ABSTRACT

Communication and Collaboration are essential competencies for Developmental Pediatrists. This mixed-methods study determined which of the Developmental Pediatrics (DP) CanMEDS Communicator and Collaborator training objectives (N=40) were considered to be observable and assessable by 35 IPCs during Trainee core rotations, by quantitative and qualitative methods. Contextual factors that influenced these observations and assessments by Physicians (MD) and IPCs were further explored qualitatively. MDs were able to observe and assess (M=33.3, SD=5.2) and assess (M=31.5, SD=7.3) more objectives compared to the IPC group (M=24.6, SD=8.6 and M=20.3, SD=10.6, respectively) (p<0.01 for both). There were no differences between the IPC discipline sub-groups, Psychology (PSYCH), Nursing (RN), Physical Therapy (PT), Occupational Therapy (OT), Speech and Language Pathology (SLP) and Social Work (SW), or between the Developmental-Behavioural Team (DBT) and Pediatric Rehabilition Team (PRT) clinical services. There were four themes identified that provided more in-depth qualitative information about observation and assessment: 1) Assessment requires more than simple observation, 2) Assumptions and indirect observations influence assessment, 3) Clinical culture and structure vary between clinical service teams and impact observation and assessment, and 4) Specific assessment criteria are required by IPCs to ensure accurate judgment of the objectives. The next phase for this project will be to integrate the knowledge gleaned from this research into the design and trial of a multsource feedback (MSF) tool, for use by the DP Trainees’ Communicator and Collaborator competencies.

METHODS

This study was approved by the Health Research Ethics Board (Pro00038134) at the University of Alberta. DP Trainees who had recently completed their rotations in Preschool, School-Aged and Pediatric Rehabilitation services were asked to identify PT, OT, SLP, PSYCH, RN, and SW, so they recently worked; and were identified and observed by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2013. These objectives compose the skills and traits DP Trainees are required to demonstrate by the end of their training.

Background information about this study was sent to 35 identified IPCs and 10 MDs (see Table 1 for details), along with a survey listing the current 21 Communicator and 17 Collaborator objectives. These objectives were compiled by the National DP Subspecialty Committee and approved by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2013. These objectives compose the skills and traits DP Trainees are required to demonstrate by the end of their training.

Examples of Communicator objectives include: “Communicate effectively with individuals with developmental conditions”, “Be aware of and responsive to nonverbal cues”, and “Listen effectively.” Examples of Collaborator objectives include: “Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team” and “Work with others to assess, plan, provide and integrate care for individuals and groups of patients”.

For each objective, participants indicated whether the behaviour was 1) observable, and 2) assessable. Response options were yes, no or unsure. Frequencies, means, and standard deviations were calculated for each survey item. The responses were coded 0, 1, 2, and were then recoded to 0, 1, 2, and unsure=2, which was then recoded to 0, in order to ensure that an over-representation of observable and assessable objectives did not occur. The mean number of objectives observed by the MD group was compared to the IPC group mean and to the mean number of objectives observed by the individual IPC groups using one-way ANOVA and post hoc analyses (Scheffe). The means were compared between the DBT (Preschool and School-aged Teams) and the PRT.

A semi-structured interview process was used to guide the discussion with probes and follow-up questions to seek clarification as necessary for three, team-based focus groups. Data were analyzed using three levels of open coding and descriptive qualitative analysis techniques as informed by the processes described by Kvale (1996) and Tesch (1988). The transcribed text of the interviews was reviewed by three researchers and phrases, sentences or paragraphs were identified that informed the research questions. Meaning units with descriptive codes were labeled and organized into themes with the analysis discussed during team meetings, resulting in increased engagement with the data.

RESULTS

By self-report, MDs were able to observe and assess more objectives compared to the IPC group (see Table 2). This difference was significant (p<0.01 for both).

There were no significant differences between the mean number of objectives considered observable (F(5, 29)=3.4, p<.09 and assessable (F(5, 29)=1.31, p=.29) by the different IPC disciplines (see Table 2).

There were no differences in self-reported observable or assessable objectives between the DBT (Preschool and School-aged) (M=44.1, SD=18.4) compared to the PRT (M=46.0, SD=18.6), (I(3)=0.31, p=.76).

There were four themes identified that provided greater in-depth qualitative information about observation and assessment: 1) Assessment requires more than simple observation, 2) Assumptions and indirect observation influence assessment, 3) Clinical culture and structure vary between clinical service teams and impact observation and assessment, and 4) Specific assessment criteria are required by IPCs to ensure accurate judgment of the objectives.

DISCUSSION

Since MDs have traditionally provided the majority of supervision and assessment of DP Trainees, and given that they work in the same discipline as the Trainee, it is logical that they would report the ability to observe and assess the greatest number of objectives, compared to their IPC colleagues.

This study was not adequately powered to detect differences between the clinical disciplines. However, with the exception of the PT and SW groups, the remaining disciplines do seem to report similar experiences. It was reassuring to see that there is no significant difference between the clinical treatment teams. Therefore, the same MSF tool could potentially be used for different clinical teams.

The themes that developed through the focus groups clarified the IPC viewpoint well. Lack of clear assessment criteria and training, along with limited opportunities for direct observation, resulting in the need to make inferences based on assumptions or indirect contact with the Trainees, reduced the ability and comfort level of the IPC in making assessment decisions.

The next phase for this project will be to integrate the knowledge gleaned from this research into the design and trial of a MSF tool. With the move toward CBME, now is the ideal time for greater involvement of IPCs in the assessment of DP Trainees.

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But Are They Competent?
Interprofessional Clinicians (IPCs) Assessing Developmental Pediatric Trainees’ Communicator and Collaborator Competencies

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Note: The content is too detailed and complex to summarize effectively in a natural text format. It contains extensive research methodology, data analysis, and discussion, along with specific references and tables. For a comprehensive understanding, the full text is recommended.