

MAKING GME SCHOLARLY ACTIVITY VISIBLE ON YOUR RESIDENCY PROGRAM WEBSITE USING A CLOUD-BASED SCHOLARLY TOOL

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***AKA: Does it count as scholarly work
if it's not Visible? Endurable?***



Aim & Methods

- **Aim:** Showcase breadth & quantity of GME trainee & faculty scholarly activity linked to each program's website
- **Partnered:** Medical Libraries identified cloud based application *SelectedWorks*TM
 - Individual Faculty Profiles
 - Group Profiles (FM Residents, Rad Faculty)
- **Piloted FM Residency Program**

Residency Programs

Fellowship Programs

FAMILY MEDICINE

the People

GME VIDEO

MEET THE RESIDENTS

RESIDENT CAM

MILWAUKEE

COFFEE WITH THE RESIDENTS

FACULTY

CURRENT RESIDENTS

RESIDENCY SCHOLARSHIP

Welcome to

FAMILY MEDICINE

RESIDENCY PROGRAM



Welcome to Your Future at Aurora Health Ca...

15 Hospitals

180 Clinics

WELCOME TO WISCONSIN

Aurora Family Medicine Residency Program

PROGRAM FACTS

LEADERSHIP TEAM/FACULTY

Physician Faculty

Non-Physician Faculty

PHYSICIAN FACULTY

Learning to be a family physician requires two key ingredients, a motivated learner and a motivated teacher. Our faculty, with diverse backgrounds in Family Medicine, are excellent role models and teachers for you during your training. Supporting this work, the campus and department leaders all have a background in and deep understanding of Family Medicine.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z



Selected Works of Will Lehmann, MD

Family Physician, Aurora Walker's Point Community Clinic, Aurora Health Center-Midtown, Clinic Adjunct Assistant Professor of Family Medicine, University of Wisconsin School of Medicine and Public Health, Former Medical Director, Aurora Walker's Point Community Clinic, Program Director, Aurora Family Medicine Residency Program

Interests include underserved medicine, clinical quality, and high value care. Dr. Lehmann earned his medical degree from the University of Louisville Medical School in his hometown of Louisville, KY. He completed his Family Medicine training at the University of Utah, where he also earned an MPH as a fellow, and stayed on as faculty for 8 years. He enjoys practicing full spectrum Family Medicine again after spending the 7 years as medical director and primary care physician for the Neurobehavior HOME Program, a Utah Medicaid waiver program for patients with developmental disabilities. He became Program Director of the Aurora Family Medicine Residency Program.

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Contact

Articles (12)

Article

Continuity and access in the era of part-time practice

Annals of family medicine (2018)

Thomas Bodenheimer, Cynthia Haq and Will Lehmann

The number of physicians seeing patients part time is growing, an evolution that challenges the primary care pillars of continuity ...

Link

Conference Presentations (15)

Other

Are your residents trained to be a community responsive physician ...

Aurora UW Family Medicine Faculty (2018)

Kjersti Knox, Wilhelm Lehmann, Joseph Vogelgesang and Deb Simpson

Download

Other

Family medicine resident wellness 1/2 days - early results

Aurora UW Family Medicine Faculty (2018)

Thomas Harrington, Joseph Vogelgesang, Vy Dinh, Abdulrehman

Download

Other

Family medicine resident expectations by year from faculty and resident ...

Aurora Family Medicine Residents (2017)

Alyssa Krueger, Devin Lee, Jessica J F Kram, Wilhelm Lehmann, et al.

Download

Article

Community Health, Advocacy, and Managing Populations (CHAMP) Longitudinal Residency Education ...

Journal of Patient-Centered Research and Reviews (2018)

Kjersti E Knox, Will Lehmann, Joseph Vogelgesang and Deborah

Purpose: Longitudinal education initiatives designed to prepare residents to address health disparities and social determinants of

Download

Other

Electronic medical record and population health

Aurora UW Family Medicine Faculty (2018)

Wilhelm Lehmann and Alonzo Jalan

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Other

Achieving the Multiplier Effect Using Part IV MOC Medical Education (2017)

Will Lehmann, Deborah Simpson, Kristin Ouweneel, Theresa Frederick,

Purpose: Health care systems and their physicians continuously strive to improve care to patients through QI initiatives. Yet participating in ...

