Department of Pediatrics
Faculty Meeting
Topics:
1. Space
2. Education Scholarship
March 28, 2017
Department Growth

![Bar chart showing growth in Faculty and Staff from 2013 to 2016.](chart.png)

- **Faculty**
  - 2013: 250
  - 2014: 300
  - 2015: 350
  - 2016: 400

- **Staff**
  - 2013: 200
  - 2014: 250
  - 2015: 300
  - 2016: 350

Legend:
- Red: 2013
- Blue: 2016
- Gray: 2014
- Beige: 2015
New Department Space

- **Biomedical Innovation 1 (2019)**: Sufficient space to accommodate all of the pediatric researchers in the GALE buildings, plus space for 5 incremental Department of Pediatrics Faculty recruitments, including 5 offices and 40 benches.

- **Center for Advanced Medicine (2019)**: Sufficient space to accommodate the Chair and clinical faculty in GALE buildings (45 faculty), plus 10 additional spaces for clinical faculty.

- **Porter Drive (2020-21)**: Sufficient space to accommodate 5 additional wet research faculty and 20 additional dry research faculty.

- **Middlefield Road (2017)**: Additional space to move 65 administrative staff and 42 clinical research staff off campus.
Faculty for whom a majority of their professional work time is conducted outside of the office (in the lab, clinic, classroom, other locations or academic related travel) should not be allocated private offices.

The allocation of a private office will not be by rank, seniority, faculty line, but rather by the proportion of time spent working from an office.

Department of Pediatrics

- Private: 47%
- Shared: 32%
- Other: 21%
Distribution of Offices by Line for Onsite Faculty

Excludes 15 Instructors, and 7 NTL-R and 5 NTL-T Faculty
Distribution of Offices among CE Faculty

[Bar chart showing the distribution of offices among full-time and part-time faculty.]

- **Private Office**
- **Shared Office**
- **Other**
Distribution of Offices among CE Faculty

- Clinical Instructor
- Assistant Professor
- Associate Professor
- Full Professor

- Private Office
- Shared Office
- Other
Next Steps

"QUICK! FORM A COMMITTEE!!"

"THE BIRTH OF CORPORATE LEADERSHIP"
Examples of Educational Scholarship in the Department of Pediatrics

Becky Blankenburg MD, MPH
Associate Chair of Education
March 28, 2017
Objectives

• Describe ways faculty, staff, and trainees can become more involved in educational scholarship

• Highlight the breadth and depth of educational scholarship taking place in the dept
Educational Scholarship Training for Residents and Fellows

- Med Ed SC Block 1: Curriculum Development and Educational Scholarship
  - Two week block
  - 8/28/17 – 9/8/17

- Med Ed SC Block 2: Educational Leadership and Educational Scholarship
  - Two week block
  - 10/23/17 – 11/3/17
Educational Scholarship Training for Residents, Fellows, Faculty, and Staff

• Clinical Teaching Scholars Series (CTSS)
  – Year-long series
  – First Wednesday of each month
  – 5:15-6:30pm – Faculty Development
  – 6:30-7:30pm – Mentoring on Educational Scholarship (optional)
  – For educational scholarship certificate, attend 7/9 sessions and complete and present an educational scholarship project

• Rathmann Fellowship
  – Year-long Fellowship
  – Wednesdays, 2:30-4pm
  – Educational scholarship fellowship focused on patient-centered communication
  – Past participants: Carrie Rassbach, Katherine Brock
  – Current participants: Caroline Okorie (PGY6, Pulm)

• APA Educational Scholars Program
  – 3-year-long program; meets at PAS for 3 years
  – Past participants: Becky Blankenburg, Michal Cidon
  – Current participants: Carrie Rassbach, Sarah Hilgenberg, Kajal Khana
Educational Scholarship Training for Faculty, Staff, Fellows, Residents

- 2nd Annual Stanford Innovations in Medical Education Conference
  - Saturday, May 13th, 8am-4pm

- 5th Annual Stanford Pediatrics Medical Education Day
  - Friday, October 27th, 8am-4pm
Examples of Educational Scholarship
Examples of Educational Scholarship

- **Coaching**
  - Rathmann Fellowship; paper accepted to Acad Med

- **Patient Communication and Feedback**
  - APPD Special Projects Grant; qual paper based on pilot published in Acad Peds 2017; qual paper on full study submitted to Acad Med

