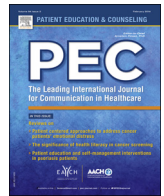




Contents lists available at ScienceDirect

## Patient Education and Counseling

journal homepage: [www.elsevier.com/locate/pateducou](http://www.elsevier.com/locate/pateducou)



# Qualitative evaluation of a narrative reflection program to help medical trainees recognize and avoid overuse: “Am I doing what’s right for the patient?”

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### ARTICLE INFO

#### Article history:

Received 22 March 2017

Received in revised form 30 August 2017

Accepted 1 September 2017

#### Keywords:

High value care

Medical education

Medical overuse

Evidence based practice

Narrative medicine

### ABSTRACT

**Objective:** The Do No Harm Project is a novel reflective writing program that encourages medical trainees to reflect on and write up clinical narratives about instances of avoidable medical overuse. Our goal is to describe this program and to explore the effect of the program on those participating.

**Methods:** Semi-structured interviews were conducted to explore how participating in the project influenced the thinking, attitudes, and behaviors of participating internal medicine residents. Interviews were conducted with 20 out of the 24 participants from the first 15 months of the program.

**Results:** The following themes emerged from our analysis: 1) learning through reflection (with three sub-themes: empathy for the patient perspective, a critical approach to one’s own clinical practice, and awareness of the problem of overuse); 2) empowerment to discuss instances of overuse and act before it occurs; and 3) perceptions of enhanced evidence-based practice and shared decision-making.

**Conclusion:** Trainees volunteering to complete a reflective writing exercise perceived improved ability to avoid overuse and improved self-efficacy to change clinical behaviors that do not align with optimal patient care.

**Practice implications:** Reflective writing may help trainees recognize and avoid medical overuse.

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## 1. Introduction

Medical overuse – the provision of care where benefits do not outweigh risks – is common [1] and can lead to patient harm [2]. In addition to avoiding underuse of beneficial services, avoidance of overuse is a prerequisite for achieving high value care [3]. However, recognizing overuse at the point-of-care is challenging [4].

In 2011, Weinberger proposed high value care – “the best care for the patient, with the optimal result for the circumstances, delivered at the right price” – as a critical competency for physicians. Yet, the most effective methods for imparting these skills has not been clear [5,6]. While medical educators are increasingly aware that trainees must assess the appropriateness of medical interventions, existing curricula on teaching high value

care are not viewed as adequate [7]. A recent systematic review pointed to important ways educational programs can convey high value care principles to learners. Key among them is establishing a supportive environment that encourages reflective practice and critical examination of clinical decisions and their impact on patient care [8]. Though a growing literature supports the idea that self-reflection is a powerful tool to enhance recognition and understanding of complex issues, we are not aware of a program using self-reflection as a tool to educate trainees about identifying and avoiding medical overuse [9].

To improve the prospective recognition of medical overuse among medical trainees, a novel reflective writing program was developed and implemented in 2012 at the University of Colorado School of Medicine [10,11]. This paper describes the writing program and explores how participating in the project influenced the thinking, attitudes, and behaviors of internal medicine residents who completed a vignette during its first year. We hypothesized that the program would increase perceived

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awareness about the problem of overuse and promote self-reflection about how to avoid overuse in the future.

## 2. Methods

The Do No Harm Project encourages internal medicine house-staff (post graduate training years 1–3) to write up clinical vignettes describing instances of potentially avoidable tests or treatments that led to harm in patients they cared for previously. Additionally, trainees are asked to consider the many conscious and unconscious drivers of overuse such as fee for service, gaps in knowledge and/or evidence, fear of litigation, local practice culture, and cognitive biases. Rather than reviewing instances of misuse or malpractice as might be the case in morbidity and mortality conferences or patient safety curricula, the Do No Harm Project requires trainees to focus explicitly (and non-judgmentally) on common practices that seem reasonable but are nevertheless avoidable on the basis of clinical evidence or patient preference. Participants then reflect on the strength and quality of the evidence that informs how to overcome these drivers and provide better care in the future.

The program was introduced in the fall of 2012 as a voluntary opportunity during a month-long outpatient rotation. Clinical faculty were reminded of the program's goals during a monthly orientation session at the beginning of the rotation and were encouraged to point out instances of overuse to trainees as they arose during clinical encounters. To provide time for reflection, a single writing day – free of clinical duties – was approved by residency program leadership for those who volunteered to participate.

Fig. 1 outlines key aspects of the program. During a brief presentation near the beginning of the rotation, residents and faculty were introduced to the concept of overuse and asked to reflect on patients they cared for in the past who had been harmed or nearly harmed by medical overuse. Interested residents were invited to send a brief summary of an instance of overuse to the local project champions (BC or TC). Appropriate cases depicting an

example of overuse were approved for a writing day, arranged by the Chief Medical Resident. Residents were encouraged to involve faculty to help with the writing process—ideally an attending physician personally involved with the case. Participants received guidance from the local project champions throughout the writing process. This included direction to supporting evidence and other readings, critical revisions of vignettes, and encouragement to submit their vignette to professional conferences and peer reviewed medical journals. In addition, a web-page describing the project was added to the local internal medicine residency program's website. This allowed us to not only provide an overview of the goals, details, and process of participating in the project, but also to easily point to additional relevant readings and resources for interested trainees. Residents were encouraged to explore and discuss issues related to the topic of overuse and preference-sensitive care to as great an extent as they desired. On the other hand, formal didactics, such as training in recognition of medical overuse, were not provided apart from the specific examples shared during the orientation sessions. Also, we did not attempt to standardize feedback that the participating residents received from clinical faculty during the project. Feedback from the project leadership was individualized to the desires of each resident. The voluntary and flexible nature of the program was a key feature of the program's design. All vignettes are de-identified and posted online for review by peers.

### 2.1. Study sample and design

Semi-structured interviews were used to explore the question: In what ways might participating in the project influence the thinking, attitudes, and behaviors of the participants? All residents who completed a narrative were eligible to participate. All eligible residents ( $n=24$ ) received a standardized recruitment letter electronically. Interviews were scheduled as residents responded to the letter. Residents were interviewed on an ongoing basis until data saturation was achieved. This study was approved by the IRB



Fig. 1. Structure of the Do No Harm Project.

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