Medical Students Begin Phase Three in Colorado Springs

The first cohort of Colorado Springs Branch students began their phase three training in Colorado Springs on April 18. We caught up with Erik Wallace, MD, associate dean for the Colorado Springs Branch and Chad Stickrath, MD, assistant dean of education, for an update on the new campus and how they’ve prepared for the arrival of the 23 students.

What are your day-to-day roles within the Colorado Springs Branch?

Dr. Wallace: My primary role is building team and community relationships. We’ve had to build a network. When you talk with other schools around the country, the most challenging part of a regional medical campus is the recruitment and retention of preceptors. Doctors are stressed and under pressure. Even if they are interested, another responsibility is a lot to ask.

Dr. Stickrath: I spend half of my time seeing patients and will be spending the rest of my time with the students. And much of my time is spent managing the day-to-day of the curriculum. With more than 10 specialties across a year’s time, we had to build a great team we have a great team. But it’s still a lot of managing.

Are you ready for students?

Dr. Wallace: Absolutely. We’re very excited. Some students have been studying at the Lane Center. It’s been great to see them in our space and getting prepared for their tests. And I think the students are excited as well—mostly because they’re finally out of the classroom.

How have you been preparing the faculty?

Dr. Stickrath: We have welcomed almost 200 new doctors in the southern Colorado community to the University of Colorado faculty. They have been busy participating in our faculty development programs. We just finished our 10th or so Core Preceptor Training Session.
Dr. Wallace: We know faculty development is critical to our success. We’re bringing a different education model to Colorado Springs, so regardless of whether you’re new to teaching or if you’ve been teaching for 20 years, they are learning how to teach within this new model while keeping in mind the constraints and challenges of a modern clinical practice.

What is this new model?

Dr. Stickrath: We’re excited to implement an innovative curriculum model which we call Colorado Springs Mentored Integrated Curriculum, or COSMIC. Essentially, it’s a version of a longitudinal integrated clerkship. These models have been around for decades, in particular in rural communities. Results have been so encouraging that urban programs started adopting them as well.

How does it work?

Dr. Stickrath: Essentially instead of the traditional block model of training like Erik and I had, this model integrates all the specialties together over the course of the year. Students work with preceptors for two to four half days a month, with a one to one student-faculty ratio. This also allows students to follow patients across different specialties and at different locations and episodes of care. They will get to see health care through the patient’s eyes.

Why is that important?

Dr. Stickrath: Students typically become less patient-centered and less empathetic during the third year. These models have been shown to not only halt that decreased patient-centeredness, but actually improve the students’ patient-centered focus across the third year.

Dr. Wallace: Students will actually see how patients can struggle with things like socioeconomic challenges, transportation to and from appointments, the tests and referrals they receive. Often as physicians we just assume the patients will take our recommendations because the recommendations were made in their best interest. We don’t always do the dive deep to see the struggles they face. Simply practicing evidence-based medicine, which is what we learn to do in the clinical setting, doesn’t always translate to the challenges that our patients face in achieving health care.

What will the patients’ experience be like?

Dr. Wallace: What we’ve heard from other locations that do a LIC model, is the patients love having a student attached to them. Accessing health services can be scary and confusing, so it’s a positive experience to have someone with expertise at your different appointments providing a level of continuity.

Why is bringing medical education to Colorado Springs important for the community?
Dr. Wallace: People tend to think Colorado Springs is a small town, but it has 450,000 people. Most of their doctors aren’t employed by hospitals, which has presented opportunities and challenges. Our students will be exposed to a wide variety of practices and different ways of approaching patient care. Yet it’s challenging because we’re working with systems and doctors who have different expectations and goals. Our goal is to be embedded in the community and benefit our partners.

Dr. Stickrath: This community is really united around the concept of training great doctors. It’s a community that’s relatively unique among existing LIC regional medical campus models because students will be immersed in a ton of different practices, systems, etc.

Where do you see the program in 10 years?

Dr. Wallace: We started with the goal of assembling an all star team—that’s happened. Right now we’re set up to function as a third year experience. In 10-20 years, it’s possible that might look different. We’ll have to see that we’re successful with what we’re doing first. Investors and potential donors want to see the community do something transformative.

Any closing remarks?

Dr. Stickrath: We really appreciate the opportunity to have CU faculty spread across many physical sites. Our physicians down here appreciate the expertise and inclusiveness of faculty in Denver. They are committed to being well-prepared.

Dr. Wallace: We’ve got doctors here that aren’t just interested in medical education—they’re interested in doing an excellent job educating our students. My hope is that when our students graduate, they tell others students that Colorado Springs is the place to be. It won’t be the leadership that sells the campus; it will be the students.

PROFILE

Refining Medical Education at Denver Health to Best Serve Students and Patients

Abraham Nussbaum, MD, believes the best days at Denver Health Medical Center are yet to come. As the newly appointed chief education officer, Dr. Nussbaum is focusing on helping the institution refocus its mission and maximize its relationship with the University of Colorado School of Medicine, the hospital’s primary education partner.

The relationship is critical to both organizations, as Denver Health is the second largest provider of graduate medical education in Colorado. With nearly 2,000 learners in 40 disciplines, Dr. Nussbaum is charged with organizing Denver Health’s educational arm to address the many kinds of learners and educators that play a role.
“The future of health care is interprofessional, so the board and staff have designed this office to function in this capacity,” he said. “Traditional education models silo education, so people have very little experience working on interprofessional teams after they finish their training.”

