

# Innovation Showcase

Moderated by Steven R. Brown, MD, FAAFP



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FAMILY PHYSICIANS

## Learn to Lead, Leader to Learner (LTL)<sup>2</sup>

Naganna Channaveeraiah, MD, MBA, CPE, FAAFP,  
Department Chairman-OPMC  
Program Director - Family Medicine GME



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## What is it?

- Innovative process of creating young generation of medical leaders starting from residency to tackle the paradigm shift in health care delivery and management.
- Creating servant medical leadership.

## Mitigation of Resident Stress and Burnout through Arts and Humanities

David DeWitt, M.Div., D.Min.  
Director of Behavioral Science  
LSUHSC/New Orleans

Family Practice Residency Program at Lake Charles Memorial Hospital  
Lake Charles, Louisiana



# Intentional Intervention

- Stress 27% - 74% → Intervene
- Structured Environment
  - Temporarily & Distance
  - Emotionally & Mentally
  - From stressful Environment
- Arts and Humanities
- Measurements
- Resident Buy-In
- Outcomes



5

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## Stopping the Crick from Running Dry: Rural Speed-Dating and Longitudinal Curricular Redesign

Bryan Hodge, DO

MAHEC Hendersonville Rural Family Medicine  
Clinical Assistant Professor, UNC Family Medicine



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### Steps:

Identify  
Disparities  
↓  
Engage  
Communities  
↓  
Early  
Exposure  
↓  
Longitudinal  
Relationships



## Hendersonville

Rural Family Medicine Residency Program



### Results:

- Access
- Outcomes
- Educational Experience
- Placement
- Retention

7

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## Longitudinal Orthopedics for Family Medicine Residence

Britt Marcussen, MD  
Clinical Associate Professor of Family Medicine  
Program Director of the Primary Care Sports Medicine Program  
University of Iowa



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- **The Problem:** Nation Ambulatory Care Survey 2010 top five ICD-9 Categories
  - MSK 9.3%-Third on the list
- Weakness in MSK skills and competency is consistently reported
  - The American Association of Medical Colleges has identified MSK medicine an area in which learners receive and inadequate preparation for practice in the real world. (AAMC, 2005)
- It has been shown that as little as a two week rotation in MSK medicine improves the knowledge base in learners. It is postulated that increased longitudinal exposure will have a similar effect and increase clinical confidence as well. (DiGiovanni, 2014 JBJS)
- It has also been recently demonstrated that increased didactic training does not always lead to increased MSK knowledge and therefore shifting the education focus from didactics to more clinical and hands on training may be more beneficial. (Weiss, 2015 AJOS)
- **The Program:**
  - Two ½ day sessions during PGY 1 year that includes introduction to common joint problems and hands on exam skills casting/splinting and joint injections.
  - A one month clinical sports medicine rotation with weekly didactic sessions. Sessions will include lectures on key topics in primary care sports medicine and well as hands on exam skill sessions.
  - PGY 3 clinical sessions weekly in the family medicine clinic that focuses on common primary care MSK complaints.
  - Every 18 months a 7 lecture series during the noon hour conference attended by all residents that covers common problems and exam skills not covered in the PGY1 year.
- **Outcomes:**
  - PGY 3's: 3 year prior to start: 6.38 points below the mean and 3 years into program are at the national average.

# “Guardian Angel” Resident Wellness Elective

Ildi Martonffy, MD  
Associate Professor, Program Director  
U of Wisconsin-Madison



# Mitigating Burnout

- Outpatient week with clinic, didactics
- Available to support co-residents
  - Clinical work, food, levity, emotional support
- Attend to one's own wellness needs
- “Office hours” in resident lounge and debrief time with Behavioral Health lead faculty
- Responsiveness to residents' needs appreciated

11

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## Social Needs Screening and Connections Program

Matthew Paine, MD

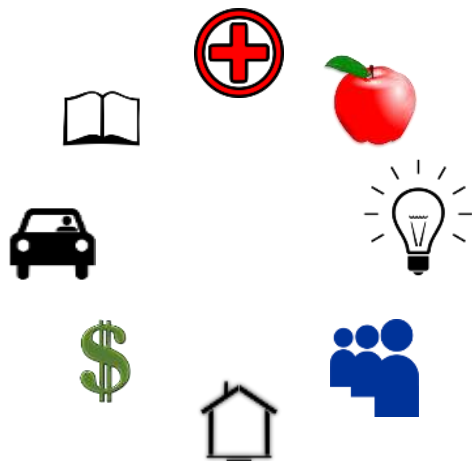
Bon Secours – VCU St. Francis Family Medicine

Residency Program

Assistant Clinical Professor



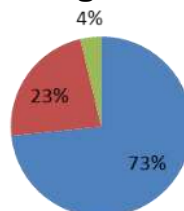
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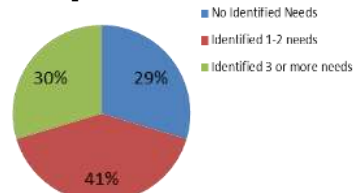
Thanks to Bon Secours and HealthLeads

