



Medical Student Mobilization During a Crisis: Lessons From a Covid-19 Medical Student Response Team

Soled D, Goel S, Barry D, Erfani P, Joseph N, Kochis M, Uppal N, Velasquez D, Vora K, Scott KW. Acad Med. 2020 Sep;95(9):1384-1387. PMID: 32282373

As in medical schools across the United States, Harvard Medical School placed a moratorium on medical student interaction with patients due to the COVID-19 pandemic. Students at the school, motivated to assist in meaningful ways despite their being pulled from frontline work, organized amongst themselves to support their community's response to the disaster. This effort created 4 committees that addressed areas of need, including collaborating with faculty to create educational materials for medical professionals related to COVID-19 that is open access for all to utilize. Other efforts included creating public health materials aimed at the general population, supporting clinical operations by hosting training on PPE reuse techniques, and connecting vulnerable populations with needed resources. Additionally, the initiative found that students from other medical schools and members of the general public were eager to be involved, and they were able to collaborate to effectively utilize these volunteer resources.

This article provides several useful insights for medical educators: 1) While in certain public health emergencies it may be necessary to remove medical students from front line clinical care, we can expect that many medical students will want to be engaged in the initial response. 2) Any such situation has a high degree of uncertainty associated with it; however, a medical student response team seems like an excellent first step that could apply to most situations and become a standard part of an emergency response plan. This would allow for students to utilize their skills in meaningful ways and engage rapidly in future emergencies.

- Travis Kling MD (Resident)
Aaron Danielson, MD, MAS

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Medical Student
Mobilization During a Crisis:
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Medical Student Response
Team

"Hot Seat" Simulation to
Teach Conflict Management
Skills to Residents

PEARLS for Systems
Integration: A Modified
PEARLS Framework for
Debriefing Systems-Focused
Simulations

Remediating
professionalism lapses in
medical students and
doctors: A systematic
review

Interventions to improve
resident reporting of patient
safety events: a quality
improvement initiative

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Quarterly Medical Education UPdate



"Hot Seat" Simulation to Teach Conflict Management Skills to Residents

Barr KP, Reyes MR, Kim S. J Grad Med Educ. 2020 Aug;12(4):485-488. PMID: 32879690

Conflict management is an essential skill for physicians but is rarely formally taught during residency training. An urban, university-based PM & R residency designed a two-hour workshop for PGY-4 residents that included lecture, discussion, and a "hot-seat" simulation model utilizing standardized patients as actors. Different scenarios were developed by the authors, then discussed and enacted in a group setting that included a facilitator, actor, "hot-seat" resident, and peer observers. The model also allowed for "time-outs" for feedback and "rewinds" to attempt differing approaches. Participating residents then completed anonymous surveys immediately following the session with Likert-type responses and open-ended questions evaluating the workshop. 36 of 40 eligible residents participated in the workshop, all of whom completed the survey. 100% found the training to be relevant and useful; many also commented the scenarios were realistic.

Limitations include a non-validated survey and a single specialty being evaluated. Further outcomes or surveys after actual conflicts were not observed and the authors suggest this for future investigation. Literature (and experience) has shown us that disagreements can be prevalent in medicine; studies show practice and/or coaching can improve conflict resolution skills.

Simulation is an opportunity to practice this valuable skill in a safe environment requiring minimal resources. It would be interesting to attempt this type of exercise in an interprofessional setting and to evaluate the perceived utility after "real-life" conflicts.

- Amy Stubbs, MD



PEARLS for Systems Integration: A Modified PEARLS Framework for Debriefing Systems-Focused Simulations

Dubé MM, Reid J, Kaba A, Cheng A, Eppich W, Grant V, Stone K. Simul Healthc. 2019 Oct;14(5):333-342. PMID: 31135684

System-focused simulation can be used to assess system-wide quality and patient safety issues. This article focuses on developing a Promoting Excellence and Reflective Learning in Simulation (PEARLS) Debriefing Framework and Script that blends the traditional debriefing structure with Systems Engineering Initiative for Patient Safety (SEIPS) 2.0 model. The SEIPS model has three parts: the work system, processes, and outcomes. The PEARLS for System Integration (PSI) has 5 phases: prework, description, reactions, analysis, and summary.

