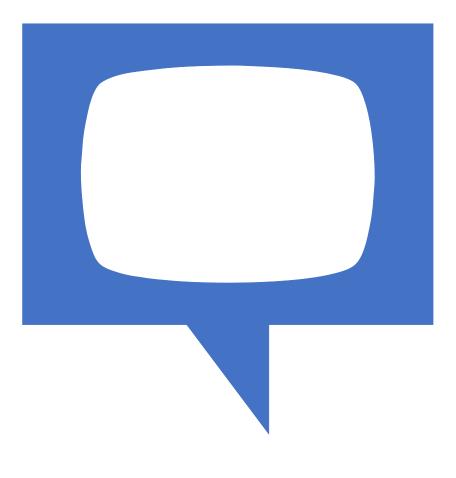
Strategies for Increasing Occupational & Environmental Medicine (OEM) Participation

October 28, 2023

Sajjad A. Savul, MD, MS, FACOEM Michael Pratt, MD, MPH, FACOEM Aisha Rivera Margarin, MD, MS John Meyer, MD, MPH, FACOEM



Disclaimer

• The opinions expressed by the presenters and in the following slides are solely those of the presenters.

Objectives

- Analyze the trend of OEM physician training programs in the United States
- Discuss strategies and resources for building OEM community
- Consider benefits of mentorship in OEM residency training
- Discuss the role of preceptors in occupational medicine training

Outline

- Trends in OEM Training
 - Sajjad A. Savul, MD, MS, FACOEM
- Mentorship
 - Michael Pratt, MD, MPH, FACOEM
- Precepting
 - Aisha Rivera Margarin, MD, MS
- Building OEM Community
 - John Meyer, MD, MPH, FACOEM
- Discussion

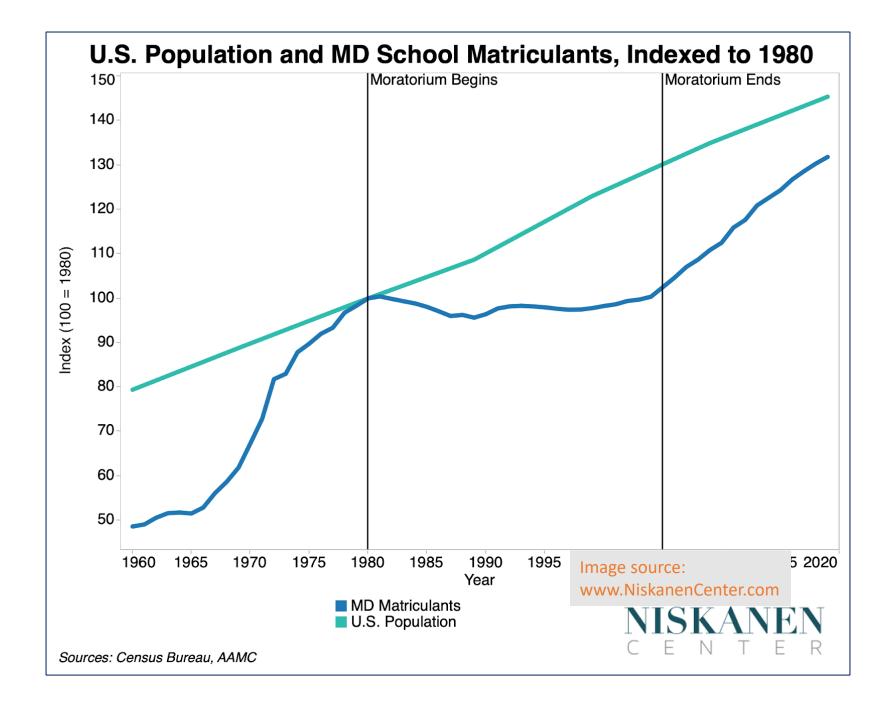


Trends in OEM Training

Sajjad A Savul, MD, MS, FACOEM

The Physician Pseudo-Surplus (1980-2005)

- GMENAC* (1981): "US on the verge of a massive physician surplus". Recommended on curtailing domestic training of physicians and the admittance of international graduates.
- 1997: Consensus statement by the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) declared the same- Surplus!
- Early 2000's: Awareness that prior projections of physician surplus were inaccurate
- 2005: AAMC acknowledged physician "shortage", calling for a substantial expansion in medical school enrollment by 10-30%



OEM Physician Shortages

- In 1972, The National Institute for Occupational Safety and Health (NIOSH) identified a shortage of 3,000 physicians in occupational medicine
- A 1989 estimate commissioned by the Institute of Medicine (IOM) assessed OEM physician shortage staying up towards 3500 specialists
 - Limitations in availability of OEM training programs was considered one of the main reasons for this continued deficit.
- In 1991, NASEM* Report Indicated an additional need for up to 5,500 physicians with special competence in OEM

