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ARCH Model of Feedback Script for Reading Role Play in Workshop

Scenario: Mid-rotation feedback for “Needs to improve fund of knowledge”

Characters: Faculty is OB/GYN Clerkship Director and a learner 3rd year medical student.

A = Ask and Allow for Self-Assessment

Faculty: So, how do you think things are going on this rotation? Let’s talk about something you feel you are doing well and progressing on and then we can talk about some area in which there is room for improvement.

Learner: I feel I have been improving at giving organized and brief verbal presentations of patients to my attendings.

R = Reinforce correct knowledge/skills/attitudes

Faculty: This is good to hear because this is an area where students often have difficulty. What did you do to get better at verbal presentations?

Learner: Well, one thing I did was to just practice at home in private. I would pretend I was in the clinic and presenting a patient to my attending. A couple of times I recorded my presentation on my iPhone and listened to it and then tried to make it better by presenting again. Listening to your own voice is sort of weird but it seemed to help.

Faculty: That sounds like a great strategy because you created your own feedback method and systematically improved. I wish all students would do more of this. It shows me how important it was to you to get better at presenting.

C = Confirm what needs correction or improvement

Faculty: What is something you feel you can improve on or an area where you need help?

Learner: One of the attendings, Dr. Jones, said I needed to improve my fund of knowledge. I’m not really sure what he was referring to specifically. I’ve been reading my assigned chapters.

Faculty: What do you think Dr. Jones meant by “improved fund of knowledge?”

Learner: Honestly, I just don’t know unless he thinks that I’m just not smart.

Faculty: In what context did he give you this feedback?

Learner: It was after a busy GYN clinic day, and I didn’t seem to be very confident when ask about treatment plans for my assigned patients.

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Faculty: Do you think that Dr. Jones may have been concerned about your knowledge of treatments of common GYN problems?

Learner: I guess so. I did know all the diagnoses but just didn't know what to do with the patients.

Faculty: Ok, so, you are evaluating your patients well but are struggling with management?

Learner: That may be it. I feel like I know a lot. I just don't know what to do with it.

Faculty: When I was at your stage of training I felt the same way myself sometimes. How are you learning about treatment plans?

Learner: Well, for what appears to me to be the same patient problem Dr. Jones does it one way and Dr. Baily does it another way and Dr. Smith does it another way. And the textbooks just don't have the answers!

Faculty: Relative to a particular diagnoses, do you think it would help you if you looked for the commonalities in treatment plans used by Drs. Jones, Baily and Smith?

Learner: That sounds good! I never thought of looking for the commonalities.

Faculty: Do you think it would also help if you tried to focus on the development of treatment plans for the diseases/conditions you see the most of in the clinic?

Learner: I can see where that would help. I have been trying to learn it all and I am realizing that is impossible.

H = Help With Plan for Improvement and Set the Stage for Coaching

Faculty: So, it's sounding like there are a couple of things we can do to help. Let's just focus on management of common GYN problems and think of ways that you could focus your study/reading time. I might use a text, like Williams, and then I would compare recommendations in it to the ACOG Compendium recommendations. What tools work for you?

Learner: I really like Up-to-Date.

Faculty: Ok, add Up-to-Date to Williams and the ACOG Compendium recommendations as your three information sources. Let's think about a reasonable short term goals that we could follow up on each week for the next 2 weeks with regard to treatment plans. Give me 6 common GYN problems you are seeing in the clinic.

Learner: Okay, I am seeing UTIs, prolapsed uteruses, menorrhagia, dysmenorrhea, menopausal symptoms, and vaginal discharge.

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Faculty: Those are good. If you take 3 conditions/diseases per week for the next 2 weeks I think we can increase that “fund of knowledge” Dr. Jones was talking about. What 3 do you want to start with?

Learner: I guess I could take UTIs, prolapsed uteruses, and menorrhagia for the first week.

Faculty: Okay. With regard to looking at the commonalities of the treatment methods used by the different docs, how do you want to get that accomplished?

Learner: I think I could pull some charts and look over them and I could focus the first week on the same problems I will be reading about.

Faculty: Okay, so next week when we meet, I will present one patient to you with a UTI that I have seen in my clinic and you can then tell me what you think a good treatment plan would be. Then we can do the same for a prolapsed uterus case and a menorrhagia case. Then in the week after that we can do the same for dysmenorrhea, menopausal symptoms, and vaginal discharge. How does that sound?

Learner: I think this will help and I will do my best but I am a little worried about my treatment plans not being thorough enough.

Faculty: Your treatment plans won't have to be perfect and like you said, I know you will do your best to be prepared. No one is perfect. I will help you out where needed.

Faculty: It sounds like we have a plan. Just to be sure I am keeping all this straight, why don't you restate the plan we have decided on and then send me an e-mail so we don't forget anything.

Learner: Students restates/summarizes plan.