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Other

Identifying & targeting age-related CRC screening rate disparities in family ...

Aurora Family Medicine Residents (2017)

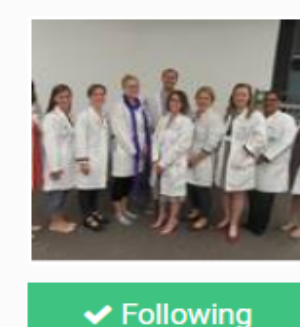
Jonathan Blaza, Jasmine Wiley, Matthew A Gill, Alonzo Jalan, et al.

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Aurora Health Care View other Aurora caregiver profiles Expert Gallery

Deborah Simpson



Selected Works of Aurora Family Medicine Residents

Family Medicine Residents

The Aurora Family Medicine Residency Program has a long history of providing excellent educational experiences and training for family physicians. Our 281 graduates are practicing throughout the country, ranging from a rural Alaskan island to major metropolitan areas. With special strengths in population health, community medicine, sports medicine, in-patient services, integrative medicine and research, the program provides an excellent opportunity for residents to be well-trained in all areas.

read more

Abstracts (11)



Article

Hot Spotting Medically Complex At-Risk Patients in an Urban Primary ...

Journal of Patient-Centered Research and Reviews (2018)

Glenda Sundberg, Chris Peters, Catherine de Grandville, Natalie

Background: In the United States, 5% of patients incur 50% of health care costs. Hot spotting, a collaborative care approach, ...



Article

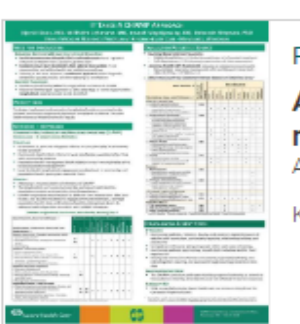
Monitoring Lead Screening Within a Milwaukee Family Medicine Residency Clinic

Journal of Patient-Centered Research and Reviews (2018)

Kristin E Dement, Jessica J F Kram, Dennis J Baumgardner, Bonnie

Background: Lead screenings, as part of a child's preventive examinations, are offered by many Women, Infants, and Children (WIC)

Conference Presentations (19)



Presentation

Are your residents trained to be a community responsive physician ...

Aurora UW Family Medicine Faculty (2018)

Kjersti Knox, Wilhelm Lehmann, Joseph Vogelgesang and Deb Simpson

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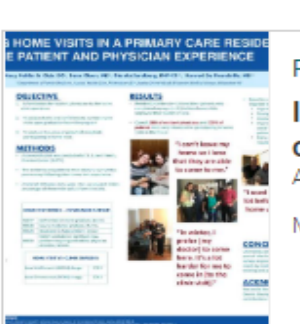
Presentation

Family medicine resident wellness 1/2 days - early results

Aurora UW Family Medicine Faculty (2018)

Thomas Harrington, Joseph Vogelgesang, Vy Dinh, Abdulrehman

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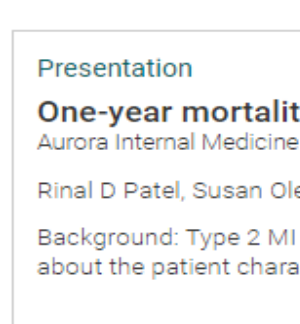
Presentation

Incorporating home visits in a primary care residency clinic: the ...

Aurora UW Family Medicine Faculty (2018)

Mary St. Clair, Dane Olsen, Glenda Sundberg and Konrad de Grandville

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Presentation

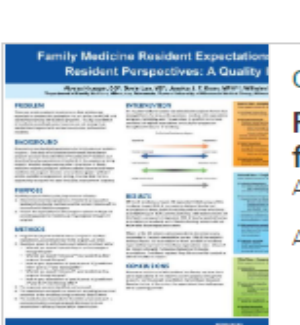
One-year mortality in type 2 MI: Patient characteristics from a ...

Aurora Internal Medicine Residents (2017)

Rinal D Patel, Susan Olet, Jessica J F Kram, Sarah Doleeb, et al.

