Implementing a New R1 Orientation

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Implementing a New R1 Orientation

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Implementing a New R1 Orientation

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The Situation at ETSU-JC: 2/11

- Long-standing R2 “Family Medicine Essentials” rotation with ETSU-B and ETSU-K unraveling
- Relatively new PD, with faculty shortage x 2
- Former faculty members arrange precepting coverage one day per month
- Hospital service provides mostly indirect supervision of R1 duties
Setting the Stage

• In February, 2011 ACGME e-Communication confirmed the proposed new Common Program Requirements were adopted, and that specialty-specific PR’s were pending

• Faculty brainstorming at 2/11 retreat came up with 3 viable options for “direct supervision”

• Residents chose R1 “orientation” at R-PD mtg

• Faculty planned the rotation at April retreat
G & O: Benefits Envisioned

• Faculty saw tremendous potential in a July R1 rotation, including:
  – R1’s could be approved for indirect supervision
  – Faculty could assess R1 strengths and weaknesses
  – Initial individualized study plan feasible: an “IEP”
  – Faculty could teach ACGME competencies well
  – Team-based care, PCMH preparation, introduced
  – R1’s can become much more comfortable with clinic, colleagues, and Allscripts
Goals and Objectives

• Review history, physical exam, procedural, EBM, and communications skills of each R1
• Test R1’s on independent H & P performance
• Based on the demonstrated strengths and weaknesses, develop an “IEP” for each R1
• Familiarize each R1 with:
  – Clinic and hospital operations
  – Interdisciplinary, team-based care
  – ACGME competencies
Time Crunch

• ACGME requirements took effect 7/1/11
• Planning for rotation: faculty retreat 4/29/11
• All faculty members offered to participate:
  – Drs. Schweitzer and Holt: History-taking
  – Drs. Garrett and Gerayli: Physical exam
  – Even FM Department Chair, Dr. Franko, took EBM
  – Dr. Cat Glascock, Professor of Education at ETSU, assisted with the first history-taking session
Show Time!

• First session on using Allscripts, Dr. Woodside
• Afternoon session an introduction, class on ACGME competencies, espec. professionalism
  – Dr. Holt presented actual, challenging cases
  – End-of-life care and working with distraught families covered in half of the 6 scenarios
  – After these sessions, weekend and July 4th followed; one R1 hospitalized/dropped out
  – Session evaluations with great feedback
History-Taking Sessions

• 1\textsuperscript{st} session by Dr. Glascock talked about learning styles and patient experience; useful, but must add physician and patient speakers.

• 2\textsuperscript{nd} session by Dr. Schweitzer addressed history in serious acute illnesses. Combined triage skills with ability to obtain concise hx.

• 3\textsuperscript{rd} session starred R2 residents, portraying scripted patients with common hospital diagnoses.
Testing of History-Taking

• An extra OSCE held for R1 residents, testing history-taking skills
• History-taking session #3 staggered entry of the R1’s:
  – Each R1 had the opportunity to interview first
  – After each interview, the R1 completing the interview would sit as an observer, and a new R1 would enter the room to do the next interview
  – R1’s learned from each other; faculty could assess skills on 5 different cases
Part 2: Physical Exam Skills

Based on Stanford 25

Dr. Fereshteh Gerayli
Dr. Allan Garrett
Dr. Jim Holt
Physical Exam Skills

• Interns have had OSCE’s with standardized patients for past few years

• OSCE’s designed to:
  - evaluate interns’ competencies in different areas
  - Feedback on areas of competencies
  - Brief physical exam evaluation
R1 Physical Exam Session Objectives

• To comply with new ACGME requirements
• To give interns clinical skills they can use for the rest of their careers
• To avoid missing a diagnosable and treatable condition
• To increase reliance on physical exam rather than imaging and lab studies
• To standardize a skill set for all interns with varied background knowledge and experience
Workshop Session Resources

• *Stanford 25* physical exam descriptions and videos
• *Bates* physical exam videos
• *You Tube* videos of normal and adventitious breath sounds
• *You Tube* videos of heart exams for S1, S2, and murmurs
Workshop Session Techniques

• Instructors watched *Stanford 25 & Bates* videos in preparation
• *You Tube* videos of heart and lung exams were reviewed; best ones shown to interns
• Source of information given as reference
• Instructors used interns as patients to demonstrate exam techniques
• Interns practiced techniques on each other
Physical Exam Components

