

2010-09-21

Multi-Disciplinary Experts Supporting Graduate Medical Education through Participation in COMPLETE Chart Rounds

Len L. Levin
University of Massachusetts Medical School

Et al.

Follow this and additional works at: https://escholarship.umassmed.edu/lib_articles



Part of the [Community Health and Preventive Medicine Commons](#), [Library and Information Science Commons](#), [Medical Education Commons](#), and the [Public Health Education and Promotion Commons](#)

Repository Citation

Levin LL, Cashman SB, Haley H, Caggiano M, Deligiannidis K, Nordberg JM, Potts SE, Ferguson WJ. (2010). Multi-Disciplinary Experts Supporting Graduate Medical Education through Participation in COMPLETE Chart Rounds. Library Publications and Presentations. <https://doi.org/10.13028/zbfq-mp34>. Retrieved from https://escholarship.umassmed.edu/lib_articles/114

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Library Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.



Multi-Disciplinary Experts Supporting Graduate Medical Education through Participation in COMPLETE Chart Rounds

Len Levin, MS LIS, MA; Suzanne Cashman, ScD; Heather-Lyn Haley, PhD; Marie Caggiano, MD, MPH; Kosta Deligiannidis, MD; Judy Nordberg, MLIS; Stacy Potts, MD; Warren Ferguson, MD

Department of Family Medicine & Community Health, University of Massachusetts Medical School, Worcester, MA

Background

For 30 years, Chart Rounds have been an important method for teaching clinical problem solving at the UMass Family Medicine Residency. Over time, chart rounds have evolved to include teachers from other disciplines including behavioral health, pharmacy and library science. Residents are required to attend along with medical and pharmacy students rotating at the centers. Residents present cases and a faculty member leads participants in a discussion. We developed the mnemonic COMPLETE as a guide to structure discussions to include population and social determinants of health perspectives. This study sought to evaluate this expanded approach to chart rounds.

Methods

Residents (n=32) from the three Worcester Family Medicine practice sites (Barre Family Health Center, Hahnemann Family Health Center and Family Health Center of Worcester) were invited to complete a survey asking them to evaluate their experience with interdisciplinary COMPLETE Chart Rounds. The instrument was comprised of 10 questions using a Likert scale survey with an additional question seeking comments. Results were analyzed using SPSS 17.0.

