regarding the consultation.

Another condition for skill development is the quality of the feedback residents receive [14,15].

According to Dewey's experiential theory [16], Ericsson's theory of expertise development [17,18], and the work of Eva and Regehr on self-assessment [19], such feedback can only be generated through intense and deliberate mixed practice during which the student or professional is very cognitively active. Furthermore, regular and stimulating feedback plays a key role in learning, especially when the skills to be learned are more difficult or challenging due to the complexity of the problems encountered, as is often the case in residency training.

There are two aspects of feedback: content (the "what") and process (the "how") [14]. During case discussions in a clinical setting, a number of factors influence the choice of feedback content, including time available, case complexity, supervisor familiarity with the subject, and student openness to feedback. In their literature review, Kilminster and Jolly [20] noted the scarcity of studies on feedback content. Côté and Bordage subsequently conducted two studies [21,22] on the content and rationale of physician feedback to residents who explicitly expressed certain educational needs during case discussions, for example, "What readings would you suggest?" One of their findings is that supervisors were able to provide several, generally case-based responses to resident inquiries, and to explain the content of their feedback through the use of diverse conceptual frameworks. Conceptual frameworks "represent ways of thinking about a problem or a study, or ways of representing how complex things work. They can come from theories, models or best practices [23]."

The only available studies related to this topic were conducted with physicians in specific medicine programs such as family medicine, internal medicine and pediatrics [21,22]. Therefore, we do not know if and whether these results apply to other professionals involved in clinical residency supervision, specifically psychologists and social workers in family medicine programs. We are interested in these particular professions because of the nature of their expertise (psychological or psychosocial) and the critical role this expertise plays in the skill development of future family physicians, primarily with regard to the physician–patient relationship, including communication.

1.1. Research questions

1) How do psychology and social work preceptors respond to residents who express educational needs during case-based written vignettes?
2) What are the conceptual frameworks preceptors use when responding to residents (rationale)?

2. Methods

2.1. Design

During fall 2015, we conducted a qualitative study in a simulated environment to describe psychology and social work preceptors' responses to the educational needs of family medicine residents as expressed in three case-based written vignettes, and the rationale for their responses. The materials and procedures were adapted from two Côté et al. studies [21,22].

2.2. Participants and recruitment

We recruited psychology and social work preceptors from the family medicine departments of the French-speaking universities in the province of Quebec: Laval University, the University of Montreal and the University of Sherbrooke. First, we obtained from the residency program directors in each setting the list of all these preceptors: 18 from Laval University, 17 from the University of Montreal and 11 from the University of Sherbrooke. Then, preceptors received an invitation and a consent form by email. Based on the criteria of diversity (e.g., gender, experience, university setting), we selected 25 preceptors from among the volunteers. Ethics approval was sought,from the ethics committee at Laval University. However, the committee deemed that an ethics approval was not required because of the nature of the study.

2.3. Vignettes

We developed three short, written vignettes, portraying explicit educational requests based on issues related to the structure of the medical interview (Vignette 1), the family physician's role (Vignette 2) and the physician–patient relationship (Vignette 3). The content of the vignettes was chosen according to the preceptors' expertise. We chose to specify the student's educational need at the end of each vignette to enable the preceptor to focus on their response to the request, and not have to deduce the need based on the scenario presented. The vignettes were pretested for relevance and clarity with a psychologist and a social worker who were not involved in the study. Only minor wording adjustments were made. (See Appendix A for the vignettes).

2.4. Procedure

A research assistant with qualitative research experience conducted phone interviews with each preceptor and audio-recorded the interviews. During the first part of the interview, the research assistant read each vignette, one at a time, and asked the preceptor to respond to the resident's educational request, with a 7-min time limit per vignette, using a simultaneous think-aloud technique [24]: "What would you spontaneously say to this resident if you were supervising him/her in your real clinical setting?" Each preceptor responded to a random sequence of the vignettes in order to avoid a possible sequence effect. During the second part of the interview, the interviewer asked follow-up questions using a retrospective think-aloud technique to encourage the preceptor to explain the basis of their responses: "For this vignette, you said...What led you to this response? Did you have a specific rationale in mind?" We did not use the words «conceptual framework» in order not to influence the preceptors' response and thereby limiting the possibility of social desirability bias. The interviews were transcribed verbatim and the transcripts were verified by the research assistant for accuracy.

Please cite this article in press as: L. Côté, et al., Content and conceptual frameworks of psychology and social work preceptor feedback related to the educational requests of family medicine residents, Patient Educ Couns (2017), http://dx.doi.org/10.1016/j.pec.2017.01.012