Can a CME Case Conference Series Create a Community of Practice in a Group of Hospitalist Physicians?

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**Background**

**Need**
- Adult medicine hospitalists have high clinical workloads and need to keep up to date1
  - Report feelings of isolation, poor socialization with limited forums to collaborate and learn together as colleagues1
  - Excessive workload, clerical burden, feelings of isolation and limited relationships with colleagues have been associated with physician burnout1-2
- Continuing medical education (CME) supports physician learning yet limited data regarding impact of locally run longitudinal CME series on decreasing physician feelings of isolation and poor socialization

**Wenger’s Community of Practice (CoP) Framework**
- Learning in its social dimensions by locating learning in the relationship between the person and the world3

**Aim**
To develop and describe a community of practice amongst a group of hospitalist physicians through a longitudinal structured CME activity

**Methods: Setting & Format**

**Setting**
- 167 bed community teaching hospital, 11 FT hospitalists
- Traditional Case Conference provides formalized venue to learn from challenging clinical cases
- Structured using Harden’s CRISIS criteria for effective CME4
  - Every 2 months for 60-90 min
  - Volunteer presents a challenging case using ≥1 criteria:
    ✓ Rare diagnosis or presentation
    ✓ Challenging management
    ✓ Common yet controversial treatment

**Case Conference Format**

| Introduction: Facilitator welcomes participants (1st author) |
| Session Case Presenter (Adult Medicine Hospitalist) |
  | Reviews Educational objectives |
  | Presents the case; Clinical questions posed at strategic points |
| Open Discussion |
  | Attendees offer perspectives, ask questions, and reflect on each other’s experiences |
| Evaluation: Completed immediately at end of session |

**Outcome**

**A Community of Practice Develops**

3 Elements - when developed in parallel - cultivate a CoP3

1. **Alignment in a Domain**: CoP’s identity defined by members sharing a domain of interest
   - Cases identified based on member defined criteria
2. **Engagement in the CoP**: Members participate, engaging
   - In joint activities and case conference discussions
3. **Imagining Practice**: Members share a common interest & are practitioners: envisioning alternatives and compare to practice
   - Adult Medicine Hospitalists in a community based hospital

**Applying CoP Principles to Clinical Case Conference Series5**

Connecting practice (case conference) to community (participating hospitalists)

**Outcomes**

**PRELIMINARY RESULTS**

**Short Term**
- Participants highly rate session; report positive impact on patient care 2-3 mos. post sessions
  - Excellent presentation. I enjoyed the prompted audience participation; Loved it-especially the Dr. House part, we should do this more often!

**Long Term**
- Replicate with other CME activities - grounded in social learning theories - to decrease physician isolation + increase recognition of its members as a community of practice

**References**


For more information, please contact Lonika.Sood@aurora.org