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
  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 learn from challenging clinical cases
• Structured using Harden’s CRISIS criteria for effective CME4
  o Every 2 months for 60-90 min
  o 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 CoP5
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


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

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