

# Tired of Your Residents Falling Asleep?

## Engaging Residents through Innovative Curricula and an Intentional Focus on Well-Being

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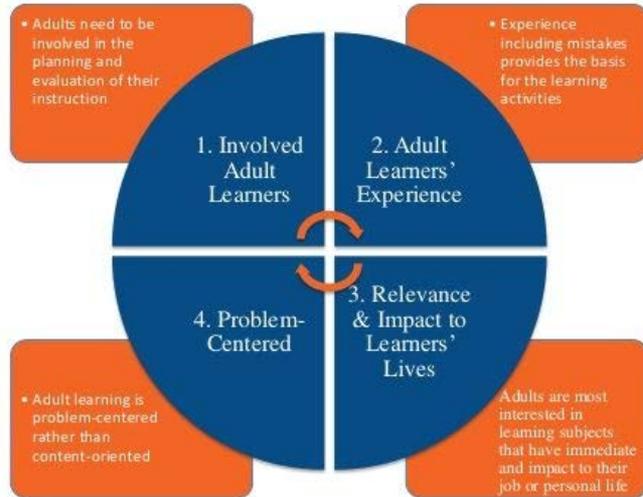
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# Objectives

1. Review adult learning theory
2. Discuss effective PowerPoint presentation skills
3. Practice effective PowerPoint presentation skills
4. Understand Kolb learning styles
5. Take the learning style inventory
6. Understand characteristics of millennial and gen-Z / i-gen learners
7. Review Kemp curricular model
8. Assess your current curriculum
9. Design a curricular model
10. Report back to your group about your findings

# Adult Learning Theory

## Knowles' 4 Principles Of Andragogy



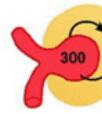
## The Cone of Learning

sparkinsight.com



# Case with transition

At noon conference you are giving a review of acid/base disturbances and when on the slide with the loop of Henle you notice the following:



Cortex

Outer medulla

Inner medulla  
(a)



# What techniques could you use to avoid this response?

- A. Better slide animations
- B. Videos
- C. Power point sound effects
- D. Frequent stretch breaks
- E. More caffeine at lecture



# Is this you right now?



# Objectives (for real!)

- Review of adult learning theory/generational learning differences
- Discuss how these principles influenced our curricular changes
- Brainstorm curricular changes to take home with you based on overcoming barriers

# Reflective Exercise

- Who/when is teaching?
- Do learners have time protected?
- Do you receive Faculty Development on how to teach?
- Each person name the biggest challenge with current curriculum or what do you learners complain about?

# Challenges:

# Traditional Model of GME Curriculum

- Socratic/Lecture based
- Too much information
- Lofty objectives
- Ineffective presentation skills

You! What are the 7 most common causes of pancreatitis?

WRONG!! Back in my day we had to walk 15 miles, uphill both ways to the library to get our medical research. You have the answers in your pocket and still don't know??



# What do today's medical learners expect?



Entering medical school:

- Best of the best
- All honors, all everything
- ALL the altruism
- Lower rates of depression than age-matched peers
- Higher resilience

# What changes in medical school?

Medical students are:

- More depressed than age-matched peers
- 27% depressed or with depressive symptoms
  - Only 15% of these sought care!
- 11% with suicidal ideation



Rotenstein et al. Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students, A Systematic Review and Meta-Analysis JAMA. 2016;316(21):2214-2236.

doi:10.1001/jama.2016.17324

# Burned out medical students:

- Have higher rates of depression and suicidal ideation
- More likely to cheat
- Less altruistic, decreased desire to serve

# The Good News: They Get It!

- THIS IS IMPORTANT TO THEM!
  - Millennial / GenZ (iGen) more focused on self-care
- Medical schools ahead of residencies and hospitals in recognizing wellness and curriculum development

# Bad News: Many of Us Don't

- Feedback focused on weaknesses
- Long lectures with too much content, little interactivity
- “Hidden curriculum”, culture of medicine
- Pimping, culture of fear/survival
- Complexity of modern medicine

# ~ Values of a generation ~

## GENERATION X

1965 - 1977



*Relationships*



*Experiences*



*Freedom*



*Balance*



*Scepticism*



# Forget Millennials: It's All About Gen Z

In Medical School NOW!

• Anyone born after 1995

• Described as "conscientious, hard-working and mindful of the future"

• First true digital natives



## What Should Employers Know About Gen Z?

### Giving back comes first.

Gen Z favors companies with corporate social responsibility that aligns with their beliefs and values which consist of bold ideas, creativity and optimism.

### Gen Z is chasing the dream job.

Gen Z is pragmatic and realistic, but they also believe it is possible to achieve their "dream job" and build a career doing what they love.

### Career growth counts.

Opportunities for professional development are most essential when attracting Gen Z talent.

"Bridgers" in Residency NOW!



