Using Residency Learning Communities in a 4+1 System to Improve Mentoring, Scholarly Activity, and Wellness

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Residency Learning Communities/Firms

- Each Firm has an assigned APD or PD and Master Clinician Educator (MCE)
- APD (20% time) = Regulation and Mentoring
- Evaluation & Brief Reviews
- Present Resident to CCC for Milestone Ratings
- Career Mentoring & Coaching/Remediation
- Recruitment Interviewing (approximately 50 per year)
- MCE (25% time) = Scholarly Growth and Mentoring
- Works with each Firm to ensure the annual required scholarly activity (PGY1-5, 50 hours), PGY2-3 (30 hours)
- Residents were on inpatient teaching teams
- MCE as a mentor of the Firm
- Recruitment Interviewing (approximately 50 per year)
- Firm Social Activities during ambulatory week
- Scheduling of ITE, End of Life OSCE, Opioid Training
- Role of Master Clinician Educator (MCE)

Methods

- Surveyed all Categorical IM residents at end of AY2015-16 (77/77, 100%) and AY2016-17 (83/83, 100%) on last day of last Ambulatory didactics

Background

• A4+1 Block Schedule rolled out for AY2015-16 for Categorical Residents and gave our residency program the opportunity to develop new educational innovations.
• All Residents (Categorical & Preliminary) were divided into 5 Residents Learning Communities ("Firms"). Each Firm has PGY1s, PGY2s, and PGY3s.
• Creation of 5 Firms allowed us to align key faculty to focus on mentoring and scholarly activity.
• Concretely, it has 1 PD, 4 APDs, and 5 Master Clinician Educators.
• All were selected for teaching ability, no attention to medical specialty.
• Prior to creation of firms, MCEs were policing inpatient teaching teams.
• UMMS IM Residency statistics:
  - 84 categorical residents (28 per 3 years), 9 preliminary interns
  - 70% pursue Fellowship
  - 18% hospitalists, 6% primary care

Results

- All Surveys used a 1-5 Likert Scale

Mentoring

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<tr>
<th>Resident Comments:</th>
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<tr>
<td>Great initiative.</td>
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<tr>
<td>I really appreciate the firms and feel comfortable going to my APD.</td>
</tr>
<tr>
<td>Mentors should be more diverse. Everyone is either a hospitalist or primary care.</td>
</tr>
<tr>
<td>It’s a nice break from wards. I love clinic and wish it was more than 4+1.</td>
</tr>
<tr>
<td>Separation of inpatient and outpatient responsibilities.</td>
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<tr>
<td>Don’t have to leave for clinic on wards; full learning engagement everyday.</td>
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<table>
<thead>
<tr>
<th>Best Thing about 4+1</th>
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<tr>
<td>Golden Weekend allows a break and adds to my overall wellness</td>
</tr>
<tr>
<td>Allows you to focus on outpatient experience. Gives more importance to developing clinical skills.</td>
</tr>
<tr>
<td>A nice break from wards. I love clinic and wish it was more than 4+1.</td>
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Wellness

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<tr>
<th>Being part of a firm has improved my overall Wellness</th>
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<tr>
<td>Role of Master Clinician Educator (MCE) in Scholarly Activity</td>
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<th>Resident Comments:</th>
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<tr>
<td>MCE is super helpful with presentations.</td>
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<tr>
<td>Having a MCE as a mentor greatly improved my scholarly activity, especially my CPC.</td>
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<tr>
<td>Having the MCE available is an excellent asset.</td>
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Discussion

- Most residents liked having an assigned APD as a mentor, though some residents requested mentors in their career area of interest.
- Most residents felt having an assigned MCE improved the quality of their required scholarly activity.
- 4+1 Block Scheduling and being part of a Residency Learning Community Firm improved overall residency program wellness though some were less satisfied with individual categorical resident wellness.
- Preliminary intern felt more fatigued from consecutive service blocks and not being able to participate in Firm activities.
- Loss of total number of electives for residents impacted number or residents available for coverage during Fellowship Interview season.
- Led to Interview Assist Pool “IAP” for AY16-17.
- Medicine-Pediatric residents (16) were added to firms in AY16-17, but were not able to participate in 4+1 schedule due to weekly clinic responsibility.
- Some Firms were more “socially active” than others.
- Some residents felt there was too much to do during Ambulatory week (assignments, QIs, projects).

Future Plans

- We are in year 3 of an evolving educational innovation.
- We are refining the distinct roles of APD vs. MCE in the Residency Learning Communities/Firms.
- We have to treat MCEs differently in Corrective Action Plans to avoid conflict of interest as advocate vs. voter.
- Clinical Competency Committee.
- Due to GME requirements, we had to decrease MCE to 20%.
- We are developing a Firm Cup Competition to foster Firm pride.
- We hope for Vertical Integration with UMass Medical School Learning Communities (“Houses”).
- Physical Diagnosis Rounds.
- MD-PSD continuity of clinical training.
- Mentoring (Career and Residency Application Process).
- Social Activities.
- We are looking into increasing ambulatory assignments, while maintaining academic rigor of all rotations.