Background: Type 2 MI is caused by an imbalance in oxygen supply/demand. Little is known about the patient characteristics associated ...

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Other

Family medicine resident expectations by year from faculty and resident ...

Aurora Family Medicine Residents (2017)

Alyssa Krueger, Devin Lee, Jessica J F Kram, Wilhelm Lehmann, et al.

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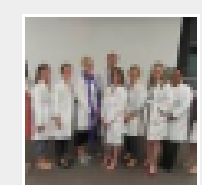
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AdvocateAuroraHealth

Advocate Health Care Aurora Health Care



2019 Annual Meeting – Tucson



Selected Works of Aurora Family Medicine Residents

Following



Presentation

Are your residents trained to be a community responsive physician? It takes a CHAMP approach

Aurora UW Family Medicine Faculty

Kjersti Knox, MD, Aurora Health Care

Wilhelm Lehmann, MD, Aurora Health Care

Joseph Vogelgesang, MD, Aurora Health Care

Deb Simpson, MD, Aurora Health Care

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Aurora Affiliations

Family Medicine Residency Program at Aurora Health Care

Publication Date

9-14-2018

Presentation Notes

- Reports on downloads +
- Exportable results to facilitate data entry into ACGME's ADS

ARE YOUR RESIDENTS TRAINED TO BE A COMMUNITY RESPONSIVE PHYSICIAN?

IT TAKES A CHAMP APPROACH

Kjersti Knox, MD, Wilhelm Lehmann, MD, Joseph Vogelgesang, DO, Deborah Simpson, PhD
FAMILY MEDICINE RESIDENCY PROGRAM AT AURORA HEALTH CARE - MILWAUKEE, WISCONSIN

NEED FOR INNOVATION

EXPANDING NEED FOR SDH AND HEALTH EQUITY EDUCATION

- Social determinants of health (SDH) and health equity have a greater influence on health than a person's genetic code
- Residents must learn to identify AND address inequalities in our communities and within health and institutional policies
- Training in this area requires a continuum approach to learning with deliberate spaced practice and interweaving to be effective

INHERENT CHALLENGES

- Residency (and faculty) time for longitudinal curriculum is limited
- Requires flexible/agile approach to take advantage of varied opportunities
- Longitudinal experiences are rarely described

PROJECT AIM

To design, implement and evaluate a longitudinal residency curriculum to prepare community responsive physicians competent to address the social determinants of health and health equity

METHODS — APPROACH

COMMUNITY HEALTH ADVOCACY AND MANAGING POPULATIONS (CHAMP) CURRICULUM — A LONGITUDINAL APPROACH

STRUCTURE

- Orientation in year one integrates a focus on core principles of community health and SDH
- Community health block rotation in year emphasizes experiential learning with community partners
- Population health management block rotation in year two emphasizes clinic based population management
- Lead for Health longitudinal engagement elective track in community and population health spans years two and three

CONTENT

- Advocacy is incorporated in all elements of CHAMP
- The longitudinal curriculum incorporates community partnerships, population analysis, and specialty clinical experiences
- CHAMP emphasizes identification of SDH and their downstream effects on health, and teaches residents to engage community members, leverage population health data, and build and lead interdisciplinary teams to address health disparities consistent with ACGME milestones

CHAMP Longitudinal Curriculum Overview by Training Year*

CORE CONCEPTS, SELECTED METHODS →	TRAINING YEAR			CURRICULUM CONCEPTS					METHODS
	Year 1	Year 2	Year 3	Community Health Identification	Health & Equity	Population Health	Health Disparities	Health Equity	
LONGITUDINAL CURRICULUM STRUCTURE AND COMPONENTS ↓									
Resident Orientation: Principles Community Health									
• Core Principles of SDH*	10 hrs			X	X	X	X	X	X
• Asset Based Community Development: "Woodfield Survey"									
• Eco-Mapping									
CHAMP 1: Community Health									
• Partner Organization Visits									
• Clinic: continuity, group visits, refugee clinic	1 mo			X	X	X	X	X	X
• Advocacy Project 1: Policy change or community education - employing narrative									
• Integrative Medicine in Residency Modules									
CHAMP 2: Managing Populations									
• Population Management									
• Clinic: continuity, group visits, refugee clinic	1 mo			X	X	X	X	X	X
• Advocacy Project 2: Clinical practice change-employing mini PDCA cycle									
• Hunting Worms and Worms Visits									
Longitudinal Elective: Lead for Health									
• Project Development and Implementation: Partner with clinic or community organization to address population/public health need	40 hrs	80 hrs		X	X	X	X	X	X
• Specialized Community Clinic Experiences: Free Clinic; Elderly; HIV; Integrative Medicine									

