CREATING INTEGRATED, LONGITUDINAL TRAINING EXPERIENCES IN RESIDENCY IMPLEMENTATION STRATEGIES AND BARRIERS TO CONSIDER

APPD Spring Meeting 2014, Chicago IL

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• Welcome and Introductions

• Comparing the Rotation-Based Model to Integrated, Longitudinal Training Experiences
  o History and review of the literature
  o Identifying potential rotations to integrate and barriers

• Building an Integrated, Longitudinal Training Experience
  o The Keystone Experience
  o Building your own integrated block: Anticipating Barriers, Identifying Stakeholders, Proposing Next Steps, Making it Happen

• Wrap-up
WHO BELIEVES THAT SOME DISCIPLINES MIGHT BE BETTER TAUGHT IN AN INTEGRATED, LONGITUDINAL WAY?
Lack of facilities, resources, ideals

Need for improved structure and process of training with scientific basis

The clinical rotation
CHALLENGES OF ROTATIONS

- Immersion vs. duration
- Meaningful Assessment & Feedback
- Multi-disciplinary teamwork
- Socialization
- Quality Improvement
- Flexibility & Coping
- Individualized Learning
LESSONS FROM LONGITUDINAL, INTEGRATED CLERKSHIPS IN MEDICAL SCHOOLS

Consortium of medical schools with longitudinal, integrated clerkships
Harvard Medical School, Univ. of Washington SOM, Univ. California San Francisco SOM, Univ. of Minnesota Medical School, Univ. of South Dakota SOM, Univ. of North Dakota SOM, West Virginia Univ. SOM, Northern Ontario SOM, Univ. Of Queensland SOM, Univ. of British Columbia SOM, Univ. of Melbourne School of Rural Health

• Trainees learn from patient care in more meaningful ways
• Inspires commitment to professionalism, advocacy, and idealism
• More authentic multidisciplinary teamwork
• More consistent and higher-quality feedback and assessment
• Longer and integrated learning environment across disciplines allows trainees to address clinical problems repeatedly and at progressively more inter-related and complex levels
• Fewer transitions
• Requires logistical coordination and faculty development
WHAT CAN INTEGRATED, LONGITUDINAL TRAINING EXPERIENCES OFFER RESIDENCY TRAINING?

The Ambulatory Long Block at the University of Cincinnati Academic Health Center Internal Medicine Residency Program

- Year-long experience combining 3 half-day clinics/week with elective and research experiences and minimal overnight call
- Greater satisfaction and reward from patient relationships
- Shifted sense of professional responsibility
- Dramatic improvement in care
- Strengthened sense of interdependence and teamwork among multidisciplinary group
- Investment in QI efforts
- Significant logistical coordination and faculty development
SMALL GROUP DISCUSSION #1

Discuss part 1 of the worksheet and be prepared to report back on:
(1) which rotations in your program would be most amenable to an integrated, longitudinal training experience
(2) barriers to consider

<<20 minutes to discuss>>>
PRAGMATIC DESIGN:
THE KEYSSTONE EXPERIENCE

Boston Combined Residency Program
GOALS OF KEYSTONE

• Improved developmental pediatrics experience including a longitudinal, continuity developmental clinic
• Advocacy training for all residents
• Clinical venue for applying advocacy training
• Strengthened primary care experience
• More true-to-life outpatient pediatrics exposure
• Robust, reliably scheduled seminars in developmental and community pediatrics
EARLY DECISIONS

• What do we want residents to learn?
• What do we include alongside advocacy and development?
• How often will residents transition?
• How do we best solicit resident input?
• How predictable can we make the schedule?
BARRIERS

• Buy-in from participating specialties
  – Self-identified problems, promise of long-term improvements
  – Lots of work, untested, might fail

• “Put it in Keystone”
  – Cross-coverage
  – Required curricular elements

• Transportation

• Less frequent exposure particularly in ED

• Logistics
• Identified a champion in each discipline
• Met with stakeholders in each discipline multiple times
• Multiple resident town hall meetings

• Injected predictability
• Delegated curriculum but made suggestions
• Created tools to support logistics
ONGOING EFFORTS

- Duty hours
- Eliminating repetitive content
- Improving synergy
- Preparing deliberately for transition back to inpatient experiences
- Logistics
QUESTIONS?
Discuss part 2 of the worksheet and be prepared to report back on: three themes/debates/epiphanies that your group believes are most important to share

<<<<30 minutes to discuss>>>>>
TAKE AWAYS

1. List of disciplines that could be building blocks for an integrated, longitudinal training experiences

2. Action plan for creating an integrated block in your own program and anticipating barriers
THANK YOU

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