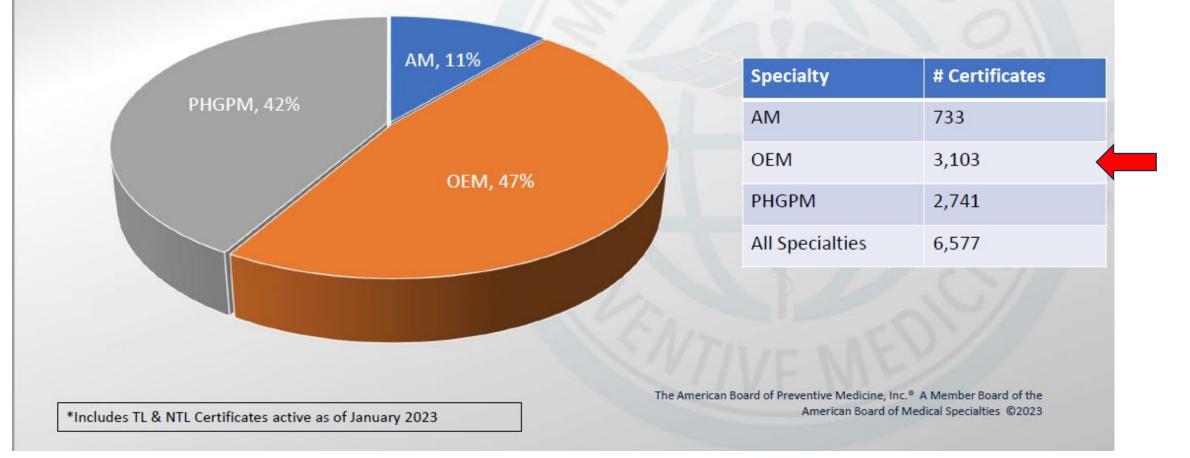
NASEM Report 1991

The Institute of Medicine (IOM) committee offered six specific measures to alleviate the shortage of physicians in OEM:

- 1. Increase OEM interest among students and trainees
- 2. Establish a cohort of centers of excellence to train future teachers, researchers, and leaders
- 3. Integrate environmental medicine with occupational medicine training and research programs
- 4. Increase funding for faculty development
- 5. Support residency and fellowship training; and
- 6. Explore, refine, and adopt new pathways to certification and accreditation in OEM

Addressing the Physician Shortage in Occupational and Environmental Medicine: Report of a Study

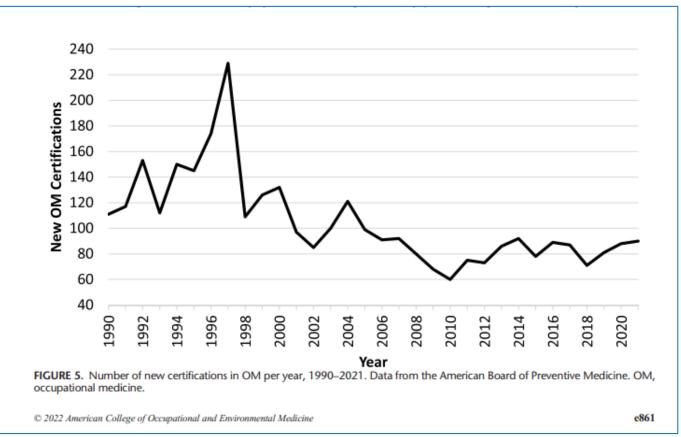
Specialty Certificates as Proportion of All Specialty Certificates



ABPM-OEM Certified Physicians (Initial)

- Board Certification Started: 1955
- Last 30 years:
 - Highest number certified (1997): 229
 - Lowest number certified (2010): 60

