

Innovating an Interprofessional Teaming Experience with Family Medicine Residents

Kelsie Kelly, MD, MPH

Ashley Crowl, PharmD

Laurel Witt, MD, MPhil

Hannah Maxfield, MD

Department of Family Medicine and Community Health,

University of Kansas School of Medicine

Kansas City, KS

Introductions

Disclosures

We have no disclosures.

Learning Objectives

- Describe an innovative interprofessional teaching clinic to expand residents' interprofessional skills: teaming, feedback, and clinical teaching.
- Compare resident self-assessment of interprofessional skills to faculty assessment of residents' interprofessional skills using a frame of ACGME milestones.
- Understand resident experiences within this interprofessional teaching clinic to enhance resident teaching ability, professional development, and professional identity formation.

Acronyms

- IP: Interprofessional
- IPCP: Interprofessional collaborative practice
- IPTC: Interprofessional teaching clinic
- ACGME: Accreditation Council for Graduate Medical Education
- KU: University of Kansas

Background

2000s,
Uniprofessional
Teaching Clinic
(Family
Medicine)

2009, Became
IPTC

2019, FM
Residents
Added



Background

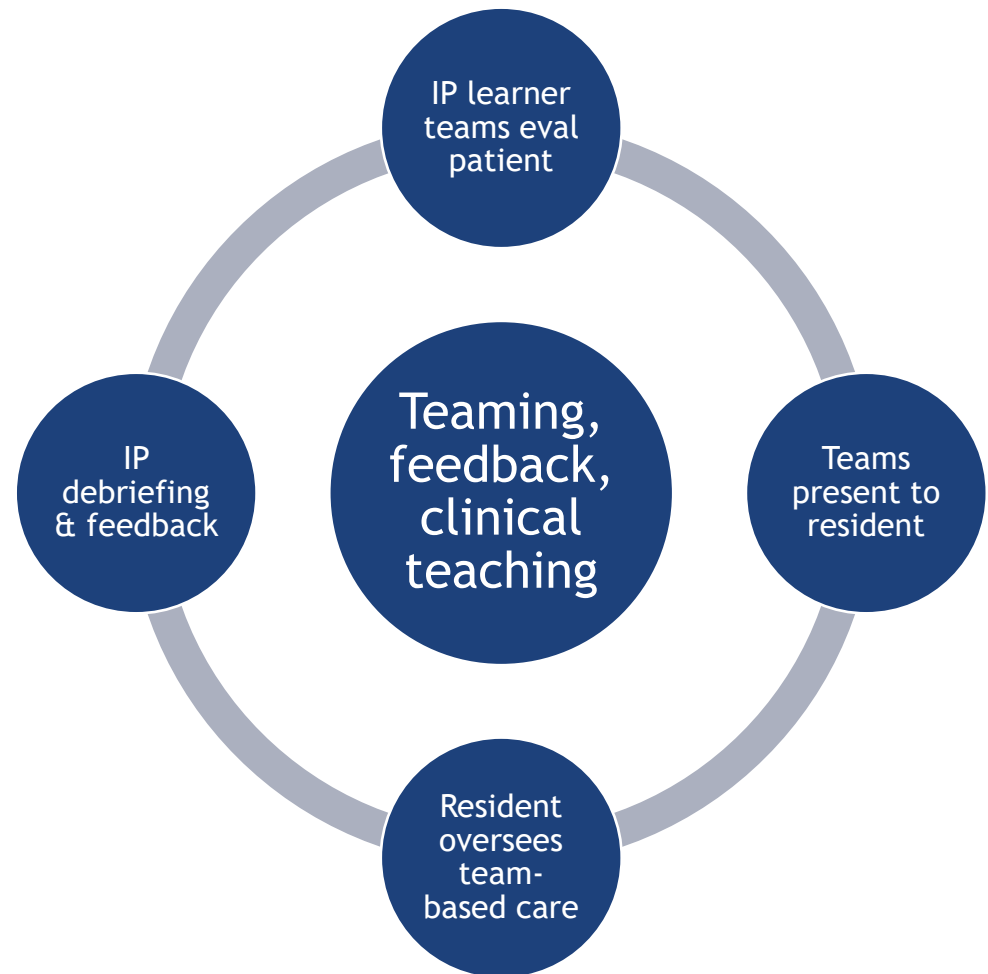
- Development of IP collaboration and leadership skills is important in graduate medical training, particularly as team-based practice becomes more prevalent
- ACGME requires programs to include interprofessional clinical opportunities
 - FM Milestones 2.0 sub-competency ICS2: Interprofessional and Team Communication
- Limited models describe resident involvement in IP learning in practice

Background – What's innovative?

- Given the decrease exposure of our residents to **synchronous outpatient team-based care** and the new ACGME requirements, we adapted IPTC to create a venue for resident professional development and acquisition of IP skills.
- Residents have opportunity to practice collaborating with and leading IP teams under faculty supervision, while providing complex care for patients and families.

