#### Cambridge Health Alliance

Rachel Stark, MD, MPH
Maren Batalden, MD, MPH
Elizabeth Gaufberg, MD, MPH
Ed Krupat, PhD
Barbara Ogur, MD
Richard Pels, MD, MPH
Mary Samost, RN, DNP

# Aligning our Formal and Hidden Curricula: Using Public Narrative to Build Relationships and Support Resident Integration within a Patient-Centered Medical Home

The Public Narrative intervention will be conducted at three ambulatory clinic training-sites within the context of interprofessional teams consisting of PGY-1, PGY-2 and PGY-3 residents, their faculty preceptors and clinic staff. The schedule will be designed to allow residents more room for participation and deliberate reflections.

Staff will participate in a public narrative "train-the-trainer" workshop and each team member will craft a "story of self," a story that helps them identify their motivations and connect to their values. They will share stories and come up with a "story of us," (their collective experiences) which will be juxtaposed against the "story of now" (which tells the urgency of the challenge we face). Stories of 'self' and 'us' will be filmed and available digitally. They will be discussed and presented in public forums.

### **University of Rochester Medical Center**

Colleen T. Fogarty, MD, MSc.

# Promoting Mindful Clinical Interaction while using Electronic Technologies: A Multi-disciplinary Resident Education Program

The proposed intervention is designed to address the fast-paced training and increasingly technical environment in healthcare that seems to encourage more interaction with computers and monitors than with patients and families. This project aims to work with faculty and resident trainees using mindfulness training and reflective writing to address the Hidden Curriculum that values the technical over the relational.

The curriculum will introduce the concept of mindfulness in healthcare including some simple techniques that can be used by busy residents, faculty, and staff. The workshops will incorporate the techniques of appreciative inquiry adapted by Epstein and Krasner for use in the medical training setting. Staff will introduce brief writing exercises built around the 55-word story concept that has been increasingly used in medical settings to reflect on the challenges of clinical practice.

#### Cooper University Hospital

Vijay Rajput, MD Consuelo Cagande, MD

The Integration of Reflective Learning and Practice To Mitigate The Contemporary Hidden Curriculum The pressure of throughput, stress and an environment with conflicting messages transform patient care into work and a source of frustration and antagonism. The researchers submit that this is the

consequence of the Hidden Curriculum (HC), and recognizing this cause and effect relationship is key to identifying and understanding the HC, and defining what can be done about it.

With the inaugural class of the Cooper Medical School, there is a unique opportunity to implement an innovative curriculum wherein residents, aided by faculty, will identify ways the Hidden Curriculum affects the delivery of compassionate care to the patient being discussed. Reflective practice will be taught and implemented throughout the curriculum and researchers will develop a four-station interprofessional Observed Structured Clinical Exercises (I-OSCE) for residents and other health professionals, based on the eight elements of the HC: (Lack of accountability to patients, Influence of "legal-phobia," Physician and nursing overload, Effect of negative teacher attitudes, Influence of the computer and electronic health record (EHR), Effect of work-life balance, Concept of the difficult patient and Negative side of "evidence-based medicine"). All new residents and staff will also be required to partake in an orientation seminar on the Hidden Curriculum.

#### Beth Israel Deaconess Medical Center

Anthony Breu, MD

# Missing Conversations in the Everyday Practice of Health Care: Confronting the Hidden Curriculum to Improve Humanism, Patient Safety, and Inter-professional Teamwork

This program poses the question - What conversations addressing humanism and its impact on patient safety should be happening, but currently are not? The researcher proposes creating the Program to Enhance Relational and Communication Skills for Gold values ("PERCSGold"), an interdisciplinary curriculum with that aims to 1. Improve communication with patients and family when things go wrong 2. Empower interprofessional team members to speak up across hierarchical boundaries and 3. Promote advocacy and accountability for humanism in clinical environments.

Teaching will use a format which includes short video segments to trigger discussion, collaborative learning techniques focusing on validating the practice knowledge of participants, and live enactments with professional actors to allow participants to practice challenging conversations and engage in peer observation, feedback, reflection, and self-assessment.

#### University of Alberta

Penelope Smyth, MD Carol Hodgson, MD

## Redrawing the Line on Professionalism - Views on Professionalism along the Healthcare

Using the project "Draw the Line II: Professionalism" as a foundation, this program aims to develop a curriculum that can be delivered to medical students, residents, and faculty at the University of Alberta, as well as creating tools for individual self-reflection. The "drawing the line" process helps participants visualize how different groups view unacceptable versus acceptable behavior.

This project will be explored in three stages: 1. Subjects will take part in focus groups where they respond anonymously to case vignettes, 2. An educational workshop on professionalism will be developed using the data gathered from Stage 1 and delivered to groups of students, residents, and faculty and 3. Development of a module within the academic workplace of the medical professional to aid in self-reflection for those individuals in remediation for issues of professionalism.

### **Duke University School of Medicine**

Karen Kingsolver, PhD

# Adapting the REFUGE Model for Residents: Increasing Compassion, Self-Care and Awareness in Resident Training

The REFUGE Service, targets all Duke Faculty physicians who serve as educators and role models for residents and fellows. The service provides easily accessible opportunities to enhance compassionate, patient-centered care by teaching physicians to practice and cultivate mindful-awareness, kindness, balanced work/life perspective, and self-care.

REFUGE brings on-site group sessions to residents and faculty that emphasizes mindfulness-based stress management sessions. Additionally, personalized physician consults will be made available with a REFUGE faculty leadership team member. Moving forward the team will create enduring curricular materials to train selected Duke Medicine faculty in the skills needed to serve as facilitators to deliver the REFUGE Service within each residency program.

### **University of Virginia**

P. Preston Reynolds, MD, PhD

### **Enabling Faculty to Prepare Residents as Authentic Healers and Compassionate Professionals**

The goal of this project is to create a department and institution-wide residency-professionalism initiative that fosters quality and compassionate patient-centered care and in so doing, assist program directors (PDs) at the University of Virginia (UVA) in their efforts to meet ACGME Milestones requirements. This goal will be achieved through five objectives that include: 1. Surveying residents on their knowledge about professionalism and the degree to which the institutional culture supports patient-centered care; 2. Developing and implementing a core resident curriculum to include modules on "professionalism and its relevance to clinical practice," "role modeling and the hidden curriculum," "communication and cultural competency," and "ethics and patient-centered care;" 3. Designing and implementing a faculty development program to enable faculty to model professional behaviors, effectively engage learners, and comfortably assess residents' professionalism; 4. Implementing and evaluating a medical professionalism behavior tool in resident assessment; and 5. Creating a website where the curriculum, faculty development materials, medical professionalism behavior tool, and lessons learned about implementing a residency and faculty professionalism program will be posted.