* Social Determinants of Health; ** Plan, Do, Study, Act; *** Federally Qualified Health Center; **** Public Health Services

EVALUATION RESULTS X SOURCE

REACTION: BLOCK ROTATION EVALUATIONS

- Rotation Expectations = 4.4 (1=Not Discussed/Unclear to 5=Clear what I should learn)
- Skills Development = 3.8 (1=No practice opportunities to 5 = Many opportunities)

LEARNING: ACGME SBP MILESTONE #3 (Advocate for individual & community health)

- Demonstrated progressive improvement within and between trainee levels
- 2016-17: PGY1s = 3.7 / PGY2s = 5.3

STRUCTURED GROUP AND COMMUNITY PARTNER DEBRIEFS BY KIRKPATRICK LEVEL*

KIRKPATRICK LEVELS AND CATEGORIES ↓	Overall = % of data sources by category	DATA SOURCES									
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
REACTION - SATISFACTION											
1. Clarity of Expectations/Goals	100%										
○ Clarity of project requirements, expectations, scope, timing		X	X	X	X	X	X	X	X	X	X
○ Clarity of mentor role, responsibilities											
2. Relationship and Partnerships	100%										
○ Value partnership - organization and trainee interactions/experiences		X	X	X	X	X	X	X	X	X	X
○ Value an established relationship - between residents & partner orgs											
○ Value opportunity to hear or experience patient stories		X	X	X	X	X	X	X	X	X	X
○ Desire increased time together - residents and partner organizations		X	X	X	X	X	X	X	X	X	X
○ Value faculty mentorship relationship		X	X	X	X	X	X	X	X	X	X
3. Advocacy Project	68%										
○ Value advocacy and PDCA projects											
○ Challenge of focusing advocacy projects											
○ Desire advocacy project accessibility/improved dissemination											
4. Identity	50%										
○ Provides program identity		X	X	X	X	X	X	X	X	X	X
○ Improve external communication of identity - resident recruitment		X	X	X	X	X	X	X	X	X	X
LEARNING											
1. What is Learned	13%										
○ Residents learn health equity and SDH*											
○ Residents learn complexity without becoming overwhelmed											
2. Strategies to Increase Learning	13%										
○ Define setting to help residents reflect/process experience											
APPLICATION TO PRACTICE/BIOSKILL											
1. Prepare for future of health care	13%										
2. Integrate partner organizations and/or population management resources in care	67%	X	X	X	X	X	X	X	X	X	X
OUTCOMES/RESULTS											
1. Find meaning and purpose	50%										
2. Add value to partner organizations	25%										
3. Inspire continued partnership	25%										

* Lead For Health; ** Plan, Do, Study, Act; *** Social Determinants of Health; **** Return On Investment

CONCLUSIONS & NEXT STEPS

STRENGTHS

- Community partners, residents, faculty, and residency leadership were all satisfied with curriculum, particularly regarding relationship building and mentorship
- Competency milestone ratings improved within each year of training
- Community partners reported key impacts both individual and for their organization
- Faculty and Community Partners consistently reported (re)finding and rekindling their meaning and purpose through teaching residents in this area

AREAS FOR IMPROVEMENT

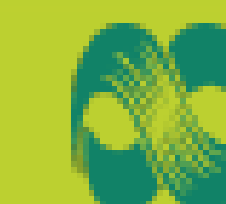
- The CHAMP curriculum while perceived by program leadership as central to the residency's identity, that identity was not reflected in learner responses

FEASIBILITY ROI

- Shift to population/value based health care can serve as a key driver for curriculum implementation

* Reprinted from Knox KS, Lehmann W, Vogelgesang J, Simpson D. Community Health, Advocacy and Managing Populations (CHAMP) Longitudinal residency education and evaluation. J Patient Care Res Rev. 2018;3(1):14, with permission from Aurora Health Care Inc.