# 3 terms to know

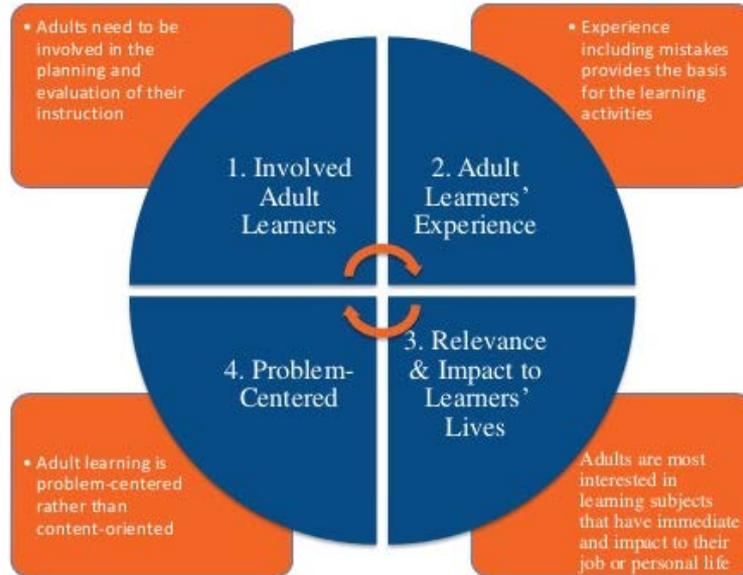
Phygital = no distinction between physical and digital worlds

Hyper-custom = ability to individualize all content consumed

FOMO = fear of missing out

# Don't forget...they are adults:

## Knowles' 4 Principles Of Andragogy



# Reflective Exercise

- How do generation values/adult learning preferences connect with your biggest challenges/complaints about your curriculum?

# Reflections

**We had those same challenges...**

# Old didactic schedule

		Week 1: 8/18-8/22	Week 2: 8/25-8/29	Week 3: 9/1-9/5	Week 4: 9/8-9/12									
Monday			JC Lite	PCMH	Billing and Coding - Banas									
Tuesday		Resident Business/Faculty Development	Pharmacy - Chan	Sports	Nutrition									
Wednesday	12:15	Grand Rounds		Grand Rounds	Grand Rounds									
	1:30	Business Meeting		Quality and Safety	PBL - Find It Fix It									
		PGY1	PGY2	PGY3	PGY1	PGY2	PGY3	PGY1	PGY2	PGY3				
	2:30	Simulation - Hommema	Group - Schmidt/ Banas	Simulation - Hommema	Community			PBL	Group - Schmidt/ Banas	PBL	A	A	A/S	
	3:00										A	A	A/S	
	3:30	Group Schmidt	Simulation - Hommema	A/S	Group - Schmidt/Hommema		A/S	Group - Schmidt/Hommema			Group - Schmidt/Hommema	A	A	A/S
	4:00										A	A		
4:30	A	A	A/S	A	Whetstone	PM		PBL	Whetstone	A	A	PM		
Thursday		Board Review - Hommema	Geriatrics/Derm	Case Conference: Saridakis	Behavioral									
Friday		PGY3 Group	Recruitment Committee	PGY3 Group	Didactic Committee									

- Residents:
  - “Too many lectures”
  - “Not enough interactivity”
  - “Inconsistent quality of lectures, relevance”
  - “Lack of flexible time”

# Community/Patient Engagement

- Wanting volunteer opportunities
- Little community involvement or population health built into curriculum
- Wanted to help our patients in our practice

