WISE-Family Medicine: A Statewide Faculty Development Collaborative

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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.

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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.

Evaluation of Preoperative Anemia and Transfusion Requirements in Adult Liver Transplant Recipients
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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 associated with increased risk of infection, multiorgan dysfunction, graft loss and mortality.

Conclusion: Lower preoperative hemoglobin was associated with increased risk of infection during liver transplantation.

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.