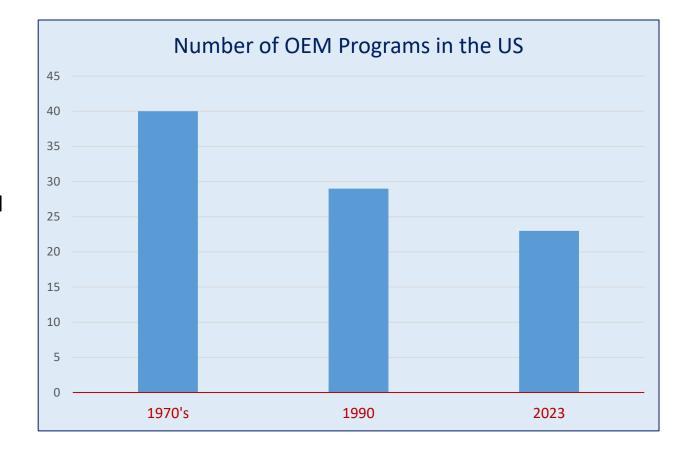


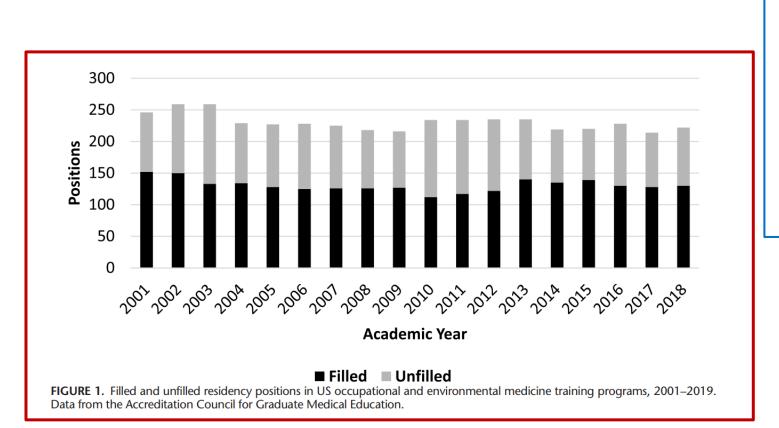


Source: ACOEM Guidance Statement: The Future of Occupational and Environmental Medicine; Judith Green-McKenzie, et al. JOEM. Volume 64, Number 12, December 2022

ACGME Approved OEM Residencies

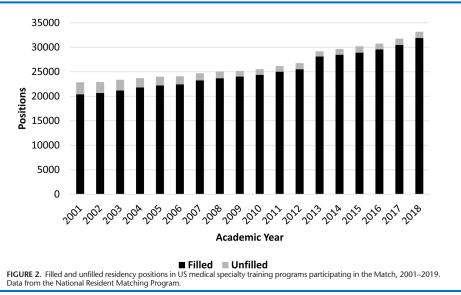
- 1970's: 40 Programs (highest)
- 1990: 29 Programs
- 2023: 23 Programs
 - 21 University based/ affiliated
 - 2 Military based





US Residency Positions

Source: ACOEM Guidance Statement: The Future of Occupational and Environmental Medicine; Judith Green-McKenzie, et al. JOEM. Volume 64, Number 12, December 2022



Why OEM Program Numbers are Declining?

- Lack of adequate funding for training programs
- Lack of OEM curriculum in medical school education
- No formal mentorship in medical school or medical conferences on the specialty of OEM
 - Over the course of medical school, most medical students change their preferred residency specialty. A quarter (25.7%) of 2018 respondents to the Graduation Questionnaire indicated the same specialty preference as they had indicated on the Matriculation Student Questionnaire*
 - NASEM Report 1991: Medical schools specifically teaching OEM as part of the required curriculum had a mean teaching time of just 4 hours in 4 years.

^{*}Source: AAMC. 2018 GQ as of Sept. 13, 2018, and matching MSQ data from various survey years. and Image source: https://www.aamc.org/news-insights/gme

Mentorship in Residency

Michael Pratt, MD, MPH, FACOEM





mentor

n. A trusted and experienced individual who counsels a less experienced person in their academic and/or career development

mentee

n. An individual counseled by a mentor

Career growth and development

Primary focus of mentoring

Source: Ragins, Belle Rose, and K. E. Kram. The Handbook of Mentoring at Work : Theory, Research, and Practice, SAGE Publications, Incorporated, 2007. ProQuest Ebook Central, https://ebook_central-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/detail.action?docID=996702.

 Coaching, facilitating advancement and positive visibility, protecting, and challenging
 Nurturing trust and relationship bonds that promote mentee "growth, identity, self-worth, and self-efficacy"

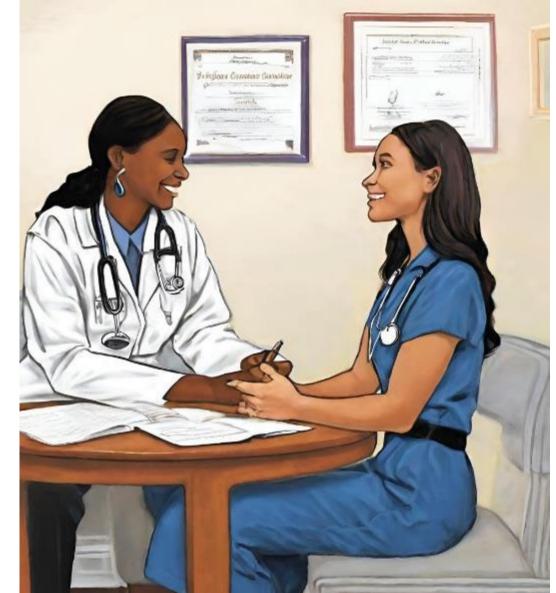
Mentoring functions

Source: Ragins, Belle Rose, and K. E. Kram. The Handbook of Mentoring at Work : Theory, Research, and Practice, SAGE Publications, Incorporated, 2007. ProQuest Ebook Central, https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/detail.action?docID=996702.

Counselors Friends Role-models

Offering "acceptance and confirmation"

Mentoring behaviors



Source: Ragins, Belle Rose, and K. E. Kram. *The Handbook of Mentoring at Work : Theory, Research, and Practice*, SAGE Publications, Incorporated, 2007. *ProQuest Ebook Central*, https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/detail.action?docID=996702.

