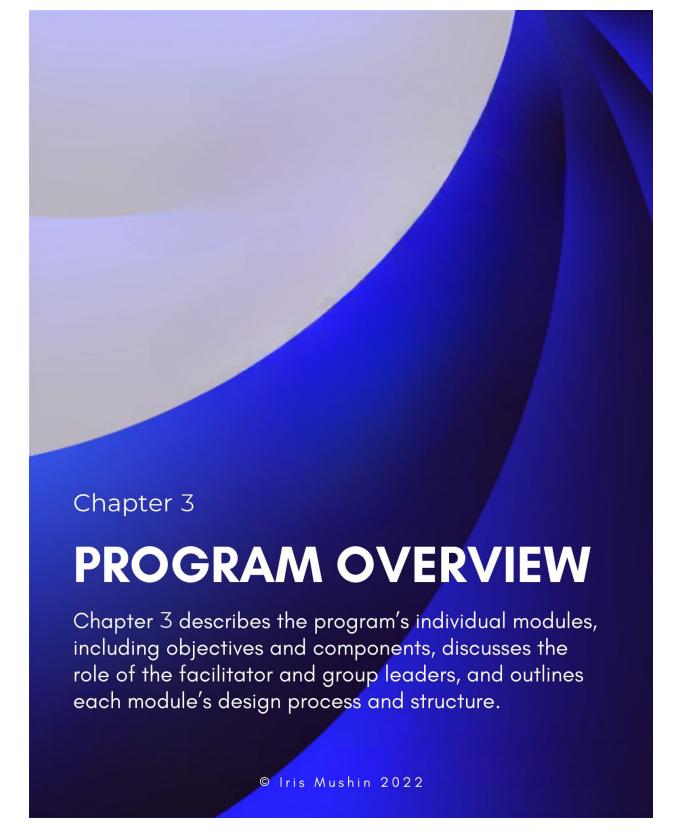# HELPING CLINICIANS HELP PATIENTS

Facilitating the Transition into the Clinical Learning Environment

CPR

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Chapter 3

PROGRAM OVERVIEW

Chapter 3 describes the program's individual modules, including objectives and components, discusses the role of the facilitator and group leaders, and outlines each module's design process and structure.

CHAPTER 3:

PROGRAM OVERVIEW

This chapter explains the flow of the program curriculum as implemented at Baylor College of Medicine and can be adapted to the needs of different healthcare professions and institutions. The curriculum order is based on a needs assessment conducted for the BCM residents; however, modules can be independent and utilized based on needs of target population

The MedRAP program followed a 12-month schedule addressing the evolving needs of trainees. Some important aspects of the program are:

- Small groups of trainees meet monthly through the academic year with facilitators and group leader (GL) mentors
- GL mentors are carefully chosen and trained
- Facilitators are not evaluators, which allows them to create a safe, confidential environment where trainees can participate without fear of retribution

All modules include step-by-step guidelines for implementing the individual sessions, as well as agendas and examples of all activities.

PRESENTATION OF MODULES

MONTHS 1 – 2

Orientation and Organizational Skills

Program implementation starts in June. Modules 2 and 3 cover the details of the Orientation and Organizational Skills needed for effective patient care and transition to the hospital work environment.

- Facilitator meets with the GLs selected for the trainees to:
  - orient them to the program's goals,
  - provide group leadership training,
  - prepare material for the departmental orientation. (GL selection process is explained in Chapter 2.)

- At the end of the annual orientation for new trainees, previously selected GLs meet with the trainees in their pre-assigned small groups for 90 minutes.

- During this orientation session, the participants are provided with important insight and tools for their first few weeks of training.

Organizational skills, in general, are the focus of the program for the first couple of months because they are the most urgent skills to develop for effective navigation in the hospital system. In these initial modules, the participants are given some of the basic tools needed to help them function effectively, and as quickly as possible, in their new role. They are also provided with tools alerting them to common medical mistakes. The small group format facilitates communication among the trainees and allows them to ask questions they might be reluctant to bring up in the large group setting.

MONTHS 3 – 6

Communication Skills

Modules 4-7 cover the details of the Communication Skills training.

Communication skills build participants' competencies in communicating with:

- patients,
- patients' families, and
- the entire healthcare team.

These modules also assist in self-reflection about trainees' own emotions and how they affect their interaction with others.

MONTHS 7 – 10

Continuous Quality Improvement / Management Skills

Module 8 covers details of the Continuous Quality Improvement and Management Skills.

Trainees identify systematic errors in the different affiliated hospitals' work environments and use organizational techniques to come up with solutions, thus developing their management skills.

