

Rapid Expectation Setting for Learners in the Emergency Department

Expectation setting is crucial to facilitate optimal learning in clinical environments. Discrepancy between expectations and reality has been established as a key component of burnout.¹ Currently, burnout is at epidemic levels among emergency medicine (EM) residents and medical students.¹⁻⁴ Prevailing psychological models of burnout show that psychological stressors are moderated by the expectations of those stressors. Under these models, expectation–reality discrepancy (ERD) enhances stressors, whereas well-formed expectations can act as a “shield” against them (Figure 1). Medical students and residents both experience ERD in clinical learning environments.^{5,6} For instance, ERD occurs when medical students expect to deliver a “medicine-style” oral presentation and the attending asks them to be brief, including only the pertinent information. ERD similarly occurs for residents when they anticipate feedback at the end of

shift, but the attending chooses to e-mail them feedback several days later. While presentations and feedback are typical parts of every ED shift, variations in style from attending to attending are usually impossible to predict, creating ERD. To minimize ERD, tools are needed that can facilitate the rapid exchange of expectations between supervisors and learners.

Expectation setting is particularly difficult in the ED. Unlike on a longitudinal service, expectations cannot be gleaned over the course of days or weeks. A dynamic interchange of attendings and learners occurs with each shift change, and a learner may only work with a supervisor once or twice over the course of his or her rotation. While EM clerkship directors and residency program directors can help set common expectations for learners, clinical teachers will always have important variations on these norms. This Med Ed Download provides a tool for expectation setting in the ED. Ideally, each educator in

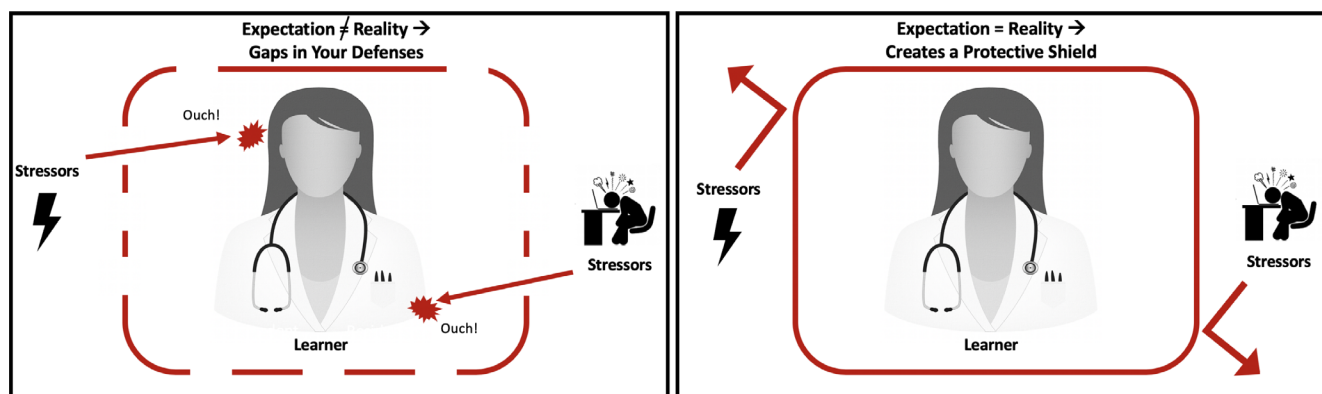



Figure 1. Effects of ERD: When expectations do not match reality, learners are more vulnerable to stressors in the clinical learning environment. When expectations match reality, learners experience a protective “shield” against stress and burnout

Presented at the AAMC Central Group on Educational Affairs Annual Meeting, Grand Rapids, MI, March 2019 (Student Presentation Travel Award Winner); and Learn Serve Lead 2019: The AAMC Annual Meeting, Phoenix, AZ, November 2019.

The authors have no relevant financial information to disclose.

The University of Michigan Medical School and MD received funding through the AMA ChangeMedEd program.