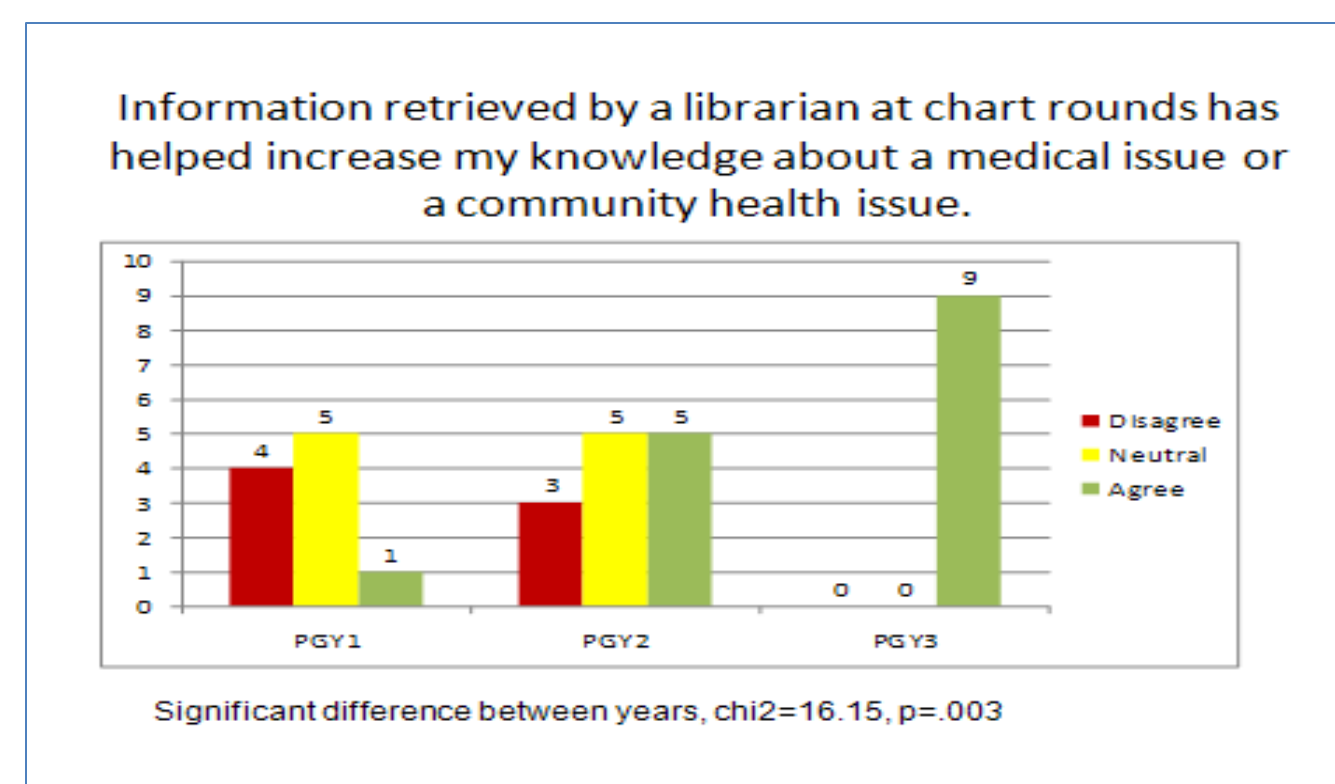
Results

Survey responders included 97 percent of residents in the residency program. Findings include:

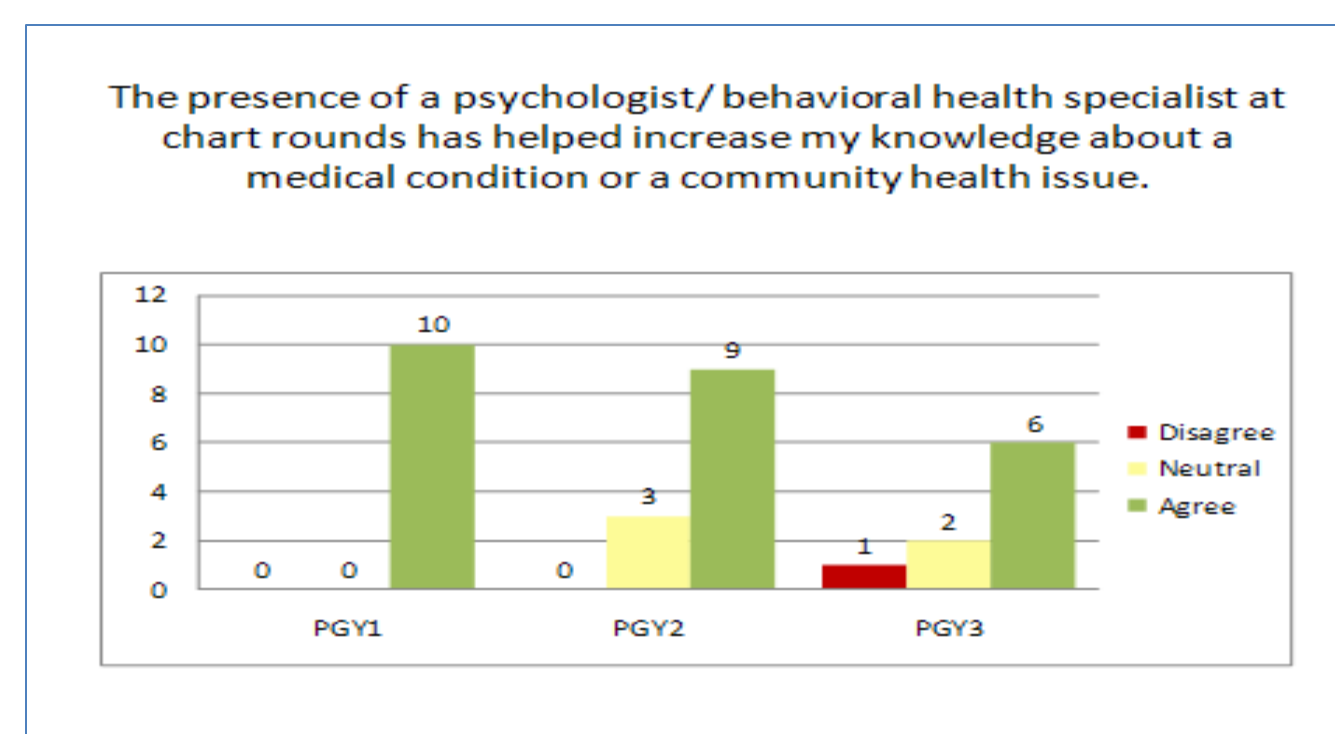
- Residents in later years of training were more likely than those in earlier years to report that information provided by librarians during COMPLETE rounds:
 - Changed their short-term and/or long-term treatment plans ($\chi^2=13.61, p=.009$).
 - Helped them locate useful information more efficiently than in the past ($\chi^2=10.99, p=.027$)
 - Helped increase their knowledge about a medical or community health issue ($\chi^2=16.15, p=.003$)
- Residents report the greatest satisfaction (92% overall) with pharmacist participation in Chart Rounds across all post graduate years.