Resident Innovation

In July 2019, PGY3 Family Medicine residents were added to IPTC



Methods

Methods: Evaluation

- Evaluation period: July 2019-June 2020
- IP faculty:
 - Assessed resident IP competencies (teaming, feedback, and clinical teaching) based on relevant ACGME FM Milestones
 - Provided narrative comments on resident skills.
- Residents:
 - Self-assessed on IP competencies (teaming, feedback, and clinical teaching) based on relevant ACGME FM Milestones
 - Assessed programming on:
 - Overall experience
 - Valuation of IP practice in training
 - Confidence in IP skills

Evaluation: IP Competency and FM Milestone relationship

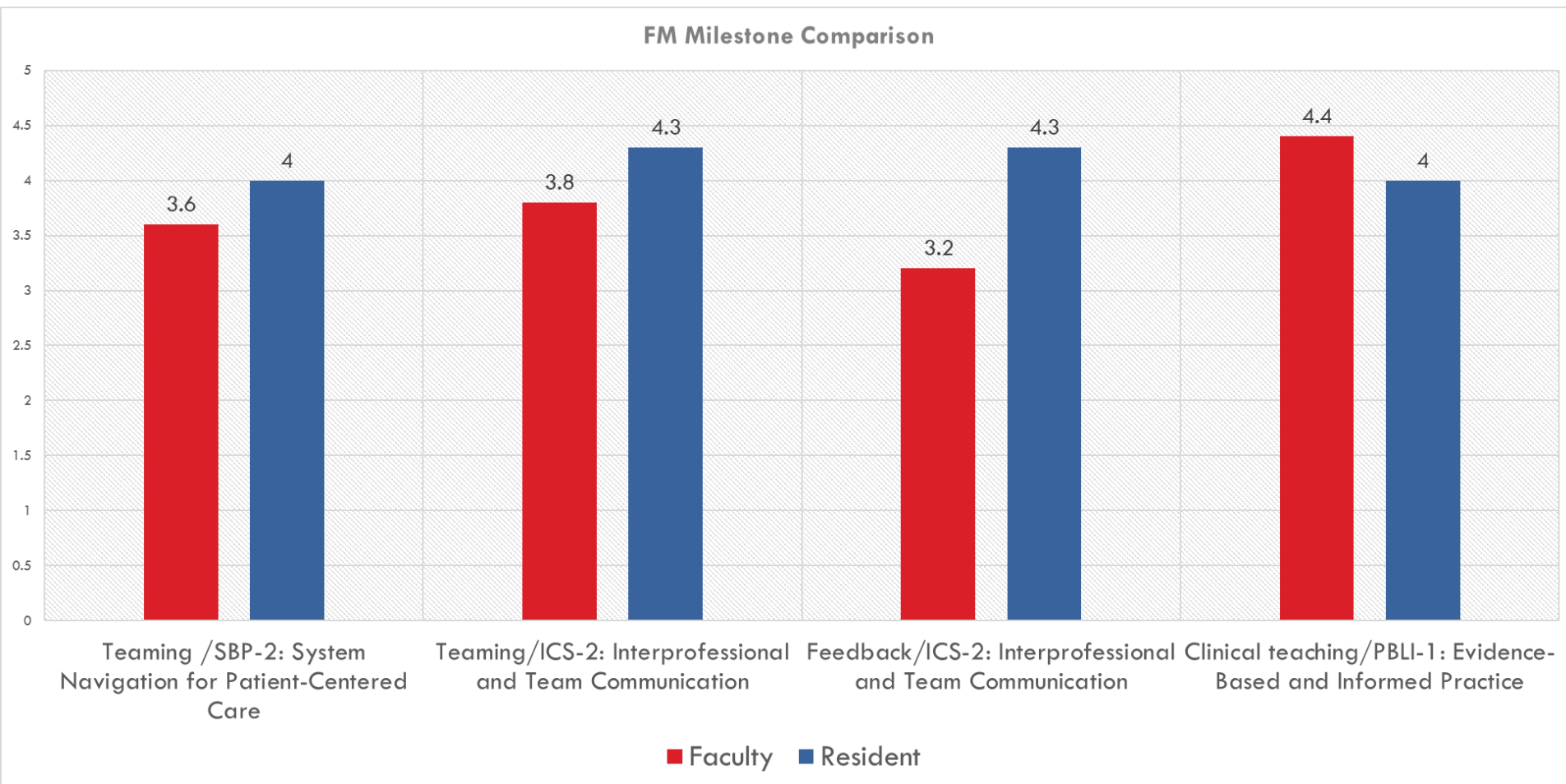
| IP Resident Competency | FM Milestone |
|------------------------|--|
| Teaming | Systems-Based Practice 2: System Navigation for Patient-Centered Care |
| Teaming | Interpersonal and Communication Skills 2: Interprofessional and Team Communication |
| Feedback Skills | Interpersonal and Communication Skills 2: Interprofessional and Team Communication |
| Clinical Teaching | Practice-Based Learning & Improvement 1: Evidence-Based and Informed Practice |