Formal—assigned Informal—naturally occurring

Types of mentoring

Source: Ragins, Belle Rose, and K. E. Kram. *The Handbook of Mentoring at Work : Theory, Research, and Practice*, SAGE Publications, Incorporated, 2007. *ProQuest Ebook Central*, https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/detail.action?docID=996702.

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Informal—naturally occurring may be more beneficial because of social bonds

Types of mentoring

Source: Ragins, Belle Rose, and K. E. Kram. *The Handbook of Mentoring at Work : Theory, Research, and Practice*, SAGE Publications, Incorporated, 2007. *ProQuest Ebook Central*, https://ebookcentral-proquest-com.proxy.libraries.rutgers.edu/lib/rutgers-ebooks/detail.action?docID=996702.

2023 Scoping Review in Journal of Graduate Medical Education

- 55 studies met inclusion criteria
- Most programs assigned a staff physician mentor to a resident mentee with meetings every 3 to 6 months
- 50-80+% of residencies have a formal mentorship program
- Over 40% match mentors to mentees on the basis of interest, career, and gender identity

Source: Joe MB, Cusano A, Leckie J, Czuczman N, Exner K, Yong H, Ruzycki S, Lithgow K. Mentorship Programs in Residency: A Scoping Review. J Grad Med Educ. 2023 Apr;15(2):190-200. doi: 10.4300/JGME-D-22-00415.1. Epub 2023 Apr 17. PMID: 37139208; PMCID: PMC10150829.

2023 Scoping Review in Journal of Graduate Medical Education

- Positive impact on academics, career development, and productivity
- More likely to pass boards
- More likely to be hired in their specialty
- Underrepresented in medicine may derive special benefit

Source: Joe MB, Cusano A, Leckie J, Czuczman N, Exner K, Yong H, Ruzycki S, Lithgow K. Mentorship Programs in Residency: A Scoping Review. J Grad Med Educ. 2023 Apr;15(2):190-200. doi: 10.4300/JGME-D-22-00415.1. Epub 2023 Apr 17. PMID: 37139208; PMCID: PMC10150829. 2023 Scoping Review in Journal of Graduate Medical Education

- Mentors
 - Staff physicians (81%)
 - Resident peers (7%)
 - Peer and staff physicians (3%)

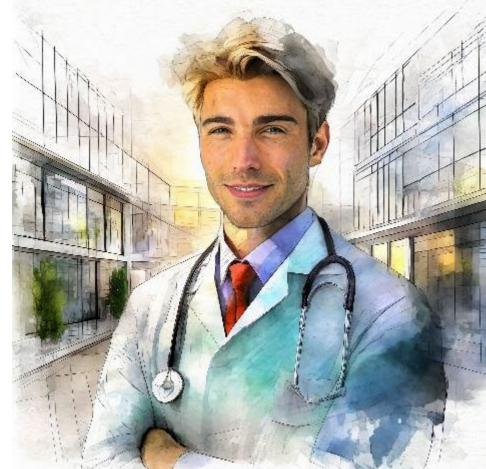
2023 Scoping Review in Journal of Graduate Medical Education

- Mentor attributes
 - Barrier—accessibility/availability issues
 - Facilitation
 - Accessible
 - Approachable
 - Honest
 - Nonjudgmental
 - Caring
 - Good listener

Source: Joe MB, Cusano A, Leckie J, Czuczman N, Exner K, Yong H, Ruzycki S, Lithgow K. Mentorship Programs in Residency: A Scoping Review. J Grad Med Educ. 2023 Apr;15(2):190-200. doi: 10.4300/JGME-D-22-00415.1. Epub 2023 Apr 17. PMID: 37139208; PMCID: PMC10150829.

2023 Scoping Review in Journal of Graduate Medical Education

- Mentee attributes
 - Barriers
 - Lacks career certainty
 - Too overwhelmed to participate
 - Lack of self-motivation
 - Time constraints biggest barrier
 - Facilitation
 - Motivated
 - Receptive



Source: Joe MB, Cusano A, Leckie J, Czuczman N, Exner K, Yong H, Ruzycki S, Lithgow K. Mentorship Programs in Residency: A Scoping Review. J Grad Med Educ. 2023 Apr;15(2):190-200. doi: 10.4300/JGME-D-22-00415.1. Epub 2023 Apr 17. PMID: 37139208; PMCID: PMC10150829.

History of Rutgers OEM Program Mentorship 2014 Residency Handbook

Mentorship

• All residents will be offered the opportunity to participate in the mentorship program with one OEM faculty member. Mentoring can be a powerful professional development tool that focuses on various residency- and career-related topics. Mentors will monitor resident academic and personal growth and will also make themselves available for informal dialogue.

• Mentoring provides a great platform for residents and faculty discuss any topic that can have a positive impact. Mentoring may be based on shared specialty interests or even professional and personal aspirations.

