Redesigning Training for Practice That Doesn’t Exist

Learning Together
(with a turtle, bear, and duck)
Primary Care Perspective
Of course,

While an organism, and a system, will change to preserve itself,

"It is not necessary to change. Survival is not mandatory."

-W. Edwards Deming
"Somebody has to do something, and it’s just incredibly pathetic that it has to be us."

--the late Jerry Garcia of the Grateful Dead
Residency Program Locations

Legend

$p^4$ = Location of a P4 residency program
What Is a Personal Physician?

“The doctor we have in mind, then, is no longer a general practitioner, and by no means always a family practitioner. His essential characteristic, surely, is that he is looking after people as people and not as problems. He is what our grandfathers called “my medical attendant” or “my personal physician”; and his function is to meet what is really the primary medical need. A person in difficulties wants in the first place the help of another person on whom he can rely as a friend—someone with knowledge of what is feasible but also with good judgment on what is desirable in the particular circumstances, and an understanding of what the circumstances are.”
“An irreplaceable attribute of personal physicians is “the feeling of warm personal regard and concern of doctor for patient, the feeling that the doctor treats people, not illnesses, and wants to help his patients not because of the interesting medical problems they may present but because they are human beings in need of help.”

“Personal medicine must be more closely related to specialist medicine than it often is at present . . . the personal doctor should preserve a measure of geographical and psychological independence from the specialists and their elaborate institutions.”
What Is a Personal Physician?

“The more complex medicine becomes, the stronger are the reasons why everyone should have a personal doctor who will take continuous responsibility for him, and, knowing how he lives, will keep things in proportion—protecting him, if need be, from the zealous specialist.”

“The personal doctor is of no use unless he(she) is good enough to justify his(her) independent status.”

(T.F. Fox, Lancet; April 2, 1960)
"Negative results on the fish...Let's try rubbing two sticks together."
The Educational Model

Traditional model

- Curriculum
- Educational objectives
- Assessment

Competency-based education model

- Health needs
- Health systems
- Competencies
- Outcomes
- Curriculum
- Assessment
Monitor: Range of Implementation

Range of Current Implementation
(minimum, maximum and average)
What change capacity did we observe?

- Disciplined attention to ongoing improvement processes
- Regular, active, multidisciplinary QI team work
- Persistent follow through by team members
- Resource gaps identified and filled, especially IT
- Effective communication processes and tools maintained
- Active development of staff and resident leaders
- Routine data reviews for planning and monitoring practice changes
Early Lessons

- Students and residents like individualized flexible training options
- Using educational learner portfolios in competency assessment is faculty and resident time-intensive
- Change fatigue and faculty burn-out is a serious concern
- Residency re-design requires additional financial support
- New skills in Information Management are needed
General Advice from the Innovators

• Communicate well, communicate often, communicate face to face

• Integrate your innovation into everything you do, every day, until they become synonymous

• Keep residents involved and make it learner driven

• Set an achievable long-term timeline and stick to it

• Be patient

• Anticipate that technology will create as many problems as it cures

• Don’t try this unless you are prepared to “burn the boats”
What helps alignment toward PCMH changes?

• Visible leadership alignment and support for PCMH
• Consistent shared vision for PCMH
• Visible support from sponsoring institutions
• Culture of learning and problem solving
PRIVATE
DEAD END
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“My question is: Are we making an impact?”
Rest of Session:

Let’s Just Talk Together About What We Are Doing and Share What We Are Learning and Concerned About
THE INDIVIDUAL CITIZEN’S PERSPECTIVE ON HEALTH REFORM:

What does health reform mean for **ME**?

**SOURCE:** Jan Hoffman, *Here’s Looking at Me, Kid*, *The New York Times*, Sunday