VIRGINIA SURGICAL SOCIETY 2020 ANNUAL MEETING

Minimizing the Reaction to a Medical Malpractice Claims Curriculum – Can GRIT Analysis Help?

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Objectives: Teaching the medical malpractice claims (MMC) process is crucial for general surgery residents. GRIT has been defined as a "passion and perseverance for long-term goals" and has been validated into an eight-question GRIT assessment survey (GAS). We sought to examine how GRIT differentiated our surgical resident reactions to a MMC educational program.

Materials and Methods: An anonymous pre and post educational survey was given to general surgery residents attending a MMC educational program on December, 2019. All residents were assessed with GAS and differentiated into High GRIT (score 4 or 5) or Low GRIT (< 4) groups. They were assess on a five-point Likert scale before and after the program in two different roles (present one as a resident and future one as an attending): "I am worried about being involved in a legal matter as a resident/attending." This mean change or " Δ " was assessed for both of these questions and compared between the High and Low GRIT resident groups.

Results: Eighteen residents responded to the survey.

	Low GRIT Residents n=13	High GRIT Residents n=6	p value
PGY Level (mean ± SD)	2.1 ± 1.0	3.3 ± 1.7	0.06
GRIT (mean ± SD)	3.3 ± 0.4	4.3 ± 0.3	0.0001
Δ Reported Resident Role Anxiety (mean \pm SD)	0.6 ± 0.7	0.3 ± 0.4	0.03
Δ Reported Attending Role Anxiety (mean \pm SD)	0.5 ± 1.2	0.6 ± 0.5	0.81

Conclusions: We have found that the impact of awareness of legal issues and learner's fear of interacting with the legal system was greater in those residents with lower measured GRIT. This data should guide future efforts of potentially assessing GRIT and devising a curricula that is tailored to residents on different GRIT levels.