• Mentees should take the initiative to identify faculty mentors whom they respect and with whom they would want to establish a mentor-mentee relationship. Alternatively, a mentor may be assigned to a resident.

• Mentees may opt to change mentors at the beginning of their second year of training.

Current Rutgers OEM Program Mentorship

Formal

Individual

Currently, we have no formally assigned internal faculty members

We would facilitate a resident request

Group

Successful and experienced OEM mentors volunteer their time at EOHSI

Current Rutgers OEM Program Mentorship

Informal

Individual

We try to match residents with a successful and experienced mentor based on career interest or resident request

Group

Some mentors have facilitated group meetings on a specific career topic outside of the Rutgers setting



Rutgers Mentorship

- In the Rutgers OEM program, special emphasis is placed on *informal*, *external mentors*, matched to the career interests of our trainees
 - Well-received by residents
- Internal mentors
 - Historically not as wellleveraged by residents

Experienced OEM Specialists— Consider Reaching out to Your Nearest OEM Residency Program

Mentoring trainees in OEM is a service to our specialty that many find rewarding and an opportunity to "give back"

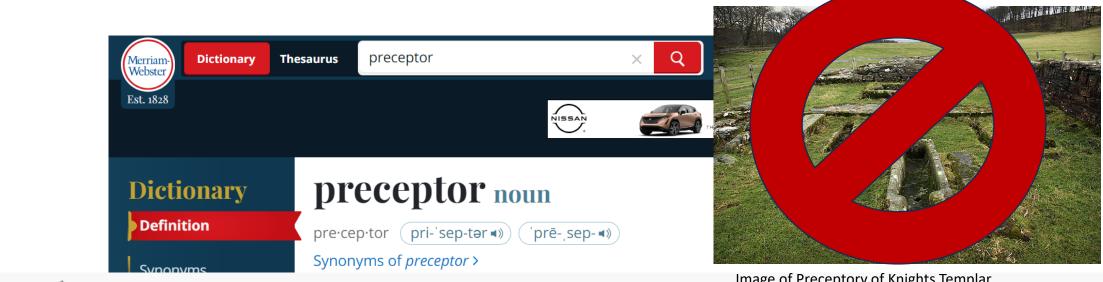
Precepting in Occupational and Environmental Medicine Training

Aisha Rivera Margarin, MD, MS

Precepting in Occupational and Environmental Medicine

- Discuss the role of preceptors in occupational medicine training
- Highlight the important skills preceptors should possess
 - Technical skills vs. soft skills
 - Familiarity with OEM competency and milestone documents
 - Effective communication, expectations, and feedback
 - Resources

What is a preceptor?



preceptor (prĭ-sĕp'tər, prē'sĕp'tər)

Image of Preceptory of Knights Templar Source: WikiMedia Commons

п.

1. A teacher; an instructor.

2. An expert or specialist, such as a physician, who gives practical experience and training to a student, especially of medicine or nursing.

3. The head of a preceptory.

Have YOU ever thought about precepting?



What skills should a preceptor have?

Technical

- Diagnosis of occupational diseases
- Exposure assessment
- Risk communication
- Knowledge of how OEM competencies, milestones align with your rotation site
- Rotation dependent

Soft

- Effective communication
- Applicable to all rotations

ACGME Milestones and ACOEM Competencies

• ACGME Milestones

- A tool to assess learning that focuses on individual learner and highlights pathway to expertise
- Each medical specialty developed its own set of "Milestones" to guide the learning and assessment of its learners through core competencies
 - Patient Care and Procedural Skills
 - Medical Knowledge
 - Practice-based Learning and Improvement
 - Interpersonal and Communication Skills
 - Professionalism
 - Systems-based Practice
- ACOEM Competencies
 - Guidance statement prepared by OEM specialists which outlines the knowledge, skills, abilities OEM physicians need
 - 10 core competencies ranging from clinical OEM to OEM related management

• As a preceptor you should know which milestones best align with the learning opportunities at your rotation site.

Source: 1. Occupational and Environmental Medicine Milestones 2.0. Accreditation Council for Graduate Medical Education. 2020. 2. Hartenbaum NP, Baker BA, Levin JL, Saito K, Sayeed Y, Green-McKenzie J; Work Group on OEM Competencies. ACOEM OEM Core Competencies: 2021. J Occup Environ Med. 2021 Jul 1;63(7):e445-e461. doi: 10.1097/JOM.00000000002211. PMID: 34184662.