# Scholarly Activity

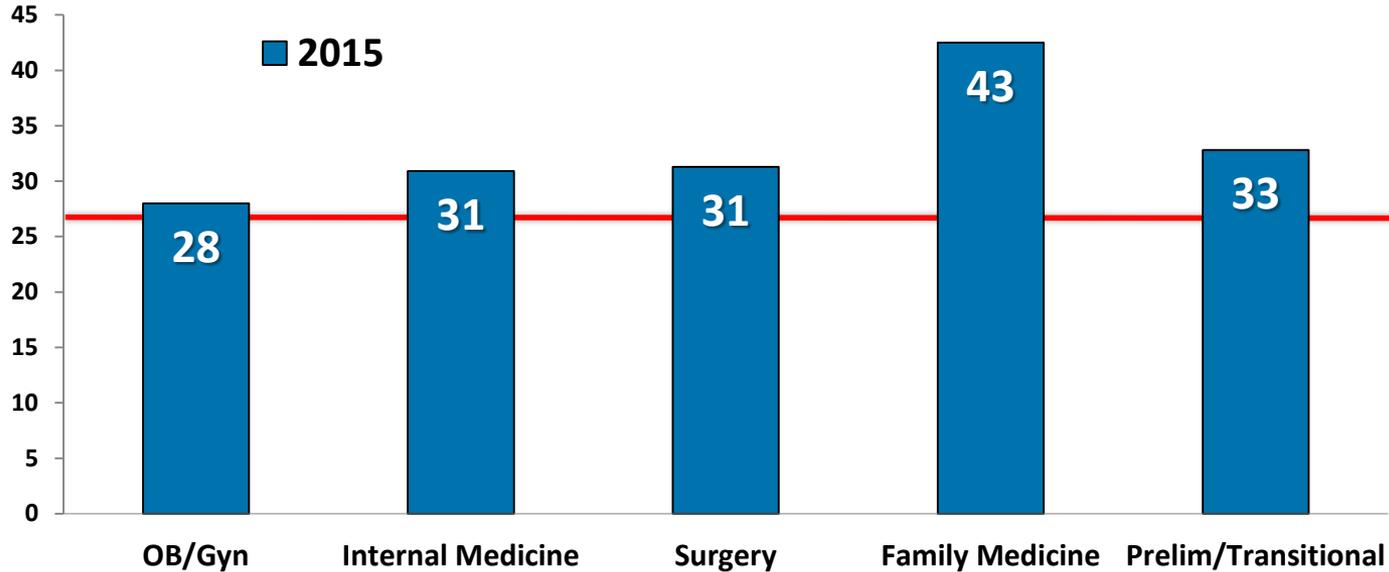
- Residents interested in scholarly activity
- Difficult to find time to focus, collaborate
- Lack of direction and structure

# Simulation

- Hard to engage in the simulations
- Lack of safety culture, high-quality debriefings, fear of evaluation

# WE needed to address wellness: 2015

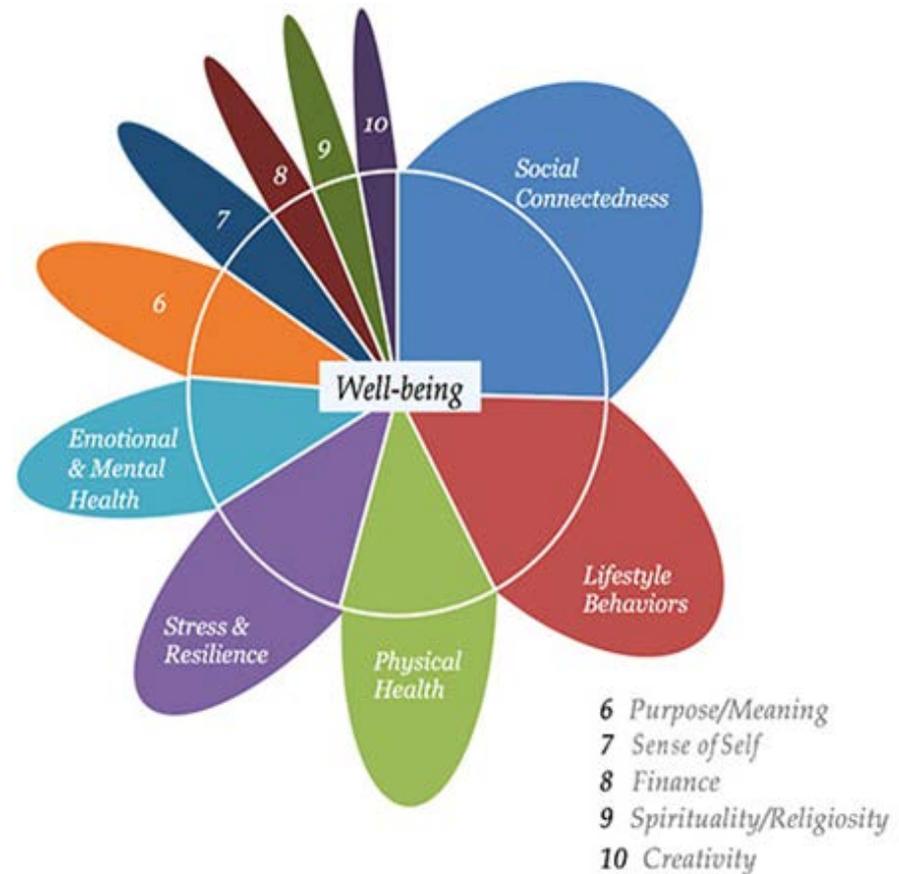
## Mean Maslach Burnout Inventory (MBI) Score by Specialty



\*A score of 27 or greater indicates at least moderate level of burnout

# Burnout

- Components:
  - Emotional Exhaustion
  - Depersonalization
  - Poor Sense of Personal Achievement



Back to  
the Drawing  
Board

# Adult Learning Principles:

- Safe environment
- Active role in planning/evaluation
- Tasks related to their occupation with clear goals for immediate utilization

# Engaging Current Learners

## Millennial

1. Facilitate cooperation among students
2. Prepare students for diversity and cross-cultural interaction
3. Cultivate knowledge creation
4. Promote active engagement inside and outside the classroom

