Changing Systems Curriculum

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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 leadership.

**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
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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
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:
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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


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

2. Dartmouth Clinical Microsystems
   b. Readings