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
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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

http://www.tulanemedicine.com/programinfo/fridayschool.html

  - 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

Learner Perception Survey Results

ATTRIBUTE	PRE-POST LB Change	P-values
Time for learning	+1.50	0.0004
Ability to focus in clinic without interruption	+1.12	0.0057
Ability balance IP and OP duties on clinic days	+1.59	0.0018
Overall satisfaction with learning environment	+0.59	0.0075
Overall satisfaction with clinical environment	+0.89	0.0156
Personal reward from work	+1.11	0.0042
Relationships with patients	+0.66	0.0001
Sense of ownership	+1.06	0.0002
Rate value of CC	+1.15	0.0016

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