- **Shared Decision Making**
  - NIH R25 Grant; 2016 APA Ray E. Helfer Innovations in Medical Education Award; two papers submitted to JHM

- **De-Escalating Angry Caregivers**
  - APPD Special Projects Grant; Simulation in Healthcare Grant

- **Patient and Family-Centered IPASS**
  - PCORI Grant; JAMA Peds 2017 paper on family-identified medical errors

- **Leadership Education in Advancing Diversity (LEAD)**
  - Diversity, Innovation and Inclusion Grant, through Stanford University, Office of the Vice Provost for Faculty Development and Diversity

- **Scholarly Concentrations**
  - 2 papers in process; Med Ed Portal submission in process
Coaching Study

• Objective:
  – To assess the feasibility and efficacy of a Coaching Program, and explore the impact on non-Coach faculty feedback

• Methods:
  – IRB-exempt, Cohort Study
  – Quantification of Coaching Direct Observations
    • Feasibility
  – Pre- (March 2013) & retrospective pre-/post- (March 2014) surveys of residents, Coaches and non-Coach core faculty
    – Quantity and perceived quality of feedback
    – Confidence in giving feedback (Coach & non-Coach core faculty)
    – Confidence in clinical skills (Residents)
    – Satisfaction with Coaching Program
Results: Feasibility (July 1, 2013-April 1, 2014)

• 82/82 residents had at least 1 direct observation
• 546 observations; average = 68/coach (range 42-87)

• Observations by Resident Year

<table>
<thead>
<tr>
<th>Resident year</th>
<th>Median</th>
<th>Interquartile range</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>11</td>
<td>8-12</td>
<td>10-12</td>
</tr>
<tr>
<td>PGY2</td>
<td>7</td>
<td>6-9</td>
<td>7-8</td>
</tr>
<tr>
<td>PGY3</td>
<td>5.5</td>
<td>4.75-7</td>
<td>5-6</td>
</tr>
</tbody>
</table>

Coach vs. Other Faculty’s Skill and Use of Reflection and Goal-Setting

- **Skill**: Orange (Resident: eval of coach), Blue (Coach: self-eval), Purple (Resident: eval of non-Coach), Brown (Non-Coach: self-eval)
- **Reflection**: Orange, Blue, Purple, Brown
- **Goal-setting**: Orange, Blue, Purple, Brown

Significance:
- * * *  p<0.01
- *  p=0.062
The Effect of Faculty Coaching on Resident Attitudes, Confidence and Patient-Rated Communication

Carrie Rassbach MD, Alyssa Bogetz MSW, Nicola Orlov MD, Alisa McQueen MD, Vasudha Bhavaraju MD, David Mahoney BS, Collin Leibold BS, Becky Blankenburg MD, MPH
Patient Communication and Feedback Study

• Objective:
  – To assess the effectiveness of a Coaching Intervention on residents’ confidence and attitudes re: patient communication skills and patients’ ratings of resident communication skills

• Methods:
  – Randomized controlled trial at 3 institutions (Stanford, U Chicago, Phoenix Children’s) 2015-2016
  – Residents randomized to receive Coaching to review patient feedback (intervention) or to review patient feedback on their own (control)
  – Baseline and follow-up self-assessments and patient assessments evaluated:
    – Confidence in patient communication skills
    – Attitudes towards patient communication and patient feedback
    – Patient-rated communication skills (from patients in hospital and clinic settings)
Results

• 57 residents in intervention group, 57 in control group
• Attitudes:
  – Intervention group residents significantly more likely to ask for patient feedback following the intervention than control group (p = 0.01)
  – Resident attitudes towards patient feedback/communication were uniformly strong; no difference between groups
• Confidence:
  – Both groups showed increases in self-confidence over time and by PGY level, no between-group differences
• Patient-rated communication skills:
  – Patients rated both groups highly with regard to patient communication
  – No difference over time, by PGY level or between groups
Hearing Our Patients’ Voices in Pediatric Resident Education: Qualitative Exploration of Resident Perspectives on Patient and Family Feedback

Alyssa Bogetz MSW, Becky Blankenburg MD, MPH, Carrie Rassbach MD
Qualitative Studies of Resident Perspectives on Patient and Family Feedback

- **Objective:**
  - To explore pediatric residents’ perspectives on patient/family feedback, and the factors that promote learning from such feedback