Pework phase includes developing important predetermined stakeholder objectives which help to identify and focus on high-risk changes in the system. In the description phase, the facilitator states the purpose of the system-focused debriefing (SFD) and the key events that transpired during the simulation. Reactions phase, which the authors state is optional, includes the participants exploring their feelings. During the analysis phase, each of the predetermined objectives are addressed to investigate systems issues by using plus/delta, advocacy-inquiry and directive feedback methods to arrive at solutions. The summary phase is led by the facilitator to reiterate important system gaps and highlighting any improvements and action items.

While the PSI framework is used to identify system-wide and patient safety issues, it may not work for addressing individual knowledge gaps or clinical skills. Limitations include: (a) time needed can be extensive for both the prework and debrief, and (b) faculty development that is essential to develop the skills necessary to use the framework. Despite the limitations, PSI may have a role in graduate medical education for addressing quality and patient safety improvement and in root cause analysis.

- Amrita Vempati, MD

Creighton University School of Medicine - Phoenix

Quarterly Medical Education UPdate



Remediating professionalism lapses in medical students and doctors: A systematic review

Brennan N, Price T, Archer J, Brett J. Med Educ. 2020 Mar;54(3):196-204. Epub 2019 Dec 23. PMID: 31872509

While competency related performance deficiencies can often be identified and remediated successfully in the majority of cases, those that relate to professionalism and self awareness have been noted in prior studies to be among the most prevalent and particularly difficult to address. The authors note that this is especially troubling due to not only to the individuals' high levels of recidivism, but moreover the lack of standardized guidelines or strategies given the potential long-term consequences professionalism lapses can have on providers, patients, and organizations alike. Having identified this need as a common thread in medical education, training, and practice, this study represents the first dedicated systematic review on the topic. The primary goal of this paper is to identify and synthesize individual strategies for remediating professionalism lapses that are in use as well as evaluate their evidence basis. The authors, from the studies they evaluated note that there are severe limitations both in study designs and chosen outcome measures, and as a result find themselves challenged in providing a firm basis for specific recommendations. This is partially made up for however in their suggesting future research strategies/needs such as longitudinal studies, or application of a "realist review", and is an important piece of literature in that it may help to usher in a more robust future data pool and spark much needed discourse on the topic.

- Greg Ducach, MD (MedEd Fellow)
McGovern Medical School at UTHealth



Interventions to improve resident reporting of patient safety events: a quality improvement initiative

Singal M, Godbole M, Zafar A, Jadhav N, Alweis R, Bhavsar H. J Community Hosp Intern Med Perspect. 2020 Sep 3;10(5):431-435. PMID: 33235677

A robust safety program requires reporting of patient safety events (PSE). Studies have shown that physicians infrequently report PSEs despite knowing that they have occurred. The authors of this manuscript found poor participation in PSE reporting by resident physicians while preparing for an ACGME visit. An assessment found that that knowledge regarding what constitutes a PSE was the major barrier limiting the reporting as well as the time and complexity of the reporting process, the lack of feedback, and a perceived failure to resolve the issue despite reporting. Subsequently, a series of targeted interventions were developed to promote education on safety events and make reporting easier and more efficient. These included changing the PSE reporting system, enhancing the patient safety and QI curriculum, adding a resident-specific monthly M&M conference with a focus on QI methodology, and semi-annual simulated RCAs run by the patient safety department. Post-implementation, a significantly increased number of residents endorsed reporting a PSE during their training, compared to previous (52.6% vs 26.5%; $p=0.001$). Similarly, there was a significant increase in the number of residents that had submitted a PSE in the past 1 year (51.2% vs. 23.5%; $p = 0.001$). Furthermore, there were significant decreases in the number of respondents who were unsure of how to report a PSE ($p = 0.031$) and viewed medical error as a sign of incompetence ($p = 0.036$). While this study has multiple limitations (single institution, small sample size, the fact that they were able to change their hospital reporting system, among others), it does demonstrate that with a concerted effort, residents can become more engaged in the patient safety process.

- Samuel D. Lubner, MD, MPH

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For questions or comments: samuel.d.lubner@uth.tmc.edu