• Neurologic exam, knee and shoulder exam, abdominal exam, exams of eyes, lymph nodes, thyroid, and jugular vein: intern volunteers
• Heart and lung exam: You Tube videos
• Gait abnormalities: Stanford 25 videos
• Male and female pelvic exam and breast exam: mannequins
• To reinforce pelvic exam techniques:
  - session with gynecological teaching assistants a few months later
• To reinforce physical exam skills:
  - interns examined patients with abnormal physical exam findings on our hospital service
• To evaluate R1 physical exam skills:
  - half day in nursing home was planned, but not completed due to unforeseen faculty unavailability
Additional Sessions

- Dr. Allan Garrett
- Dr. Jim Holt
- Dr. Fereshteh Gerayli
Communications Sessions

• **Standardized Patient Interview** (Interactive):
  – Objective criteria evaluated by physician
  – Subjective aspects critiqued by psychologist

• Also included:
  – Communications exercises and method
  – Taped office visit
Interdisciplinary Sessions

• Pharm D reviewed roles of all members of the interdisciplinary team, especially pharmacy team and social worker
• Community resources introduced
• Plans already in place for training as members of the interdisciplinary team in the patient-centered medical home next year
  – Replacing concept with reality of PCMH team
Hospital Observation

• Morning rounds
• Tour of hospital
• Introduction to the hospital medical records
• Practice of Physical Exam skills
  – Utilizing selected patient volunteers
Evidence-Based Medicine

• Session #1: An introduction to computer services and available databases by medical librarians
• Session #2: On the theory and practice of EBM by Dr. John Franko, one of the originators of the concept (while at UVA—close associate of Dr. David Slawson)
Procedures

- Introduction to Minor OR, endoscopy suite, and treadmill area
- Indications and contraindications to procedures performed at Johnson City FMC
- “Pig Lab”: Surgical technique, via lecture, plus hands-on cutting and sewing, using pigs’ feet
- Session on GYN procedures (Dr. Gerayli)
Part 4: Putting It All Together

Dr. Jim Holt
Dr. Allan Garrett
Dr. Fereshteh Gerayli
ACGME Competencies #1

• Patient Care: EHR, Hx 1-3, OSCE 1-2, PE 1-5, Procedures 1-3, HPS 1-2, Hospital Obs
• Medical Knowledge: Hx 1-3, PE 1-5, OSCE 2, Tape, Proc 1-3, HPS 1-2, EBM 1-2, Hosp Obs
• Problem-Based Learning: OSCE 1-2, Taped OV, Competency-Based Self Assessment, Summary
• Communications/IT: OSCE 1-2, Comm 1-2, Tape, EBM 1-2
ACGME Competencies #2

• Professionalism: Intro/Scenarios, OSCE 1-2, Summary session

• Systems-Based Practice/Team-Based Care: Interdisciplinary 1-2, Hosp Obs, HPS 1-2
  – Keeping R1’s together 1st month formed the class into a more cohesive unit than seen in prior years.
  – Successful application for PCMH made 12/11.
Evaluation

- Hx: OSCE 2 and Hx session #3
- PE: OSCE 2 and PE Testing session #5 at NH
- Teamwork: HPS 1-2
- Competencies: Competency-Based Self-Assessment, Summary session
- “IEP” for each resident: Summary session
- R1 feedback on sessions: Feedback form
Feedback Form

• List name of session and presenter
• What aspects of this session did you find helpful? Why?
• What aspects were not helpful to you? Why?
• How could this material be taught more effectively?
• Overall session score: 1-5
Useful Feedback

- Use an actor or standardized patient for cases in the scenarios and the history-taking test
- Examine actual patients before the PE test
- Add videos from endoscopic procedures during the procedure sessions
- Perform searches during 1\textsuperscript{st} EBM session, and cover accepted “medical truths” EBM changed
- Add pediatric urgencies and emergencies
Self-Assessment and Summary

• Performance in each of the competencies noted: Needs improvement vs. Adequate vs. Good. Performance separated out by tasks done: OSCE, communications sessions, tape, and clinic observation rated for Comm/IT.
• Recommended level of supervision stated.
• Overall summary of performance given.
• Individualized education plan drafted.
Conclusions

• Thorough preparation for several R1 duties—hospital care, clinic care, performing searches and procedures, handling urgencies—can result from an R1 orientation, using resources available to most family medicine residencies.

• Concurrently, faculty can assess an R1’s weaknesses, strengths, and teamwork skills, and make an individualized instruction plan.