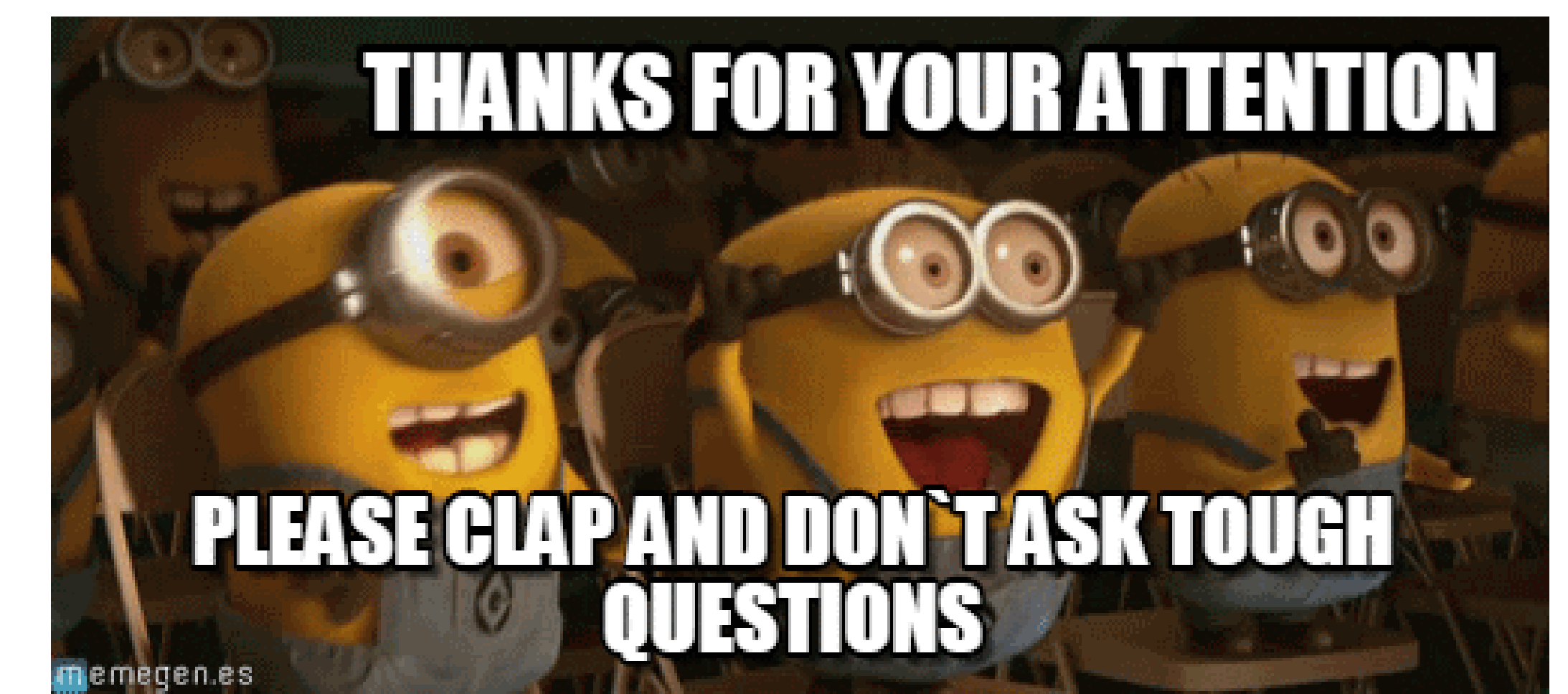
Aurora Health Care



AAMC Central Group on Educational Affairs,
Rochester, MN – March 2018



Results & Lessons



- 14 GME Group + > 75 Faculty Profiles
- All profiles linked to program websites
 - Biggest Hits Res/Fellow Grp Profiles – **Nov-Jan**

# USERS	# NEW USERS	# SESSIONS	BOUNCE RATE	PAGE VIEWS
191	164	226	79%	1.4

- Using cloud-based application (avoids firewalls)
 - Visible, Trackable (Google Analytics), Endurable
 - Provides 1 stop - Centralized Repository