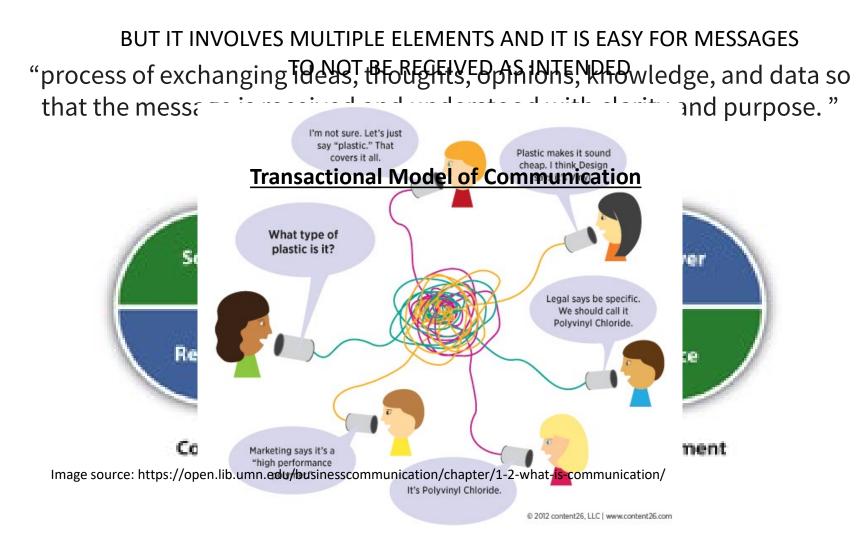
ACOEM GUIDANCE STATEMENT			
ACOEM OEM Core Competencies: 2021			

Natalite P. Hartenbaum, MD, MPH, Beth A. Baker, MD, MPH, Jeffrey L. Levin, MD, MSPH, DrPH, Kenji Saito, MD, JD, Yusef Sayeed, MD, MPH, MEng, and Judith Green-McKenzie, MD, MPH Work Group on OEM Competencies

Copyright © 2021 Marriest Point Note, Suite Pool, Eta Convey Village, El. Godory (info@secom.org). Copyright © 2021 American College of Occupa- tional and Environmental Medicine DOI: 10.1097/JOAL000000000002211 JOEM • Volume 63, Number 7, July 2021	safety and industrial hygiene professionals, human resource managers, attorneys, labor unions, and other public health professionals.	core content areas, and the ACOEM core competencies as described in this docu- ment. Both ABPM and AOBPM maintain
Prom the American Celling of Occupational and Environmental Moders, Elk Gerray, Illinois, Elk Composition, Carlo Carlos, Carlos Carlos Wash Group on OEM Compensions and the anaptice of the Council and OEM Protein- tion of the Council and Cellin Protein- tion on Performanty, S. 2021, ACOLEM requires at substantive contractions is in a documents in substantive contractions of the American Struc- ture on Performanty, S. 2021, ACOLEM requires at substantive contractions in a document. ACOLEM which are carefuly considered beroin of patientism and and the considered beroin of patientism and and the considered the poin- ting of ACODE and an environment. The American Acole Markowski and an environment of the Acole ACOCME. 25 Network Institute Markowski Age, 2020.	Program ⁴⁰ . The preventive medicine foun- dation of occupational medicine serves as the basis for the various predicts areas in the basis for the various predicts areas in the basis of the server and the server and the impact of linkes or injury related to a hazardous reposare or work injury to enter the impact of linkes or injury related to hazardous reposare or work injury to magnetic the server and the server predicts and the server and the server OEA physics are also required to effectively utilize a multidisciplinary previous, which involves collaborations with a wide range of other professionals. This may with and head to car previous, employers,	environments, those who are board certification in occupational mackines should be able to compare the second second second second second the second second second second second second test second second second second second second in occupational medicine (OM) are through the second secon
10 CORE COMPETENCIES The American College of Occupa- tional and Environmental Medicine (ACOEM) recognizes, the need for defining environmental metal-metalism (CMA) physicians. The first set of OEM competencies was pati- itable in 1994; ¹ are replated in 2008; ² and again in 2014. ³ Increasing plothization and medicemization of the workplace, along with publicled research on OEM practice. ²⁻³ and public and the second second second second provide the second second second second second provide the second secon	practice, this may include direct patient care, manging employee absrecs, evaluating work capacity, preventing work disability and assessing firmes-for work data based on knowledge of the workplace arvisor on appropriate work matrix-tions, disaster preparadeuss, surveillance; and deigning and implementing programs focused on employee health and human performance, ne sensen, OBM focusses on the National Institute for Occupational Safety and Institute for Occupational Safety and	care management and work-related phose- ment examinations: (2) clinical subspecially care such as toxicology and environmental medicallylegal work, work finense, and disabi- medicallylegal work, work finense, and disabi- tication health is include corporate employers health program management, OEM research, and benefit management. ²⁰ There tends to be a great dal of overlap among these areas and while many OBM physicianis practice linkabe.all three practices
workplaceduog with published research on OEM practice, negrine an pulate to ensure COM physi- cians stry current with the field and practice of OEM. Delineation of core competencies for the profession provide semployne, government agen- cies, health care explorations, and other health practitioners a solid context of the nole and exper- tion of OEM physicans. PART 1: INTRODUCTION AND	OEM are expected to understand how to recognize, prevent, evaluate, disposo, treat, and manage adverse health effects from workplace and environmental huzards, as well as, how to create and promote a culture of vedlness in the workplace. Working from the traditional view of OEM as "industrial medicine," OEM physicians have become of health conditions on work and conversely the immact of work conditions on health. In	preparation. The intermediate operation of the preparation of the presence of the preparation of the prepara
physical, intellectual, and behavioral qualifica- tions to perform a tack or serve in a refe which adequately accomplishes a desired outcome. Rec- optiming the need for defining competencies essential to occupational and environmental med- isticn (ODM) physicans, the American College of Occupational and Environmental Medicine devel- oped in first set of ODM Competencies in 1998. Later updated in 2008, and again in 2014, the increasing Job/Sintario and modernization of the	residency programs required an update to hease OEM compretensists to stycurrent with the overall field and practice of OEM. ^{10,17} OEM focuses on the interaction between work, the environment, and health. This includes the arrangement of work, the physical, chemical, and organizational envi- ronments in the workplace; and the health outcomes of environmental exposures and local determinants. Physician practicing	follow a strict code of ethics related to mus- ters such as confidentiality and potential conflicts of interest. The ACOEM Code of Ethics provides detailed guidance. ¹⁹ Effec- tive communication is expected of the UEM physician operating in a largely collaberative context executing tasks such as risk commu- nication, patient education, werkforce edu- cation, development of policy and guidance documents, and medical/legal document