## Extent of Need

### English

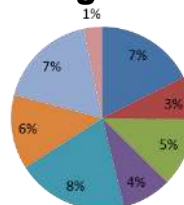


### Spanish

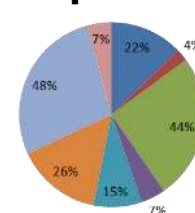


## Distribution of Need

### English



### Spanish



# Health Systems Science in Community Oriented Primary Care

Meaghan P. Ruddy, MA, PhD

Director of Transformative Education, VP for GME

The Wright Center for GME



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# HSS in COPC

## Health Systems Science (HSS)

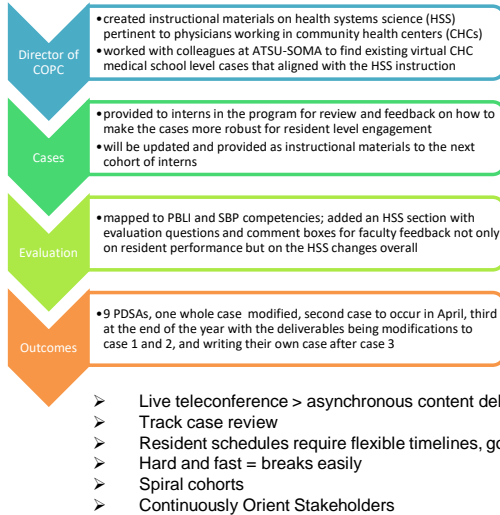
Principles, methods, and practices of operationalizing Triple Aim

## Community-oriented Primary Care (COPC)

Primary health care delivery within a community based on assessed health needs

## Longitudinal Rotation

3 blocks each training year for 3 years



Challenges and Lessons

- Live teleconference > asynchronous content delivery
- Track case review
- Resident schedules require flexible timelines, good communication
- Hard and fast = breaks easily
- Spiral cohorts
- Continuously Orient Stakeholders

15

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# Equity: Mixing It Up and Fixing It Up

Gregory Sawin, MD, MPH (pronouns: he, him, his)

Program Director

Tufts University Family Medicine Residency Cambridge Health Alliance



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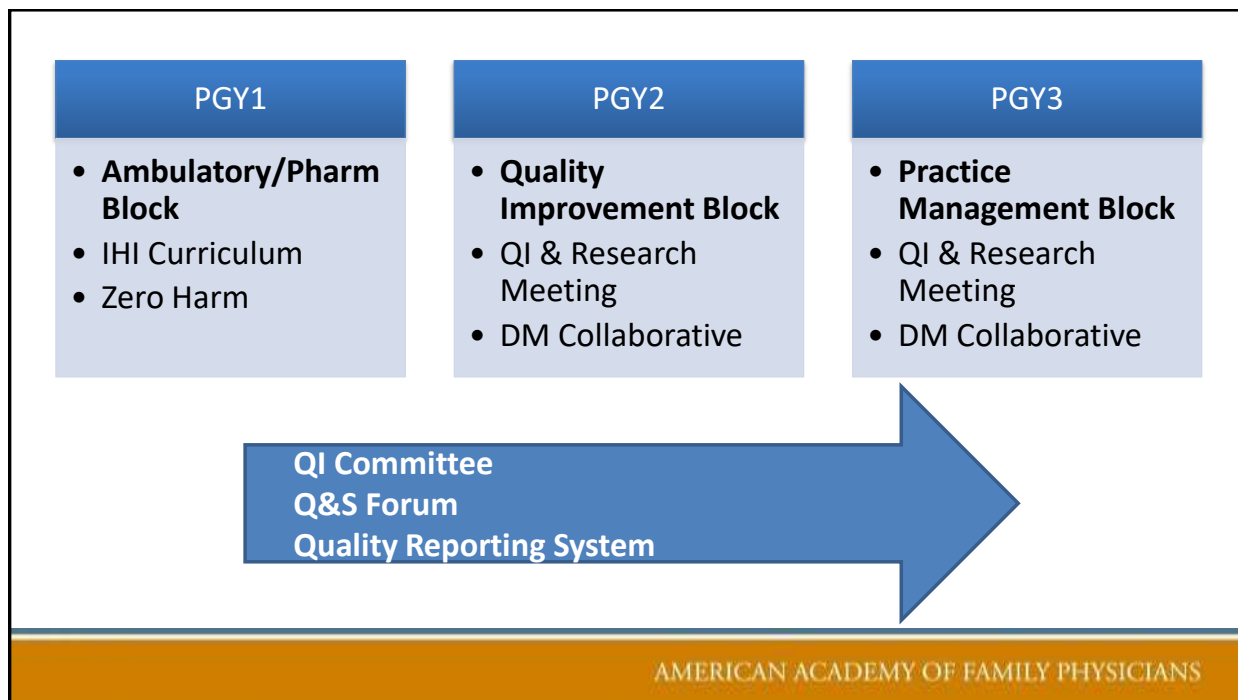


# Mapping a Comprehensive Quality Improvement Curriculum

Andrew Sitzmann, MD  
Assistant Program Director  
Mount Carmel Health System, Family Medicine Residency



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# Tracking Referrals in Residency

Bradford Volk MD  
Residency Faculty  
Kaiser Permanente Washington Family Medicine Residency at Seattle



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