

# CREATING A COMMUNITY OF PRACTICE

## THROUGH A MONTHLY DIFFICULT TEACHING CASE CONFERENCE

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### INTRODUCTION

- **CLINICAL TEACHING** requires a unique knowledge and skill set ranging from competency-based assessment to digital technologies and teaching interprofessional teams
- **ACGME EVALUATES** satisfaction with faculty development to supervise and educate residents/fellows on their annual faculty survey
- **BARRIERS TO FACULTY DEVELOPMENT**<sup>1</sup> – and the elements of successful programs/Community of Practice (CoP)<sup>2,3</sup> are well enumerated in the literature including lack of:
  - Time to prepare and incentives
  - Support for one's identity as a clinician teacher (isolation)
- **CASE DISCUSSION IS GME'S SIGNATURE PEDAGOGY**<sup>4</sup> focusing on:
  - Making the reasoning underlying the assessment, diagnosis and management of the patient's condition visible
- **CASES TEACH THE "WISDOM OF PRACTICE"**<sup>5</sup>
  - Illustrative cases are compared with experience and one observes how experienced clinicians wrestle with uncertainty

### PROJECT AIM

To implement a brief, on-going faculty development case conference series that expands participants teaching strategies and strengthens their connections as a Community of Practice (CoP) for teachers

### METHODS: CASE CONFERENCE

- **IMPLEMENTED 1/MO 45-MINUTE TEACHING CASE CONFERENCE**
  - Moderator works with case presenter to frame discussion
  - 1-2 days in advance, moderator emails precis of the case
  - Dial into an audio conference call – no prep needed
  - Case is sequentially reviewed - participants ask questions & explain how they may frame the "assessment" and "plan"
  - Ends with key teaching pearls/take home points with follow-up readings/resources distributed post conference

#### REFERENCES

1. Steinert Y, Mann K, Anderson B, Barnett BM, Centeno A, Naismith L, Prideaux D, Spencer J, Tullo E, Viggiano T, Ward H. A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40. *Medical Teacher*. 2016 Aug 2;38(8):769-86.
2. Berg JW, Verberg CP, Scherpier AJ, Jaarsma AD, Lombarts KM. Is being a medical educator a lonely business? The essence of social support. *Medical Education*. 2017 Mar 1;51(3):302-15.

### METHODS: DIFFICULT TEACHING CASE EXAMPLES

<b>RING RING</b>	
<b>Learner(s):</b>	• 1 <sup>st</sup> Year Male Resident (PGY 1) – January
<b>Setting:</b>	• Patient's room on Labor and Delivery Floor • Patient in active labor / 4cc dilated when checked 2 hrs previously
<b>Supervision:</b>	• PGY 1 previously deemed competent to perform with indirect supervision • Direct supervision available as attending on floor
<b>Situation:</b>	• PGY 1 actively performing exam with nurse in room • Answers L&D urgent mobile phone during exam (in lieu of pager and operates exclusively on L&D floor)
<b>NEVER RECEIVED FEEDBACK</b>	
<b>Learner(s):</b>	• PGY 1 – September
<b>Setting:</b>	• Internal Medicine Teaching Service
<b>Supervision:</b>	• Hospitalist attendings rotate every other week (1 week on/off)
<b>Situation:</b>	• Attending provides feedback on on-going basis; at end of week • No change in resident performance in targeted areas by mid-rotation • Resident reported "never told that I wasn't progressing..."
<b>RESIDENT WHO ALMOST BROKE MY SPIRIT</b>	
<b>Learner(s):</b>	• PGY-2 Female Resident - April/May
<b>Setting:</b>	• Ward Team & Clinic
<b>Supervision:</b>	• Female attending
<b>Situation:</b>	• PGY-2 challenges attendings' judgement re: patient care; time management during teaching in presence of other team members. PGY-2 explains by stating, "we are two women with strong opinions"
<b>TEACHING EMERGENCY - FACING UNANTICIPATED OUTCOMES</b>	
<b>Learner(s):</b>	• PGY-2 Resident - October
<b>Setting:</b>	• Clinic Staffing room
<b>Situation:</b>	• Five days previously - PGY-2 saw 30 YO patient with Hx of "very bad" CHF (Dx'd 1 year earlier) for a scheduled visit. Patient appeared stable, but had not been taking Rx'd meds nor seen cardiologist as requested. Resident discussed patient with staffing physician and together agree to restart patient's cardiac meds • PGY-2 seeks out the clinic staffing physician (not same physician who staffed PGY-2 five days previously) • PGY 2 had just learned that the patient was admitted to ICU in cardiogenic shock

3. Wenger-Trayner E, Wenger-Trayner B. Learning in landscapes of practice. *Learning in landscapes of practice. Boundaries, identity, and knowledgeability in practice-based learning*. 2015:13-30.
4. Cooke M, Irby DM, O'Brien BC. *Educating physicians*. John Wiley & Sons. 2010 pg 127.
5. Irby DM. Three Exemplary Models of Case-based Teaching. *Acad Med*. 1994;69(12):947-953.

### RESULTS

#### ATTENDANCE:

- Audio case conference averages 7 participants with upper limit of 11
- 18 different physicians have participated

#### EVALUATION

- **Unanimous Rating of 4 = "Yes, Definitely"**  
4-point rating scale 1 = "No, Definitely NOT"
  - Case scenario was relevant/important?
  - Given a similar situation I have expanded approaches to apply?
  - Case discussion climate was respectful, safe, supported my learning?
  - Connects me to others who value clinical teaching – a community of practice?
- **Representative Comments**
  - *These sessions are extremely valuable and will improve our learning culture in myriad ways!*
  - *It's a "relief that I'm not the only one to have had this happen..." "Glad I'm not alone..."*
  - *Really appreciate the insight on "teaching emergencies" and flexing styles to match. Frankly I could not have handled this situation the same as the presenter and would likely have lost a significant opportunity for closure.*

### SIGNIFICANCE/RELEVANCE

- **CLINICAL TEACHERS' VALUE** the difficult teaching case conference as a Community of Practice for educators providing a "safe" place to:
  - Explore and learn from colleagues'
  - Affirm their roles and value as teachers
- **APPROACH** is easy and transferable requiring no participant preparation
- **NEXT STEPS:** Utilize CME learning platform as secure site for case-related resources

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