- **Methods:**
  - January 2015 – Qualitative survey administered to all pediatric residents following pilot patient feedback program (July-September 2014)
    - Survey solicited perspectives about the educational value of patient/family feedback and concerns about feedback collection
  - May-June 2016 – 7 focus groups with pediatric residents at Stanford, University of Chicago, Phoenix Children’s following participation in RCT (see Rassbach et al)
  - Data analyzed using constant comparative approach
Pilot Study Results:

• Participants:
  – 78/82 (95%) of residents completed the survey
  – 27 (96%) PGY1, 26 (96%) PGY2, 25 (93%) PGY3+

• Themes:
  – Residents value positive patient feedback; provides validation of their role
  – More skeptical of constructive feedback; may question feedback credibility if it does not align with self-perceptions
  – Respond in one of three ways to constructive feedback:
    • “Feel like a bad doctor”
    • Discount feedback as inaccurate or untrue, do not process it
    • Reflect on feedback to improve

Qualitative Studies of Resident Perspectives on Patient and Family Feedback

RCT Focus Group Results:

**Participants:**
- 36/92 (39%) of residents participated
- 13 (36%) PGY1, 14 (39%) PGY2, 9 (25%) PGY3+
- 12 (33%) Stanford, 15 (42%) Chicago, 9 (25%) Phoenix

**Themes:**
- Patient/family feedback should be specific, individualized and timely
- How feedback is delivered to residents affects how it is received
- Faculty are critical for transforming feedback into meaningful information that residents can use
- Residents identified several concrete strategies faculty can use to promote resident reflection upon, engagement with, and learning from patient and family feedback

Shared Decision Making in Inpatient Settings

Becky Blankenburg MD, MPH, Debbie Sakai MD, Ian Chua MD
Shared Decision Making Study

• Objective:
  – To evaluate the effectiveness of an educational bundle on the use of shared decision making on pediatric and internal medicine rounds, as assessed by faculty observers and patients

• Methods:
  – August 2014 – March 2015
  – Hospitalist services in pediatrics and internal medicine, Stanford and UCSF
  – Repeated Cross-sectional Study Design:
    • Rounds observed for 12 weeks pre and post an educational bundle to determine level of SDM used during FCR
    • Validated SDM rubric used
  – IRB Approved
Peer assessments: Change in RPAD summary score
Mean +1.8 (range: 0.5 to 2.8), p = 0.05
Shared Decision Making Results

Peer assessments: RPAD individual items

- Explains the clinical issue or nature of the decision
- Discussion of the uncertainties associated with the situation or alternatives
- Clarification of agreement
- Examine barriers to follow-through with the treatment plan
- Gives pt opportunity to ask questions and checks pt's understanding
- Medical language matches patient's level of understanding
- Any questions?
- Physician/team asks open-ended questions
- Physician/team checks own understanding of the patient's point of view

Post
Pre
De-escalating Angry Caregivers: A Randomized Controlled Trial of a Novel Curriculum for Pediatric Residents

Sarah Hilgenberg MD, Alyssa Bogetz MSW, Collin Leibold BS, David Gaba MD, Becky Blankenburg MD, MPH
De-escalating Angry Caregivers Study

• Objective:
  – To evaluate the effectiveness of a De-escalating Angry Caregivers Curriculum, as determined by standardized patient ratings and resident attitudes and confidence

• Methods:
  – Pilot, May 2016
  – IRB-exempt, RCT of 84 Stanford pediatric residents (PGY1-5), fall 2016
  – Primary outcome:
    • Change in residents’ standardized patient (SP) actor ratings
  – Secondary outcome:
    • Change in residents’ retro-pre-post self-assessments
Preliminary Results

• Intervention (n=43), Control (n=41)
• RCT
  – SP-rated pre- vs. post-test means increased significantly for intervention PGY1s in overall performance (p=.01) and de-escalation skills (p=.03)
  – Self-assessed de-escalation skill means increased for all intervention residents (PGY 1 p=.001, PGY2 p=.03, PGY3+ p=.02)
• Curriculum survey results
  • 95% (41/43) intervention residents “will apply the skills learned in my clinical practice” vs 78% (33/41) controls
  • 93% (40/43) reported that their “ability to de-escalate angry caregivers will improve as a result of participating” vs 78% (32/41) controls
Patient and Family Centered I-PASS

