

Assessment of Clinical Learning Environment on a General Inpatient Pediatric Team

Gal Barak, MD; Shelley Kumar, MS, MSc; Geeta Singhal, MD, MEd **Texas Children's Hospital, Baylor College of Medicine**



BACKGROUND

On general inpatient pediatric teams, there are often a variety of learners, and the number of learners can vary greatly across different hospitals. Little is known about the number and composition of learners that best facilitates resident education. However, studies which assess team structure and size with regards to problem solving, often demonstrate negative correlations



between team size and efficiency.

As pediatric hospital medicine (PHM) fellowships have continued to develop, fellows are also playing a larger role in resident education. Multiple studies have demonstrated negative surgical residents' perceptions towards fellows. Studies also demonstrated discrepancies between faculty and resident perception of surgical fellows. Little is known about non-surgical fellowships' impact on residency training.



100%

80%

60%

40%

20%

0%

CURRENT

MM

8%

Very

negative



23%

Very

23%

Positive



Graph 6: Average satisfaction scores were calculated based on Likert scales for satisfaction in the following domains: receiving feedback, amount of time spent on teaching, amount of time spent with attending, level appropriate teaching, ability to ask questions, meeting the learning objectives, personal engagement during rounds, time for personal reflection, efficiency of rounds, and personally managing a sufficient number of patients.

Satisfaction score can be predicted by 5.10 - 0.156 *Team Size.

CONCLUSIONS

PERCEPTION OF FELLOWS



Graph 5).



significant difference Graph There 3: was а between resident and attending perspective on fellows' impact.

OPTIMAL

Resident Attending

Neutral

Negative

was a significant difference 4: There Graph between resident and attending desire to work with a fellow again.

M = Medical Student

 \cup = Upper Level Resident

S) = Sub-intern

I) = Intern

F = Fellow

OPTIMAL

М

FACULTY

OBJECTIVES

likely to want to work with a fellow again (Graph 4).

Future research is required to evaluate how program structuring can optimize both resident and fellow experiences within PHM There was a moderate negative correlation between resident satisfaction and team size (Graph 6). This study suggests a need to reduce the team size at TCH (Figure 1,



OPTIMAL TEAM SIZE



- Limited by sample size and reporting bias in an optional survey
- Cannot predict effect of intentionally decreasing team size, and barriers to implementation exist

- To identify the optimal number and composition of learners on PHM teams
- To assess resident and faculty perceptions of the impact of a PHM fellow on resident learning

METHODS

Creation

We designed resident and faculty targeted surveys assessing several factors that contribute to clinical learning environment on PHM, including current team size/composition, resident satisfaction, presence and impact of a PHM fellow, as well as perceived optimal team size/composition.

Figure 1: Average team size and composition as reported by residents and faculty, in comparison to the average optimal team size and comparison

Comparing Current and Optimal Team Sizes

CURRENT

ММ

100%

RESIDENT

Distribution

These surveys were distributed through resident and PHM faculty email listservs, and were both optional and anonymous. A total of 53 residents and 18 PHM faculty completed the online survey between September and October 2018.

Analysis

Linear regression was used to compare average satisfaction score with team size. A paired t-test was used to determine if there was a difference between resident and faculty perceptions regarding fellows, as well as whether there was a difference between current and optimal team sizes in PHM.



Graph 5: For residents as well as attendings, there was a significant difference in scores for current team size (M_{resident}=7.0, M_{attending}=6.3) and optimal team size (M_{resident}=5.2, M_{attending}=4.8) (p_{resident}<.0001, p_{attending}=0.003).

FUTURE DIRECTIONS

• National distribution to other comparable institutions to compare and contrast resident experiences and perspectives with TCH

• Qualitative data collection to identify factors driving these trends

REFERENCES

- Lim Y, Steinemann S, Berg B. Team Size Impact on Assessment of Teamwork in Simulation-based Trauma Team Training. Hawai'l Journal of Medicine & Public Health, 2014;73(11):358-361.
- Ofei-Dodoo S, Goerl K, Moser S. Exploring the Impact of Group Size on Medical Students' Perceptions of Learning and Professional Development During Clinical Rotations. Kansas J Medicine, 2018;11(3):70-75.
- Plerhoples T, Greco R, Krummel T, Melcher M. Symbiotic or Parasitic? A Review of the Literature on the Impact of Fellowships on Surgical Residents. Annals of Surgery, 2012;256(6):904-908.

Free Infographic Maker 🚫 VENNGAGE