Short Description: In 2002, the American Accreditation Council for Graduate Medical Education stated that residents needed to show proficiency in 6 core competencies, one of these being systems-based practice, which has been the most difficult for programs to teach and measure. We therefore established a health systems rotation for orthopaedic residents implemented in their PGY-1 year to address the competency of systems based practice and address our successes and challenges for the future.

Abstract: Problem Statement: Although the Core Competencies were introduced in 2002 (1), Systems Based Practice has been a challenge for many educators in graduate medical education. The significance of this competency has been reinforced by the Next Accreditation System (2) and the increased emphasis placed upon patient safety and quality improvement. Previous research done at our institution demonstrated marked inconsistency across institutions in educational content and methods of delivery, and lack of assessment (3).

Approach: A two week experiential health systems rotation was developed during which PGY-1 residents were excused from their normal clinical duties (4). Residents were charged to follow patients as observers of the health care system, challenged to view health care experiences through the eyes of the patient, identifying what could be done individually and collectively to provide a better and safer experience. Additional activities included interviews of health care team members, participation in patient safety and quality care review meetings, and discussions with outpatient leadership to better understand care transitions. In the second week, learning objectives included financial aspects of health care, coding and documentation, and hospital systems. Residents were required to read two textbooks related to quality and safety and additional manuscripts regarding health economics and health systems. At the end of the rotation, residents discussed and provided a written summary of their experiences and completed an anonymous evaluation. Residents were asked, using a Likert scale (1-10), 1.“Did you learn” and 2.“Was it additive to your medical education?” for each of nine educational areas: health care from the patient’s perspective, quality and safety, health care members roles, business of medicine, transitions of care, peri-operative process, medical coding, inpatient documentation and Diagnosis-related group analysis.

Lessons Learned: The averaged responses for all nine educational areas were 8.2 for both questions. Feedback from residents indicated that they found the course very helpful and that it stimulated their thinking on how they can “create overdue and necessary changes in our healthcare system”. Resistance was encountered from faculty (e.g., “How can you take them off my service for two weeks?”). Although we believe the results suggest a valuable learning experience, we feel that new learning objectives should be introduced into a more comprehensive curriculum that spans the entire residency.

Significance: Our 2 week Health Systems Rotation in the PGY-1 year has been a valuable learning experience for the residents and created a foundation to build upon in subsequent years of residency.

Level of Audience: Mid-career
Focus of Presentation: GME
References: References:
1.Yaszay B, Kubiak E, Agel J, Hanel D.  ACGME Core Competencies: Where Are We?. Orthopaedics. 1; 32.