Dr. Nussbaum also serves as the medical director of inpatient psychiatry. He’s interested in the opportunity Denver Health has in defining what it means to care for disadvantaged populations.

“It’s a tremendous opportunity,” he said, explaining how the last 100 years in health education have occurred in hospitals that traditionally serve the poor. “I’ve been on the faculty since 2009, and it’s a great thing to be part of this group of faculty who is dedicated to the same mission of caring for the disadvantaged. The changes we’re seeing at Denver Health give us an opportunity to refocus on this mission.”

A Focus on Person Centered Care

Dr. Nussbaum is interested in helping students understand what it means to provide person-centered care. He knows that the scripted questions he was taught to ask in school are necessary, yet he would like to see students connecting with patients on a deeper level.

“One of the things that I try to impart on students is a fundamental curiosity about their patients and humility about how complex they are,” he said. “As a psychiatrist, I can honestly say that people are surprising, and they make choices that surprise you. I’d like our students to remain open to those surprises.”

The questions he uses to compliment the physician-patient interaction are simple. He cites an example that has gained traction among parents: Rather than compliment a little girl on her appearance, ask her what she’s reading. Dr. Nussbaum says using a similar approach during a physician-patient encounter can be telling.

“The right questions underscore an assumption that the person you’re sitting with is interesting,” he said. “When you pay attention to how they answer and what they say, often you can get to the heart of the matter, faster. Your questions show your concern is for the person in front of you.”

Challenges Ahead

Because health care is evolving, Dr. Nussbaum knows that part of Denver Health’s challenge is to figure out how to work sustainably.

“A lot of what we’re designed to do has limited or low reimbursement—and this doesn’t pay the bills. But it does feed the soul. That’s our strength. Denver Health and its people are committed to this mission, and we’re going to do whatever we can to responsibly steward what we’ve been granted.”
Dr. Nussbaum believes the right change is possible. “With Connie Price, Tom McKinsey, Simon Hambridge and Bill Burman as our leadership team, I’m confident our best days are ahead of us.”

TEACHING TIPS

Three Tactics for a Successful Mentoring Relationship
Adapted from Characteristics of Successful and Failed Mentoring Relationships: A Qualitative Study Across Two Academic Health Centers

Create a welcome environment. Ensure the meeting environment—typically the mentor’s office—makes the mentee feel safe and welcome.

Meet regularly. Agree upon a regular meeting schedule. Discuss communication expectations between face-to-face meetings (whether via email or telephone).

Establish a communication framework. “Reiterate and review” each discussion to ensure the mentor and mentee understand what took place and the resulting action items. This can include use of checklists. For example, mentors may use a checklist during each discussion to ensure career, administrative, education, and personal issues have been addressed.

Learn more about this qualitative study about mentorship.

LINKS TO ARTICLES ABOUT ACADEMIC MEDICINE

http://www.ucdenver.edu/academics/colleges/medicalschool/education/academy/Newsletter/academicmedicine/Pages/may-16.aspx

- Comparing Open-Book and Closed-Book Examinations: A Systematic Review
- Evaluating the Productivity of VA, NIH, and AHRQ Health Services Research Career Development Awardees
- Forks in the Road: The Assessment of Surgeons from the AmErikan Board of Surgery Perspective
- How Do Residents Spend Their Shift Time? A Time and Motion Study With a Particular Focus on the Use of Computers
- How Prevalent Are Potentially Illegal Questions During Residency Interviews? A Follow-up Study of Applicants to All Specialties in the National Resident Matching Program
- Increasing Scholarly Activity Productivity During Residency: A Systematic Review
SPRING 2016

- Leveraging a Redesigned Morbidity and Mortality Conference That Incorporates the Clinical and Educational Missions of Improving Quality and Patient Safety
- Needles and Haystacks: Finding Funding for Medical Education Research
- Shortening the Miles to the Milestones: Connecting EPA-Based Evaluations to ACGME Milestone Reports for Internal Medicine Residency Programs

EVENTS

Unless otherwise indicated, register at http://som.ucdenver.edu/FacultyDevelopment/

**Problem Based Learning (PBL)**
June 13, 2016
8:00 a.m. to 10:00 a.m.
Matt Rustici, MD

**Teaching Procedures**
June 13, 2016
10:00 a.m. to Noon
Matt Rustici, MD
Kristina Tocce, MD, MPH

**MiPlan to be a Better Bedside Teacher**
June 20, 2016
1:00 p.m. to 3:00 p.m.
Mel Anderson, MD
Chad Stickrath, MD

**Challenging Conversations and Contexts - Round 1**
August 4, 2016
Noon to 3:00 p.m.
Kirsten Broadfoot, PhD
Ed 1, Room 4103

**Challenging Conversations and Contexts - Round 2**
August 4, 2016
2:45 p.m. to 5:30 p.m.
Kirsten Broadfoot, PhD
Ed 1, Room 4103
SPRING 2016

Outpatient Teaching
September 9, 2016
9:00 a.m. to 10:30 a.m.
Multiple Presenters

Teach, Learn, Guide - Using Learning Theory to Give a Killer Talk
September 14, 2016
1:00 p.m. to 3:00 p.m.
Dennis Boyle, MD