



**Innovations in Family Medicine
Education:
Early Learnings from the P⁴
Initiative**

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In Behalf of 14 Innovating FM Residencies

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Overview

- What is P⁴ and why does it exist?
- Major Themes being tested
- Early Learnings from the Initiative
- Where's P⁴ going?



What is P⁴?

- A 5-year comparative case study of 14 diverse family medicine residencies testing their ideas about how to best prepare Personal Physicians for the Patient Centered Medical Home
- The central task of P⁴ is **Evaluation**.
- The crucial deliverable is exportable knowledge to **invigorate widespread change** in all family medicine residencies.



Program Name	Innovation
Lehigh Valley	Move residents and continuity populations into active community practices. No more Family Medicine Center.
Tufts University	Competency-based, longitudinal curriculum with information mastery and organizational effectiveness training.
Middlesex Hospital	Four-year curriculum with emphasis on prevention and chronic disease management.
Baylor University	Four-year curriculum with MPH and 4 th year emphasis on either international health or inpatient and maternity care.
West Virginia University Rural	MS-4 Rural Scholars Program with early start of R-1 role and longitudinal curriculum in chronic disease management.
Christiana Care	Residents will be teamed with faculty “mentors” in an ambulatory focused curriculum with areas of emphasis.
University of Rochester	“Ideal Micro Practice” within the FMC. Faculty partnering with residents to provide New Model in a focused experiment.
Waukesha FMR	“Majors and Masteries” model of 4-year curriculum with areas of emphasis.
Cedar Rapids	Non-rotational format for R-2 and R-3 years with more time in continuity of care setting.
University of Missouri	Four-year curriculum beginning with MS-4 year of medical school for a select population of learners.
Loma Linda University	Four-year curriculum with integrated MPH and emphasis on care of the under-served.
John Peter Smith	Four-year curriculum with integrated fellowship training.
University of Colorado	Curriculum extends back into MS-4 year, and continuity of care for only R-2 and R-3 years.
Hendersonville	FMC replaced with a network of rural family medicine practices.



Why These Programs?

- RWJF-style, 2 stage application, invited of any FM residency—84 proposals—44 chosen for second stage.
- NIH-style review of 40 detailed proposals.
- 14 Top scored programs invited (no grant award!) to proceed in collaboration with each other. (FM RRC informed)
- ABFM affirmed residents eligible for Board IF program participates fully in evaluation.
- 14 of 14 Signed Up.



Current Categories of Innovations in P⁴ Programs

- Individualized Curriculum
- Longitudinal Curriculum
- 4 year Curriculum
- Use of Educational Learner Portfolios in Competency Assessments
- Team-based Care & Training in Teams
- PCMH Practice Re-design
- Chronic Disease Management
- Community Practices as Training Sites
- Community/Population Health Focus
- Small Group Learning Labs
- Decreased Inpatient Time & Increased Clinic Time

4 Year Curricular Models



- **Early Commitment**
 - Residency begins with 4th year med school
 - West Virginia, Missouri
- **Optional Mastery Experience**
 - Integrated fellowship, optional degree
 - Waukesha, JPS
- **Optional Integrated Track with Degree**
 - Combined preventive medicine residency with MPH
 - Loma Linda
- **Fully Integrated**
 - Middlesex - Mandatory 4 years with focused tracks

Customized Curriculum Models



- **Defined Tracks**

- e.g. Maternity Care, Sports Med, Hospitalist, Faculty Development, Geriatrics, Global Health
- Middlesex, Waukesha, JPS

- **Areas of Concentration**

- Cedar Rapids, Tufts

- **Flexible, tailored to learner needs**

- **“ Intentional Diversification”**

- Christiana, Hendersonville

Incorporate Principles of the PCMH



- Use of *practice learning teams*
- Implementation of *cutting edge technologies* to allow for more customized evaluations, scheduling, feedback and ability to measure patient outcomes
- Develop systems for *Chronic Disease Management and Prevention*
- Focus on the patient's needs

P⁴ Evaluation Design



- Independent/imbedded Evaluation Team at University of Oregon lead by Dr. Patricia Carney
- Observational case series assessment of the selected residency programs
- NOT designed as an intervention trial
- Each residency program systematically enrolled cohorts of learners who were exposed to curricular content and learning approaches that were innovative
- Quantitative and qualitative methods



Early Learnings

PCMH Practice Re-design

- There is inherent struggle between *innovation* and *standardization* when you have multiple teams within a residency
- Residents are farther along than faculty in adopting new information technology & the EMR
- Faculty experience difficulty teaching the features of the PCMH when *the concept is emerging and changing* and they themselves are relative novices in practicing within a medical home



Early Learnings

PCMH Practice Re-design

- New skills required for the PCMH
 - ❖ Working in teams
 - ❖ Change Management and Leadership training
 - ❖ Managing chronic care
 - ❖ Population management
 - ❖ Quality Improvement skills
- Getting meaningful data out of the EHR is a universal problem

Early Learnings - General



- Innovation is *attractive* to applicants
- Students *will do* a fourth year
- Residency re-design requires additional financial support
- Value of Collaboration
- Faculty are *ill-prepared*
- Family Medicine is local
 - Must allow for local variation

Faculty Development Needs



- Practice Transformation Skills
- Teaching Skills
- Curriculum Skills
- Research Skills
- Leadership and Change Management



Challenges to Innovation

- Difficult to innovate beyond the box the FM-RC currently builds
- Critical need for *new Measurement Tools*
- Significant *Fiscal and Administrative* obstacles
- *Faculty* may be the most difficult thing to change

Important Issues that need more Exploration



- PCMH – What is it and how does it impact training?
- Competency – How do we measure it?
- Identity – Who are we?
- Teams – Function & Relationships?
- Continuity – What does it mean to be a Personal Physician?



Next Steps

- Continue to follow current P4 Innovators
- Inform FM-RC and ACGME
- Faculty Development Summit
- CAFM Residency Innovation Task Force
- Creation of Primary Care Educational Research Network (PCERN) ?



How You Can Learn More:

- www.transforMED.com
- David, AK. Preparing the personal physician for practice (P4): Residency training in family medicine for the future. JABFM 2007; 20:332-341
- Leach, DC, Batalden PB. Preparing the personal physician for practice (P4): Redesigning family medicine residencies: New wine, new wineskins, learning, unlearning and a journey to authenticity. JABFM 2007;20:342-347.
- Scherger, JE. Preparing the personal physician for practice (P4): Essential skills for new family physicians and how residency programs may provide them. JABFM 2007;20:348-355.
- Whitcomb ME. Preparing the personal physician for practice (P4): Meeting the needs of patients: Redesign of residency training in family medicine. JABFM 2007;20:356-364.
- Green LA, Pugno P, Fetter G Jr, and Jones SM. Preparing the personal physician for practice (P4): a national program testing innovations in family medicine residencies. JABFM 2007;20:329-331.
- Green LA, Jones SM, Fetter G, Jr, and Pugno P. Preparing the personal physician for practice: changing family medicine residency training to enable new model practice. Acad Med 2007;82:1220-1227.
- Watch for presentations and publications for next 2-3 years—and then track PCERN..