Keeping the Education Mission Alive

Cathy J. Lazarus, M.D., FACP
Professor of Medicine
Tulane University School of Medicine and
Associate Dean for Student Affairs
Louisiana State University School of Medicine
New Orleans, LA
Goals and Objectives

• Describe current trends in medical education that represent opportunities for divisions of General Internal Medicine

• Identify potential partners and resources to support the educational mission

• Learn about some low resource programmatic ideas

• Share ideas and opportunities
What keeps you up at night?

• Having sufficient resources to support the mission of the division
• Recruiting talented faculty
• Retaining faculty talent
• Ensuring educational excellence
• Meeting demands of clinical partners
• Meeting demands of department chair
• Developing and maintaining research
• Nothing keeps me up, I can sleep anywhere anytime
“I can only help one person each day.... today is not your day.... and tomorrow doesn’t look good either!!!”
Where are the opportunities?

- Quality and Patient Safety
- Patient centered, coordinated team based interprofessional care
- Data and analytics (population management, value based care)
- Expanding primary care workforce
- Defining and assessing core competencies and milestones (undergraduate and graduate medical education)
- Closing the gap in health disparities (community based participatory research, PCORI)

Quality and Patient Safety

• VA Chief Resident in Quality and Patient Safety
• Hospital Based Certificate Programs
• Masters degree programs
  • George Washington
  • Thomas Jefferson
  • Northwestern
• CLER (Clinical Learning Environment Review)
  • ACGME mandated participation by every institution sponsoring GME
  • Second cycle in progress
  • Major finding: need for better integration of training programs into hospital quality and safety in MEANINGFUL ways
Major Findings from CLER

Residents, fellows and faculty

• Need more opportunity for meaningful experiential learning
  • Patient Safety (such as root cause analysis)
  • Quality (interprofessional projects driven by real data)
• Underutilize patient safety reporting systems
• Do not receive feedback on patient safety reports

Clinical Learning Environments

• Lack a formal strategy to address health care disparities
• Lack mechanisms to individually track resident ability to perform procedures
• Do not have standardized procedures for handoffs and transitions of care

http://www.acgme.org/Portals/0/PDFs/CLER/ACGME-CLER-ExecutiveSummary.pdf
Interprofessional Care

VA Centers of Excellence in Primary Care

- Houston
- Boise
- San Francisco
- Puget Sound
- Cleveland
- Connecticut
- Los Angeles

Partnerships between Schools of Medicine and Schools of Nursing
Innovations in practice and training

http://www.va.gov/OAA/coepce/index.asp
Expanding the Primary Care Workforce

• HRSA funded Teaching Health Center for Graduate Medical Education
  • Created by the ACA in 2010 ($250 million over 5 years)
  • Reauthorized for $60 million each in 2016 and 2017
  • No new sites expected at present

• Funds training in ambulatory sites
  • FQHC’s
  • Tribal clinics
  • Community Mental Health centers
  • Title X (family planning)
  • Rural health

http://bhpr.hrsa.gov/grants/teachinghealthcenters/index.html
Expanding the Primary Care Workforce

• Veterans Access, Choice, and Accountability Act of 2014 (VACAA)
  • Authorizes up to 1500 new resident positions in primary care disciplines
    • Internal Medicine
    • Family Medicine
    • Geriatrics
    • Psychiatry
  • Priority is on sites with provider shortages, no current GME, or large numbers of Veterans
  • Must have affiliated accredited GME sponsor, adequate clinical volume, and supervising faculty
  • 388.4 positions awarded through July 2016 with two thirds in primary care or mental health

http://www.va.gov/OAA/docs/OAA_Statistics.pdf
Navigating the VA bureaucracy

• Know your Chief of Staff

• Enlist the Chief of Service for Medicine

• Meet the Associate Chief of Staff for Education

• Browse the Office of Academic Affiliations web site
  http://www.va.gov/oaa/
Defining and Assessing Core Competencies and Milestones

- The wave of the present in both GME and UME
- Clinical Competency Committees
- Workplace Based Assessment
  - Context Sensitive
  - Team Oriented
  - Changeable
  - Longitudinal
  - Direct Observation
- Where are the faculty leaders?
Resources