## Gen Z

1. Less experience socializing face to face – individual work, then sharing
2. Allow flexibility and customization to curriculum
3. Distractions are good!
4. Images not text
5. Inclusivity
6. Incorporate technology to solve problems

# FYI (a word on PPT)

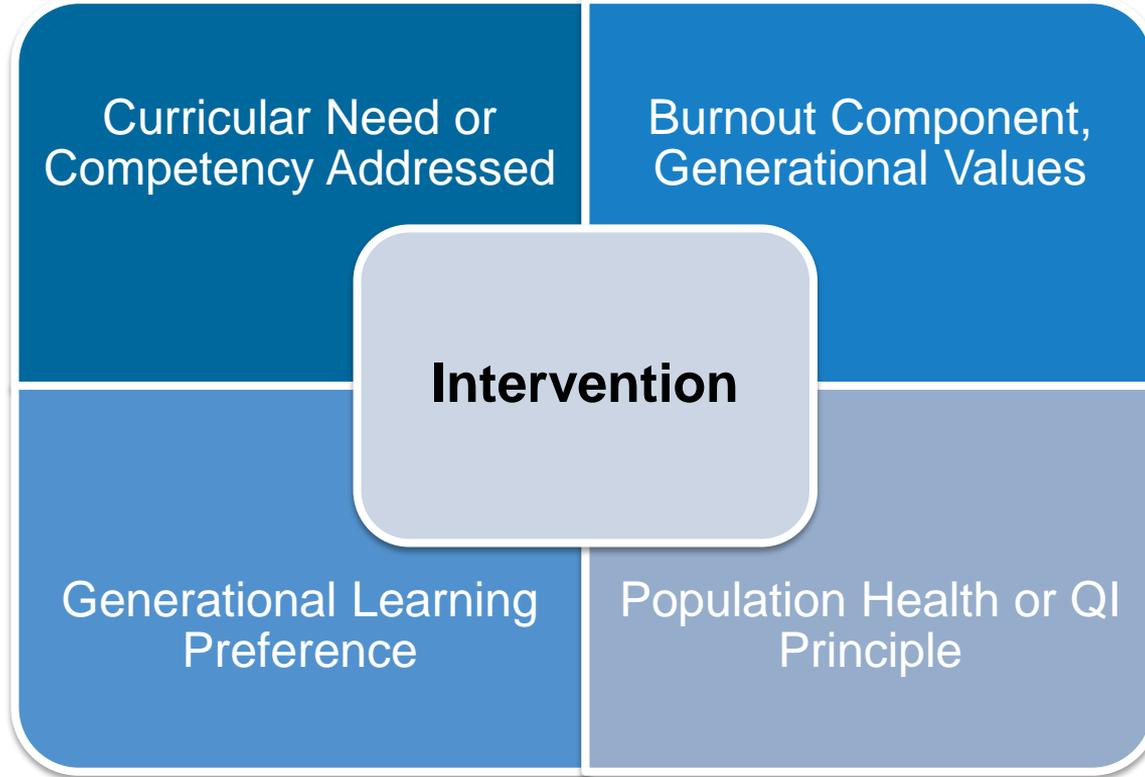
- Limit text (and don't read it!)
- No Backgrounds
- Limit animations
- Clear, crisp colors
- Font : Sans SERIF  
not SERIF
- IMAGES

# Principals *WE* followed

- Follow adult learning theory, teach the way current learners want to be taught
- Add flexibility, substitutions rather than additions
- Removed “waste” from the system, gained efficiency
- Engage our patients and our community
- Integrate population health & QI
- Wellness in everything we do



# Our Model:



# Rotational Changes

# Mother-Infant MAT

- Partnership with OB/GYN residency
- Consistent follow up with mother and baby
- Community Medicine and Behavioral Health Rotations

