

Faculty Resources for Educational Excellence



Upcoming Events

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Making a Difference with Antibiotics through Collaboration, Innovation, and Communication

by Linda Wells, CHCP, Senior Manager, CME Program

Recently the CME Office had the opportunity to support colleagues in the Carilion Clinic Infection Prevention & Control Department to explore innovative formats, interprofessional individuals involved in planning, and expansion of the target audience to patients/the community!

The Carilion Clinic Infection Prevention & Control Department requested guidance through the CME process for approval of *AMA PRA Category 1 Credit*™ for an educational intervention called the "Antimicrobial Stewardship Project (AMS)."

National-level data reveals that outpatient settings account for the majority of antibiotics prescribed in healthcare.² Also, state-level data show that outpatient antibiotic prescribing practices in Southwest Virginia are the highest in Virginia.³ Combined, this data validates the overuse or misuse of antibiotics as a gap, thus the need for an educational intervention for practitioners, patients, and the community.⁴

The CME planning committee for this topic discussed how to configure an educational package best suited for such a diverse target audience. The solution was a "vertical joint venture" for education. A vertical joint venture, a term coined from the business world, takes place between the suppliers of the education (Carilion Clinic Infectious Prevention & Control Department and Carilion Clinic's CME Program) and the end users receiving the education (healthcare practitioners, their patients, and the public/community). Potential and actual barriers facing practitioners, as well as patients and the community, presented obstacles to

distributing the information. The following multi-pronged format was developed to combat both actual and potential barriers:

- One-hour presentations at regularly scheduled series, including Grand Rounds and case-based conferences (1 AMA PRA Category 1 Credit[™] each)
- 15-minute faculty departmental meeting slots to provide facts and recommendations (0.25 *AMA PRA Category 1 Credit*™)
- Enduring material-offering modules with the opportunity to receive AMA PRA
 Category 1 Credit™ according to the different modules reviewed and
 accompanying evaluations completed
- Audio podcast offering AMA PRA Category 1 Credit[™] according to the listed number of credit(s)
- Adjunct educational opportunities (no AMA PRA Category 1 Credit™), which include but are not limited to flyers, posters, physical symptom relief prescription packets (Adult: HALLS cough drops, tissues, nasal saline, vapor rub; Pediatrics 6+: Honees[®] cough drops, tissues, nasal saline, vapor rub; Pediatrics 0-5zzz; Tissues, nasal saline, vapor rub), and memorable billboards located in high traffic areas.
- FUTURE POTENTIAL: The implementation and use of a comprehensive AMS
 Dashboard (including at-a-glance views of key performance indicators relevant
 for antibiotic monitoring)

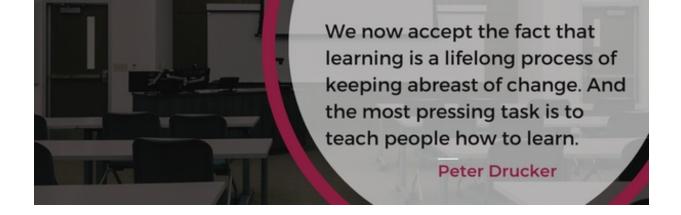
Through collaboration with the CME Office, Carilion Clinic's Infection Prevention & Control Department was able to implement innovative educational strategies that will hopefully have a significant impact on antibiotic over-prescribing practices for Southwest Virginia.

If you have other ideas for how our community might benefit from your team collaborating with the CME Office to implement innovative CME opportunities, please contact us!

CME webpage
Phone: 540-224-5417
Email: Susan Curtiss, Department Secretary

References

- Antimicrobical Stewardship (2021). Retrieved from https://www.cdc.gov/antibiotic-use/coreelements/index.html.
- 2. Centers for Disease Control and Prevention (2022). Antibiotic Prescribing and Use. Retrieved from https://www.cdc.gov/antibiotic-use/data/outpatient-precribing/index.
- 3. Virginia Department of Health (2018). Antibiotic Treatment for Upper Respiratory Infection. Retrieved from https://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/APCD-reportfinal.pdf.
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by Sarah Harendt, MS, Manager, Education and Faculty Development

Continuing our series of interviews with the Health Systems Science and Interprofessionalism (HSSIP) Clinical Champion cohort participants, Sarah Harendt sat down with **Kelley Whitmer, MD**, diagnostic radiologist at Carilion Clinic and assistant professor in the Department of Radiology at Virginia Tech Carilion School of Medicine (VTCSOM), to discuss his experience in the cohort and how his peers and colleagues can contribute to unveiling the hidden curriculum.

Dr. Kelley Whitmer joined the HSIS Clinical Champion Cohort with a strong interest in Healthcare Policy and Economics. Over the last year, that interest has solidified. Dr. Whitmer is now channeling his passion for this health systems science (HSS) domain into creating curricular opportunities for VTCSOM learners. Dr. Whitmer is not new to being a medical educator, having been involved with medical education since he was a resident. What is new for him—and has become a valued part of the HSIS Clinical Champion experience for cohort members—is the opportunity for professional development centered on curricular design and development from inception to implementation and assessment. Benefiting from several months of curricular design and implementation instruction, Dr. Whitmer has created curriculum for radiology clerkship students that is interactive, thought-provoking, and focused on Healthcare Policy and Economics. As he continues his involvement in the infusion of HSS within the VTCSOM curriculum, Dr. Whitmer sees a place for himself within the medical education research space, with his tenure in the Clinical Champions program opening his eyes to future collaborations with his cohort colleagues and beyond.

During our discussion, the conversation shifted to healthcare policy and economics no longer being concepts that exist peripherally on a day-to-day basis for many learners and clinicians. As Dr. Whitmer pointed out, the possibilities for active engagement in the policy arena are numerous, ranging from local grassroots efforts to national and international engagement in the nuances of healthcare policy.

Dr. Whitmer believes active engagement in all the HSS domains, including policy and economics, is critical to medical education. He offers that clinical faculty, even those who have not had an opportunity to participate in an HSS-focused cohort experience, can organically incorporate what they know about HSS via their lived experiences into learning opportunities when engaging learners. "Be intentional about describing and explaining to our learners the processes and steps you are taking as you aid your patient(s) in navigating challenges within the system, so learners can see where and when we interact with the system as a provider and as a systems thinker." "Pull back that veil on the hidden curriculum" within medical education through "explicit teaching about how we are interacting with the system and why," so students and residents acquire a frame of reference and "awareness of how they interact with the system going forward and can be more intentional about doing so in their future practice."

Dr. Whitmer closed with this advice for learners, clinicians, and other allied health professionals:

....[N]ine of our departments now have a HSS Clinical Champion, who would be enthusiastic about telling you why they think health systems science and interprofessional practice is important and will help to plug you into ways that you can be intentional about teaching and modeling health systems science and interprofessional practice to our learners.

If you would like to know more about HSS, how you can become involved in HSS-focused professional development, or connect with one of the HSIS Clinical Champions, visit the TEACH Health Systems Science website or email Sarah Harendt to learn more. We welcome your interest and engagement.

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