Opportunity

Background

- ACGME identifies interprofessional education as an integral part of a successful clinical learning environment (CLE)
- ACGME CLER program gives feedback to accredited teaching hospitals
- Health systems are reassessing and rethinking their graduate medical education programs and their clinical learning environments

Objective

To evaluate nurse and resident workflows to better understand how workflows, interruptions, and informal learning take place in regular patient units compared to a highly collaborative interprofessional patient unit

Methods

Study Setting:
- 637-bed hospital in Portland, ME
- 47 internal medicine residents
- Interprofessional Partnership to Advance Care and Education (IPACE) Unit: o 12-bed unit
  o All bedside rounds with full care team
  o Group reflective learning

Observations:
- Observed 1 resident or nurse per day for:
  o Time spent on various tasks
  o Interruptions
  o Inter- & intra-professional informal learning
  o Communication between team members

Data Collection:
- Medical students recorded informal learning event details such as the time, activity, teacher(s), student(s), and duration.
- Noted if the event was solicited or unsolicited and to what degree it added value (Likert scale 1-5) or was missed.

Workflow Observation

Resident Workflows

- Average resident workflow
- Time spent on various tasks
- Interruptions
- Inter- & intra-professional informal learning
- Communication between team members

Resident Interruptions

- Average resident interruptions: IPACE vs Non-IPACE
- Time of interruption
- Duration of interruption

Resident Informal Learning

- Teacher vs Student Roles
- Duration of informal learning event

Discussion

Observation

- IPACE and non-IPACE have a similar number of task changes per hour (IPACE: 8.7, Non-IPACE 8.6)
- IPACE spends 40% more time in either medical team or interdisciplinary discussion
- Non-IPACE spends twice (2.11) as much time on documentation

RNs:
- IPACE and non-IPACE have a similar number of task changes/hour (IPACE 14.5, Non-IPACE 16.5)
- Unlike non-IPACE units, IPACE RNS have the opportunity to attend educational sessions

Resident Informal Learning

- IPACE residents are interrupted 63% more often than IPACE
- IPACE interruptions take proportionally longer to address, and have less added value

For More Information

- Silverstein, S., Benneyan, J., et al., Systems Process Analysis of Graduate Medical Education in Clinical Learning Environments. Working paper to be submitted to Journal of Graduate Medical Education
- Smith, C., Benneyan, J. et al., Workflow Analysis of Interprofessional Medical Education in the Clinical Learning Environments to Improve Learning Outcomes and Patient Safety. Working paper to be submitted to Journal of Graduate Medical Education