Addiction Medicine  
Health Care Disparities  
MK, SBP

Depersonalization,  
Diversity, Activism, Equality

**Mother-Baby MAT  
(Buprenorphine)**

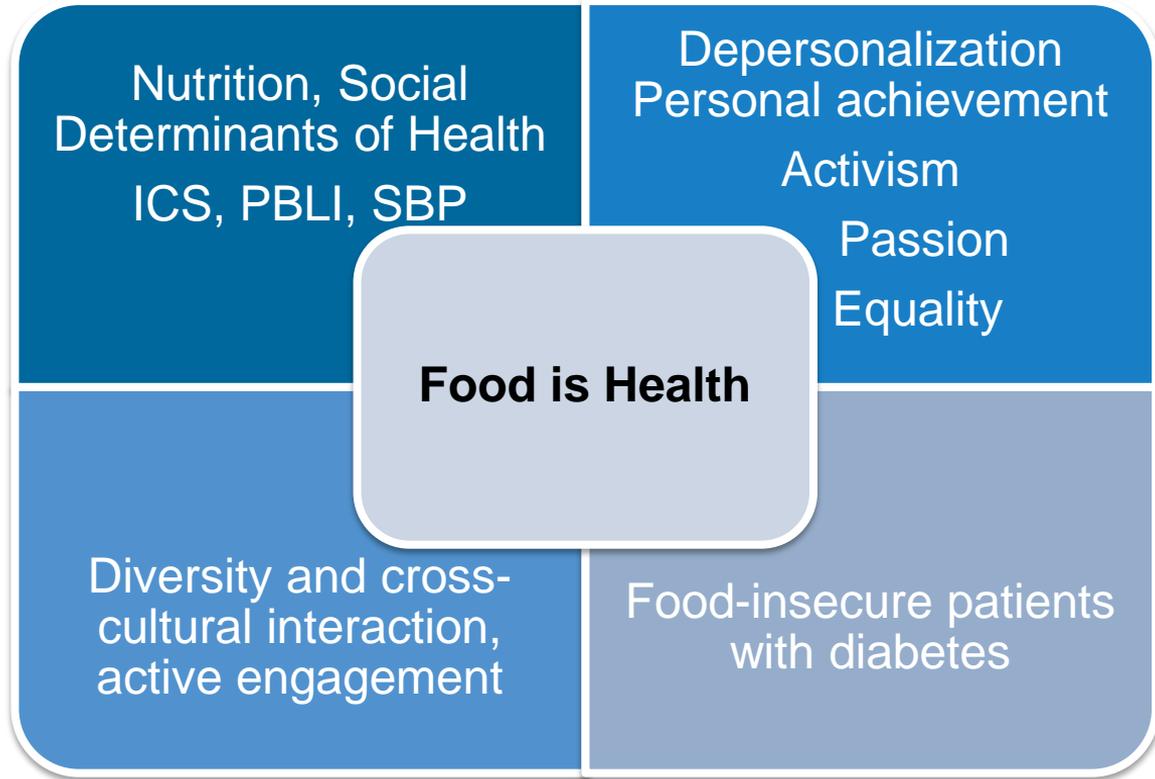
Cross-cultural interaction,  
knowledge creation

Mothers dependents on  
opiates, with young  
children

# Food is Health



<https://newsroom.ohiohealth.com/columbus-dispatch-ohiohealth-patients-shop-for-food-right-at-doctors-office/>  
<https://www.dispatch.com/news/20180710/doctors-office-provides-fresh-produce-to-diabetics-from-meeting-room-pantry>





# Wellness on Wheels

Health Care Disparities  
SBP, PBLI

Emotional exhaustion,  
depersonalization

Diversity  
Activism  
Equality

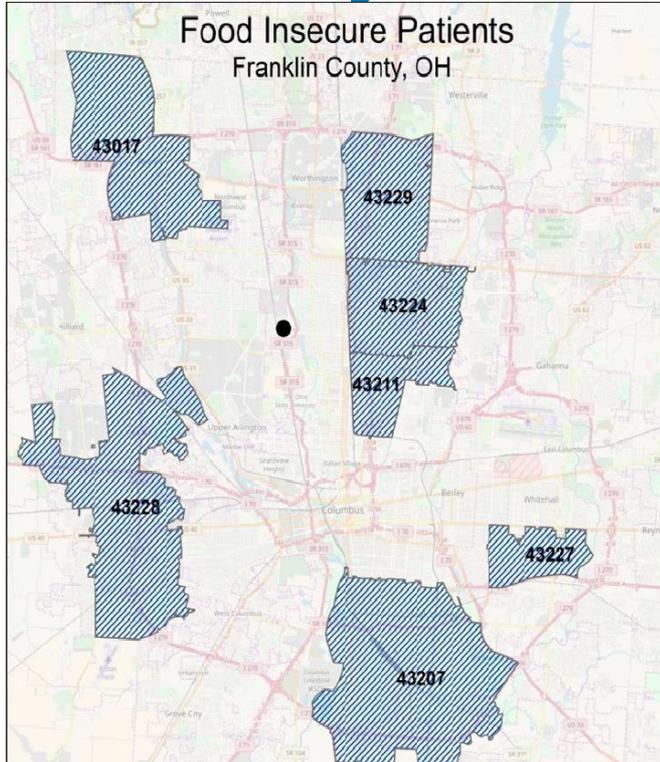
**Wellness on Wheels  
Primary Care**

Diversity and cross-cultural  
interaction, active  
engagement

Patients without primary  
care access in an  
underserved community

# Workshop and Didactics

# Scholarly Activity & Population Health



- Formal curriculum, protected didactic time
- Structure for office-based population health
- Resident teams based on common interests

Population Health  
Scholarly Activity  
PBLI, SBP

Depersonalization  
Personal Achievement  
Equality  
Passion  
Discovery  
Sustainability

