Can a CME Case Conference Series Create a Community of Practice in a Group of Hospitalist Physicians?

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**BACKGROUND**

**NEED**
- Adult medicine hospitalists have high clinical workloads and need to keep up-to-date1.
  - Report feelings of isolation, poor socialization with limited forums to collaborate and learn together as colleagues1.
  - Excessive workload, clerical burden, feelings of isolation and limited relationships with colleagues have been associated with physician burnout1,2.
- Continuing medical education (CME) supports physician learning yet limited data regarding impact of locally run longitudinal CME series on decreasing physician feelings of isolation and poor socialization.

**WENGER’S COMMUNITY OF PRACTICE (CoP) FRAMEWORK**
- Learning in its social dimensions by locating learning in the relationship between the person and the world3.

**AIM**
To develop and describe a community of practice amongst a group of hospitalist physicians through a longitudinal structured CME activity.

**METHODS: SETTING & FORMAT**

**SETTING**
- 167 bed community teaching hospital, 11 FT hospitalists.
- Traditional Case Conference provides formalized venue to learn from challenging clinical cases.
- Structured using Harden’s CRISIS criteria for effective CME4.
  - Every 2 months for 60-90 min.
  - Volunteer presents a challenging case using >1 criteria:
    - Rare diagnosis or presentation
    - Challenging management
    - Common yet controversial treatment

**CASE CONFERENCE FORMAT**
- Introduction: Facilitator welcomes participants (1st author).
- Session Case Presenter (Adult Medicine Hospitalist)
  - Reviews Educational objectives
  - Presents the case; Clinical questions posed at strategic points
- Open Discussion
  - Attendees offer perspectives, ask questions, and reflect on each others experiences
- Evaluation: Completed immediately at end of session

**A COMMUNITY OF PRACTICE DEVELOPS**

**3 Elements - when developed in parallel - cultivate a CoP3**

1. **Alignment in a Domain:** CoP’s identity defined by members sharing a domain of interest.
   - Cases identified based on member defined criteria

2. **Engagement in the CoP:** Members participate, engaging in joint activities and case conference discussions

3. **Imagining Practice:** Members share a common interest & are practitioners: envisioning alternatives and compare to practice.
   - Adult Medicine Hospitalists in a community based hospital

**APPLYING CoP PRINCIPLES TO CLINICAL CASE CONFERENCE SERIES5**

Connecting practice (case conference) to community (participating hospitalists)

**OUTCOMES**

**PRELIMINARY RESULTS**

**STARTED:** November 2015 (n = 7)

**TOPICS:** Range from common yet controversial (e.g., diagnosis of atypical chest pain, submassive pulmonary embolism) to more rare entities (e.g., mononeuritis multiples)

**SESSION ATTENDANCE:** > 7 participants /session; 60% hospitalists

**SESSION EVALUATIONS/IMPACT:**
- Participants highly rate session; report positive impact on patient care 2-3 mos. post sessions.
- Excellent presentation. I enjoyed the prompted audience participation; Loved it especially the Dr. House part, we should do this more often!

**NEXT STEPS & CONCLUSIONS**

**SHORT TERM**
- Semi-structured interviews with participants to determine elements they identify as contributing (or not) to a CoP.
  - CoP elements hypothesized as associated with this CME activity: include strong, visible leadership support, open-safe discussion environment, relevance to practice.

**LONG TERM**
- Replicate with other CME activities - grounded in social learning theories - to decrease physician isolation + increase recognition of its members as a community of practice.

**REFERENCES**