- SGIM TEACH
- CORE EPA list serv
  subscribe-coreepas@lists.aamc.org
- Masters in Health Professions Education
  AM Last Page: Master's Degree in Health Professions Education Programs
  Tekian, Ara PhD, MHPE; Artino, Anthony R. Jr PhD; Academic Medicine, Vol. 88, No. 9 / September 2013
- Doctoral Programs in Health Professions Education
  AM Last Page: Overview of Doctoral Programs in Health Professions Education
  Tekian, Ara PhD, MHPE; Artino, Anthony R. Jr PhD; Academic Medicine, Vol. 89, No. 9 / September 2014
- Local Faculty Development
Faculty Development: Research

Tulane Department of Medicine Research Scholars

- Initiated at request of Chair of Medicine
- Personally invited 12 junior faculty clinical researchers
  - 2 GIM, 2 ID, 2 GI/hepatology, 1 allergy/immunology, 1 endocrine, 1 nephrology, 1 pulmonary/critical care, 1 hematology/oncology
- Meet monthly between November 2012 and December 2013
- All local resources (IRB chair, Grants and Contracts Office, VA ACOS for Research, Senior investigators)
- “Zero” expense
Outcomes

• Seven faculty still at Tulane
• Five faculty left
  • Director of Applied Health Services Research at another local medical institution
  • Medical Director of FQHC serving HIV and other patients
  • Returned “home” to practice academic hepatology
  • After obtaining a large COBRA grant and a prestigious educational fellowship, left to follow husband to GME training
  • Lost to follow up
Feedback

• “It made me feel like I belonged to a group with others in a phase of trying to get to the next milestone. It gave me the mental resolve to keep going” (Endocrinology)

• “For those of us without mentorship it’s a nice reminder that other people are trying to do the same thing. The presentations were helpful, and I especially liked the informal interaction with others at different stages and with different experiences.” (GIM)

• “I gained new insights and understanding from the other members, talks, and invited presentations and into research. Because of this, I have refocused my research interests and developed new collaborations.” (Nephrology)
The Tulane Medical Education Scholars Program
Cathy Lazarus, MD; Deepa Bhatnagar, MD; Chayan Chakraborti, MD; Chad Miller MD; Catherine Jones, MD;
Section of General Internal Medicine, Department of Medicine

Outcomes
- 19 sessions, 6 Stanford Faculty Development sessions
  - Percent Sessions Attended (number of faculty)
    - 80% (7)
    - 50% (3)
    - 30% (3)
  - Presenters (number of sessions)
    - Steering Committee Members (11)
    - Tulane Medical School Faculty (3)
    - Local Medical Education faculty from other institutions (3)
    - National Medical Education Expert (1)
    - Tulane University Faculty (1)

End of Program Evaluation
- 8 respondents
- 100% said program met expectations
- 100% would recommend program to others

Most Valuable Aspects
- Learning about promotion pathways
- Learning about careers in medical education
- Stanford Faculty Development sessions
- Interactions with peers and the program
- Meeting institutional leaders in medical education

Challenges
- Sufficient senior mentorship on scholarly projects
- Clinical and family demands on time
- Recruiting outside presenters in the area of research methods

Completing the evaluation plan
Video-taped teaching
Objective Structure Teaching Evaluation

Program Objectives
- To improve the clinical teaching skills of faculty
- To increase scholarly output in medical education by faculty
- To facilitate promotion and improve retention of faculty at Tulane School of Medicine

Goal of the Program
- Through the creation of a longitudinal faculty development program at our home institution, we intended to foster medical education scholarship, improve the teaching skills in the clinical setting, and increase the rates of promotion and retention.

Program Description: Medical Education Scholars Program
Created and organized by the Faculty Development Steering Committee
- General Internal Medicine faculty who represented all academic ranks

Participants
- 11 faculty members applied, 11 faculty members enrolled, 2 junior faculty on steering committee
- Represented 7 of 9 sections within the Department of Medicine
- All but one faculty were within the first 5 years of faculty appointment
- All but one were ranked as an Instructor or Assistant Professor at the initiation of this program

