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

Lonika Sood
*Aurora BayCare Medical Center, lonika.sood@aurora.org*

Deborah Simpson
*Aurora Health Care, deb.simpson@aurora.org*

Janet Riddle
*University of Illinois-Chicago College of Medicine*

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

Lonika Sood,¹ ² MD, Deborah Simpson, PhD, ³ ⁴ Janet Riddle, MD

¹ Aurora Health Care – Green Bay; ² University of Wisconsin School of Medicine and Public Health; ³ Aurora Health Care – Milwaukee, ⁴ University of Illinois - Chicago

BACKGROUND

NEED
• Adult medicine hospitalists have high clinical workloads and need to keep up-to-date¹
  o Report feelings of isolation, poor socialization with limited forums to collaborate and learn together as colleagues¹
  o Excessive workload, clerical burden, feelings of isolation and limited relationships with colleagues have been associated 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 group of hospitalist physicians through a longitudinal CASE CONFERENCE FORMAT
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CASE CONFERENCE FORMAT
- Introduction: Facilitator welcomes participants (1st author)
- Session Case Presenter (Adult Medicine Hospitalist)
  o Reviews Educational objectives
  o Presents the case; Clinical questions posed at strategic points
- Open Discussion
  o 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)

#1 ALIGNED DOMAIN
- Shared context: Adult Medicine hospitalist
- Develop practices to affect patient care

#2: ENGAGEMENT
- Equal participation in 'what matters'
- Mutually accountable to and depend on each other for learning

#3: IMAGINING PRACTICE
- Cases discussed
- Clinical pearls & processes learned/reinforced
- Envision possible solutions

Next STEPS & CONCLUSIONS

SHORT TERM
• Semi-structured interviews with participants to determine elements they identify as contributing (or not) to a CoP
  o 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

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 multiplex)
- 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!

REFERENCES


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For more information, please contact Lonika.Sood@aurora.org