Author contributions: MS performed initial data gathering and analysis of expectation–reality discrepancy; EM developed the initial expectation-setting tool template; MS, EM, and MD modified the template for use in emergency medicine; and MS, EM, and MD wrote and revised the manuscript.



Michelle Daniel

Associate Professor
Pager: 12345

Medical School: Johns Hopkins
Residency: Johns Hopkins

Interests: Medical student and
resident education

📁 Workflow

Report to:
Student - Senior resident, staff one at a time
Resident - Me! Batch 3-4 patients prior to staffing

Seeing patients:
Sick or not sick is crucial
After first eval – check-in at least q2 hours

Number of patients:
Student - 2-3 at a time, 4-6/shift
Resident – split evenly among shiftmates

Orders:
Students - pend and discuss with resident
Residents - place orders and consults before staffing

Admitting/consults: You are the primary contact!

Unique Practices: I may go and see patients before you present them to me. You are still the primary provider! I will not tell them what I think is going on, and I will not place orders, etc. I may also scribe for you as a means of direct observation

☰ Documentation

Use the standard ED Epic template, with me as cosigner. Students should write a note for each patient that they see; I try to review at least one per shift.

The assessment and plan is the most critical part of the note. Describe chief concern, what diagnoses were entertained, how the differential was investigated, how the patient was managed, and return precautions/disposition.

Please focus less on documentation at the beginning of the shift to ease the backlog after handover.

🗨 Presentations

I prefer presentations to be brief, but still formal.

Subjective/Objective: Pertinents only. If I have already seen the patient, focus more on clinical reasoning and differential in your presentation compared with the history.

Assessment/Differential: Life threat before most likely

Plan: Always consider dispo.

Handover: Brief! SBAR (situation, background, assessment, recommendation) is a good framework

🇨🇷 Resuscitation | Procedures

Your patient, your procedure (students included!). Just be honest about your level of comfort.

Senior residents - You are the acting attending during resuscitations. I am there only to advise.

Students - FAST scans are a great way to contribute in the resus bay. Step in! We will guide you.

👍 Feedback

Try picking specific goals for the shift and letting me know before shift start.


I try to give feedback in person one hour before shift end. If the shift is chaotic, and we don't get to it, that's okay! I will email you feedback.

Figure 2. A sample expectations document.

the emergency department fills out an expectations document (Figure 2) detailing his or her *unique* expectations for learners. This may be shared with the learner in person at the *beginning of a shift*, sent via e-mail, or shared via an online repository *before a shift*. The aim is to facilitate a rapid exchange of expectations to reduce the amount of ERD experienced by learners in the ED.

Maxwell Spadafore¹ 
(maxspad@umich.edu)

Evan Merryman¹ 

Michelle Daniel, MD, MHPE² 

¹University of Michigan Medical School
Ann Arbor, MI

²Department of Emergency Medicine
University of Michigan Medical School
Ann Arbor, MI

Supervising Editor: Anne Messman, MD

References

1. Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annu Rev Psychol* 2001;52:397–422.
2. Arora M, Asha S, Chinnappa J, Diwan AD. Review article: burnout in emergency medicine physicians. *Emerg Med Australas* 2013;25:491–5.
3. Dyrbye LN, Thomas MR, Harper W, et al. The learning environment and medical student burnout: a multicentre study. *Med Educ*. 2009;43:274–82.
4. Takayesu JK, Ramoska EA, Clark TR, et al. Factors associated with burnout during emergency medicine residency. *Acad Emerg Med* 2014;21:1031–5.
5. Spadafore M. Expectation–Reality Mismatch for Clerkship Students. Presented at the: AAMCLearnServeLead: The National Meeting; Phoenix, AZ; Nov. 12, 2019.
6. Meyerson SL, Sternbach JM, Zwischenberger JB, Bender EM. Resident autonomy in the operating room: expectations versus reality. *Ann Thorac Surg* 2017;104:1062–8.