**Scholarly Activity  
Population Health  
Curriculum**

Cross-cultural interaction,  
knowledge creation,  
flexibility, customization

Varies  
Ex: LGBTQ, GDM,  
Domestic abuse, Nursing  
home residents,  
Adolescents

# Evidence-Based Medicine & Practical Literature Evaluation Skills (PLES)

- Protected time for literature review
- Focus on practicality and lifelong skills on critically analyzing literature
- Learn, then practice immediately
- POC EBM

MK, SBP, PBLI, ICS

Collaboration  
Discovery  
Sharing

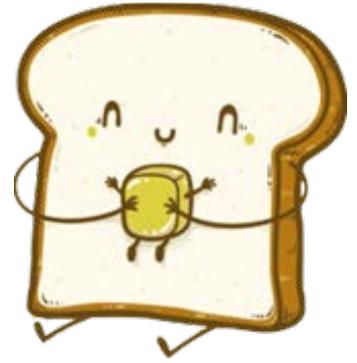
**Evidence-Based  
Medicine and  
Practical Literature  
Evaluation (PLES)**

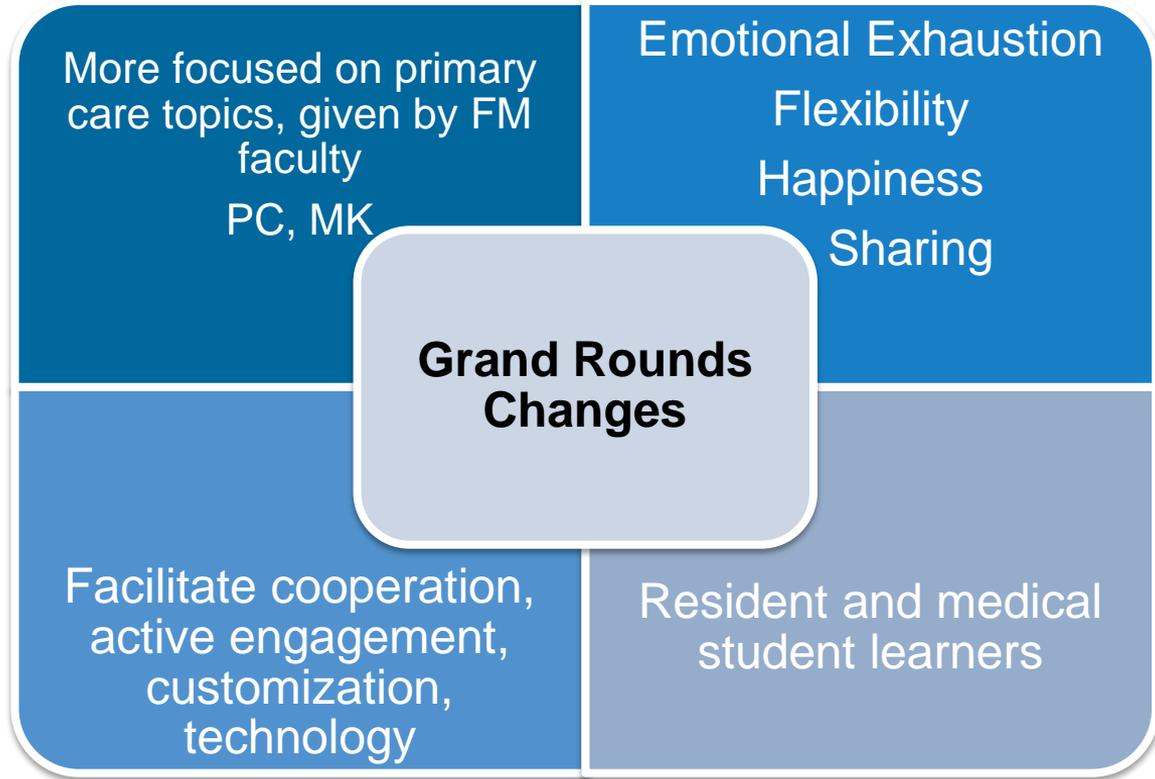
Active learning, clear goals  
for utilization,  
personalization, relevance,  
technology

