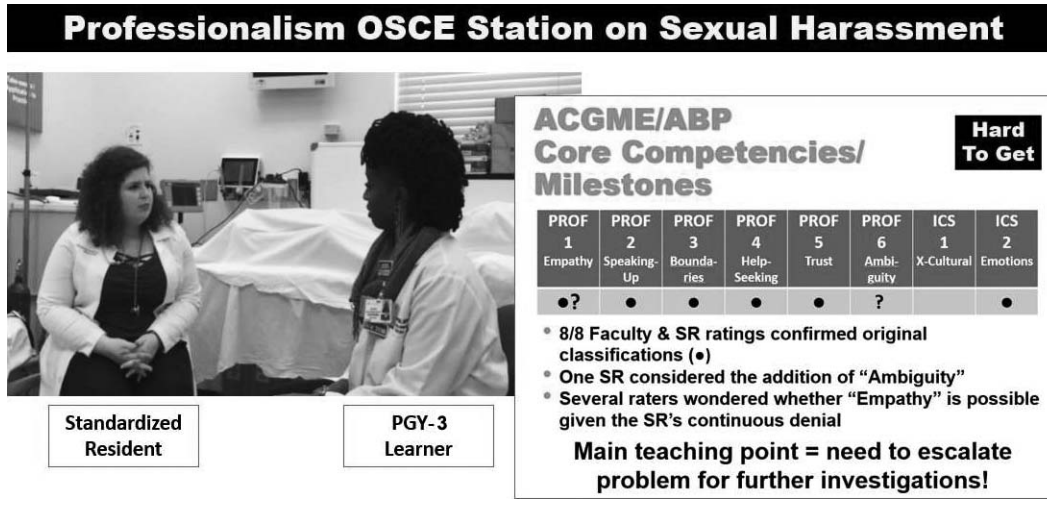

FIGURE

Professionalism OSCE Station on Sexual Harassment

Abbreviations: OSCE, objective structured clinical examination; ACGME, Accreditation Council for Graduate Medical Education; ABP, American Board of Pediatrics; SR, Standardized Resident.

Note: PROF-1 (Empathy): Demonstrate humanism, compassion, integrity, and respect for others; PROF-2 (Speaking-Up): Display a sense of duty and accountability to patients, society, and the profession; PROF-3 (Boundaries): Exhibit high standards of ethical behavior, which includes maintaining appropriate professional boundaries; PROF-4: Show self-awareness of own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors; PROF-5 (Trust): Make colleagues feel secure when one is responsible for the care of patients; PROF-6 (Ambiguity): Recognize that ambiguity is part of clinical medicine and utilize appropriate resources in dealing with uncertainty; ICS-1 (X-Cultural): Communicate effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds; ICS-2 (Emotions): Demonstrate insight into emotion and human response to emotion that allows one to appropriately develop and manage human interactions.

was credited to the institutional sexual harassment training that occurred in the interim.

Ingrid Walker-Descartes, MD, MPH, MBA
Vice Chair of Education, Pediatrics, Maimonides Children's Hospital of Brooklyn

Elizabeth Kachur, PhD, FAMEE
Consultant, Maimonides Children's Hospital
Director, Medical Education Development, Global Consulting

Lisa Altshuler, PhD
Associate Director of Evaluation & Assessment, Program for Medical Education Innovations and Research, New York University Grossman School of Medicine

Omar Beckett, DO
Fellow, Division of Pediatric Endocrinology, Maimonides Children's Hospital

Zachary Johnson, MD
Fellow, Division of Pediatric Critical Care, Cohen Children's Medical Center

Corresponding author: Elizabeth Kachur, PhD, FAMEE, Maimonides Infants and Children's Hospital of Brooklyn, 4802 Tenth Avenue, Brooklyn, NY 11219, 212.982.6151, mededdev@earthlink.net

NEW IDEAS

Rethinking Performance Audit: Chronic Illness Panel Management

Setting and Problem

The Accreditation Council for Graduate Medical Education Internal Medicine Milestones anticipate that residents should "monitor [their] practice with a goal for improvement" and "learn and improve via performance audit." Performance audits can take the form of metric reports (for example, completion rates for cancer screening tests), but the relatability of metric audits is problematic for residents due to transitory stewardship of empaneled patients (the metric may not reflect resident performance) and potential overemphasis on numeric outcomes. A focus on quality metrics can lead residents to feel that they are treating a number, not treating a patient.

DOI: http://dx.doi.org/10.4300/JGME-D-19-00858.1

TABLE
Sampling of Chronic Illness Panel Management Sessions: Audit and Activities