Multi-Disciplinary Experts

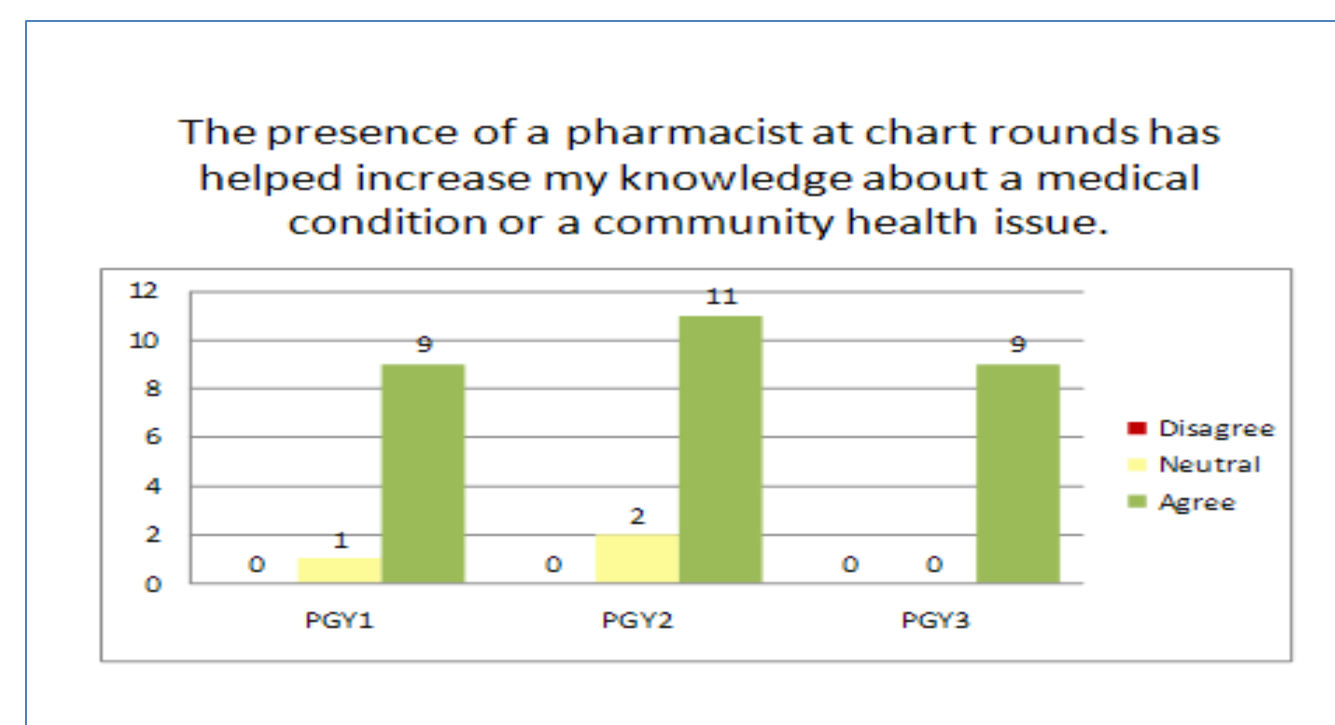
LIBRARIANS: Librarians attend once per week at each center. They search for Evidence-Based information to support diagnostic, therapeutic and prognostic questions. They also provide patient population and/or demographic information when applicable to provide an understanding of the patient in the context of the community.



PSYCHOLOGISTS: Onsite behavioral health experts address potential psychological issues. They assist residents in understanding what role emotional health can play in a patient's physical health.



PHARMACISTS: Practice-based pharmacists and students from a nearby pharmacy school answer questions about medication management, metabolism, contraindications and adverse effects.



COMPLETE Guidelines:

Context – Culture of context – who is the patient?

Outside Visitors/Resources – incorporate visitors/experts such as librarians, pharmacists and psychologists and utilize their resources

Mental Health – assess behavioral health aspects of the case

Population Perspective – address prevalence of the condition in the community

Learn from Others – consider specialists, home care, and complementary therapies

Expectations – clear goals set between physician and patient

Time – Start on time, end on time. Respect everyone's time.

End with "Culture of Continuity" – what are the key lessons? Is there a follow-up plan?

CONCLUSIONS/INTERPRETATION:

- Residents value the contributions of faculty from other disciplines during COMPLETE chart rounds. There is variation in the degree of value depending on year of training.
- The increasing satisfaction with librarian participation may be due to limited exposure early in the program compared to other experts. Mechanisms have been identified to increase librarian interaction with PGY1 residents.
- The diminishing value of behavioral health involvement may indicate increased confidence by the residents over time in assessing behavioral aspects of patient care.
- The consistent satisfaction with pharmacist participation across all years at all practice locations suggests the high value of medication consultation.
- Next steps: Survey residents and faculty on the use of the COMPLETE chart rounds format.

Additional information and supporting documentation including full survey results at <http://completegme.blogspot.com/>

