Incorporating high-value care (HVC) into the IM interns’ ambulatory medicine curriculum

Upon completion of residency, ACGME expects that internal medicine (IM) residents will “identif[y] forces that impact the cost of health care, and advocate[s] for, and practice[s] cost-effective care.” (1) To ensure that our residents achieve this milestone, we are incorporating high-value care (HVC) into the IM interns’ ambulatory medicine curriculum. This curriculum will review HVC concepts and emphasize opportunities to incorporate these in the outpatient setting.

One of the anticipated barriers to practicing HVC is a lack of understanding as to how to practice it transparently by effectively and efficiently communicating our reasoning to patients. The unique focus of the project, and the component for which we are seeking funding, will be on training IM interns to use patient-centered communication and shared-decision making techniques to help patients understand and accept HVC. Based on previous studies, we know that simulation with standardized patients, when combined with didactic instruction, has been shown to improve clinical care by healthcare workers (2). We anticipate that by providing interns with the opportunity to learn techniques for communicating HVC decision-making with patients and by offering them the chance to practice those skills with a standardized patient, they will be able to readily incorporate the techniques into their clinical practice. This, in turn, will increase the value of the care they deliver. We will later assess for decay by using unidentified standardized patients (“ghost patients”) inserted into interns’ schedules. These SPs and interns will then take part in a faculty-facilitated debrief to review their performance and outline opportunities for growth.

1. ACGME and ABIM, “The Internal Medicine Milestone Project”
https://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineMilestones.pdf (last accessed February 5, 2015)