- Importantly, this CQI component empowers trainees to bring change and utilizes their role as first responders familiar with hospital operations. This process of empowerment to bring change is associated with reduced burnout levels.

- The trainees, along with the facilitator, prepare presentations that involve the entire healthcare team. This collaboration contributes to a more effective and efficient work environment, leading to positive organizational change.

- Participants also evaluate their training program's strengths and weaknesses and meet with the program director in March to discuss suggested improvements.

MONTHS 11 – 12

Leadership Skills

Modules 10 and 11 cover the development of Leadership Skills.

Leadership skills are developed toward the end of the program curriculum, which corresponds with the end of the academic year.

This is a point of transition for the trainees. In preparation for their clinical team leadership responsibilities, the participants are trained for their leadership roles on both an individual and organizational level.

Module 12 covers the details of the Annual Evaluation and Planning session.

In addition to the monthly evaluations conducted at every GL meeting, the facilitator conducts an annual needs assessment and analysis among the participants, using an Annual Evaluation Questionnaire.

The results help to:

- formulate the subsequent year's session schedule,
- decide on the key topics to be covered, and
- incorporate new challenges the trainees are likely to face.

Since a significant part of the needs assessment is being conducted in the GLs' meeting, the facilitator can decide whether to conduct a separate evaluation session for the participants in early June (month 13) or to distribute the evaluation forms at the end of the month 12 session.

The Clinician Program for Resilience (CPR) includes the following additional modules

Module 1: Leading MedRAP Groups

Module 1 addresses the specific guidelines for successfully leading MedRAP groups, highlights unique challenges and considerations, and provides tips and tools for effective facilitation.

Module 9: Addressing the Impact of Medical Mistakes on Clinicians and Patients

Module 9 discusses the impact that medical mistakes can have on clinicians, patients, and their families, suggests communication techniques to facilitate the disclosure, and describes ways to create supportive environments for clinicians to self-reflect and learn from their experiences.

Module 13: COVID-19 Tips and Tools

Because the Covid-19 pandemic has impacted every aspect of health care, Module 13 provides additional content to be added to each of the preceding modules, including additional strategies to assist clinicians in responding to a multitude of new pandemic challenges.

The following table describes the flow of the curriculum as implemented at BCM.

Orientation and Organizational Skills (Months 1 – 2)	• To help clinicians function more efficiently in the hospital work environment	• Orientation to internship year • Float call • Time management • Medical mistakes • Computer tips
Communication Skills (Months 3 – 6)	• To improve interaction with patients, their families, and healthcare professionals • To promote self-reflection processing skills that lead to more effective communication • To promote professionalism by developing sensitivity to cultural diversity and empathy	• Patient-clinician interaction • Interaction with families • Breaking bad news • Communication with the healthcare team • Conflict resolution
Continuous Quality Improvement/ Management Skills (Months 7 – 10)	• To increase clinicians' participation in health care quality improvement efforts • To assist in early identification of organizational problems • To develop problem solving methods utilized in industry • To improve collaboration with healthcare team • To contribute to future function of clinicians	• Ongoing systematic collection of data • Organizational problem solving • Data analysis • Suggested solutions by clinicians • Presentation to management
Leadership Skills (Month 11-12)	• To prepare clinicians for future responsibilities as team leaders • To prepare clinicians for future leadership roles in the healthcare industry	• Strategies for senior clinicians • Leadership styles • Emotional intelligence (EQ) • Teaching tips • Effective evaluation
Ongoing and Annual Evaluation and Planning (Month 12 or 13)	• To conduct ongoing program evaluation in the monthly GLs meeting, ensuring JC needs are being met in sessions • To continue providing an effective response to clinicians' and management's needs	• Clinicians identify helpful components of the program, without worrying about communicating negative feedback to faculty who evaluate them

FACILITATOR ROLE

The facilitator's role is to design and continuously tailor the program to the evolving needs of the trainees, as conditions and needs change in both the training programs and the affiliated hospitals. The facilitator administers and facilitates the GL and trainee sessions within each module with the help of the GLs.

Facilitator roles:
- Conduct needs assessment
- Select and train GLs
- Collect feedback to identify session topics
- Design sessions with GLs
- Facilitate trainee groups based on departmental needs
- Provide individual assistance or referrals to trainees experiencing problems
- Design and manage CQI process for different affiliated hospitals
- Continuously evaluate program effectiveness
- Modify program based on feedback
- Communicate with management to address issues identified in ongoing feedback collection

Facilitating a group can be a challenging task. First-year clinicians come to the group meetings in one of the most demanding and busy years of their lives and must familiarize themselves with a complex medical system while managing their multiple clinical responsibilities.

