

# “Home Schooling”

*Clinic as the Driver of Residency Education*

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All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

## Objectives

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- Examine your curriculum to see if it emphasizes the experiences and skills you would like to see in your graduates
- Identify barriers to consistent resident presence in their own family medicine residency clinics and review the importance of continuity as a core value

## Objectives

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- Recognize common areas of uncertainty/ambiguity in the daily practice of family medicine and discuss approaches to helping learners engage these concerns
- Identify how your program discusses and explicitly teaches the hallmarks of primary care and the core values of family medicine

# The Core Values of Family Medicine

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# The Core Values of Family Medicine

- Comprehensive care
- Whole person orientation
- Care delivered in the context of family and community
- Continuous healing relationships

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## ***What are patients looking for in a provider ?***

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- In their insurance plan
- Convenient location
- Ability to schedule appointments within a reasonable period of time
- Good communication skills
- A reasonable amount of experience in practice



Martin JC, Avant RF, Bowman MA, et al. The Future of Family Medicine: A collaborative project of the family medicine community. Ann Fam Med. 2004 Mar-April; 2 Suppl 1:S3-S32

## ***What are patients looking for in a provider ?***

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- *In their insurance plan*
- *Convenient location*
- *Ability to schedule appointments within a reasonable period of time*
- *Good communication skills*
- *A reasonable amount of experience in practice*
  
- **A comfortable relationship, above all else**



Martin JC, Avant RF, Bowman MA, et al. The Future of Family Medicine: A collaborative project of the family medicine community. Ann Fam Med. 2004 Mar-April; 2 Suppl 1:S3-S32

# How do the “Core Values” jive with PCMH?



- ? Team-focus
  - Must be a personalized team with continuity
- ? EMR
  - Must be used as an enhancement and not a barrier to personal care
- ? Quality measures
  - Not just disease-specific data, but true measures of function and health

# The Tyranny of the “Block Schedule”

ROTATION by RESIDENT	CMMC FAMILY MEDICINE RESIDENCY 2011-2012											
	1	2	3	4	5	6	7	8	9	10	11	12
<b>1st Year</b>	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO
<b>2nd Year</b>	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO
<b>3rd Year</b>	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO	PHOTO

## ***The Tyranny of the “Block Schedule”***

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- Schedule dominated by discrete rotations:
  - Inpatient:
    - *Adult medicine*
    - *Pediatrics*
    - *Maternity Care*
    - *Surgery*
  - Outpatient
    - *Pediatrics*
    - *Orthopedics/Sports Medicine*
    - *Other “partialist” experiences*
- “Clinic” schedules often worked around other rotations



## ***The Tyranny of the “Block Schedule”***

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- The timing of experiences drives knowledge and comfort
  - Predominance of inpatient experiences in the intern year
  - Relatively little Family Medicine Center experience in the intern year
- What does this say about the priorities of training?



## Does Your Curriculum Reflect the Core Values

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### **Think**

- **Think** about your curriculum/schedule and what it says about your priorities

### **Pair**

- **Pair** with a neighbor

### **Share**

- **Share** your discoveries and what changes you would consider



## *Beware the "Hidden Curriculum"*

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3 common medical student criticisms of physicians:

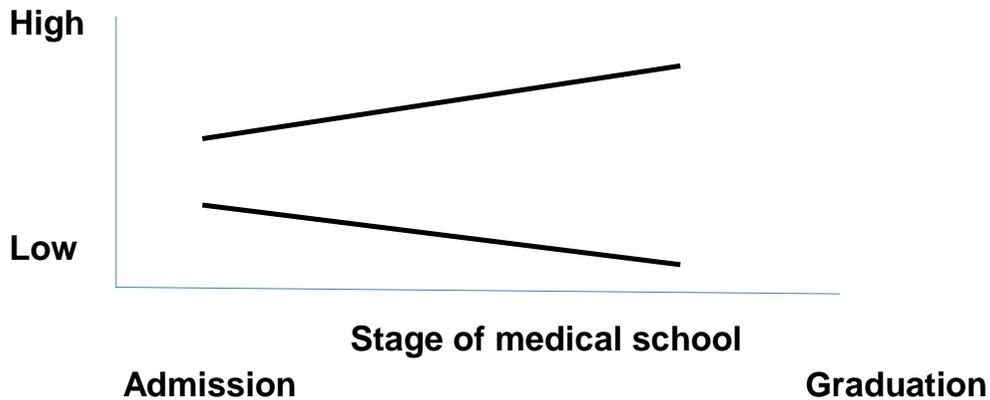
- *Do not care enough about their patients*
- *Do not know enough to practice the best medicine*
- *Do not do enough to maintain the public's trust*



Chuang, A, Nuthalapaty, F, Casey, P; To the point: reviews in medical education-taking control of the hidden curriculum; Am J of ObGyn 2010; Oct: 316.e1-316.e6.

