

The Sub-Attending Curriculum

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(Please have PDW-RPS app ready to answer poll questions.)



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Objectives

1. Develop a new rounding model that promotes more autonomy and self-directed learning among senior residents.
2. Implement a new feedback process that keeps all team members accountable for patient care decisions.
3. Integrate self-directed learning into active patient care duties.
4. Promote senior residents transitioning from active learners to active teachers.

Polling Question:
Who runs in-patient rounds?

- a) Attending
- b) Senior Resident
- c) Nurse
- d) Social Worker/Case Manager

Polling Question:
Interns manage in-patient cases with oversight by-

- a) Attending
- b) Senior Resident & Attending

Polling Question:

Do medical students have an assigned resident to help them prepare for patient presentations before rounds?

- a) No
- b) Yes
- c) Sometimes

Polling Question:

Do you have a resident team member whose daily duties include reviewing evidence-based medicine (EBM) practices for current cases?

- a) Yes
- b) No
- c) Sometimes

Polling Question:
Are senior residents expected to give formal presentations during in-patient rotations?

- a) Yes
- b) No
- c) Sometimes

Our Program Characteristics

- 18/18/18 residents
- 4 to 5 residents each In-patient Pediatric Block
 - Typically 2 to 3 seniors and 1 to 2 interns
- Residents experience three to four In-patient Pediatric Blocks prior to graduation
- Average of five patients per resident
 - Medicine, Surgery, PICU, and Video-EEG cases
- Seniors accept in-town admissions from Emergency Departments



Learning Deficits

- Residents encouraged to develop leadership skills & self-directed learning
 - These skills often taught in simulated conditions:
 - Workshops, protected project/research time, standardized patients
- *Yet skills are needed during active patient care*

Transitional Curriculum

- Create conditions closer to post-graduation daily practice
- Incorporate this curriculum on a block with a greater emphasis on patient care
- Seek to increase intern volume and improve oversight by seniors

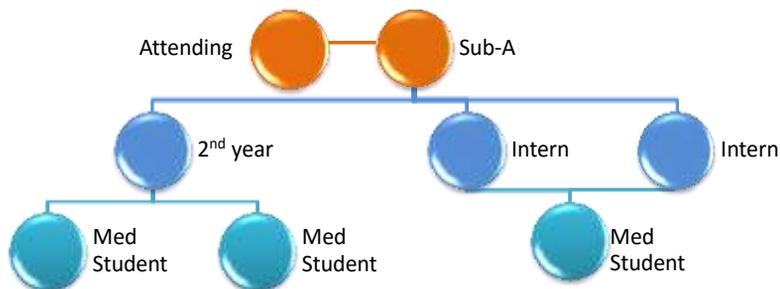


The Sub-Attending

- Typically a 3rd year resident who:
 - Practices the duties of an attending
 - Duties include Rounding, Teaching, and Feedback
 - Still receives supervision



Team Hierarchy



Sub-Attending Duties

- Feedback
 - Prepares interns and medical students for morning case presentations
 - Directly supervises interns during admissions at least 50% of opportunities
 - Directs the feedback session during the 3rd week of the block



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Sub-Attending Duties

- Rounding
 - Over-rounds on intern cases and co-signs notes
 - Decides the order of case presentations and which patients will be discussed at the bedside
 - Provides initial feedback and correction to medical student or intern after patient presentations
 - Provides initial assistance with bedside teaching / plan clarification for families and nurses



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Sub-Attending Duties

- Teaching
 - Organizes guest lecturers & topics for the block
 - Presents a one hour formal lecture for the team
 - PowerPoint or “chalk-talk”
 - Investigates up-to-date guidelines or clinical practice recommendations as applicable to current cases

EBM in Rounds



- Sub-A will pick 1-2 cases daily
 - Search for most recent guideline, Cochrane report, or clinical practice recommendation as available
 - Look for any recently published literature that might offer a new insight
 - Search for a more appropriate therapy in a specific patient population