An effective program to improve the well-being and resilience of trainees should provide a safe place for them to express their grievances. Many trainees worry about being labeled a "troublemaker" if they complain or raise concerns about their training program. Therefore, a confidential environment provides a place where constructive change can be discussed.

GROUP LEADER ROLE

The program is designed to utilize senior clinicians as group leaders for the trainees. GLs are carefully selected and trained to help lead groups. This format has several advantages and benefits for the trainees, which include:

- Having an additional opportunity to further develop mentorship relationships
- Learning from the cumulative experiences of GLs
- Sharing experiences and seeking personal advice from GLs in a confidential setting

Group leader (GL) role and responsibilities:
- Monthly participation in GL session
- Help identify problems trainees are likely to encounter
- Help tailor material to evolving trainee needs
- Monthly participation in one assigned trainee session
- Help lead trainee session
- Provide individual assistance to trainee if needed
- Help design and present CQI presentation

Successful group leader attributes:
- Effective team leader
- Professional in dealing with patients, colleagues, and healthcare team members
- Positive leadership skills
- Academically competent
- Motivated to help peers and subordinates
- Interested in bringing constructive change to the institution

GLs invest considerable time and effort in this program, while also meeting the demands of their own medical training. While GLs are generally self-motivated to help the trainees, additional benefits and incentives, which can help them throughout their training and beyond, include:

- Improvement of their leadership skills
- Learning techniques implemented in industry to improve organizational efficiency
- Participation in the CQI presentations to training program and affiliated hospitals' management, and empowerment to help bring constructive change
- An experience that can better prepare them for a senior supervisor role
- An opportunity to have their own peer support group in a confidential setting
- Serving in a leadership role that can be reflected in their recommendation letters and resumes and considered when they apply for senior supervisor roles, fellowships, and new jobs

Group Meetings Structure

Each month, facilitators run a GL session, followed by the trainee session.

Group Leader Sessions

During GL sessions:

- The content of the upcoming trainee session is discussed and determined, as well as concerns and challenges specific to the GLs.

- Facilitators lead discussions on the module topic, materials, and suggested improvements to existing handouts/activities/case studies.

- The GLs help identify the challenges the trainees are likely to encounter relating to the specific module.

- They also self-reflect on their own experiences and brainstorm about best practices to handle the challenges.

- GLs also provide feedback about their monthly experiences, which are different from the trainee experiences.

- There are two reasons it's important for GLs to discuss their own experiences outside of trainee sessions:

  o Separate GL sessions ensure that the trainee sessions focus solely on trainee issues.

  o Separate sessions help identify problems and potential solutions specific to GL issues. Enabling GLs to discuss their own challenges among their peers in a supportive community positively impacts their ability to function as effective GLs.

Goals for GL Sessions:
- Identify evolving needs
- Identify typical challenges trainees are likely to experience relating to the specific modules
- Identify best practices and strategies relevant to each module
- Tailor the existing module materials for the trainees' ongoing needs
- Address GLs' needs in a separate environment

Sample Group Leader Session Agenda as implemented at BCM for PGY-1 residents, which could be adapted to other healthcare professionals in training

GL Session Agenda:

Feedback	Confidential feedback is collected about GLs' experiences in their hospital rotations, which is often different from PGY-1s' experiences. The issues they encounter are also addressed in the monthly meetings with residency program management. Feedback is reported anonymously to encourage honest disclosure without fear of repercussions.

Self-Reflection	GLs are given self-reflection exercises and questionnaires related to the topic of discussion to help analyze and break down components of problems they experience. GLs help identify typical challenges that PGY-1s are likely to encounter. This reflection is conducted through both written and oral feedback.
Review of Materials	Existing materials are analyzed and updated, including activities, tips, and best practices. Do these materials address the most important and challenging situations residents are likely to encounter?
Addition of Materials	GLs may have discovered tools as part of their informal training, practices that assisted them in their transition, or lessons that contributed to their professional development as clinicians. GLs assist facilitators in adding these tools to the curriculum.
Individual Assistance	Individual assistance is available to senior residents who experience personal or professional difficulties or want to discuss peers or colleagues they are concerned about (discussed in Chapter 6).

Trainee Sessions

The program's trainee sessions implement the curriculum that was updated and developed in the GL session. A small group format achieves multiple goals simultaneously, including creating a supportive environment and community, enhancing self-awareness, creating meaning and purpose at work, developing cognitive behavioral techniques to reframe negative experiences, and developing skills to facilitate effective transitions. These skills, environmental attributes, and activities have been reported to increase resilience, reduce burnout, and improve well-being in clinicians.

During the trainee sessions, challenges specific to trainees are addressed through various strategies, such as self-reflection, activities, and discussion.

