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 DEVELOPMENT2 – and the elements of successful programs/Community of Practice (CoP)2, 3 are well enumerated in the literature including lack of:
  o Time to prepare and improves
  o Support for one’s identity as a clinician teacher (isolation)
• CASE DISCUSSION is GME’S SIGNATURE PEDAGOGY4 focusing on:
  o Making the reasoning underlying the assessment, diagnosis and management of the patient’s condition visible
• CASES TEACH the “WISDOM OF PRACTICE”5
  o 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
  o Moderator works with case presenter to frame discussion
  o 1-2 days in advance, moderator emails precis of the case
  o Dial into an audio conference call – no prep needed
  o Case is sequentially reviewed - participants ask questions & explain how they may frame the “assessment” and “plan”
  o Ends with key teaching pearls/take home points with follow-up readings/resources distributed post conference

METHODS: DIFFICULT TEACHING CASE EXAMPLES

RING RING

Learner(s): • 1st-Year Male Resident (PGY 1) – January
Setting: • Patient’s room on Labor and Delivery Floor
Supervision: • Residents, PGY-2
Situation: • PGY-1 previously deemed competent to perform with indirect supervision

NEVER RECEIVED FEEDBACK

Learner(s): • PGY 1 – September
Setting: • Internal Medicine Teaching Service
Supervision: • Hospitalist attendings rotate every other week (1 week on/off)
Situation: • Attending provides feedback on on-going basis, at end of week

RESIDENT WHO ALMOST BROKE MY SPIRIT

Learner(s): • PGY-2 Female Resident - April/May
Setting: • Ward Team & Clinic
Supervision: • Female attending
Situation: • PGY-2 challenges attendings’ judgement re: patient care; time management during teaching in presence of other team members.

TEACHING EMERGENCY - FACING UNANTICIPATED OUTCOMES

Learner(s): • PGY-2 Resident - October
Setting: • Clinic Staffing room
Situation: • 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

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”
  o Case scenario was relevant/important?
  o Given a similar situation I have expanded approaches to apply?
  o Case discussion climate was respectful, safe, supported my learning?
  o Connects me to others who value clinical teaching – a community of practice?
• Representative Comments
  o These sessions are extremely valuable and will improve our learning culture in myriad ways!
  o It’s a “relief that I’m not the only one to have had this happen…” “Glad I’m not alone…”
  o 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:
  o Explore and learn from colleagues
  o 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

REFERENCES