Sub-A Lecture Topics To-Date

- ALTE's → BRUE's
- Limping Child
- Toxicology / Ingestion review
- 2011 UTI Guideline review
- Status epilepticus management
- Febrile infants
- 2014 Acute Otitis Media Guideline review
- Failure to thrive
- Antibiotic review



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Pro's for the Sub-A

- Better developed feedback skills- especially at the peer-to-peer level
- Improved oversight skills
 - Future team with PA's, APRN's, etc.
- Greater comfort teaching and lecturing
 - Both formally and informally
- Encourages self-directed learning
- Opportunities to practice EBM research skills
- Seniors cannot "hide" behind a strong medical student



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Pro's for the Team

- More opportunities for one-on-one teaching for medical students and interns
- Increased integration of EBM without sacrificing patient care time
- Structured “over-rounding” allows for more case exposure, especially important if census is temporarily low



Con's

- May not be adaptable across all in-patient team structures
- There is potential for strife when a 2nd year is critiquing a fellow 2nd year
- Giving the role to a less developed 2nd year can distract from their patient care learning and cause undue stress



In-house Survey Results

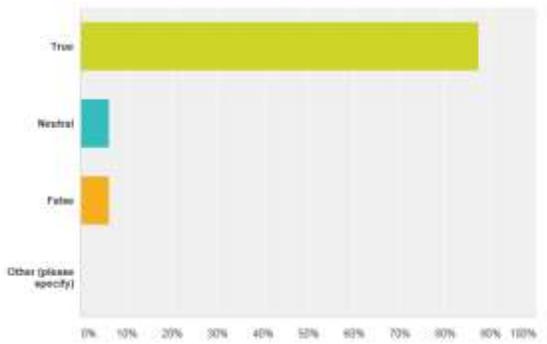


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The Sub-Attending Curriculum is helpful to me and the team as a whole.

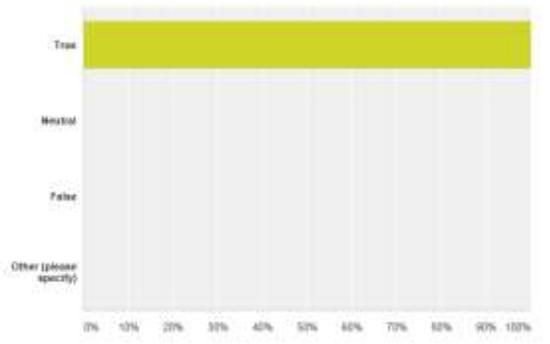
Answers: 9 | Skipped: 0



PGY-1 / PGY-2

The Sub-Attending team structure on Peds has been a good change over the past year.

Answers: 9 | Skipped: 0



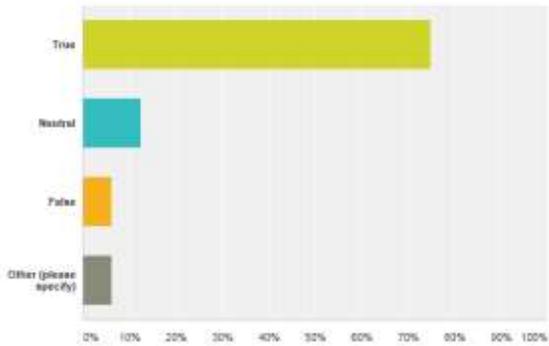
PGY-2 / PGY-3

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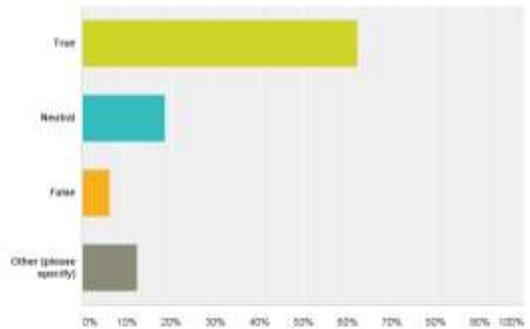
The Sub-A senior consistently helps me and the medical students prepare for morning rounds.

