



Back to the Bedside: Interprofessional, Bedside Rounding Improves the Quality of Narrative Evaluations

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NEEDS ADDRESSED

- The Interprofessional Partnership to Advance Care and Education (iPACE™) seeks to optimize interprofessional collaborative care and education, patient and family experience, quality and safety of care, and provider experience.
- ONE** interprofessional team, working and learning together, to provide **ONE** plan, with a single coherent and cohesive message centered around **ONE** patient and their family.

IMPLEMENTATION & EVALUATION

Using the Design Thinking (DT) framework^{1, 2}, the iPACE™ goal is to ensure that residents/fellows in all GME programs are ready for interprofessional practice.

ACROSS: Integrate the iPACE™ model in inpatient clinical learning environments across GME residency training programs

OUT: Introduce the core principles of iPACE™ into outpatient and rural training settings

OVER: “Imprint” interprofessional, team-based care in a unique fourth year medical school elective rotation

KEY FEATURES AND FINDINGS

Question: What effect does the iPACE™ model have on the quality of narrative evaluations?

Methodology

- Retrospective analysis of competency based faculty evaluations of residents
- Internal Medicine (IM) Residency inpatient teaching service from June 2017 through March 2020
- A deductive content analysis approach was used to code the narratives

Types of Feedback

Optional	Direct Observation : Feedback that explicitly referenced interactions with patients and/or families.
Optional	Interprofessional : Feedback citing the interprofessional team (e.g., nursing, care management, pharmacists).
	Specific : Gives details regarding performance on a task or behavior.
	Actionable : Provides direction on how the resident can improve.
Select 1	Personality based : Comment or utterance that refers to the innate quality of resident’s character or temperament.
	General : Broad feedback that does not meet the criteria for specific.
Select 1	Reinforcing (Positive) : Describes specific behavior emphasizing the strengths and demonstrated competencies.
	Corrective (Negative) : Feedback that describes behavior and elicits alternative actions.

Results

↑ Narrative evaluations completed on the iPACE™ unit were significantly longer. (iPACE™ = 109, Traditional = 69, p<0.001)

	Average Incidence			% contain at least one type of feedback		
	iPACE™ (SD)	Traditional (SD)	p-value (α = 0.05)	iPACE™ % (N)	Traditional % (N)	p-value (α = 0.05)
Direct Observation	0.72 (0.92)	0.32 (0.62)	<0.001	48.2 (93)	25.9 (129)	<0.001
Interprofessionalism	0.17 (0.45)	0.05 (0.24)	<0.001	14.5 (28)	5.2 (26)	<0.001
Specific	3.21 (2.33)	2.26 (1.92)	<0.001	91.2 (176)	79.8 (398)	<0.001
Actionable	1.01 (1.08)	0.69 (0.99)	<0.001	61.7 (119)	44.5 (222)	<0.001
Personality-based	0.15 (0.35)	0.16 (0.45)	0.59	14.5 (28)	13.6 (68)	0.76
General	1.01 (1.14)	1.08 (1.13)	0.47	58.5 (113)	62.5 (313)	0.31
Reinforcing	4.18 (2.64)	3.32 (2.19)	0.001	97.4 (188)	93.4 (466)	0.03
Corrective	1.2 (1.2)	0.88 (1.18)	0.001	66.3 (128)	50.7 (253)	<0.001

Conclusion & Next Steps

This study suggests that the iPACE™ model, which promotes a clinical learning environment that prioritizes interprofessional bedside rounding, had a positive impact on the length and quality of narrative evaluations. We plan to disseminate these findings across the institution and provide faculty development to improve skills performing direct observations of learners.

THEMES

Accelerating Change in Medical Education Consortium initiative

- Health Systems Science
- Well-being
- Technology
- Interprofessional practice

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