

Title:

Healthcare Transformation, Education and Leadership Training: Initial Outcomes for the Community Primary Care Champions Fellowship

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INTRO

Primary care providers work in a complex and fragmented healthcare and are in need of additional training in healthcare transformation, medical education and leadership. In this educational research study, we aim to examine the impact of a one-year faculty development fellowship.

METHODS

Two primary care physicians and one physician assistant participated in a yearlong part-time fellowship training program. Prior to training, fellows completed a self-assessment and three well-being inventories. Fellows provided feedback on the learning experience through focus groups (at 6 and 12 months) and quarterly feedback forms. Upon training completion, fellows repeated the self-assessment and well-being inventories. Pre and post-test responses were analyzed using a paired statistical analysis. Additionally, focus group transcripts were analyzed for themes.

RESULTS

Self-assessment data (n=3) found improvement in:

- confidence implementing quality improvement (QI) projects
- knowledge of public policy, local treatment service for patients with substance use disorder, the Collaborative Care Model, and resources for personal and organizational wellness
- use of mental health apps in patient care and assessing personal wellness

Qualitative themes from the focus groups include:

- importance of knowing QI for fellows' clinical roles
- skill development in medical education techniques
- increased confidence in caring for patients with SUD

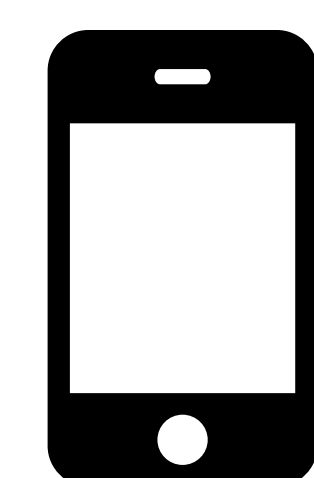
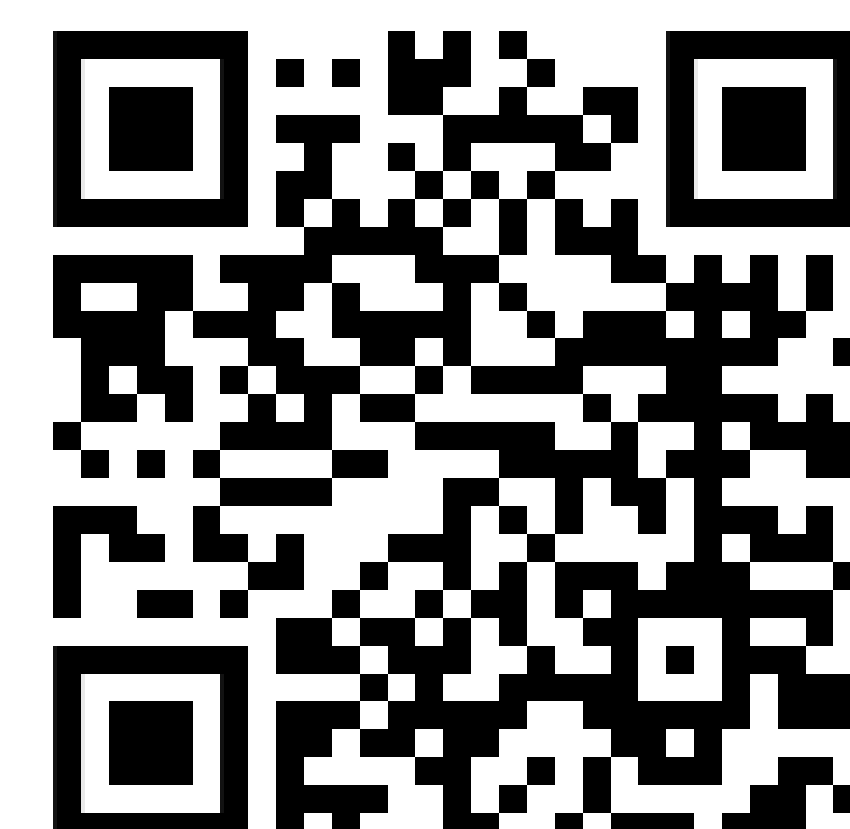
Wellness inventories data for 2 cohorts suggest that incoming fellows experience:

- heightened levels of personal achievement, moderate levels of emotional exhaustion, and low levels of depersonalization
- moderate levels of vigor (high energy and resilience), dedication (sense of pride and significance), and absorption (happily immersed in work)

DISCUSSION

A part-time yearlong interprofessional fellowship is one possible way to grow clinical leaders and community primary care champions. There are growing health disparities for underserved patients. Learning how population health, quality improvement, and integrated team-based care can strengthen primary care for the most vulnerable and underserved of a community requires additional training.

A part-time yearlong interprofessional fellowship is one possible way to grow clinical leaders and community primary care champions.



Learn more



1= Not at all
2= Slightly
3= Moderately
4= Quite
5= Extremely

Results from selected self-assessment survey items

How confident are you with each of the following steps involved in implementing a QI project?

	Data Collection		Designing an intervention		Evaluating Outcomes	
	Pre	Post	Pre	Post	Pre	Post
A	2	3	2	3	2	3
B	3	3	3	3	3	3
C	2	4	2	4	2	4

How knowledgeable are you about public policy (at local, state or national level) regarding the practice of primary care?

	Pre	Post
A	3	3
B	3	4
C	2	4

How knowledgeable are you about local treatment services and community resources for patient with substance use disorders?

	Pre	Post
A	3	4
B	4	4
C	2	4

How knowledgeable are you about the Collaborative Care Model for the care of patients with mental illness?

	Pre	Post
A	2	4
B	4	4
C	3	4

How confident are you creating an individualized learning plan?

	Pre	Post
A	3	3
B	2	4
C	1	3

How often do you assess your wellbeing in the following ways?

	Signs/Symptoms of Burnout		Work Satisfaction/Engagement		Level of stress	
	Pre	Post	Pre	Post	Pre	Post
A	3	3	3	3	3	4
B	3	4	3	4	3	4
C	3	5	4	5	3	5

Wellness Inventories Mean Scores

	Maslach Burnout Inventory		Utrecht Work Engagement Scale		
	Personal Achievement (0-6)	Emotional Exhaustion (0-6)	Vigor (0-18)	Dedication (0-18)	Absorption (0-18)
Cohort 1 (n=3)	4.87 (4.00-5.88)	2.56 (1.56-4.22)	12.67 (13-18)	13.67 (10-17)	13.67 (11-15)
Cohort 2 (n=6)	5.05 (3.88-5.88)	3.19 (2.00-5.56)	12.67 (5-16)	14.17 (10-16)	13.33 (6-18)