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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

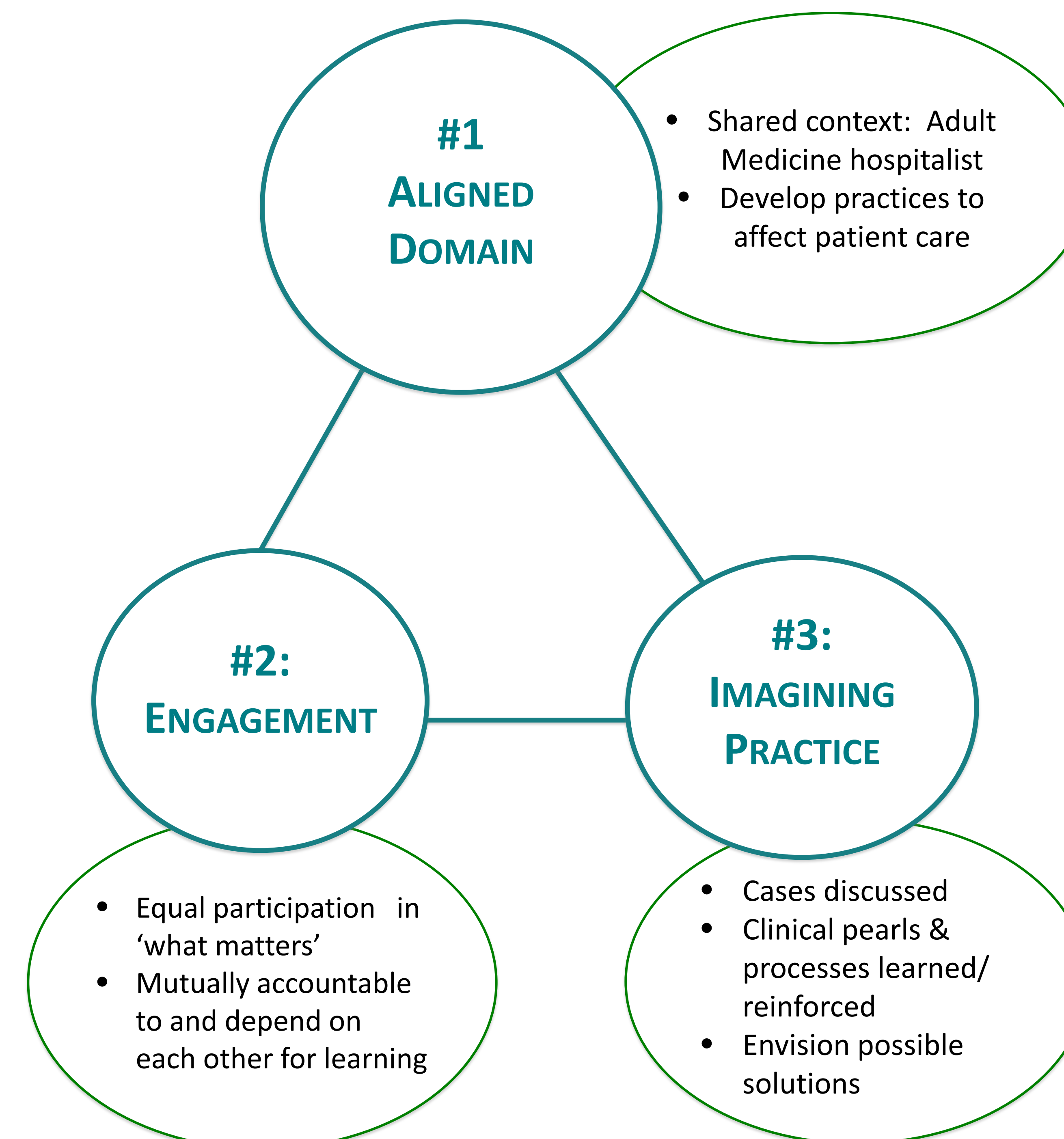
OUTCOMES

A COMMUNITY OF PRACTICE DEVELOPS

3 Elements - when developed in parallel - cultivate a CoP³

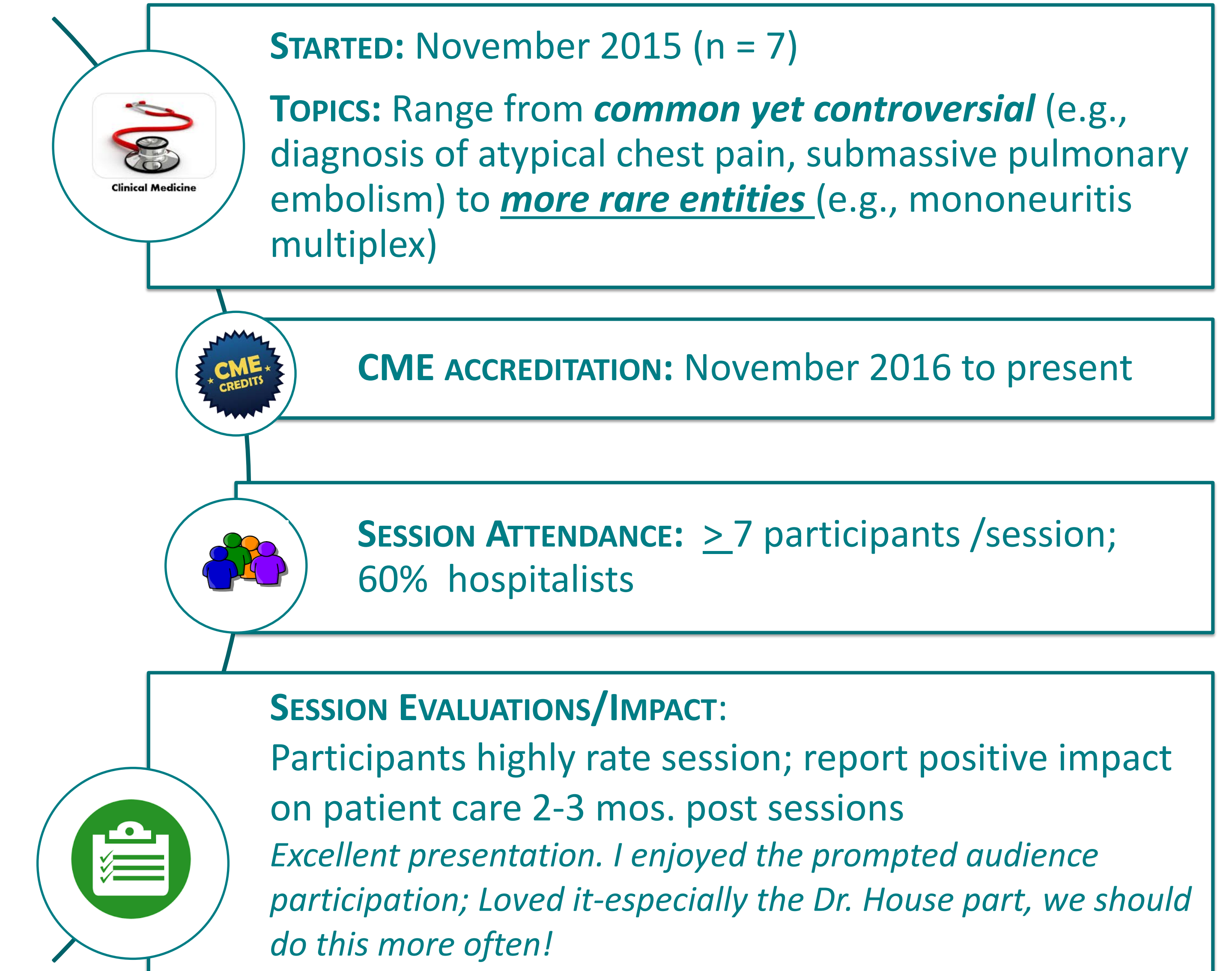
1. **Alignment in a Domain:** CoP's identity defined by members sharing a domain of interest
 - ✓ Cases identified based on member defined criteria
2. **Engagement in the CoP:** Members participate, engaging
 - ✓ In joint activities and case conference discussions
3. **Imagining Practice:** Members share 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)



Adult Medicine Hospitalists: Clinical Case Conference Series as CoP

PRELIMINARY RESULTS



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

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