Goals for Trainee Sessions:
- Facilitate and accelerate transition of trainees to the training and work environment
- Develop organizational skills
- Develop interpersonal and communication skills
- Promote professionalism among trainees

- To prepare trainees for their future responsibilities as team leaders and other leadership roles in the healthcare industry
- To help trainees identify their own leadership styles
- To help trainees develop problem-solving skills
- To assist in early identification of organizational problems

Sample PGY-1 Session Agenda as implemented at BCM for PGY-1 residents, which could be adapted to other healthcare professionals in training:

PGY-1 Session Agenda:

Introduction	Introduction of topic and session objectives by facilitator
Feedback	Feedback collection on monthly rotation experiences and sharing of experiences with peers and GLs; feedback from peers and GLs on best practices to handle challenging situations
Self-Reflection	Self-reflection activities related to topic of discussion (i.e. in organizational sessions, medical mistakes that PGY-1s commonly make; in communication sessions, challenging interactions with patients that elicit negative reactions)
Topic Experiential Exercises	Exercises to facilitate experiential learning related to session topic (i.e., case studies) • Discussion of cases and response strategies • GL input and additional suggested strategies
GL Input and Discussion	Discussion of handouts and general best practices suggested by the GLs and strategies prepared by the facilitators related to session topic
Conclusion	Summary of session goals and lessons learned
Individual Assistance	Individual assistance to PGY-1s experiencing personal or professional adjustment issues (conducted after the formal conclusion of the session)

TIME AND RESOURCE COMMITMENTS

Now more than ever, with the rising cost of health care, hospital leadership, administrators, and care team managers are under increasing pressure to allocate resources efficiently and optimize patient care with limited resources. CPR's efficient design provides substantial benefits for the residency program and affiliated hospitals, which can be achieved with a reasonable commitment of time, taking into consideration the extensive demands of residency. The time

and resource commitments are minimal when considering the return-on-investment CPR provides.

Group Leaders (GLs) commit two hours monthly to GL meetings, and two hours monthly to the trainee meetings. In return, GLs develop and build their own leadership skills while also earning management recognition for their contribution to the residency program. Trainees attend a monthly two-hour meeting.

The following table describes MedRAP's time and resource commitments at BCM. The same commitments would be applicable to other healthcare clinicians as well.

TIME COMMITMENT:

- PGY-1 residents: 2 hours each month
- GLs: PGY-2 and PGY-3 residents spend 4 hours each month (GLs meeting and PGY-1 session)
- During February and March, selected GLs who participate in preparing and presenting CQI presentations spend additional 4-6 hours
- Facilitator: conducts and facilitates all the GL and PGY-1 sessions; tailors the program to the needs of the PGY-1 residents through a needs analysis, with the assistance of the GLs
- Time commitment of facilitator depends upon the size and needs of the residency program
- The initial year of implementation requires more time to tailor the materials to the individual program needs
- In subsequent years, and on an ongoing basis, facilitators can assume planning and individual consulting time of 2 hours per GL session and 1 hour per PGY-1 session, in addition to facilitating all the sessions

RESIDENCY PROGRAM RESOURCE COMMITMENT:

- Administrative assistance for:
  - Creating demographically balanced PGY-1 groups
  - Booking conference rooms
  - Ordering lunches
  - Email and phone reminders about meetings and rescheduling meetings if needed
  - Phone reminders by the residency program personnel help ensure that PGY-1 residents can be relieved from their clinical responsibilities and allowed to attend or reschedule when they are on call or have an emergency
  - Scheduling and preparing CQI presentations
  - Parking if needed
  - Audiovisual equipment if needed
- The facilitator's salary optimally is provided by the medical school or the residency training program
- When the mixed faculty model is utilized (described in Chapter 3), other forms of compensation can also be developed, such as educational credit tied to promotion or relief from some clinical responsibilities

ONGOING FEEDBACK MECHANISMS

CPR is a "living" program. Because of the constant feedback mechanisms inherent in the GL sessions, the trainee sessions, and the end-of-year annual evaluation and planning sessions, the program constantly adjusts to trainees' needs, as well as to changes in the training and work environment.

SESSION DESIGN PROCESS

ADDRESSES REAL VERSUS ASSUMED NEEDS

GROUPLEADERSESSION

Needs assessment with GLs

Describe typical difficult situations

Identify the most challenging problems

Identify best strategies

FACILITATOR MATERIAL PREPARATION

Modify material based on GL input

TRAINEE SESSIONS

Topic presented

Group discussion and exercises Case Simulation.

FEEDBACK FROM PARTICIPANTS

Were the problems you encountered addressed by the session?

What can be done to improve?

Responses used to modify material for following year