Level 1	Level 2	Level 3	Level 4	Level 5	
Obtains an accurate history	Obtains and reports an accurate and organized history, including occupational and environmental history	Consistently obtains and reports a comprehensive and accurate history, including occupational and environmental factors, and seeks appropriate data from secondary sources	Consistently obtains and concisely reports a focused history, including occupational and environmental factors, with pertinent details	Consistently serves as a role model and educator in obtaining and presenting a focused history, including occupational and environmental factors, with pertinent details	
Performs a basic bhysical exam accurately and identifies appropriate physical findings for the chief complaint		Consistently performs an accurate and thorough physical examination, and reports relevant findings in support of likely clinical diagnosis	Consistently identifies subtle physical findings; is proficient with advanced maneuvers	Consistently serves as a role model and educator in the performance of an advanced physical exam	

Effective Communication



Tips for Preceptors on Effective Communication

- Set, Manage, and Revise Expectations
 - Ask yourself
 - How much time do you have for the resident?
 - Are you familiar with OEM competencies and milestones?
 - Do you know what the residents can learn at your rotation site that aligns with the OEM competencies?
- Communicate expectations
 - Welcome
 - Logistics/time/location/attire
 - Objectives/goals
 - Reading assignments
 - Schedule checkpoints and discuss best ways to communicate with you
 - Consider putting all of the above items into a document and/or having a pre-rotation meeting to communicate mutual goals and expectations
- Give feedback
 - Constructive/Corrective AND/OR Reinforcing/Encouraging
 - Goal: improve performance

What can you give feedback on?

Source: Duke Family Medicine

General Skills

- Patient care skills: history and physical exam, oral presentation, written notes, procedures, follow up on patients
- Medical knowledge base, clinical reasoning
- Practice-based learning: use of technology and evidence based medicine, responds well to feedback (ability for self-reflection and improvement)
- Interpersonal and communication skills: interactions with team, patients and families
- **Professionalism:** set boundaries, demonstrate accountability and dependability, act ethically
- Systems-based practice: can navigate healthcare system
- Inter-professional collaboration: with nurses, tech, social work, PT

Do's

- 1. Focus on competencies and skill
- 2. Provide **specific information** about student's clinical skills (history taking, physical exam, oral presentation, clinical reasoning, etc.).
- 3. Comment on student's level of initiative, enthusiasm, and ability to self-start.
- 4. Assess the student's ability to work with patients, peers, residents and faculty, and other members of the healthcare team.
- 5. Bethoughtful with your use of superlatives and descriptors so as to **avoid hyperbole**

Specialty Specific Skills

- Professionalism: show up, be engaged, be curious, be interested, tell the truth, be kind to others
- Self-directed: learning/taking ownership
- Ability to set goals: articulate those goals and make progress towards achieving them
- Critical thinking skills: being able to generate prioritized ddx, think in "if, then.." kind of way
- Critical thinking skills: demonstrating a foundational knowledge
- Knowing what you don't know
- Organizational skills: can keep information
 straight

Don'ts

- a. Use "coded" adjectives (e.g. outstanding, excellent) without any behavioral examples
- b. Use vague generalities without examples.
- c. Reward students for coming in early or staying late by using it as an example of positive behavior when it may violate the student work hours policy
- d. **Reference grades** for core clerkship students (e.g., She would receive Honors if this were an option)
- e. Allow bias to influence your comments*
- f. Fill the space with a lot of 'cheerleading' comments that do not describe performance (i.e. avoid reliance on "we predict he has a bright future" or "she is sure to have a continued upward trajectory and make a fine house officer.") 42

When giving feedback stay on "TASC-E"

