

11-11-2016

WISE-Family Medicine: A Statewide Faculty Development Collaborative

Deborah Simpson

Kjersti Knox

Anne Getzin

John R. Brill

Melissa M. Stiles

Jeffrey A. Morzinski

Follow this and additional works at: <http://digitalrepository.aurorahealthcare.org/jpcrr> Part of the [Interprofessional Education Commons](#)

Recommended Citation

Simpson D, Knox K, Getzin A, Brill JR, Stiles MM, Morzinski JA. WISE-Family Medicine: a statewide faculty development collaborative. *J Patient Cent Res Rev.* 2016;3:241.

The mission of the Journal of Patient-Centered Research and Reviews (JPCRR) is to further the ongoing quest for new knowledge by providing a medium for the communication of clinical research, with the purpose of improving the quality of human health, the care of the individual patient, and the care of populations.

Aurora.org/Journal

CRC death, making early CRC screening an imperative. While the Wisconsin Collaborative for Healthcare Quality ranks Aurora Health Care as eighth out of 20 systems in Wisconsin (77.6% from 2014 Q3 to 2015 Q2), local data analysis identified age as the largest disparity gap. Analyzing local population REAL/gender data provides key insights to support initiatives to reduce health disparity gaps and further progress toward achieving the Triple Aim for health care.

WISE-Family Medicine: A Statewide Faculty Development Collaborative

Deborah Simpson, Kjersti Knox, Anne Getzin, John R. Brill, Melissa M. Stiles, Jeffrey A. Morzinski

Departments of Academic Affairs and Family Medicine, Aurora UW Medical Group; Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health; Department of Family and Community Medicine, Medical College of Wisconsin

Background: In many states, family medicine residencies and medical schools compete clinically for patients, educationally for trainees and, more recently, for community preceptors (CPs). As Wisconsin's medical schools and health care systems have expanded their geographic footprints, our CPs now teach trainees from competing institutions. Yet residency and medical student accrediting bodies require faculty *and* preceptor development.

Purpose: To evaluate the impact of a statewide collaborative of family medicine educators on meeting faculty development needs of our CPs and collaborative members.

Methods: Faculty development leaders representing the three largest family medicine residency training sponsors in the state created the Wisconsin Institute of Scholars & Educators in Family Medicine (WISE-FM). This statewide collaborative of family medicine educators is comprised of 3 to 4 representatives per sponsor — both junior and senior educators to further support their development as faculty — committed to developing common preceptor clinical teaching tools. Through online discussions and half-day WISE-FM meetings, WISE-FM participants identified preceptor development needs and designed highly regarded clinical teacher infographics for these priority topics. These tools are available for use statewide, providing CPs with a consistent teaching approach. To determine infographic value, a brief (< 5 items) parallel form survey was distributed to and voluntarily completed by: 1) CPs who received the infographics, and 2) WISE-FM participants. Item results on a 5-point Likert scale (5 = strongly agree, 1 = strongly disagree) were analyzed using descriptive statistics.

Results: Forty-two CP infographics recipients and the 11 WISE-FM participants completed the evaluations. Results revealed that faculty development infographics were a time-efficient (CP: 4.1, WISE-FM: 4.2) and effective way (CP: 4.0, WISE-FM: 4.2) to enrich skills as clinical teachers. Both groups intend to or have incorporated the infographics into their own teaching (CP: 4.2, WISE-FM: 4.2). WISE-FM respondents strongly

agreed (4.6) that the overall “returns” from participating were worth their investments (time, effort).

Conclusion: The WISE-FM provides a statewide faculty development model that can be adopted by others to meet accreditation requirements for CP teaching skill development through shared authoring of CP development resources while concurrently advancing the development of WISE-FM participants.

Evaluation of Preoperative Anemia and Transfusion Requirements in Adult Liver Transplant Recipients

Parissa M.N. Moghimi, Erika A. Aldag, Rachel Pedersen, Ajay Sahajpal, Jacob N. Clendenon, Vikraman Gunabushanam, Mehraboon S. Irani, David J. Kramer

Departments of Pharmacy, Abdominal Transplant, Transfusion Services and Critical Care Medicine, Aurora Health Care

Background: Liver transplantation is often associated with massive blood loss due to surgical complexity and the hemostatic abnormalities of end-stage liver disease. Blood transfusions have been associated with increased risk of infection, multiorgan dysfunction, graft loss and mortality.

Purpose: To determine for liver transplantation whether correlation exists between preoperative anemia and transfusion requirements, length of stay or incidence of postoperative infection.

Methods: A retrospective review of liver transplantations from Jan. 1, 2012, to June 30, 2015, was conducted. Packed red blood cell (PRBC), fresh frozen plasma (FFP), platelet and cryoprecipitate units were collected preoperatively, intraoperatively and within the first 48 hours postoperatively. Cox proportional hazards model was used to model the outcome of infection. Linear regression was used to model the outcomes of postoperative length of stay and blood use.

Results: Of the 112 patients, mean age was 56 years, mean Model for End-Stage Liver Disease score was 27 and mean preoperative hemoglobin was 10.5 g/dL. Lower preoperative hemoglobin was significantly associated with increased preoperative PRBC, platelet and cryoprecipitate use ($P<0.04$) as well as increased intraoperative PRBC, FFP, platelet and cryoprecipitate use ($P<0.0001$). Preoperative PRBC, FFP, and platelets as well as intraoperative PRBCs were associated with longer length of stay ($P<0.045$). Each g/dL decrease in preoperative hemoglobin was associated with a 26% increased risk of infection in univariate models (hazard ratio [HR]: 1.26, $P=0.01$). Longer length of stay and higher preoperative cryoprecipitate, intraoperative FFP and postoperative FFP also were associated with increased risk of infection. More units of preoperative cryoprecipitate (HR: 1.07, $P<0.01$), fewer units of postoperative cryoprecipitate (HR: 0.19, $P<0.01$) and more units of postoperative FFP (HR: 1.75, $P<0.01$) were associated with infection in multivariable stepwise selection.

Conclusion: Lower preoperative hemoglobin was associated with increased preoperative and intraoperative transfusion