Changing Systems Curriculum

Goal: to prepare residents to lead change in their future practices in order to provide better care to their patients

Objectives:

Team Leadership

Describe basic concepts of leadership relevant to medical practice

Describe basic principles of team leadership and team functioning

Demonstrate the ability to lead a team

Describe different designs for effective meetings.

Participate actively in meetings using different meeting designs.

Work as effective member of interprofessional team

Describe principles of interprofessional collaboration in the practice environment

Describe the roles and educational backgrounds for members of the interprofessional practice team

Demonstrate an ability to work effectively as a member of an interprofessional team caring for patients in the Family Medicine Center

Quality Improvement and Safety

Describe principles of quality improvement

Describe the process for developing and completing a quality improvement process, including developing a global aim and specific aims for improvement; creating a process map for the process under consideration for improvement; developing outcome measures, planning and carrying out quality improvement

Demonstrate an ability to improve care for a group of patients with a specified diagnosis using a FOCUS-PDSA model of quality improvement

Identify sentinel events and near misses that indicate possible system issues that affect safety.

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Analyze a sentinel event or near miss and present a structured Morbidity and Mortality conference.

Principles of the Patient Centered Medical Home

Describe evolving models of practice within Family Medicine, including the Patient-Centered Medical Home.

Describe principles of the Patient-Centered Medical Home

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Curriculum Description

The curriculum is delivered in both longitudinal and block formats. Description of these is provided below.

Block Format

PGY-1: During the required *Outpatient Family Medicine Rotation,* residents read several articles on personnel management within the Family Medicine office, spend a half-day with nursing and front desk staff, and are given several assignments related to defining roles of staff in the office; common issues these staff encounter, and how these issues have affected the care of the resident's patients. Residents also attend a Patient-Centered Medical Home Steering Committee meeting. Residents also spend several sessions working with our RN's in our Coumadin Clinic, where the residents have the chance to see how our nurses manage and educate our patient's on chronic anticoagulation.

During the required *Essentials of Family Medicine I Rotation*, residents reflect on their leadership styles, and discuss their fears about taking on leadership of an inpatient ward team. Residents then discuss strategies for effective team leaderhip.

PGY-2: During the required "*Essentials of Family Medicine II Rotation*," residents learn about the basic principles of quality improvement using a FOCUS-PDSA model for rapid cycle change. Residents then complete, in teams, several PDSA cycles over the course of the month using mock data. Residents also discuss models of team functioning and dynamics.

PGY-3: During the required "*Essentials of Family Medicine III Rotation,"* residents learn about and discuss different models of Family Medicine, including the Patient-Centered Medical Home. Residents also discuss several models of leadership, complete a leadership survey (the Q12) and discuss these results. Residents also learn about different designs for effective meetings. They design, lead and participate in a meeting in order to solve a residency program issue. Residents also begin a Quality Improvement project, based on their clinic teams, using one of the American Academy of Family Physician's Metric modules.

Longitudinal: Residents are assigned to a clinic team in the Family Medicine Center as an incoming intern, and work on this team for their entire residency. Each team consists of front-desk staff, a registered nurse, one or more licensed practice nurses, medical assistants, nurse practitioners and faculty and resident physicians. Teams meet weekly, and resident attendance is required. Our teams have been trained in the Dartmouth Clinical Microsystems model of team functioning and quality improvement. All residents have the opportunity to take on different roles during team meetings (leader, facilitator, recorder, time-keeper), and participate in our quality improvement process. Residents also participate in regular (every 4 to 6

weeks) All Practice Meetings, where teams come together and discuss their quality work.

During the PGY-3 year, each PGY-3 resident presents a Morbidity and Mortality conference. All residents participate in these conferences, so principles of safety and analysis of events are presented to PGY-1 and PGY-2 residents regularly by their PGY-3 colleagues.

Curricular Materials

PGY-1:

Family Medicine Outpatient:

1. Changing Systems: Introduction to practice management
2. Readings for practice management
    a. Shenkel, R.; Gardner, C. Five ways to retain good staff. *Fam Pract Manage*. Nov/Dec 2004:57-58.
    b. McBride, J.; Effective work relationships: A vital ingredient in your practice. *Fam Pract Manage.* Nov/Dec 2006: 45-46.
    c. Baker, S.; Keys to a positive first impression. *Fam Pract Manage.* Jan 1998.
    d. Weymier, R. Ideas for optimizing your nursing staff. *Fam Pract Manage.* Feb 2003.
3. Coumadin Clinic: Better management of a necessary evil
4. Participate in PCMH steering committee meeting

Essentials of Family Medicine I:

1. Leadership curriculum 1: Upper level leadership course I

PGY-2:

Essential of Family Medicine II

1. Quality Improvement curriculum
    a. Intro to QI for PGY2 presentation
    b. FOCUS-PDSA Worksheet
2. Leadership curriculum 2 and 3
    a. Upper level leadership course II
    b. Upper level leadership course III

PGY-3:

Essential of Family Medicine III

1. First Break All the Rules
    a. First Break All the Rules Handout
    b. Management Basics Presentation
    c. Readings:

i. Buckingham, M. What great managers do. *The Harvard Business Review.* March, 2005.
ii. Buckingham and Coffman, First, Break All the Rules. Simon and Schuster, 1999. Business Summaries
iii. The Arbinger Institute. Leadership and Self-Deception. Berret-Koehler Publishers, 2002. Business Summaries
iv. Farson, R. Management of the Absurd: Paradoxes in Leadership. Simon and Schuster, 1997. Business Summaries.
v. Buckingham, M. The One Thing You Need to Know. Simon and Schuster, 2005. Business Summaries

2. Intentional Meeting Design
    a. Meeting Design Handbook Handout
    b. Residents design and lead/participate in a meeting to address an issue in the residency
3. New Models of Family Medicine Presentation
4. Link to AAFP Metric Modules for residents: http://www.aafp.org/online/en/home/cme/selfstudy/metric/residents.html

Longitudinal

1. Template and instructions for Morbidity and Mortality Reports
    a. FM MMC template
    b. Brief Guidance for preparing a Morbidity and Mortality Conference
    c. Readings
        i. McDonald, A and Leyhane, T. Drill down with root cause analysis. *Nurs Manage,* 2005:36(10):26-32
        ii. Stecker, MS. Root cause analysis. *J Vasc Interv Radiol.* 2007;18:5-8
2. Dartmouth Clinical Microsystems
    a. Link to Dartmouth Clinical Microsystems: http://www.clinicalmicrosystem.org/
    b. Readings
        i. Nelson E., Bataldin, PB, Godfrey, MM, ed. Quality by design: a clinical microsystems approach. John Wiley and Sons, 2007