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(Version anglaise)

The critical incident method as innovative toolkit for comprehensive needs assessments in continuing professional development

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Purpose of the study

In 2017 our CPD office adopted an innovative NA approach to identify the unperceived needs of physicians, by eliciting reflection on challenging cases/situations encountered in the workplace via the critical incident method (CIM).

The CIM has been used widely elsewhere but is an underused tool in CPD. Building on a previous study, we applied the CIM to the investigation of contextual factors in challenging cases for psychiatrists and later for physicians' telehealth practice (THP). THP was selected because, despite predating the COVID-19 pandemic, its use involves multiple unresolved challenges which were exacerbated by its rapid adoption during the pandemic.

Objectives

1. To determine the perceived and unperceived needs of practicing physicians affiliated with a university and its teaching hospitals in Quebec, relating to THP during COVID-19
2. To use the CIM to elicit physician reflection on challenging cases encountered in telehealth clinical practice.
3. To validate the use of the CIM by triangulating its results with relevant sources

Methodology

Unperceived learning needs were collected via 45 medicolegal cases involving the use of telehealth (2015-2019) and participants' reported challenging clinical cases via the CIM.

Perceived needs were collected via advice calls received by the CMPA on THP and an online cross-sectional survey by the CPD Office (OS).

Descriptive statistics, deductive thematic analysis, and triangulation of sources are presented.

Results

250 physicians (53% family physicians/GPs, 45% other specialists) completed the OS. Participants included a range from more to less experienced professionals. 44% were working in a teaching hospital and 81% in an urban setting.

Sixty participants (OS, 47% of replies to this question) reported challenging case(s) relating to THP in 2020. These were more common with new patients vs. known patients (25 vs. 20% of participants) and during urgent care vs. routine visits (15% vs. 9%). The most common topics of consultation included musculoskeletal complaints (25 or 10%) and mental health follow-up (9%). The most frequently reported consequence was delayed diagnosis (N=68 or 27% of participants) influenced by limited clinical assessment (64.7% of delayed diagnosis responses), limited clinical decision-making related to choosing to use technology to manage the patient care episode (50%), and limited use of investigations (46%).

Commonly reported factors associated with challenging cases (identified via triangulation of sources) were provider deficiencies about selecting technology for clinical care, communication breakdown (with patient and/or other physician(s)), deficient record keeping, and lack of/inadequate office policies.

Discussion

This NA demonstrates the feasibility of using the CIM to collect data on physicians' unperceived needs in THP, while triangulating its results with other sources. Guided by a systemic approach to CPD, the CIM is a simple, comprehensive tool to collect data on contextual factors at the individual, organizational, and systemic levels; it is adaptable to a variety of contexts.

Our results mirror the literature in suggesting that THP could have positive or negative consequences depending on the context, reason for consultation, and patient population. Prior to and during the pandemic, unresolved challenges in using telehealth were reported.