



**“I’m not sure I ever define myself as a teacher:”
Divergent perspectives on preceptor feedback and
teaching in Emergency Medicine and Family Medicine**

What’s Up Doc? ASA
February 26, 2015

Terra Manca (presenter)
Darren Nichols
Sandy Dong
Keir Peterson
Adam Kulaga
Shelley Ross
University of Alberta,
Department of Family Medicine

Faculty/Presenter Disclosure

- Faculty/Presenter: [Terra Manca](#)

Nothing to declare

But, we appreciate our non-profit support:

- Janus Grant (College of Family Physicians of Canada)
- Faculty Development Grant (Royal College of Physicians and Surgeons of Canada)
- Teaching and Learning Enhancement Fund (University of Alberta)
- Health Professions Research Summer Student Fund (Faculty of Medicine & Dentistry, U of A)



Introduction

- Preceptors and residents can benefit from Faculty Development.
- Medical specialties have many differences.
- These differences create challenges for Faculty Development initiatives.

- Medical culture impedes formative feedback, which is central to clinical learning (Watling et al., 2013).
- Medical cultures can vary between specialties (see Manca, Bearult, and Wishart, 2011).
- We found differences between specialties challenging when we designed a targeted coaching Faculty Development session in a Family Medicine department, then implemented it in an Emergency Medicine department.

Methods

- Research Question: How are targeted preceptor coaching sessions received?
- Sample:
 - 11 Family Medicine preceptors (interviews)
 - 8 Emergency Medicine preceptors (3 focus groups)
- Qualitative thematic analysis

- Two EM and seven FM preceptors were female, whereas six EM and four FM preceptors were male.
- Preceptors from both groups had varied teaching experience. Each interview and focus group lasted up to twenty minutes.

Results

- Responses to coaching sessions varied with understandings of teaching as either instruction or dialog.
- These understandings reflect departmental residency program guidelines.

Departmental residency programs

Family Medicine	Emergency Medicine
<ul style="list-style-type: none">• Ongoing learning relationships with residents• Many teaching resources• Many topics focus on how to teach in addition to what to teach.	<ul style="list-style-type: none">• Transient learning relationships with residents• Some teaching resources• Most topics focus on what to teach, limited advice on how to teach.

- Description of differences between Family Medicine and Emergency Medicine preceptor training and departmental information resources.
- Unsurprisingly, we found Emergency Medicine preceptors often described instructing residents on how to perform, whereas Family Medicine preceptors tended to focus dialog and communication.

Teaching and feedback

- Emergency preceptors separated teaching from feedback.
- Family preceptors used the terms feedback and teaching interchangeably.
- Both groups claimed to use similar feedback tools.

Family Medicine	Emergency Medicine
“The hardest challenge for me is teaching a good resident. [...] It’s challenging for me to give useful feedback to a student that’s performing well” (FP2).	“well, maybe feedback skills. You know, teaching you know it seems like a different realm to me a little bit” (EP1). “I’m not sure I ever define myself as a teacher.” (EP7).
Conceptualizations of teaching and feedback	

- Family physicians often used the terms for feedback and teaching interchangeably.
- Emergency Medicine preceptors, however, explained that we had offered them a coaching session to improve their feedback and appeared confused as to why we would mention teaching.
- We believe these differences may have distracted Emergency Medicine preceptors from the goal of our targeted coaching sessions because we used the terms teaching and feedback similarly to how the preceptors in Family Medicine used those terms.

Instruction or dialog?

- Major difference in how Family and Emergency preceptors conceptualized feedback.
 - Family: feedback as dialog
 - Emergency: feedback as directive instruction

FEEDBACK AS DIALOG

Family Medicine

“I guess I also have the mentorship discussion with them – this is not a boss-slave relationship, this is a mentorship, a collegial thing and ... I guess you have to give someone permission to disagree with you, I’m not always right” (FP4).

- This quote from a Family Medicine preceptor demonstrates a dialog-based learning relationship.

