Obstetrics and Gynecology, Massachusetts General Hospital

Corresponding author: Carey York-Best, MD, Massachusetts General Hospital, Department of Obstetrics-Gynecology, 55 Fruit Street, Boston, MA 02114, 617.643.4928, fax 617.726.4267, cyorkbest@partners.org

References

1. Accreditation Council for Graduate Medical Education; American Board of Obstetrics and Gynecology; American College of Obstetrics and Gynecology. The Obstetrics and Gynecology Milestone Project. September 2015. https://www.acgme.org/Portals/0/PDFs/Milestones/ObstetricsandGynecologyMilestones.pdf. Accessed March 2, 2017.

NEW IDEAS

An Interprofessional Multimodal Patient Experience–Focused Curriculum

Setting and Problem

Patient-centered care focuses on the individual patient's needs and concerns, rather than on those of the physician. This shift in approaching patient care has challenged residency programs to create training experiences in which residents are asked to consider social, economic, and organizational challenges that their patients regularly face. Collaborative care is an essential element for delivering high-quality, patient-centered care. Adapting residency curricula to provide interprofessional training related to the *patient experience* remains an area in which best practices are not known.

Intervention

We created a 2-week patient experience rotation for our 12 categorical second-year pediatrics residents that utilized experiential learning, simulation, and didactics focused on patient-centered care. The primary learning objectives were to (1) observe interprofessional collaboration across hospital units; (2) provide communication skills training; and (3) understand patient and family perspectives. A sample schedule is provided (TABLE).

Experiential learning was accomplished by pairing residents with nurses in the inpatient or outpatient setting. Residents also were assigned to a specialty clinic as their core clinical environment and asked to reflect on interprofessional relationships and individual patient experiences. During a night shift, each resident completed a 360-degree patient shadowing experience based on the Institute for Healthcare Improvement framework for observing patient care. Residents were required to follow a patient through every step of his or her admission, from the emergency department to the inpatient unit. Residents were then asked to answer satisfaction of care questions by completing the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey as if they were the patient.

Themed patient-centered didactics took place during the standard noon conference time frame. Topics included (1) pain management; (2) the Language of Caring, a nationally recognized communication skills program; (3) a palliative care patient panel; (4) a patient disabilities simulation; and (5) child life. In addition to interactions with our pain team, palliative care team, patients, and child life experts, residents role played disability scenarios to experience first-hand their potential challenges. The rotation culminated in a 1-hour small group structured debrief with 2 core faculty facilitators.

Outcome to Date

This 2-week interprofessional experience influenced trainees' attitudes about the patient experience. This rotation was feasible by scheduling second-year residents on a 2-week flexible elective to allow for patient experience educational activities. In post-rotation feedback, more than 90% of residents reported that the patient experience rotation was a positive addition to their educational curriculum.

Resident perceptions of a physician's impact in care decreased as a result of the experience. One resident commented:

> "Physicians are only 1 part of an interprofessional team . . . nurses are an integral part of the team and we need to communicate better with them regarding plan of care and ensure they are part of the overall plan discussion."

Residents gained a better understanding of the importance of communication during the admission process. One resident reported:

> ". . . Communication of admission process expectations to family are at times lost . . . There

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TABLE
Sample Resident Patient Experience Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Nursing Experience[a]	Nursing Experience	Subspecialty Elective	Subspecialty Elective	Subspecialty Elective
Noon didactic session	Introduction to Patient Experience	Pain Assessment	Palliative Team and Patient Panel	Child Life	Disability Simulation
Afternoon	Nursing Experience[a]	Subspecialty Elective	Continuity Clinic	Subspecialty Elective	Subspecialty Elective
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Morning	Subspecialty Elective	Complete Inpatient Ward Night Shift and 360 Patient Shadowing Exercise	Subspecialty Elective	Subspecialty Elective	Subspecialty Elective
Noon didactic session	Language of Caring Heart-Head-Heart		Language of Caring The Blameless Apology	Language of Caring Explaining Positive Intent	Patient Experience Debrief and Reflection
Afternoon	Subspecialty Elective Inpatient Ward Night Shift and 360 Patient Shadowing Exercise		Continuity Clinic	Subspecialty Elective	Subspecialty Elective

[a] During the nursing experience, residents shadowed a nurse in a setting of choice (inpatient wards, continuity clinic, neonatal intensive care unit, or pediatric intensive care unit) and participated in all patient care activities from the nursing perspective, including intake, daily assessments, medication/immunization administration, transportation, and documentation.

needs to be delineated ownership between nursing and physicians during this transition time; we need to improve time frame estimation for families."

Residents identified areas of personal growth, including the need to provide more explicit medical team introductions, to address patient and family expectations regarding the admissions process, and to better anticipate any delays in transitions of care.

Responses from HCAHPS revealed that the majority of residents felt that nurses *usually* listened to patients, *always/usually* explained things in a way that patients would understand, and *always/usually* would explain medications prior to administration.

Although we utilized a 2-week rotation, we feel the educational activities offered could be readily incorporated longitudinally to make it more generalizable to other programs.

Akshata Hopkins, MD, FAAP
Instructor, Department of Pediatrics, Johns Hopkins University School of Medicine
Assistant Program Director, Johns Hopkins All Children's Hospital Pediatric Residency Program

Robert Dudas, MD
Associate Professor of Pediatrics, Department of Pediatrics, Johns Hopkins University School of Medicine, Johns Hopkins All Children's Hospital

Patricia Quigley, MD, MME
Assistant Professor of Pediatrics, Department of Pediatrics, Johns Hopkins University School of Medicine, Johns Hopkins All Children's Hospital

Julia Ashworth, MD
Assistant Professor of Pediatrics, Department of Pediatrics, Johns Hopkins University School of Medicine, Johns Hopkins All Children's Hospital

Raquel Gomez Hernandez, MD, MPH
Assistant Professor of Pediatrics, Department of Pediatrics, Johns Hopkins University School of Medicine
Director of Medical Education, Johns Hopkins All Children's Hospital Pediatric Residency Program

Corresponding author: Akshata Hopkins, MD, FAAP, Johns Hopkins All Children's Hospital, Outpatient Care Center, 601 Fifth Street South, Suite 608, St. Petersburg, FL 33701, 727.767.2893, ahopki16@jhmi.edu