Answered: 16 Skipped: 0



The Sub-A senior provides me with quality feedback that helps me improve my patient care skills, documentation, and patient interview skills.

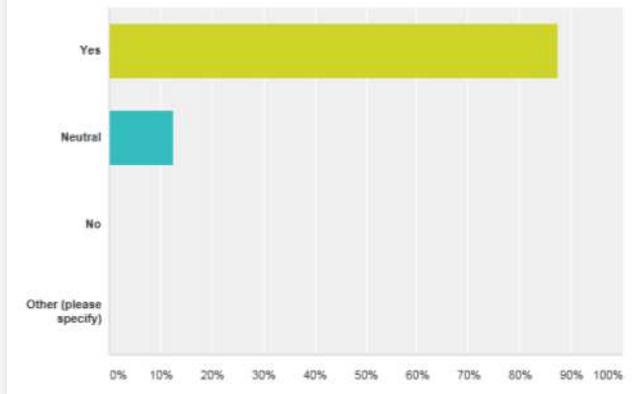
Answered: 16 Skipped: 0



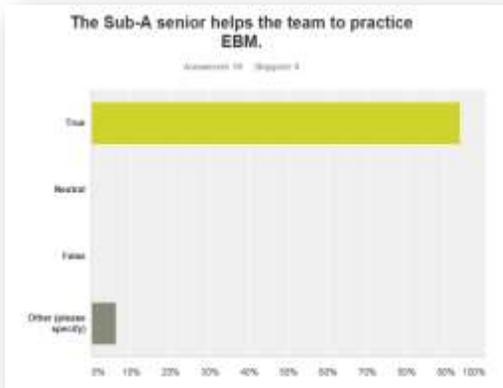
PGY-1 / PGY-2

Has the Sub-A experience improved your ability to provide quality feedback?

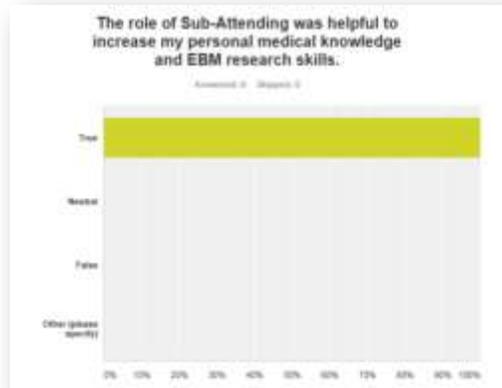
Answered: 5 Skipped: 0



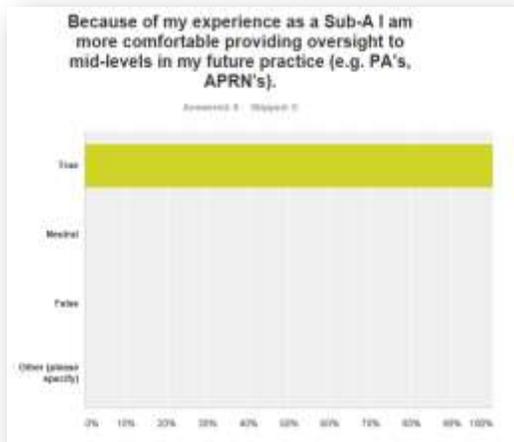
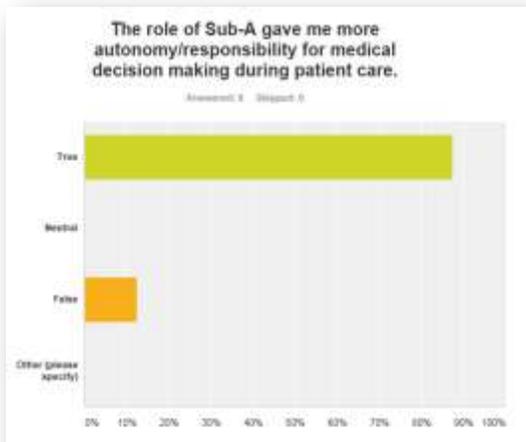
PGY-2 / PGY-3



