

**Qualitative Survey Assessment of
Faculty and Residents for Changing
from Longitudinal Hospital Training to
Traditional Family Medicine Service**

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- Hospitalist System
 - Started by St. Clare 2012
 - 2 IM physicians
 - 1 IM-Peds physician
 - 1 FM physician
 - Required commitment of a critical volume of practices to turn-over inpatient management
 - Initially 20 physicians admitting (IM, FM, Peds)
 - Reduced to 6 FM, 2 IM, and 1 Peds
 - Now 4 FM, 2 IM, 1 Peds as of 01/01/2014
 - Required to do all adult admissions and floor management 5p – 7a Sunday - Thursday
- Compensation pressure
 - Unassigned tourist admissions
 - Critical care management
 - Transfers of care / transfer to other hospitals
 - Prolonged labor management
 - C-section
 - Preterm labor

Background

- ACGME Supervision Requirements

- Continuity clinic admissions
- Must have FM supervision of management
- FM doctors must possess and utilize full privileges
- See handout from ACGME website:

<http://www.acgme.org/acgmeweb/tabid/294/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine/Hospitalists.aspx>

- Residency Training Inpatient Medicine

- Paired with an FM preceptor x 6 months
- Preceptor supervises that resident's continuity admissions and the resident manages the preceptors service
- Overnight call 1 per week and 1 weekend day
- Includes ER shifts, floor call / admissions, and ICU management

Background

- Sustainability
- Educational quality
- Patient Volume
- Supervising physician burnout

The Problem

- Family Medicine Inpatient Service
 - Rotating responsibilities for supervision
 - Concentrates inpatient experiences
 - Allows all local physicians to again supervise and teach, maintain skills

A Possible
Solution

- Need buy-in from supervising physicians
- Need buy-in from resident learners
- Need collaboration
- Need agreement on structure

Change Management

- Survey tools
 - 5 questions
 - 1 tool for physicians
 - 1 tool for residents
 - Assisted by UW Office of Survey Research
 - Qualitative data with small numbers
 - Lacuna in survey literature
 - Not validated, but none available
 - Administered via web by Qualtrics
 - 10 day window for completion with reminder emails sent by coordinator
- IRB waiver???

Methods

- Demonstration month
 - Apply for grant to development demonstration project for faculty time
 - Curriculum development needed
 - Survey resident continuity patients admitted before and after change

Planned
Intervention

*Did not occur

- Response
 - 47% family physician response (7/15)
 - 100% resident response (6/6)

- Summary of responses
 - Physicians did not understand concept
 - Residents do not want to change
 - Concerns about volume
 - Concerns about scope of cases
 - Concerns about loss of uniqueness
 - Concerns about duty hours / coverage

Results

- Faculty Development
- Group meeting to come to consensus
- Consider other options (??)

New Planned Intervention

- While I was at PDW, the Baraboo physicians had a call meeting, when I returned, the question that apparently came up as central to the issues was: “Why can’t we have a Family Medicine Inpatient Teaching Service??”
- They did not remember the survey they took just 2 months earlier

Post-script

Thank You!

