Title of Manuscript: The parallel encounter: an alternative to the traditional serial trainee-attending patient evaluation model

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Running Title: The parallel encounter

Keywords: bedside teaching, clinical reasoning, faculty development, instruction/teaching strategies, teamwork

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The parallel encounter: an alternative to the traditional serial trainee-attending patient evaluation model

Background

The emergency department environment requires the clinician-educator to utilize adaptive teaching strategies in order to balance education with efficiency and patient care.[1–3] The traditional model of trainee-attending patient evaluation occurs in series; the trainee independently evaluates the patient and presents the case and proposed plan to the attending physician. The attending physician subsequently evaluates the patient and returns to provide feedback and adjust the plan as needed. The traditional model may reduce efficiency and increase length of stay due to the need for the trainee and attending physician to evaluate the patient one after another.[4] Additionally, the presentation of the history and exam consumes much of the teaching encounter, reducing time to focus on medical decision making. Lastly, overreliance on the oral case presentation to assess competency and inform entrustment may result in supervision failure and bias propagation.[5] Recently, alternative approaches to the

traditional serial model of attending-trainee patient evaluation such as swarming have emerged in the literature.[6,7]

Explanation

At the University of Michigan, an academic four-year emergency medicine residency program, several attending physicians have utilized the parallel encounter. In this alternative supervisory model, the attending and trainee independently evaluate the patient. The attending may evaluate the patient before or after the resident, but does not enact a care plan prior to discussion with the resident. In contrast to the traditional oral case presentation, the trainee does not present the history and physical exam. Rather, the dyad jointly discusses and formulates the assessment and plan. Following the discussion, the resident enacts the care plan and remains the primary point of contact for the patient. This model may be applied to one or more encounters depending on departmental flow and learner needs. **See figure 1 and figure 2**.

Description

Experience utilizing the parallel model in conjunction with informal feedback from trainees has provided insights into its strengths and weaknesses. It allows more time for discussion of the assessment and plan and greater focus on clinical reasoning. In the context of the RIME (reporter, interpreter, manager, educator) framework, this translates to increased emphasis on assessing the interpreter and manager abilities of the learner.[8] Additionally, the parallel encounter allows for integration of two independent assessments of the patient, reducing the likelihood of diagnostic momentum, premature closure and confirmation bias.[9] Rather than waiting to hear the trainee's presentation, the attending physician can evaluate the patient at any time, potentially enhancing efficiency, patient satisfaction and outcomes by reducing time to initial provider contact. In order to protect resident autonomy, the attending must combat the urge to place orders or explain the care plan to the patient prior to the joint discussion with the resident. This model may disadvantage junior learners who require continued practice of the traditional oral case presentation. Some learners also may prefer to verbalize the patient's history and exam in order to synthesize clinical data while formulating an assessment and plan. Future study will assess trainee and attending reaction and impact on patient satisfaction and time to initial provider.

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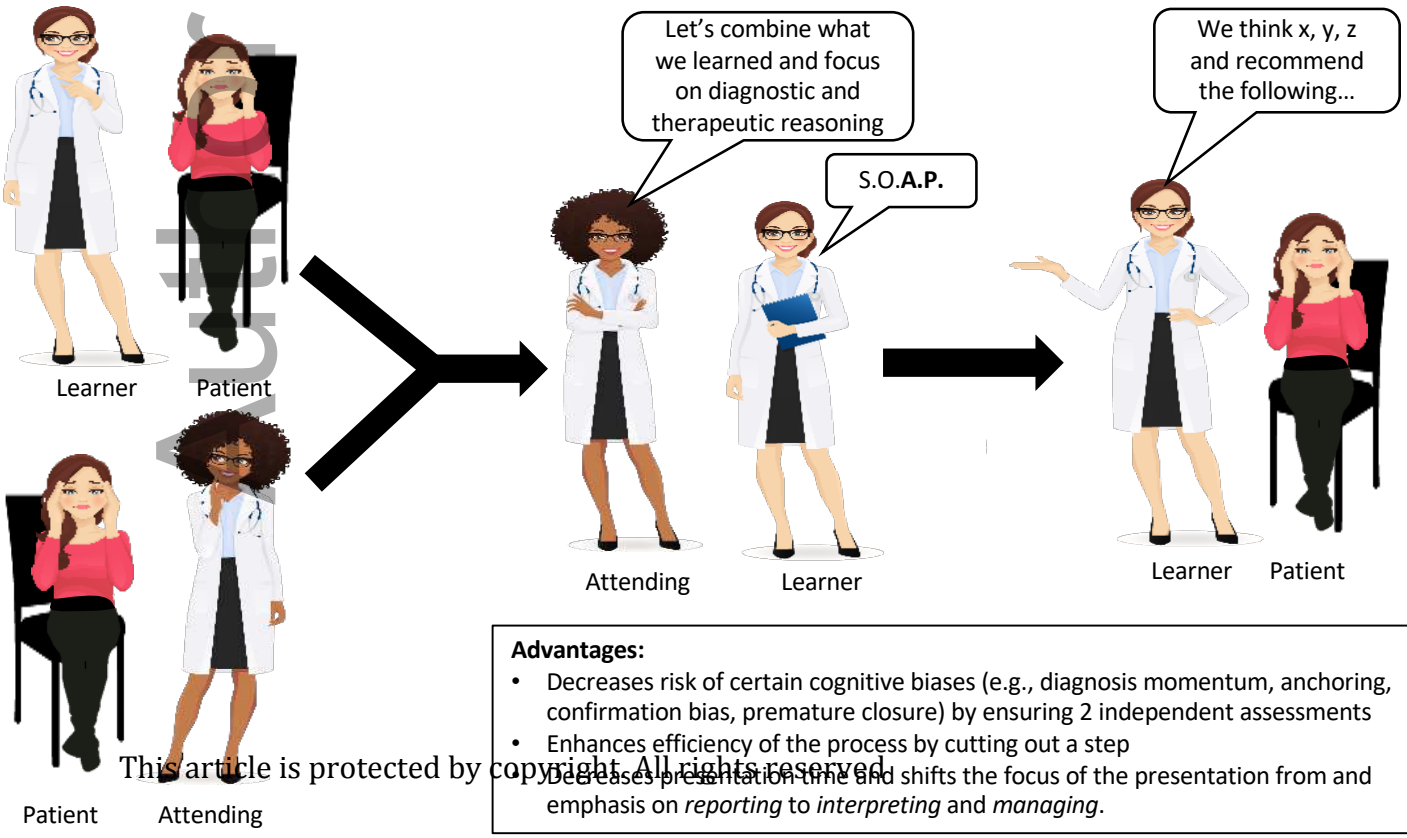
Figure 1: The serial encounter

Figure 2: The parallel encounter



Advantages:

- Decreases risk of certain cognitive biases (e.g., diagnosis momentum, anchoring, confirmation bias, premature closure) by ensuring 2 independent assessments
- Enhances efficiency of the process by cutting out a step
- Decreases presentation time and shifts the focus of the presentation from and emphasis on *reporting* to *interpreting* and *managing*.