• Objective:
  – To evaluate the effectiveness of a new IPASS family-centered rounding model, in terms of patient safety, family satisfaction, and communication between providers and family

• Methods:
  – Pre-Post study involving 7 North American hospitals
  – Interventions:
    • I-PASS structured interdisciplinary communication during rounds
    • Rounds observations and feedback
    • Rounds report, health literacy, team communication
  – Measures:
    • Systemic safety surveillance methods to assess errors and adverse events
    • Surveys of family experience
    • Rounds observations to assess communication practices
• Increased error and adverse event detection rates with family report (JAMA Peds Feb 2017)
• Primary and secondary outcomes to be shared at PAS
LEAD: Leadership Education in Advancing Diversity

Carmin Powell MD, Carrie Johnson MA, Lahia Yemane MD, Michelle Brooks C-TAGME, Becky Blankenburg MD, MPH
LEAD

Objective:
– To evaluate the efficacy of a diversity and inclusion leadership program

Methods:
– Longitudinal leadership training and scholarly development in diversity for 12 pediatric trainees (residents and fellows)
– Eight 2-hour monthly sessions led by URM faculty will cover key leadership areas and provide mentored time to develop a workshop to be presented at our First Annual School of Medicine Diversity Day
– Pre and post-survey data that will assess learner and faculty satisfaction, knowledge, attitudes
– Total # scholarly presentations in diversity & inclusion presented by LEAD trainees at local, regional, and national meetings
– IRB submission/approval
Scholarly Concentrations Program: Outcomes and Dissemination

Alyssa Bogetz MSW, Lisa Chamberlain MD, Elizabeth Stuart MD, MSEd, Carrie Rassbach MD, Janine Bruce DrPH, Jenny Frankovich MD, MS, Gary Shaw PhD, Alan Schroeder MD, MS, Bonnie Halpern-Felsher PhD, Saraswati Kache MD, Aisha Talib MPH, Jenny Kang MPH, Rasika Behl MPH, Harvey Cohen MD, PhD, Marlene Rabinovitch MD, Becky Blankenburg MD, MPH
Resident Presentations Over Time

Number of Resident Presentations By Type and Graduating Year

- **Regional Presentations**
- **National Presentations**
## Resident Scholarly Productivity Since Formal SC Implementation

<table>
<thead>
<tr>
<th>Graduating Year</th>
<th>2015</th>
<th>2016</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total No.</td>
<td>No. of residents (% of 25)</td>
<td>Total No.</td>
</tr>
<tr>
<td>Local presentations</td>
<td>24</td>
<td>17 (68)</td>
<td>19</td>
</tr>
<tr>
<td>Regional presentations</td>
<td>15</td>
<td>10 (40)</td>
<td>12</td>
</tr>
<tr>
<td>National presentations</td>
<td>24</td>
<td>14 (56)</td>
<td>31</td>
</tr>
<tr>
<td>Peer-reviewed publications</td>
<td>11</td>
<td>8 (32)</td>
<td>22</td>
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<tr>
<td>Manuscripts in progress</td>
<td>20</td>
<td>10 (40)</td>
<td>21</td>
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<tr>
<td>Grants awarded</td>
<td>9/15</td>
<td>8 (32)</td>
<td>14/17</td>
</tr>
<tr>
<td>Research awards</td>
<td>4</td>
<td>4 (16)</td>
<td>11</td>
</tr>
</tbody>
</table>
Questions?
Appendix: Examples of Educational Scholarship by Trainees

- How to Deal with Discriminating Patients - Emily Whitgob, MD (PGY5, DBP)
  - Published in Academic Medicine 2016
- Value of Patient Feedback – Tyrone Chan, MD (now Kaiser hospitalist)
  - Published in Academic Pediatrics 2017
- Using a QI Visual Reporting Board - Whitney Chadwick, MD, Carmin Powell, MD, Charlie Wickremasinghe, MD (Chiefs)
- How Introversion Affects Evaluation and Residency - Danielle Shin, MD, PhD (PGY3)
  - Teaching and Mentoring Academy Grant
- How to Teach Physical Exam Findings: National Needs Assessment – Alison Chiang, MD (PGY3)
- Exploring How Sub-I’s Learn from De-escalating Angry Caregivers – Kevin Chi, MD (PGY3)
- Value in Face-to-Face Consults - Sara Pavitt, MD (PGY2)
  - Resident Research Award at Regional APA Conference