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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

- 1st session by Dr. Glascock talked about learning styles and patient experience; useful, but must add physician and patient speakers
- 2nd session by Dr. Schweitzer addressed history in serious acute illnesses. Combined triage skills with ability to obtain concise hx
- 3rd 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 <u>evaluate</u> 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 1st 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