

Thriving in uncertainty

An innovative approach to teaching skills for outpatient FM

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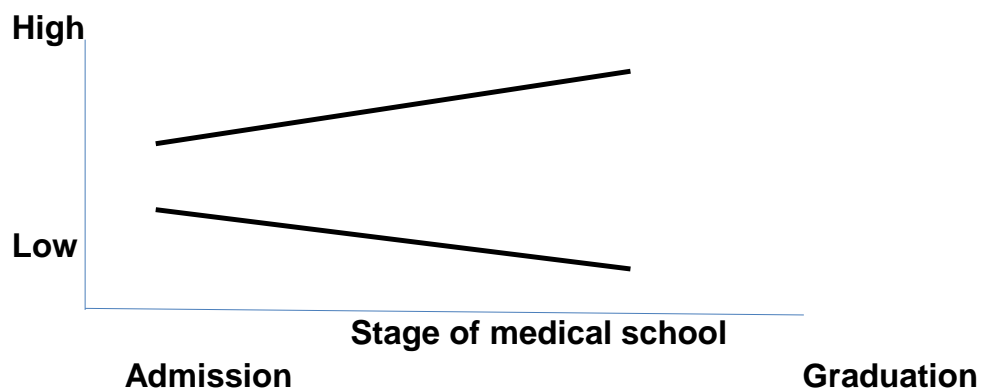
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- Non disclosure statement

Objectives

- Examine training gaps in scope of practice
- Review residents' tolerance for clinical uncertainty and how your curricula address that
- Consider methods for using small group teaching to address topics better served by innovative teaching models

Tolerance for Ambiguity



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

Tolerance for Ambiguity

- 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

DeForge, BR, J Sobal; Intolerance of ambiguity among family medicine residents; Fam Med, 1991; 23:466-68.

Uncertainty and Ambiguity

Measured in the
Family Medicine
Milestones:

Patient Care - 4

- Level 4:
 - Accepts personal responsibility to care for patients with undifferentiated signs, symptoms, or health concerns
- Level 5:
 - Demonstrates comfort caring for patients with long-term undifferentiated signs, symptoms, or health concerns

Uncertainty and Ambiguity

Measured in the
Family Medicine
Milestones:

Medical Knowledge - 2

- Level 4:
 - Integrates and synthesizes knowledge to make decisions in complex clinical situations

Communication – 3

- Level 4:
 - Sustains collaborative working relationships during complex and challenging situations, including transitions of care



Comfort in Clinic

- 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*

Comfort in Clinic

- 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.

Our Curriculum-- History

- Mostly outpatient oriented graduates
- Inpatient focused curriculum
- Clinic was disliked and avoided

“Clinic as the driver”

- 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

“Clinic as the driver”

- Set half day in clinic
- Improve communication and support
 - » Huddle
 - » The “roamer”

OPFM-T

- One rotation each of three years
- Small group teaching
- Less clinic
- More reflection
- Outpatient team
- Year-specific curriculum

Think Pair Share

- Think about what topics would be good to include in each of the three years. Pair with a neighbor and compare notes and add to the list. We will then share with the group

OPFM-T First year

- Nuts and bolts
- EHR shortcuts and tricks
- Billing 101
- Specific chronic disease management
- Chronic pain
- Agenda setting
- Community Health Project

OPFM-T 2nd year

- Disease Registries
- PDSA/MOC Part IV
- Immigrant Health
- FM Classics– Perspectives in FM, Health is Primary, etc
- Chronic pain
- Addiction

OPFM-T 3rd year

- FM in broader context of health care system
- ACOs
- Learning by teaching
- Re-examine own panel of patients
- Health Disparities
- Resident directed topics

7:30-8:00 Morning Huddle	7:30-8:00 Morning Huddle	7:30-8:00 Morning Huddle	7:30-8:00 Morning Huddle	
8-12pm Pt care	8-10am Pt care	8-10am Pt care	8-10am Pt care	8-12pm Clover
	10-12pm Rotation review w/ Dr. Picker	10-12pm Billing 201 w/ Dr. Picker	10-12pm Chronic pain w/ Dr. Gray	
1-5pm Pt Care	1-5pm Tuesday PM teaching/ admin	1-3pm Behavioral Med teaching w/ D. Taylor 3-5pm Disease registries/ Meridios w/ Dr. Lowery	1-5pm Faculty retreat	1-3pm Pt care
				3-5pm FM Perspective w/ Dr. Kitchens
MON - 1-16	TUES - 1-17	WED - 1-18	THURS - 1-19	FRI - 1-20
	7:30-8:00 Morning Huddle	7:30-8:00 Morning Huddle	7:30-8:00 Morning Huddle	7:30-8:00 Morning Huddle
8-12pm Bates	8-10am Pt care	8-10am Pt care	8-10am Pt care	8-12pm Pt care
	10-12pm Guideline driven care w/ Dr. Picker	10-12pm MOC Part IV Independent work through Dr. Picker	10-12pm Chronic pain w/ Dr. Gray	
1-3pm Pt Care	1-5pm Tuesday PM teaching/ admin	1-3pm Behavioral Med teaching w/ D. Taylor	1-5pm OMM Clinic	1-3pm Pt Care
3-5pm Reflection		3-5pm MOC Part IV Independent work through Dr. Picker		10-12pm MOC Part IV Independent work through Dr. Picker
MON - 1-23	TUES - 1-24	WED - 1-25	THURS - 1-26	FRI - 1-27

Reflection

PGY 1: Please think about what you have learned during this month about caring for patients. How has this learning informed the care of one of your patients?

PGY 2: Reflecting on evidence based medicine and guidelines for care, what is helpful about them as a family physician and what about them makes our work challenging?

PGY 3: Think about what you have learned about population health and disease registries. What will you need after you graduate to help you care for your entire panel of patients (people, technology, systems, etc)?

OR

Reflect on your time teaching others. How did taking the time to teach others change your Knowledge or approach to your own patient care?

Feedback

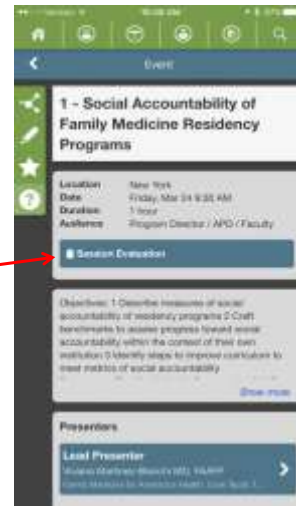
Our discussions are so fascinating; I often wish I had a glass of wine to go with them! The incorporation of reflection time and even teaching on reflection has helped me to create a road map of how I wish to direct my learning in the latter half of residency.

JG– PGY 2

Please...

Complete the
session evaluation.

Thank you.



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