Life Long Learning

# Grand Rounds Changes

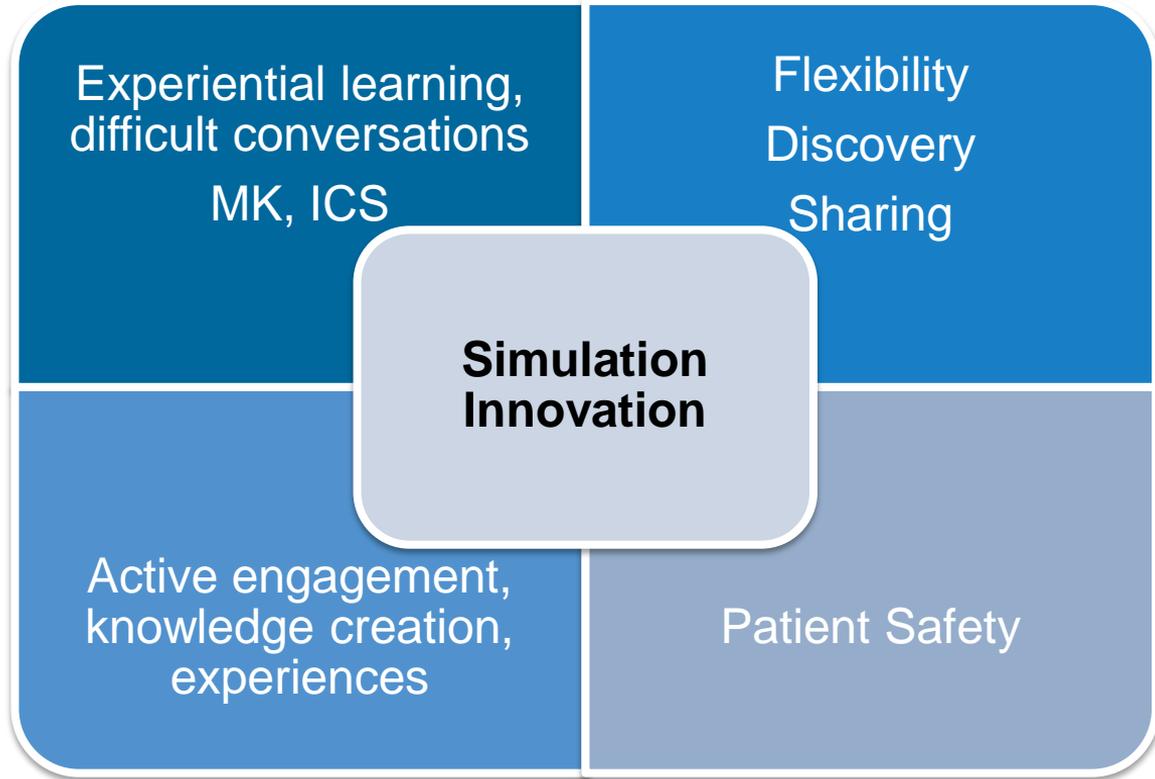
- Shortened to 45 minutes
- More direction to outside lecturers
- Increasing active engagement, small group work, technology
- Topics targeted to resident needs/requests
- Useful handouts
- ILP's to fill in knowledge gaps/self directed learning





# Simulation Innovation





# Wellness Curriculum



<https://wellmd.stanford.edu/center1.html>

Resident well-being,  
balancing clinical and  
self-care needs

PROF

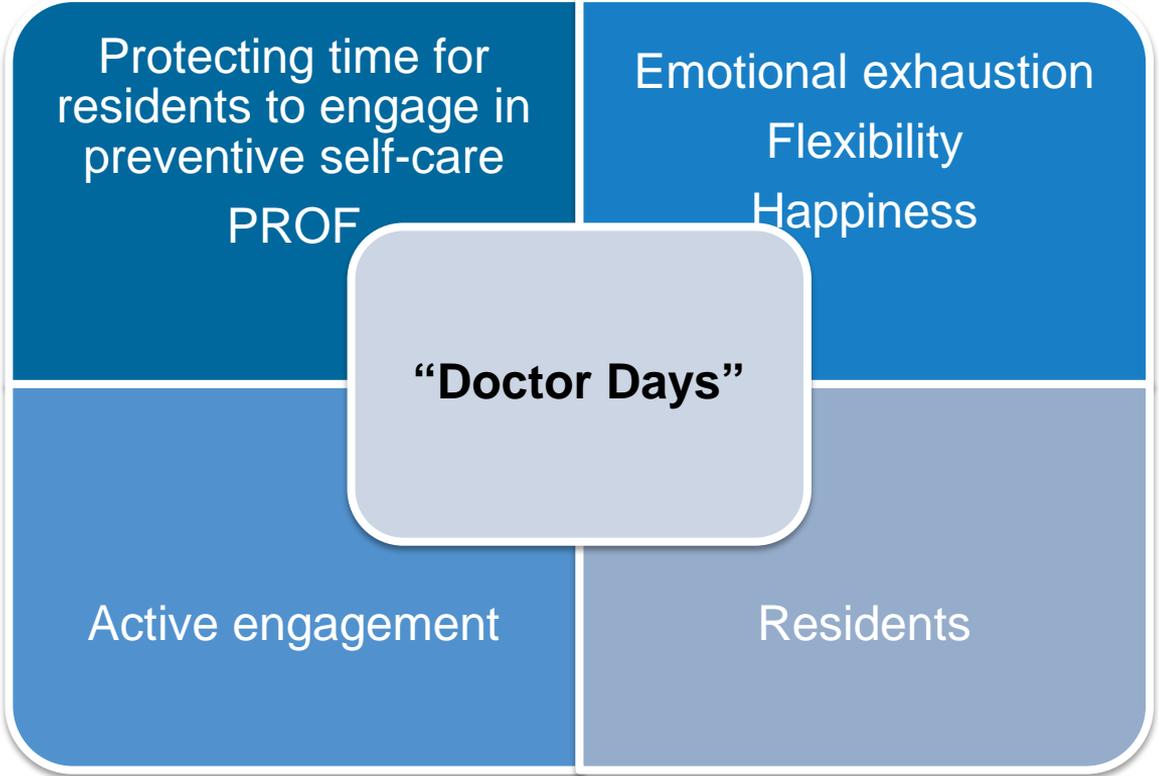
Emotional exhaustion,  
depersonalization, sense  
of personal achievement