## ***Tolerance for Ambiguity***

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Geller, G; Tolerance for ambiguity: An ethics-based criterion for medical student selection; Acad Med, 2013; 88:581-84.

## ***Tolerance for Ambiguity***

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- Study of family medicine residents:
  - Tolerance improved over the course of residency
  - No difference between male and female residents
  - No difference between residents at community-based vs. university-based residencies

## ***Measuring Uncertainty and Ambiguity***

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- The Physician's Reaction to Uncertainty Scale
- Intolerance of Ambiguity Budner Scale
- Intolerance of Uncertainty Scale
- The Resilience Scale



## ***Comfort in Clinic***

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- How does uncertainty impact the practice of medicine?
- Higher uncertainty results in:
  - Increased frustration and anxiety
  - Increased testing
  - Excess medical expenses
  - Decreased engagement with patients



Ghosh, AK; Understanding medical uncertainty: A primer for physicians; JAPI, 2004; 52: 739-42.

## ***Factors Causing Medical Uncertainty***

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### **Patient Factors**

- Uncertainty in history
- Inappropriate prioritization of history
- Patient's risk aversion
- Test variability
- Variable responses to treatment
- Access to variable sources of information on same topic
- Influence of society

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### **Physician Factors**

- Poor communication skills
- Inappropriate assessment of probability
- Physician's tolerance to uncertainty
- Test interpretation
- Inability to apply evidence based treatment
- Inability to appraise best evidence
- Influence of medical organization and local practice environment

## ***Comfort in Clinic***

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- What makes the clinic experience uncomfortable for many residents?
  - *Feels more alone*
  - *Less team work*
  - *More uncertainty*
  - *More time pressure*
  - *“Challenging” patients*
  - *More difficult to see “results”*
  - *Takes time to reap rewards*



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## ***Clinic as the Driver***

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- Improve comfort by making the clinic experience the priority and “driver”
- Ensure high quality teaching in the clinic setting
- Develop and nurture clinical teams
- Improve communication and support
  - Clarify the evaluation process



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## ***Clinic as the Driver***

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- Clinic as priority and driver
  - Set half day in clinic
    - *Remains constant thru all 3 years of training*
  - With very few exceptions, other rotational experiences must bend around this
  - Improves ability to plan and prepare
  - Improves continuity
    - *Improved patient satisfaction*
    - *Improved provider satisfaction*



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## ***Clinic as the Driver***

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- High quality outpatient teaching
  - Preceptor development to improve teaching skills
  - Emphasize perspective brought by community preceptors
  - Implement end-of-day outpatient “rounds”
  - Addition of the “roamer”
    - *Informal precepting*
      - » ***“Curbside”***
      - » ***How to handle uncertainty***



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## ***Clinic as the Driver***

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- Invest in clinical teams
  - Dedicated team meeting times
  - Team practice improvement projects
  - Team approach to patient care
- Improve communication and support
  - » Huddle
  - » The “roamer”



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## ***Clinic as the Driver***

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- Improve the evaluation process
  - “Daily” eval
  - Outpatient mentor
  - Include quality measures:
    - Monthly dashboard:
      - Patient satisfaction
      - Visit numbers
      - “Quality” metrics
      - Bi-directional continuity



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## ***Clinic as the Driver***

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- Re-focus on teaching outpatient care
  - 1 block in each year of training
    - Reduced pt visits (half clinic sessions)
    - Small group teaching (2-3 classmates)
      - Logistics
      - Disease management
      - Big picture
      - Core values
  - Reflective writing



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## ***Clinic as the Driver***

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- Studying our approach:
  - “Assessing a New Outpatient Family Medicine Curriculum”
    - Use of a disease registry
    - Percent continuity
    - Diabetes quality metrics
    - Uncertainty scale
    - Qualitative interview
  - Results in progress...



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# Finding the Joy

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- *Not just competence, but passion and pleasure*
- *Encourage a fluid inpatient/outpatient experience*
- *Embrace innovation – new approaches keeps it fresh*
- *Learn to process and accept the inherent uncertainties and ambiguities of family medicine*



# References

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## During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.



***Questions?***

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***Thanks for participating***



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