

## **PACER Team Report Summary Mayo Clinic**

### **What They Did:**

#### Educational Transformation Accomplishments

- Teamwork training based on the TeamSTEPS program has been developed and integrated into the IM resident clinic curriculum. This training is now given annually and involves all members of the clinic team getting to know one another, building relationships, and learning effective teamwork communication strategies and teamwork behaviors together.
- Elements of the Mayo Clinic Team Engagement Model (TEM) have been introduced into the IM resident clinic and have served as a springboard for implementation of team-based quality improvement efforts in the IM resident clinic.
- Since integrating these PACER initiatives into the IM resident clinics, we have observed enhanced team engagement in the resident clinic as well as improved relationships among interprofessional team members.
- The Family Medicine resident clinic has developed interprofessional seminars that include family medicine physicians, psychiatry, pharmacy, and nursing to facilitate interprofessional learning in the outpatient clinic setting.
- Family Medicine has diversified their residency educational leadership (psychologist serves as an associate program director) to improve their interprofessional learning.
- In FM, they have been co-precepting as they are now much more familiar with all the team members and their respective learners.

#### Clinical Transformation Accomplishments

- Defined clinical teams have been developed in the IM residency clinic. These teams include residents, faculty, advanced practice providers, RNs, LPNs, patient appointment coordinators, pharmacists, clinical assistants, social workers, and care coordinators who are all co-located in a common space and are learning to work together to enhance patient care. Following the introduction of PACER, we have seen evidence of enhanced team functioning as demonstrated by a reduction in in-basket volumes, increased involvement in new practice initiatives such as hypertension protocols and post-visit care planning, decreased rooming times for patients, and increased team-based coordination of care during the clinic day.
- All of the internal medicine residents (previously assigned to one of two internal medicine clinical practice sites) have been consolidated into a unified Department of Internal Medicine Resident Clinic, allowing all of our residents to experience interprofessional teamwork and education in a dedicated resident education site that is committed to providing outstanding education and patient care.
- The pediatric resident clinic has developed daily huddles that are integrated into their resident clinic each day. These huddles have served as a model for development in their faculty practice as well and they are now being implemented in all of the Community Pediatric Clinics, which is a direct result of PACER. They are able to troubleshoot more effectively with having multiple professions involved in the huddle. Daily team huddles have also been implemented for IM resident clinic teams and have been working well in the FM resident clinics, serving as another exemplar for dissemination across our primary care sites.
- A Chronic Disease RN role has been developed and implemented to help improve chronic disease management.
- We are working collaboratively to improve patient satisfaction across disciplines.

## **How They Did It:**

### Key Elements

- Institutional support, including time, funding, and support for innovation, are critical to success.
- Committed faculty leaders, engaged clinical faculty, and engaged interprofessional clinic staff helped us gain momentum and facilitated sustainability.
- Faculty development was important for our education leaders charged with developing and implementing a team training curriculum.
- Residents are key stakeholders in the change process and early resident involvement is important to establish buy-in and obtain input regarding anticipated changes.
- Having a well-developed communication plan is important to disseminate information, encourage questions, clarify any misperceptions that may arise, and to engage the team as active participants in the change process.
- Flexibility and a willingness to modify processes based on input from all stakeholders, while maintaining commitment to the mission, is important.

### Enablers

- PACER gave our project external validation that helped us obtain needed institutional support.
- Our project was in alignment with institutional priorities and other institutional initiatives that allowed our work to synergize with larger institutional goals.

### Barriers/challenges

- Institutional directives for standardization can impede innovation and stifle change at the local level.
- Differences in common time and space can make it challenging for large groups with different practice schedules, clinical needs, and educational goals to come together and coalesce around common goals.
- Our primary care groups are geographically quite separated and there is also a view that the three disciplines have different needs. Visiting each other's clinics helped us see what works well in different areas, but we recognize that we are still a bit more siloed that we would like to see. We do think communication has improved as a result of our PACER work.
- Our PACER project coincided in time with other significant institutional changes including changes to the IM residency structure, electronic medical record platform, primary care infrastructure, allied health staffing models, and allocation of resources. Such institutional changes impacted our work and required us to be flexible and adaptable to accommodate these changes in the context of our PACER efforts.

## **Overall Insights:**

- Starting our work together by visiting each other's clinics was a great jumping off point. It helped us understand what was working well in each clinic so that we could learn from each other and disseminate successful models (such as the FM Huddle) across sites.
- When you take on something like this that is such a departure from the usual way of doing things, you need to be fearless – don't be afraid to make mistakes, don't be afraid to ask for support and don't be stopped by "no."
- Recognize that there will be unanticipated opportunities and challenges that may impact the scope and direction of your work. Be prepared to be flexible and be able to adapt your plans as needed to take advantage of these opportunities and to overcome the challenges along the way.
- Learn as much as you can from what you are doing.
- Enjoy learning from and working with each other!

## **Future Plans:**

- A collaborative project including IM, FM, and Pediatrics is in progress assessing the patient experience in our primary care resident continuity clinic settings.
- A new Resident Advisory Board has been started to increase resident input and participation in ongoing practice improvement efforts in the IM continuity clinic. We plan to expand on this to also integrate

resident clinic team practice meetings that will more actively engage and empower team members from clinic professions in future improvement work.

- We would like to improve interprofessional education related to the areas of cultural competency and outpatient handoffs.
- We plan to continue to refine team-based quality improvement efforts, consistently incorporating rapid cycle PDSAs for ongoing improvement efforts.
- We continue to explore opportunities to integrate interprofessional students into our clinical sites.

**Publications or Presentations related to PACER work:**

Wingo M, Leasure E, Billings T, Gonzalez C, Ameenuddin N, Homme J, Somers K, Davis A, Bold J, Bremseth K, Hafdahl L, Huber J, Thomas K. Transforming Interprofessional Education in Mayo Clinic Primary Care Continuity Clinics. Poster presentation for Professionals Accelerating Clinical and Educational Redesign (PACER) Meeting; September 2017; Rosemont, Illinois.

**Team Members:**

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