FEEDBACK AS INSTRUCTION

Emergency Medicine

“I’m confident in that knowledge and so specifically giving feedback around that I can be pretty pretty directive right, in terms of telling them and don’t necessarily sort of shy away.” (EP1).

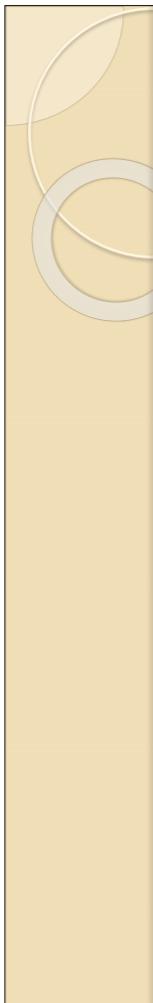
- Alternatively, Emergency Medicine preceptors spoke of providing instruction around specific cases or comments throughout a shift.



Reception of targeted coaching

“Sessions like these are great because they can be directly constructive and you can actually make changes that are concrete and it's not just generalities” (FP6).

- Emergency Medicine and Family Medicine preceptors claimed that the session offered new feedback tools.



“I thought that was quite useful because it anchors what we’re supposed to be doing with what we’re actually [doing]” (EP5).

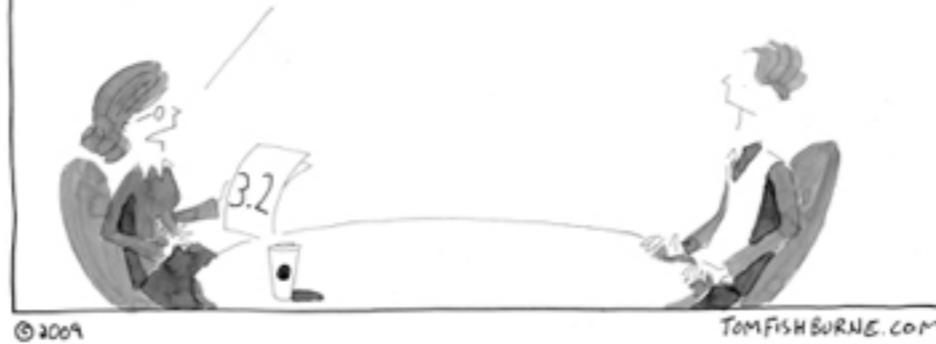
Discussion

BRAND CAMP

by Tom Fishburne

ZERO DEGREE FEEDBACK

IN THIS REVIEW, I'LL PRETEND I CAN ACCURATELY CHARACTERIZE YOU WITH A TWO-DIGIT RATING AND YOU PRETEND THIS IS A MEANINGFUL PROCESS OF SELF-REFLECTION



- Quality feedback is needed for self-reflection to produce major changes to residents' skills (Branch and Paranjape, 2002; Ende, 1983).

- 
- Much medical education research overlooks cultural and social influences.
 - Targeted coaching valuable because preceptors and teachers need feedback to perform well.
 - Our sessions inadequately attended to divergent perspectives about educational concepts.

- Social and cultural issues are often overlooked in educational research (Watling, et al., 2013).

Conclusion

- We could have improved our coaching sessions by adjusting to the specific language and culture in Emergency Medicine.
- Faculty Development initiatives need to be interpretable to the people whom they target.
- Adjusting our targeted coaching sessions to the specific language and culture of Emergency Medicine would have helped us overcome at least one obstacle to preceptors' learning.

References

- Branch, WT Jr. and Paranjape A. 2002. Feedback and reflection: teaching methods for clinical settings. *Acad Med* 77:1185-1188.
- Ende J. 1983. Feedback in clinical medical education. *JAMA* 250(60):777-781.
- Manca DP, Breault L, Wishart P. 2011. A tale of two cultures: Specialists and generalists sharing the load. *Can Fam Phys* 57:576-584.
- Watling C, and Driessen E, van der Vleuten CPM, Vanston M, Lingard L. 2013. Beyond individualism: Professional culture and its influence on feedback. *Med Ed* 47:585-594.