Chronic Illness	Patient Subset Reviewed in Audit	Improvement Planning
Dementia	Dementia registry; grouper diagnoses: delirium, dementia, and amnestic disorders; dementia and mental degeneration (includes "memory complaint")	Increase specificity of dementia diagnosis (update problem list); add cognitive testing reminders to chart; use of flowsheets in EHR; inform visit agenda by cognitive scores
Osteoporosis	Grouper diagnoses: osteoporosis, hip fracture, vertebral fracture	Q&A with guest bone specialist; treatment planning for selected patients; fall risk assessment
Atherosclerotic cardiovascular disease (ASCVD)	High risk by precalculated ASCVD risk score	Sticky Note reminders/outreach to patients to address gaps of care; guideline-directed lipid treatment; EHR tools to assess ASCVD risk; anticipate process for shared decision making (statin in intermediate risk); use of decision aid
Heart failure	Heart failure registry; grouper diagnosis: heart failure	Guideline-directed medical therapy; adherence monitoring; low-salt diet patient information
Hypertension	Grouper diagnosis: hypertension	Guideline-directed medication review; charting of target blood pressure; adherence monitoring and strategies to improve; low-salt diet patient information
Diabetes	Grouper diagnosis: diabetes	Consultation with onsite pharmacist; outreach for high A1C; outreach to unmonitored patients; team-based delegation (panel manager, nurse, schedulers); resources for nutrition and self-management education
Depression 1	Grouper diagnosis: psychiatric/mental health/mental disorder (includes "stress," "dysthymia")	Identification of community resources and referral strategies; Sticky Note reminders; documenting mental health providers in care team section of EHR
Depression 2	Bar graph display: antidepressant on medication list $>$ 4 years, $>$ 3 years, $>$ 2 years, $>$ 1 year, and $<$ 1 year	Identification of stable patients on antidepressants $>$ 3 years; reassess indication for long-term antidepressant; anticipate discontinuation symptoms
Cancer	Grouper diagnosis: cancer master, cancer concept (current or past cancer)	Annotate chart with chemo, radiation exposure history, and anticipate delayed effects of cancer treatment; primary care needs of cancer survivor: develop and document survivorship plan
Renal failure	Last lab value abnormal: glomerular filtration rate	Update CKD stage in problem list; Sticky Note reminders/health maintenance reminder prompts; medication review and dose adjustment planning; assess care gaps in metabolic bone disease monitoring
Reproductive health	Female patients aged 18–45	Effective contraceptive assessment; review medication lists with attention to potential teratogens
Chronic pain	Current medication: includes opioid	Safe opioid prescribing; comprehensive pain management planning; case conference with linked preceptor for prescribing oversight
Geriatric syndromes	Patients $>$ 65 ranked by total number of medications on current medication list	Assess anticholinergic load; Beer's list higher risk drugs in elderly; chart review of patients with high medication count; "Over-prescribers Anonymous": round table discussion to plan deprescribing

Abbreviations: EHR, electronic health record; CKD, chronic kidney disease.
Note: The residents participate in 1 session monthly. At our center scheduling is facilitated by having a 3+1 scheduling model, which includes weeks in ambulatory care, with time set aside for a practice-based learning and improvement curriculum.

Intervention

Performance audit can alternatively be achieved through self-assessment of competency in comprehensive chronic illness management. At Oregon Health & Science University (OHSU), we facilitate a practice-based learning and improvement (PBLI) curriculum for residents in this model.

Prior to each session, a faculty champion prepares an illness registry report that displays an array of relevant data for resident-empaneled patients. The curriculum is provided in a conference room with computers for each resident.

We start each 90-minute session with a brief tutorial designed to expand resident awareness about primary care management for a common chronic disease. A typical tutorial might cover guideline recommendations, screening and immunization needs, awareness and prevention of complications, relevant clinic-based resources, and applicable electronic health record (EHR) tools. Residents are then guided to their subgroup listing of empaneled patients with that chronic illness diagnosis. If available, relevant lab, treatments, risk scores, and care gaps are highlighted in an accessible display. Time is provided for targeted chart review, patient-specific improvement planning (frequently, a deeper charting activity for 1 to 3 patients), and reflection. The faculty champion is available for mentorship and troubleshooting. Time spent in panel management engages learners in proactive planning, setting of chart reminders, and outreach to patients, with a goal to close gaps in care. The TABLE describes examples of activities undertaken as part of this curriculum. We leverage the use of our EHR for this curriculum. The faculty champion, having developed familiarity with EHR registry tools, prepares panel-specific dashboard reports and shares them with each resident to be "run by user." The relevant subset of patients is identified through use of diagnosis grouper search tools. Our medical center utilizes EpicCare and other useful tools including Reporting Workbench, SlicerDicer, and Sticky Notes.

Outcomes to Date

Chronic illness panel management provides a versatile framework for teaching core ambulatory medicine topics and is an active method of performance audit and improvement. This curriculum promotes a culture of resident engagement and stewardship in ambulatory care.

Relative to metric-based panel management, outcomes are less easily measured and are more often anecdotal. Residents commented, "This changed my framework of approaching cancer care. I realized that there is a great deal of responsibility. . .in long term care"; "I really appreciate PBL for the interaction with other residents—to learn from their troubles and victories!"; and "I am still [6 months later] using notes from this ASCVD review as I see patients."

Since the development of this PBLI curriculum at OHSU's university-based clinic, it has been successfully spread to practice sites (with and without EpicCare), including the OHSU resident clinic at Central City Concern and the internal medicine clinic at the University of California, San Francisco.

PBLI sessions have felt meaningful to both faculty champions and residents. This program has encouraged the use of charting tools and reminders to enhance effective patient care. It has fostered peer teaching and camaraderie, facilitated outreach to patients with gaps in care, and enhanced team-based care. We have seen an increasing number of residents attracted to practice in primary care in our program, and the structure of this PBLI curriculum may be a factor.

Mary E. Pickett, MD
Associate Professor, Department of Medicine, Oregon Health & Science University

Afaf Sharen Azar, MD
Assistant Professor, Department of Medicine, Oregon Health & Science University

Corresponding author: Mary E. Pickett, MD, Oregon Health & Science University, Mail Code L-475, 3181 SW Sam Jackson Park Road, Portland, OR 97239, 503.494.7098, fax 503.494.6324, pickett@ohsu.edu

NEW IDEAS

Value of an Emergency Care Back-Up Service for Residents and Fellows

Setting and Problem

Trainees with child or elder care responsibilities can face unexpected disruption of care arrangements that may cause further ripples of disruption among

DOI: http://dx.doi.org/10.4300/JGME-D-19-00846.1