The Patient Experience Debrief Interview: How Conversations with Hospitalized Families Influence Medical Student Learning and Reflection

RIME Research Paper

Ian Chua, MD, MHPE—Department of Pediatrics, Stanford School of Medicine
Alyssa L. Bogetz, MSW—Department of Pediatrics, Stanford School of Medicine
Priti Bhansali, MD, MEd—Department of Pediatrics, Children’s National Medical Center
Michelle Long, MD—Department of Pediatrics, University of California, San Francisco
Rachael Holbreich—George Washington University School of Medicine and Health Sciences
Terry Kind, MD, MPH—George Washington University School of Medicine and Health Sciences
Mary Ottolini, MD, MPH, MEd—Children’s National Medical Center
Yoon Soo Park, PhD—Department of Medical Education, University of Illinois
Matthew Lineberry, PhD—University of Kansas City Medical Center
Laura E. Hirshfield, PhD—Department of Medical Education, University of Illinois

Purpose: To determine the effect of patient debrief interviews on pediatric clerkship student depth of reflection and learning.

Methods: We conducted a multi-institutional, mixed-methods, cluster randomized trial among pediatric clerkship students from July 2016-February 2017. Intervention students completed a debrief interview with a patient-caregiver, followed by a written reflection on the experience. Control students completed a written reflection on a memorable patient encounter. Three blinded authors scored written reflections according to the 4-level REFLECT rubric to determine depth of reflection. Inter-rater reliability was examined using kappa. REFLECT scores were analyzed using a chi-squared test; essays were analyzed using content analysis.

Results/Outcomes: 80% of eligible students participated. 189 essays (89 control, 100 intervention) were scored. 37% of the control group attained reflection and critical reflection, the two highest levels of reflection, compared to 71% in the intervention group; 2% of the control group attained critical reflection, the highest level, compared to 31% in the intervention group ($\chi^2(3, N=189) = 33.9, P < 0.001$). Seven themes were seen across both groups, three focused on physician practice and four focused on patients. Patient-centered themes were more common in the intervention group whereas physician-focused themes were more common in the control group.

Conclusion: Patient debrief interviews offer a unique approach to deepen self-reflection through direct dialogue and exploration of patient-caregiver experiences during hospitalization.
**Whose Patient is This? A Scoping Review of Patient Ownership**

RIME Research Paper

Michelle E. Kiger, MD—Uniformed Services University of the Health Sciences
Holly S. Meyer, PhD—Uniformed Services University of the Health Sciences
Caitlin Hammond, MD—Department of Pediatrics, Wright State University
Katherine M. Miller, MD—Wright State University School of Medicine
Kara J. Dickey, DO—Wright State University School of Medicine
Daniel V. Hammond, MD—Keesler Medical Center
Lara Varpio, PhD—Uniformed Services University of the Health Sciences

**Purpose:** The scope of a physician’s responsibility toward his/her patients is becoming increasingly complicated to delimit as interdisciplinary care delivery and degrees of subspecialization increase. Patients can easily be lost across multiple transitions involved in care. Preparing learners to engage in safe and responsible patient care requires that we be clear about the parameters of patient ownership. This scoping review (1) explores and synthesizes definitions of patient ownership and (2) describes the factors that influence patient ownership.

**Methods:** Searching PubMed, Embase, and PsycINFO, we sought out publications of any format (i.e., original research papers, review articles, commentaries, editorials, and author discussions) that (a) addressed patient ownership directly or a closely related concept that explicitly impacted patient ownership, (b) included medical care providers (attending/faculty physicians, medical residents, and/or medical students), and (c) were published in English. Authors analyzed findings to construct common themes and categorize findings.

**Results/Outcomes:** Out of 411 papers screened, 82 met our inclusion criteria. Twenty-three papers defined patient ownership in highly variable ways. Common themes across definitions included: responsibility for patient care; personally carrying out patient care tasks; knowledge of patients' medical information; independent decision-making; and putting patients' needs above one's own. Factors influencing patient ownership were: (1) logistical concerns, (2) personal attributes, and (3) socially- or organizationally-constructed expectations.

**Conclusion:** We propose a new definition of patient ownership that encompasses findings from the review, while also respecting the shift from individual to a team-based patient care and without removing the centrality of an individual provider’s commitment to patients.