Innovations in Ambulatory Education

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Overview

• Teaching and learning in ambulatory settings
• Innovations in medical student education
• Innovations in IM residency education
• Opportunities for Division Chiefs and Leaders
Learning in Clinical Settings

Innovations in Education

Innovations in Practice

The double helix of workplace learning

Teaching & Learning

• Clinical (workplace) learning is experiential
  – Concrete experience, Reflection, Abstract conceptualization, Active experimentation
• Teaching is not facilitating learning
• The ‘hidden curriculum’ = ‘Values’
  – How time is distributed and/or disrupted
  – How progress or competency is assessed
  – How well the learning environment functions
Teaching & Learning

• Clinical (workplace) learning is experiential
  – Concrete experience, Reflection, Abstract conceptualization, Active experimentation
• Teaching ≠ facilitating learning
• The ‘hidden curriculum’ ≠ ‘Values’
  – How time is distributed and/or disrupted
  – How progress or competency is assessed
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Innovations in Medical Student Education

• Externally imposed change: LCME
  – Excessive reliance on passive learning (lectures)
  – Lack of central management of curriculum
  – Lack of alignment between basic sciences and clinical sciences

• Early acculturation to clinical settings
  – Dartmouth: “Quality Improvement Pros”

• Longitudinal Integrated Clerkships (LICs)
  – “Third year” of medical school
  – Cambridge Hospital, UCSF (3 sites), South Dakota
Evidence for LICs

- **Relationships with Faculty**
  - Faculty appreciate seeing students develop
  - Students spend greater time with faculty, more satisfied
- **Relationships with Patients**
  - Deep connection with patients, more patient-centered
  - Students support by listening, informational continuity
- **Continuity with Systems**
  - Progressive patient responsibility, earlier entrustment
  - Sharing information across settings
- **Culture, Values, Attitudes**
  - Preserve patient-centered attitudes, less cynical
  - Create self-conception of physician role, identity formation
- **Learning and Responsibility**
  - Acquisition of skills
  - Acquisition of knowledge measured by exams

Innovations in IM Residency Education

- Externally imposed change: RRC/ACGME
  - 130 half-day clinic sessions
  - Duty hour regulations
- Re-design for longitudinal continuity experience
  - Cincinnati Long Block
  - Other Block innovations
  - SF VA EIP “8+8” partnerships
  - “3+1” and “4+2” structures
- Friday School
  - 3-hour blocks of active, case-based learning
  - Residents separate from Interns
  - Attending takes residents’ pagers, Residents take interns’ pagers
  - Comprehensive curriculum with active learning
Cincinnati Long Block

- **Advantages**
  - Enhanced resident-patient continuity for unpredictable needs
  - Improved residents’ responsibility and accountability for measured quality of care
  - Integrated quality improvement instruction into practice
  - Friendly competition among mini-teams or teamlets regarding improvement efforts
  - Personalized feedback on population management, improved investment in improvement

- **Challenges**
  - Conflicts with subspecialty rounds, conferences
  - Risk of two-tiered care (Pre-long block versus long block residents)
  - Required significant resources to re-design inpatient services
  - Few residents maintained their continuity clinic practice at the end of the long block

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**Learner Perception Survey Results**

<table>
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<tr>
<th>ATTRIBUTE</th>
<th>PRE-POST LB Change</th>
<th>P-values</th>
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<tbody>
<tr>
<td>Time for learning</td>
<td>+1.50</td>
<td>0.0004</td>
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<tr>
<td>Ability to focus in clinic without interruption</td>
<td>+1.12</td>
<td>0.0057</td>
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<tr>
<td>Ability balance IP and OP duties on clinic days</td>
<td>+1.59</td>
<td>0.0018</td>
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<tr>
<td>Overall satisfaction with learning environment</td>
<td>+0.59</td>
<td>0.0075</td>
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<tr>
<td>Overall satisfaction with clinical environment</td>
<td>+0.89</td>
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<tr>
<td>Personal reward from work</td>
<td>+1.11</td>
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<td>Relationships with patients</td>
<td>+0.66</td>
<td>0.0001</td>
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<tr>
<td>Sense of ownership</td>
<td>+1.06</td>
<td>0.0002</td>
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<tr>
<td>Rate value of CC</td>
<td>+1.15</td>
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Other Block Innovations

• Strategies for separating IP and OP
• 8+8 Model at SFVA
  – Second and third year residents
  – Partners with shared panel of patients
  – Improved continuity of care (~74% of the time)
• 3+1 Model at Oregon
  – Dedicated ambulatory practice each block
  – Integrates practice management, QI, team building
  – Early results—residents are more satisfied, more engaged in practice

VHA Centers of Excellence in Primary Care Education

• 5 Centers funded $1 million/yr x 5 years
  – Boise, Cleveland, San Francisco, Seattle (VA Puget Sound), West Haven (VA Connecticut)
• Patient-Aligned Care Teams (PACT)
• Core concepts
  – Shared decision-making
  – Sustained relationships
  – Interprofessional collaboration
  – Performance improvement
• Challenged to form new working relationships
  – VA with affiliates
  – Between Schools and Programs
  – Among trainees of different disciplines
Global Primary Care

- Massachusetts General Hospital
- Theme: *Health Equity*
- Accredited 4-year IM residency (Fall, 2011)
  - ABIM Board eligible
  - MPH degree
- 10 months in longitudinal primary care
  - Chelsea neighborhood of Boston
  - Uganda

Opportunities for ACLGIM Members

- Pilot medical student clinical programs
  - Early experiences on QI teams, data manager role
  - Longitudinal Integrated Clerkships
- Pilot Interprofessional Education
  - Find programs seeking clinical sites (Nursing, Pharmacy, Psychology, etc.)
  - Create shared curricular experiences with reflection
- Implement Chronic Care Model
  - Many active sites from the ACCC/CA-ACCC
  - Head start on PCMH transformation
- VA Academic “PACT” transformation
  - Residency programs with VA teaching clinics
  - Opportunity to study academic PACT implementation