PGY-1 / PGY-2



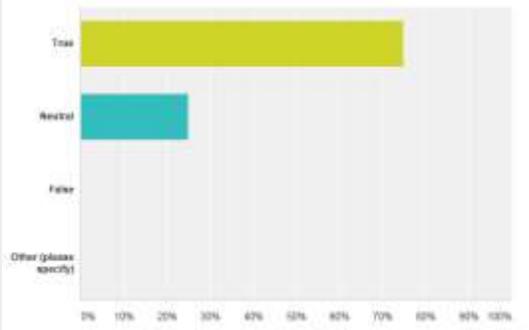
PGY-2 / PGY-3



PGY-2 / PGY-3

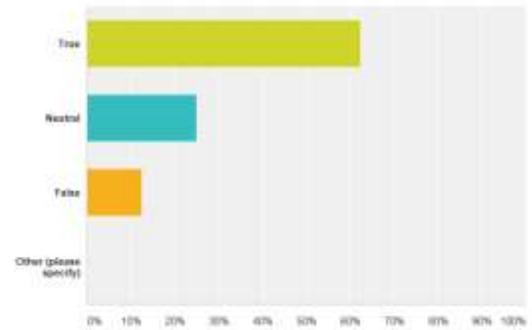
Because of my experience as a Sub-A I am more willing to have medical students or residents rotate with me in the future after I graduate.

Answered: 5 Skipped: 2



Because of my experience as a Sub-A I am more interested in joining a residency faculty in the future.

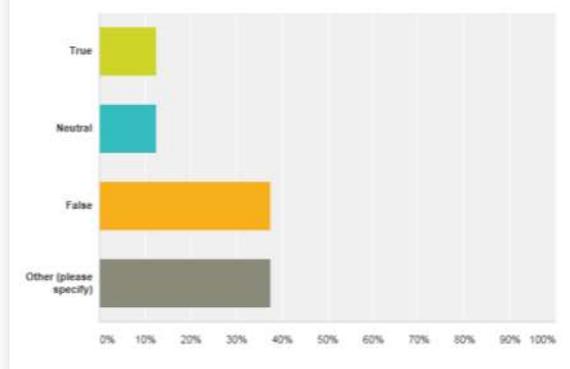
Answered: 8 Skipped: 2



PGY-2 / PGY-3

I would like to see the Sub-Attending Curriculum adopted to the Medicine Service.

Answered: 16 Skipped: 0



PGY-1 / PGY-2 / PGY-3

Adaptability

- Seniors could practice precepting in clinic alongside an attending
- Create a Teaching Skills block for interested residents
- Feedback for resident to include critique of the growth of an assigned medical student



Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



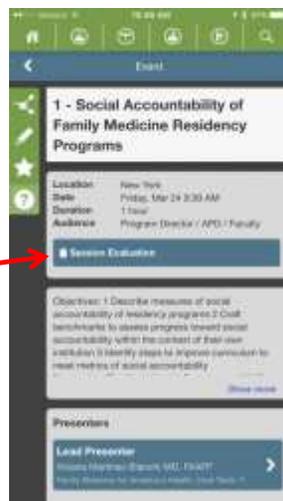
Social Q & A

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Please...
Complete the
session evaluation.

Thank you.



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Additional References

- Lacasse, M. (2009). Teaching-skills Training Programs for Family Medicine Residents: Systematic review of formats, content, and effects of existing programs. *Can Fam Physician*. 55(902-3) e1-5.
- Lin, S. (2016). Training Future Clinician-Educators: A Track for Family Medicine Residents. *Family Medicine*. 48(3):212-6.
- Nothnagle M. (2011). Struggling to Be Self-Directed: Residents' Paradoxical Beliefs About Learning. *Academic Medicine*. 86(12). 1539-1544.
- Ramnarayan K., Hande S. (2005, September). Thoughts on Self-Directed Learning in Medical Schools: Making Students More Responsible. Retrieved from <http://education.jhu.edu/PD/newhorizons/lifelonglearning/higher-education/medical-schools/>

Thank You





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