- Timely
 - Increases likelihood feedback will be used for improvement
- Actionable
 - Based on shared model of competencies and expectations
- Specific
 - Based on direct observations and encounters
 - Example: You gave your patient adequate time after communicating the bad news." vs. "You did a good job communicating the bad news."
 - "I saw patient grimace and pull away during the exam and you continued the exam."
- Clear
 - Need the learner to understand your feedback, so they can incorporate it and improve performance
- Environment
 - Be mindful of where you give the feedback (e.g., one on one vs. in a group)

Consider different feedback techniques

- Direct observation
 - OSCE, etc.
- Real time feedback
 - Online survey, minute feedback system, etc.
- Self-assessment
 - Johari window, etc.
- Evaluative models
 - ACGME milestones, etc.
- Specialized feedback techniques
 - Feedback sandwich, etc.

able	accepting	adaptable	bold	brave	calm	caring
cheerful	clever	complex	confident	dependable	dignified	energetic
extroverted	friendly	giving	happy	helpful	idealistic	independent
ingenious	intelligent	introverted	kind	knowledgeable	logical	loving
mature	modest	nervous	observant	organized	patient	powerful
proud	quiet	reflective	relaxed	religious	responsive	searching
self-assertive	self-conscious	sensible	sentimental	shy	silly	spontaneous
sympathetic	tense	trustworthy	warm	wise	witty	

Image source: https://www.mindtools.com/au7v71d/the-johari-window

Open area	Blind area
Hidden area	Unknown area

Challenges

- Time
- Space
- Poor communication
- Personal factors
 - Personality mismatches
 - Perceived skills of preceptor by trainee
 - Limited growth mindset
 - Blind spots in self-awareness
- Difficult conversations
 - Performance not meeting expectations



Best Practice Recommendations

- 1. Feedback should be clear, specific, timely, and actionable. (Level 1a, Grade B)
- 2. Feedback should be based on observed behaviors. (Level 3b, Grade B)
- 3. Both corrective and reinforcing feedback should be provided to learners, although not necessarily at the same time. (Level 4, Grade C)
- 4. Feedback tools are recommended to increase learner satisfaction and volume of feedback; however, the use of tools must be combined with faculty development and a culture of feedback to improve the quality of feedback. (Level 3b, Grade C)
- 5. Feedback should incorporate learner self-assessment. (Level 3b, Grade C)

Source: Natesan S, Jordan J, Sheng A, Carmelli G, Barbas B, King A, Gore K, Estes M, Gottlieb M. Feedback in Medical Education: An Evidence-based Guide to Best Practices from the Council of Residency Directors in Emergency Medicine. West J Emerg Med. 2023 May 5;24(3):479-494. doi: 10.5811/westjem.56544. PMID: 37278777; PMCID: PMC10284500.

Best Practice Recommendations

- 1. Encourage learners to take an active role in the feedback process. (Level 2b, Grade B)
- 2. Take the work environment into account when creating appropriate feedback systems that are contextually appropriate as a way to improve learner perception of feedback. (Level 2a, Grade B)
- Provide opportunities for learners to build longitudinal trusting relationships in order to promote a strong educational alliance and a growth mindset and to facilitate feedback reception. (Level 4, Grade C)
- 4. Address the tension between assessment and feedback as fear of consequences can predispose a learner to have a fixed mindset, thus limiting learner growth. (Level 4, Grade C)
- 5. Develop and maintain standardized, structured, multisource, and longitudinal feedback processes. (Level 3a, Grade B)

Source: Natesan S, Jordan J, Sheng A, Carmelli G, Barbas B, King A, Gore K, Estes M, Gottlieb M. Feedback in Medical Education: An Evidence-based Guide to Best Practices from the Council of Residency Directors in Emergency Medicine. West J Emerg Med. 2023 May 5;24(3):479-494. doi: 10.5811/westjem.56544. PMID: 37278777; PMCID: PMC10284500.

Consider the scenarios and your role

- Overly confident resident \rightarrow GUIDE to CONSIDER OTHER POINTS of VIEW
- High performing resident \rightarrow COACH
- Distressed resident \rightarrow IDENTIFY and RESPOND to NEED FOR SUPPORT
- Resident with insight gaps \rightarrow HELP IDENTIFY GAPS



Source: Roze des Ordons A, Cheng A, Gaudet J, Downar J, Lockyer J. Adapting Feedback to Individual Residents: An Examination of Preceptor Challenges and Approaches. J Grad Med Educ. 2018 Apr;10(2):168-175. doi: 10.4300/JGME-D-17-00590.1. PMID: 29686756; PMCID: PMC5901796.



- ACGME, <u>https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation-video-library#Feedback</u>
- Society of Teachers of Family Medicine, <u>https://www.teachingphysician.org/topic-index/</u>
- Society to Improve Diagnosis in Medicine, <u>https://www.improvediagnosis.org/art/</u>



How can you collaborate with your local residency program and contribute to the next generation of OEM physicians?



Building OEM Community

John Meyer, MD, MPH, FACOEM

Discussion and Q & A