Quantitative Results

Results

- Five of 10 (50%) IP faculty completed surveys
- Seven of 9 (77%) residents completed surveys

Results



Results: Resident Survey Results

| Question: | Average* |
|--|----------|
| How would you rate your overall experience precepting in the IPTC (Interprofessional Teaching Clinic)? | 3.4 |
| How important is exposure to interprofessional collaborative practice for Family Medicine residents? | 3.6 |
| Based on your experience in the IPTC, how confident are you serving as a clinical educator of an interprofessional team? | 4.0 |
| Based on your experience in the IPTC, how confident are you providing feedback to learners? | 3.9 |
| Because of your experience in the IPTC, how likely are you to practice team-based care in a collaborative, interprofessional manner in your future? (if opportunity allows) | 3.7 |
| Based on your experience in the IPTC, how confident are you with leading an interprofessional team? | 4.0 |

*Mean scores based on Likert scale 1-5, higher scores being positive

Qualitative Results

Faculty Narrative Results

Teaming

“The residents [...] that liked to teach did exceptionally well in IPTC and their teaming skills would be stronger if they received more IPTC education earlier in their residency program.”

“It seems that generally, they did a good job with teaming skills. They seem very respectful of all perspectives on the team. ...They are a wonderful addition to the IPTC!”

Feedback

“This was probably the weakest area for medicine residents when thinking about the interprofessional team...they provided some feedback to medicine students on their documentation skills. However, I never observed them providing feedback about the other student learners...when I asked for feedback...majority of the responses were just ‘they were good’.”

“[They] provided strong feedback to the medical students but could benefit from further education on providing feedback to each member of the interprofessional team and the team as a whole.”

Clinical teaching

“I believe this is where the medical residents excelled as a group- they made sure to teach all students information and provide them resources to tools. At the beginning they tended to focus only on medicine students but progressed throughout the year being able to provide information to the entire team.”

“I think this is the residents' strongest skill area. This is what they are most experienced with prior to participating in the IPTC, generally, so this makes sense. It seems the coaching component is easier in this area than perhaps the others, again, which is to be expected.”

Qualitative Results

Resident Narrative Results

Results – Resident Comments, Program Evaluation

- “I think certain aspects of the IPTC care are valuable, but not necessarily realistic in a day-to-day running of a clinic. It would be great if patients could have all those needs addressed but **time constraints** don't really allow that. Additionally, some patients really are there just for a **simple thing** and don't want to discuss so many aspects of their lives.”
- “I really appreciated the **insight of other specialties**, particularly pharmacy.”
- “Was able to see firsthand the impact of **team-based care** on the patients’ satisfaction of care.”
- “I loved IPTC, getting to **teach** was awesome.”
- “Given many opportunities to **lead team** and feel more comfortable.”
- “I think there is value in IPTC in that it can be helpful for patients who are particularly **complicated** to have needs addressed from different points of view. I think it is **time consuming** and not reasonable for the current clinic model of see more, bill more, actually make a salary. When there aren't medical students in IPTC I would have rather just seen the patients myself because it takes a **long time** to then go back in and see the patient and address their issues. I think sometimes it opens **more cans of worms** from the patient than we have time to deal with in one clinical setting.”

Conclusions

Conclusions

- Limitations:
 - Recall bias – recent graduates asked to assess themselves and IP faculty 2 months after completion of academic year
 - Small sample size (only 1 class evaluated)
 - Disruption in IPTC due to pandemic in last two months of study period
 - Difficult to generalize
- Strengths:
 - Innovative approach to IP in ambulatory environment to allow residents to practice IP competencies of Teaming, Feedback, Clinical Teaching
 - Exposure to IP preceptors
 - Evaluations from both resident and IP faculty

Conclusions

- Residents have knowledge deficits around scopes of practice of various health professions.
- Residents accurately recognized their own deficiencies in providing feedback to learners outside their scope, however rated themselves higher on milestones than faculty
 - Residents desire increased training in providing feedback to learners and colleagues through an IP lens.
- Faculty positively evaluated the residents' teaching competencies
- Residents reported enjoying teaching in IPTC.
- This program suggests that providing ambulatory IP training opportunities involving residents is associated with good IP and teaching skills.
- Real-time leadership skills developed in IPTC may translate to practice as these residents graduate as autonomous physicians.

Conclusions

- Next steps:
 - Apply IPFS survey to resident-led IPTC experience to better inform IP facilitator skills and help fill in gaps noted on this pilot survey
- Key take aways:
 - We have described an innovative approach for residents to practice synchronous IPCP in the **outpatient** setting
 - Innovative opportunity for residents to precept students in other professions

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Questions? Contact us!

Hannah Maxfield, MD
hmaxfield@kumc.edu

Ashley Crowl, PharmD
ancrowl@ku.edu

Kelsie Kelly, MD, MPH
kkelly3@kumc.edu

Laurel Witt, MD, Mphil
lwitt2@kumc.edu