ABSTRACT BODY:

Short Description: The goal of this innovation is to share an easy-to-implement activity that demonstrates the value of inter-professional learning, enhances students’ empathy and advocacy for patients, introduces Design Thinking as a quality improvement tool, and teaches principles of systems-based practice. Pairs of inter-professional students follow a critically ill patient throughout an entire hospitalization noting transitions and opportunities to improve the patient experience. This innovation is one of the most compelling and popular aspects of the curriculum.

Abstract: Problem Statement: The core entrustable professional activities of transitions of care (EPA 8), inter-professional teamwork (EPA 9), and systems-based practice and improvement (EPA13) offer challenges and opportunities for innovation in medical education. While there are effective ways to teach these EPAs such as simulation for transitions of care and inter-professional teamwork, and online modules for systems-based practice, students appreciate having active engagement in the care of patients. This assignment, known as "Pulse ED," gives inter-professional pairs of students the opportunity to participate in the journey of a critically ill patient and share insights on improving the patient’s experience with hospital leaders.

Approach: Third year medical students received training in reflective writing and design thinking. Each medical student paired with a nursing student or health administrative intern, and followed a patient in the emergency department through every transition of the hospitalization. Each pair had a debriefing with inter-professional faculty within 5 days of the admission and wrote a reflective paper within 2 weeks. A design thinking workshop allowed students to identify opportunities to improve the patient experience and present their findings to hospital leaders. Outcomes were measured by tracking students’ evaluation of the assignment in surveys and interviews, and leaders’ use of students’ ideas.

Lessons Learned: This innovation yielded benefits to the learners, the hospital system, and UNC medical school. For the learners, the “Pulse ED” experience ranked as one of their top educational activities with several themes emerging: reconnection to the original purpose of entering health care, empowerment from design thinking methods to change systems and advocate for patients, and respect for the value of the inter-professional team. For the hospital system, a report from our first cohort led to a pilot that reduced emergency department wait times, and a report from the second cohort led to a review of hand-offs in the operating room. For the medical school, the LCME standard 7.9, and three "challenging-to-achieve" EPA’s were fulfilled.

Significance: This inter-professional clinical activity adds value to the patient experience, the learners’ competencies and core EPAs, the medical school's accreditation, and the hospital system. It is easy to implement and replicate. This innovation is now offered to all medical students at UNC's Charlotte Campus. It is also offered at the psychiatric emergency department. To further empower the learners and improve systems, a fourth year elective focused on a quality improvement project would strengthen the lessons learned and add additional value.

Level of Audience: Mid-career

Focus of Presentation: UME, Continuum


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