

# EDUCATIONAL INNOVATION PROJECT

## ***Where we've been...***

**P**atient care and education are not an either or...they are one in the same." These two phenomena are interdependent; it is not possible to train physicians to provide high quality care if they are not involved in high quality care. That concept was foundational to building the philosophy and development of our Educational Innovation Project (EIP). Similarly, it would not be possible to continue providing high quality care if it was not being taught well. As medical educators, our challenge is to design a system that simultaneously maximizes the highest quality of both. Such a system must have a foundation built on core competencies. Progression in this system is competency-based rather than time-based.

To simultaneously maximize both education and quality patient care, there must be a proper balance between supervision and autonomy. The adult learner flourishes with autonomy. However, early learners don't always know what they don't know and therefore require supervision to maximize quality of patient care. As learners become more competent, supervision needs to be balanced with autonomy in decision-making in order to develop the necessary independence for future patient care.

The "Baystate Manager Model" is the centerpiece of the EIP project at our institution. The evolution of this model can be traced back to a conversation during an interview with a graduating resident being considered for a faculty position, when she expressed a desire to *manage* patients on her own before accepting the added responsibility of teaching. That comment prompted a look at our own program, and we realized that after one year, residents were expected to teach the next generation of doctors while they were still learning the skills of patient management. We had often noted the new PGY-2s struggled with the transition to a role of teaching and supervision while they were increasing their responsibility for patient management. Our institution and others across the country have long recognized that the quality of teaching by a PGY-3 is typically better than that of a PGY-2. Hence, a more gradual transition from much supervision to more autonomy to providing supervision seemed to address the concerns and respond to our observations.

Structurally, that change led us to look at the first year as a **Learner**, the second year as a **Manager**, and the third year as a **Teacher**. Advantages to this model include: PGY-2s take direct care of patients without the responsibility of teaching a PGY-1; PGY-1s are all taught by PGY-3s who have more clinical experience; PGY-2s manage patients on their own, working one-on-one with attending physicians; and PGY-3s focus on teaching skills and the teaching sessions are better focused at a developmentally appropriate stage.

## ***Where we are now...***

As of a result of this transformation, our educational approach has fostered the following results:

- **Autonomy:** *"I'm on a manager team and it's very liberating. I do my work independently; go (at) my own pace. I am the sole person who is responsible for the patient."*
- **Lifelong Learner:** *"I've had a hard time trying to find the proper time to study. It's hard to study during the work week, at least I'm finding. Looking up stuff for the patient or looking up things for the patient's case, that's where your learning takes place."*
- **Competence:** *"...learn about each case on UpToDate and from articles. I read more as a manager and by the end of the month, I was a totally different person. I knew where to look, what to do. I loved it."*
- **Partnership w/Faculty:** *"You have a bigger patient load [than a learner] but you still have the attending to yourself. There's more one-to-one teaching because it is just you and the attending so decision making is more give and take."*
- **Collaboration:** Residents look at their collaboration with their peers as *"everyone pretty much helps everybody. That's why I like it here."* Managers develop a real sense of "community of practice" among themselves.
- **Safety and Quality Awareness:** Residents gain expertise in delivery of population-based, evidence-based care and disease progression across the continuum, reduce medical errors and understand the function of a performance improvement team.

## ***Where we are going...***

Baystate Medical Center's Strategic Plan for the next 3-5 years includes "Achieving Excellence in Education through Innovation" among its top priorities. Continued focus and refinement of the EIP will result in delivery of safe, high quality patient care and excellence in the education of our next generations of physicians.