INTEGRATING CARING, CHARACTER AND COMPETENCE IN A NEW OBSERVATION UNIT MEDICAL CURRICULUM

Tristram Hill, MD, Department of Medicine

BACKGROUND

- In 2016 Froedtert Hospital opened its Observation Unit, expending many in-hospital diagnostic evaluations and caring for patients expected to discharge within 24 hours.
- Focusing strongly on medical decision-making, efficient patient transitions and close teamwork, the Unit was deemed to present unique educational opportunities.
- At a similar time, the Kern Institute inaugurated the KINETIC3 Teaching Academy to integrate character, competence and caring in medical education.
- These developments sparked the creation of a medical education curriculum for the Observation Unit, emphasizing skills of differential diagnosis, use of empathy in medical narrative and "teachable moments", and modeling of optimal team dynamics.

METHODS

- Interview stakeholders
- Research curriculum design
- Develop goals, methods, tools
- Proposal To SOC
- Proposal To CEC

Discuss, study and revise objectives, teaching and assessment methods, and maintenance tools of the curriculum, and elaborate and integrate Kern's KINETIC3 values and goals longitudinally.

CONCLUSIONS

- Character, competence and caring may be integrated into a structured medical education curriculum.
- Educational organizations may draw upon setting and functional strengths to incorporate character, competence and caring into educational curricula.
- Integrating elements long held by the medical community to be important, even fundamental, into medical education curricula should benefit community learners, educators and patients.

THE CURRICULUM

A two-week block for residents or fourth-year medical students within an Inpatient Medicine rotation, or as a separate elective.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Content</th>
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<tbody>
<tr>
<td>Observation medicine</td>
<td>Definition of observation status, history of observation units, Milliman Criteria, patient disposition.</td>
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<tr>
<td>Internal Medicine topics</td>
<td>Top diagnoses: chest pain, syncope, asthma, COPD, CHF, TIA/CVA, AKI, abdominal pain, UTI.</td>
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<td>Differential diagnosis</td>
<td>Evidence-based differential diagnosis and medical decision-making, cognitive bias, impact of medical narrative on diagnosis.</td>
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<td>Medical narrative</td>
<td>The role of narrative in medicine and its impact on diagnostic impression.</td>
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<td>Empathy in &quot;teachable moments&quot;</td>
<td>Building skills of empathy, identifying and using &quot;teachable moments&quot; to educate patients.</td>
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<tr>
<td>Team dynamics</td>
<td>Awareness of Unit team dynamics, personal and professional integration with care teams, developing accountability and mutual respect.</td>
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<tr>
<td>Process improvement</td>
<td>Review, revise and/or create Unit patient care protocol, or develop another process or quality improvement project.</td>
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Teaching Methods

Independent a/synchronous learning (multimedia), problem-based learning, case-based learning, team-based learning, individual and small-group discussions, bedside rounding, process/quality improvement projects.

Educational Values

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<tr>
<th>Character</th>
<th>Reflecting on personal character, integrating and collaborating with the Unit team, modeling beneficial team dynamics, showing accountability, engaging in feedback.</th>
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<tr>
<td>Competence</td>
<td>Expanding knowledge of common conditions, determining patient disposition, making evidence-based differential diagnoses and medical decisions.</td>
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<tr>
<td>Caring</td>
<td>Increasing skill in empathy, exploring medical narrative and its impact on diagnosis, using empathy to identify and act upon &quot;teachable moments&quot;.</td>
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MY ENTREPRENEURIAL MINDSET

CURIOUSITY

It has long been a challenge to incorporate "intangibles" like caring and character into the competence and teaching of medicine. Fortuitously, Kern’s inaugural KINETIC3 Teaching Academy coincided with the consideration of Froedtert/MCW's Observation Unit as an educational arena. This project gave structure to many intangibles and provided the tools with which to teach them. The dynamic of expanding one’s horizons by creating something to expand the horizons of others is intrinsic to this project. It is hoped those benefitting from lessons here will pass them along to those they care for and teach.

CONNECTIONS

- Stakeholders were identified and interviewed about needs and opportunities:
  - Students and residents: "It would help with learning some of the bread and butter of medicine." "Two weeks would be a good length."
  - Unit staff including nursing, APPs, Social Services, Case Management: "It would be good for [learners] to know about Observation status."
  - Attending physicians.
  - Academic, Section and Department leaders.
  - Who else should be involved with this project?

CREATING VALUE

- The Observation Unit curriculum stands to expand medical education to traditionally important but underemphasized areas including differential diagnosis skills, team dynamics, medical narrative and acting on "teachable moments".
- The curriculum uses the strengths of the Observation Unit as vehicles by which to teach character, competence and caring.
- Future directions will include studies of the impact of the curriculum on learners, faculty and patients.
- There is potential to expand elements of the curriculum to other departments within Froedtert/MCW and beyond.