

Innovations in Ambulatory Education

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Overview

- Teaching and learning in ambulatory settings
- Innovations in medical student education
- Innovations in IM residency education
- Opportunities for Division Chiefs and Leaders

Learning in Clinical Settings

Innovations in
Education



Innovations in
Practice

The double helix of workplace learning

Teaching & Learning

- Clinical (workplace) learning is experiential
 - Concrete experience, Reflection, Abstract conceptualization, Active experimentation
- Teaching is not facilitating learning
- The 'hidden curriculum' = 'Values'
 - How time is distributed and/or disrupted
 - How progress or competency is assessed
 - How well the learning environment functions

Teaching & Learning

- Clinical (workplace) learning is experiential
 - Concrete experience, *Reflection*, Abstract conceptualization, Active experimentation
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Innovations in Medical Student Education

- Externally imposed change: LCME
 - Excessive reliance on passive learning (lectures)
 - Lack of central management of curriculum
 - Lack of alignment between basic sciences and clinical sciences
- Early acculturation to clinical settings
 - Dartmouth: “Quality Improvement Pros”
- Longitudinal Integrated Clerkships (LICs)
 - “Third year” of medical school
 - Cambridge Hospital, UCSF (3 sites), South Dakota

Evidence for LICs

- **Relationships with Faculty**
 - +Faculty appreciate seeing students develop
 - +Students spend greater time with faculty, **more satisfied**
- **Relationships with Patients**
 - +Deep connection with patients, **more patient-centered**
 - +Students support by listening, **informational continuity**
- **Continuity with Systems**
 - +Progressive patient responsibility, **earlier entrustment**
 - +Sharing information across settings
- **Culture, Values, Attitudes**
 - +Preserve patient-centered attitudes, **less cynical**
 - +Create self-conception of physician role, **identity formation**
- **Learning and Responsibility**
 - +Acquisition of skills
 - =Acquisition of knowledge measured by exams

Innovations in IM Residency Education

- Externally imposed change: RRC/ACGME
 - 130 half-day clinic sessions
 - Duty hour regulations
- Re-design for **longitudinal continuity experience**
 - Cincinnati Long Block
 - Other Block innovations
 - SF VA EIP “8+8” partnerships
 - “3+1” and “4+2” structures
- Friday School
 - <http://www.tulanemedicine.com/programinfo/fridayschool.html>
 - 3-hour blocks of active, case-based learning
 - Residents separate from Interns
 - Attending takes residents’ pagers, Residents take interns’ pagers
 - Comprehensive curriculum with active learning

Cincinnati Long Block

- Advantages
 - Enhanced resident-patient continuity for unpredictable needs
 - Improved residents' responsibility and accountability for measured quality of care
 - Integrated quality improvement instruction into practice
 - Friendly competition among mini-teams or teamlets regarding improvement efforts
 - Personalized feedback on population management, improved investment in improvement
- Challenges
 - Conflicts with subspecialty rounds, conferences
 - Risk of two-tiered care (Pre-long block versus long block residents)
 - Required significant resources to re-design inpatient services
 - Few residents maintained their continuity clinic practice at the end of the long block

Learner Perception Survey Results

ATTRIBUTE	PRE-POST LB Change	P-values
Time for learning	+1.50	0.0004
Ability to focus in clinic without interruption	+1.12	0.0057
Ability balance IP and OP duties on clinic days	+1.59	0.0018
Overall satisfaction with learning environment	+0.59	0.0075
Overall satisfaction with clinical environment	+0.89	0.0156
Personal reward from work	+1.11	0.0042
Relationships with patients	+0.66	0.0001
Sense of ownership	+1.06	0.0002
Rate value of CC	+1.15	0.0016

Other Block Innovations

- Strategies for separating IP and OP
- 8+8 Model at SFVA
 - Second and third year residents
 - Partners with shared panel of patients
 - Improved continuity of care (~74% of the time)
- 3+1 Model at Oregon
 - Dedicated ambulatory practice each block
 - Integrates practice management, QI, team building
 - Early results—residents are more satisfied, more engaged in practice

VHA Centers of Excellence in Primary Care Education

- 5 Centers funded \$1 million/yr x 5 years
 - Boise, Cleveland, San Francisco, Seattle (VA Puget Sound), West Haven (VA Connecticut)
- Patient-Aligned Care Teams (PACT)
- Core concepts
 - Shared decision-making
 - Sustained relationships
 - Interprofessional collaboration
 - Performance improvement
- Challenged to form new working relationships
 - VA with affiliates
 - Between Schools and Programs
 - Among trainees of different disciplines

Global Primary Care

- Massachusetts General Hospital
- Theme: *Health Equity*
- Accredited 4-year IM residency (Fall, 2011)
 - ABIM Board eligible
 - MPH degree
- 10 months in longitudinal primary care
 - Chelsea neighborhood of Boston
 - Uganda

Opportunities for ACLGIM Members

- Pilot medical student clinical programs
 - Early experiences on QI teams, data manager role
 - Longitudinal Integrated Clerkships
- Pilot Interprofessional Education
 - Find programs seeking clinical sites (Nursing, Pharmacy, Psychology, etc.)
 - Create shared curricular experiences with reflection
- Implement Chronic Care Model
 - Many active sites from the ACCC/CA-ACCC
 - Head start on PCMH transformation
- VA Academic “PACT” transformation
 - Residency programs with VA teaching clinics
 - Opportunity to study academic PACT implementation