Curriculum Description

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic of Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/12/13</td>
<td>Introduction to Medical Education Scholars Program</td>
</tr>
<tr>
<td>12/10/13</td>
<td>Resources for Medical Education at Tulane Medical Education Scholarship</td>
</tr>
<tr>
<td>1/4/14</td>
<td>Understanding Promotion and Career Pathways</td>
</tr>
<tr>
<td>Self-Study Module</td>
<td>Introduction to Teaching Medicine</td>
</tr>
<tr>
<td>1/11/14 - 4/8/14</td>
<td>Stanford Faculty Development Learning Climate</td>
</tr>
<tr>
<td></td>
<td>Control of Session</td>
</tr>
<tr>
<td></td>
<td>Communication of Goals</td>
</tr>
<tr>
<td></td>
<td>Promotion of Understanding and Retention</td>
</tr>
<tr>
<td></td>
<td>Evaluation Feedback</td>
</tr>
<tr>
<td></td>
<td>Promotion of Self-Directed Learning</td>
</tr>
<tr>
<td>5/7/14</td>
<td>Medical Education Scholars Day 5 scholars presented</td>
</tr>
<tr>
<td>5/13/14</td>
<td>Design of Medical Education Research</td>
</tr>
<tr>
<td>6/10/14</td>
<td>Developing and Evaluating Medical Education Curriculum</td>
</tr>
<tr>
<td>7/8/14</td>
<td>To Be a Mentor, To Be a Menteeomening on Track for Promotion</td>
</tr>
<tr>
<td>8/12/14</td>
<td>Survey Methodology</td>
</tr>
<tr>
<td>9/9/14</td>
<td>Use of Simulation in Interprofessional Education</td>
</tr>
<tr>
<td>10/14/14</td>
<td>Teaching in Clinical Settings</td>
</tr>
<tr>
<td>11/14/14</td>
<td>Enhancing Your Scholarship Peer Review</td>
</tr>
<tr>
<td>12/8/14</td>
<td>Wrap Up Session</td>
</tr>
</tbody>
</table>

Scholarly Productivity

<table>
<thead>
<tr>
<th>Scholarly Submissions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poster Presentations</td>
<td>9</td>
</tr>
<tr>
<td>Oral Presentations</td>
<td>3</td>
</tr>
<tr>
<td>Workshop Presentations</td>
<td>7</td>
</tr>
<tr>
<td>Manuscripts</td>
<td>14</td>
</tr>
</tbody>
</table>

Curriculum Development

<table>
<thead>
<tr>
<th>Projects Mentored</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor Projects</td>
<td>32</td>
</tr>
</tbody>
</table>

Promotion and Career Pathways

<table>
<thead>
<tr>
<th>Invited Presentations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>18</td>
</tr>
<tr>
<td>Regional</td>
<td>9</td>
</tr>
<tr>
<td>National</td>
<td>6</td>
</tr>
<tr>
<td>International</td>
<td>20</td>
</tr>
</tbody>
</table>

Medical Education Grants

<table>
<thead>
<tr>
<th>Medical Education Grants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>3</td>
</tr>
<tr>
<td>National</td>
<td>1</td>
</tr>
</tbody>
</table>

Conclusions
- An internally funded and directed faculty development program on medical education scholarship was successful in improving scholarly output, improving knowledge of teaching skills, and medical education research on the medical educator track for junior faculty in a single department.
- We plan to track future outcomes including promotion and faculty retention.
- The Medical Education Scholars Program is adaptable to other departments and could be implemented as a Tulane University School of Medicine wide program

Future Medical Education Scholars
Dante Debord
Troy Lammi
08/03/14
02/03/15

Acknowledgements
The program is funded by the Tulane University SOM Department of Medicine.

References
Outcomes and Return on Investment

Of the eleven participants

• Three have left Tulane (all female)
  • One was also in the research scholars and obtained both a COBRA and a national education leadership grant in nephrology
  • Two left for other local academic institutions

• One promoted to Senior Associate Program Director

• One accepted into national pediatrics leadership in medical education program

• Minimal institutional investment
  • Small amount of overtime for coordinator
  • Refreshments
Tulane School of Medicine Clinical Leadership Development Program

• For current and aspiring clinical leaders
• Included both clinical and administrative staff
• Met monthly from 5 to 6:30 pm
• Local presenters from within School of Medicine, from business school, and from clinical partners

• Resources
  • Coordinator who is also a participant (Dean’s executive assistant)
  • Refreshments
Clinical Leaders Program Outcomes

• Initial participants
  • 21 clinicians
  • 16 administrators

• Final participants in 5 or more of 11 sessions
  • 9 clinicians (43%)
  • 12 administrators (75%)

• Topics
  • Managing People
  • Budget and Finance (4)
  • Personal Development
  • Organizational culture
  • Leadership (2)
  • Legal Issues
  • Quality
Take Home Messages

- The educational mission is alive in GIM
- There are resources out there, but you have to know where to look
- You can grow your own with minimal resources
- Look for your young and your mid career leaders
Thank You