**Protected Time  
for Wellness**

Active engagement,  
cooperation

Residents

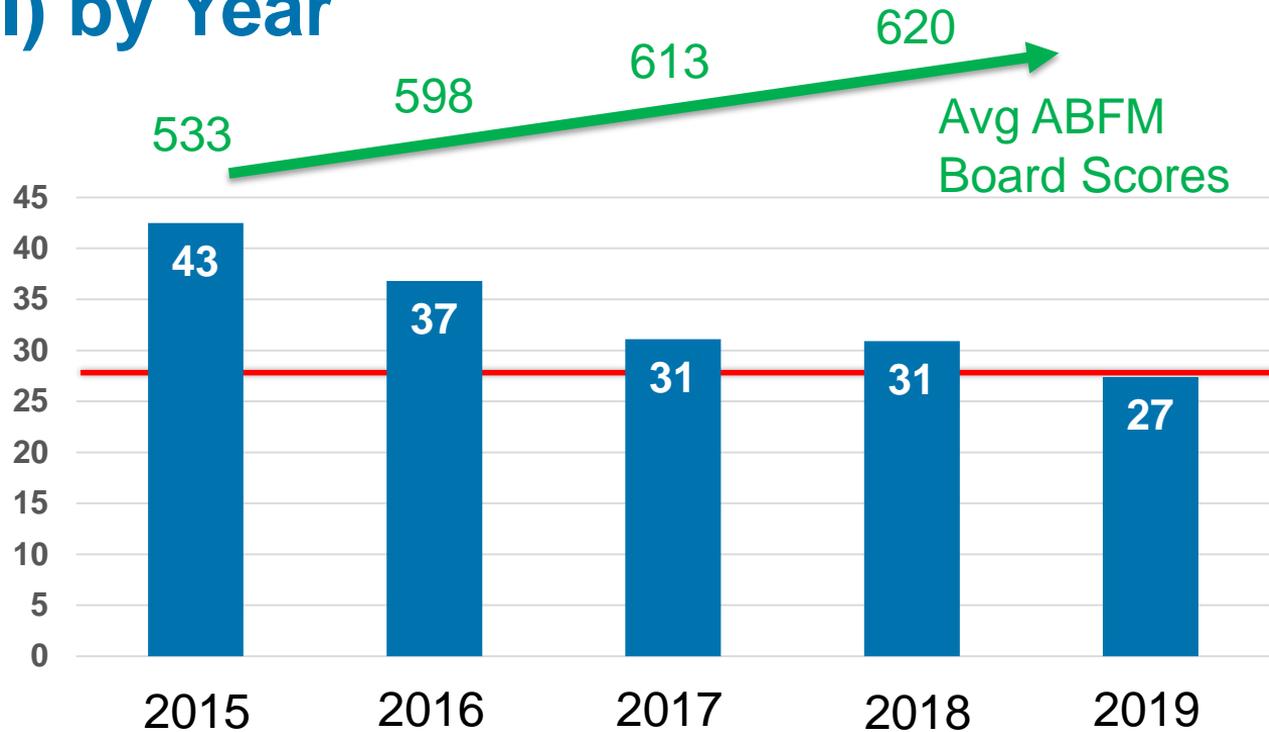
# “Doctor Days”



# Culture keys

- The right people
- Culture of continuous improvement
- Active listening with residents
- No micromanaging from above
- Structure for scholarly activity
- Intentional Overlap (ACGME/QI/Pop Health)
- Bucked the “traditional mindset” – not doing it the same way because we always did it that way
- Saying “why not?”

# Mean Modified Maslach Burnout Inventory (mMBI) by Year



\*A score of 27 or greater indicates at least moderate level of burnout

# What our residents say...

“Faculty always working to improve our residency”

Really appreciate Doctor Day – huge help!”

“ Really like FM Core lecture series, hope it continues”

“I cannot say enough about the strength of the program’s commitment to resident wellness”

# Small group activity

# Questions?

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