

HANDOUT 2: Hands-on Activity

Turning an Abstract into an Research Article

Title: Resident Reflections on Critical Incidents: Problems, Themes, and Lessons

Background: The practice of medicine is continually modified by the interaction of current and new knowledge, testing of assumptions, and assimilation of ongoing experiences and exposures. During training, residents rapidly expand their knowledge, skills and attitudes via planned curricula and through unplanned experiences that can dramatically influence their practice of medicine. Residents in our program are asked to reflect on and write about a critical incident (CI) in their training that had a significant (negative or reinforcing) effect on their behavior or practice of pediatrics.

Objective: To examine the recorded CIs and to explore how they influenced residents' practice behaviors.

Design/Methods: CIs are short (1-2 paragraph) descriptive and reflective narratives. The authors independently reviewed each CI, coding them for key elements: instigating problem, lesson(s) learned by resident, themes and emotions, and relevance to ACGME competency domains. Each CI was coded for one or more problems (e.g., communication deficiency and misdiagnosis), lessons, and themes, and a primary competency.

Results: Of 74 residents who completed the program between 6/03 and 6/07, 60 (81%) submitted at least one CI. A total of 109 CIs were available (mean=1.8 per resident). CIs occurred in inpatient units (50%), outpatient clinics (17%), NICU (10%), ED (10%), PICU (5%), and other (6%) settings. The most commonly reported problems included inadequate communication (50%), mistakes in evaluation, diagnosis or management (40%), and medication or order errors (21%). Commonly reported personal themes were commitment to focus or persistence (vigilance, diligence, avoiding distraction, 42%), balancing self-trust vs. trusting others (26%), and managing stress or emotion to enhance patient care (grief, frustration, embarrassment, empathy, 24%). CIs most often related to 3 ACGME competency domains: patient care (39%), systems-based practice (27%), and communication (26%). Although most incidents involved a real or potentially negative effect on patients (77%), virtually all led to a positive educational outcome for the resident.

Conclusions: Medication and management errors and poor communication were the most commonly reported events that led to practice modification. These CI narratives encourage reflection, which can turn harmful or potentially harmful events into positive, self-directed patient care learning experiences, particularly in the domains of systems-based practice and communication.

WORKSHEET: Turning an Abstract into a Research Article

Questions:	Notes:
<p>The Focus of the Article:</p> <ul style="list-style-type: none"> • What is this paper trying to prove? • Why does it matter? 	
<p>Methods:</p> <ul style="list-style-type: none"> • What part of the methods needs most detailed description? • What potential weaknesses need to be addressed? 	
<p>Results:</p> <ul style="list-style-type: none"> • How much data should be included? Are the results as described in the abstract enough for a paper? • Consider which results should be presented in graphics, tables, or narrative. 	
<p>Discussion:</p> <ul style="list-style-type: none"> • What is the strongest, most interesting finding to highlight? • What results need more careful discussion (e.g., in relation to previous reports?) • What are the limitations of the study? • Are the conclusions as stated in the abstract accurate and stated with sufficient qualifiers 	