



Implementing Learning Circles at The University of Kansas School of Medicine



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Background

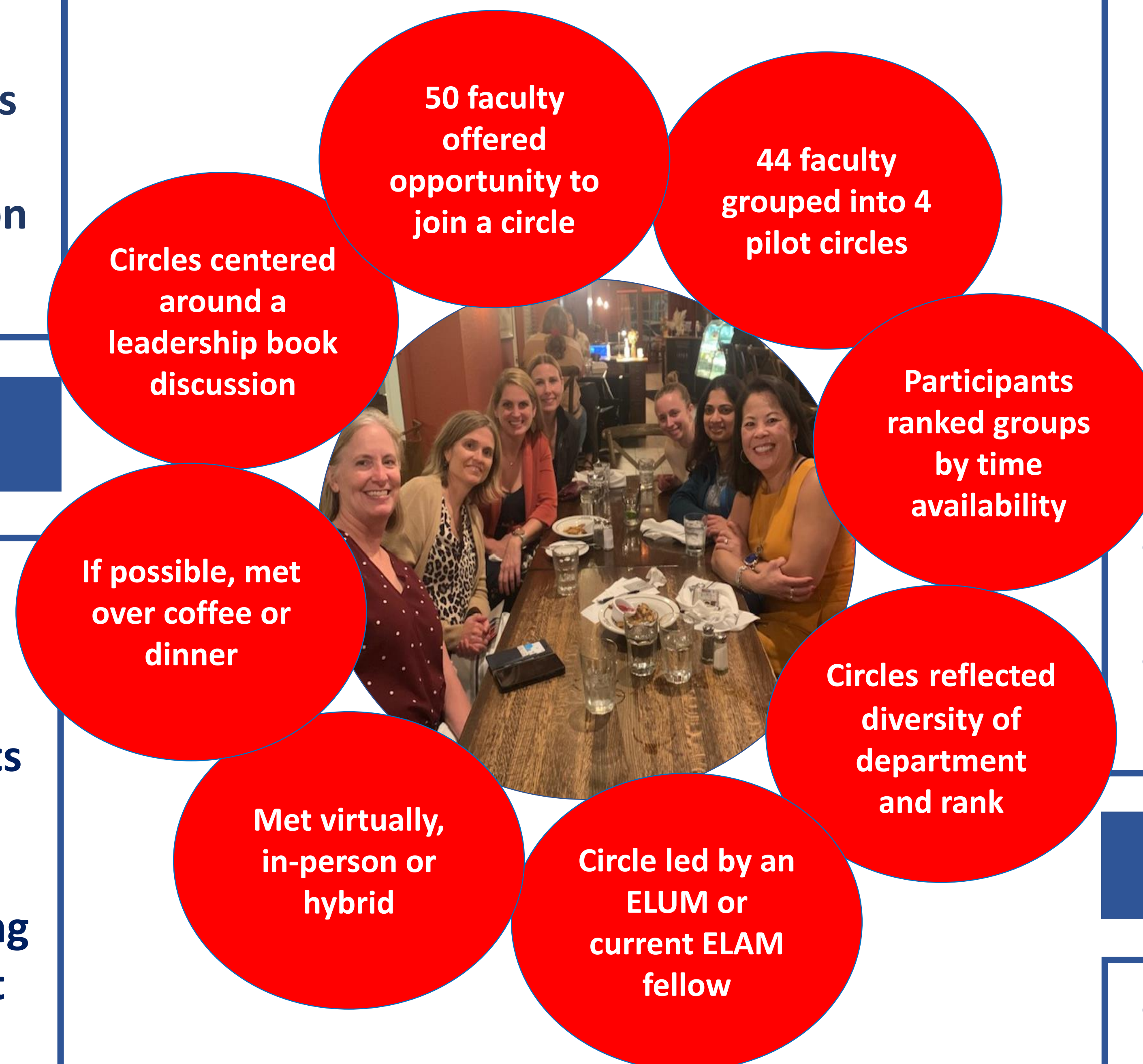
- < 40% of faculty on the Kansas City campus are female
- 15 of the 30 Departments have less than 5 female faculty
- COVID placed additional barriers on networking opportunities

Objectives

Develop and implement Learning Circles (LCs) at KU.

- To provide an opportunity to meet female faculty in other departments and at various ranks
- To provide faculty development through small group peer-mentoring
- To provide leadership development by utilizing a book club discussion
- Increase retention of female faculty
- Increase female faculty in leadership

Learning Circles



Pilot Results

- 37 of the 40 respondents attended at least one session
- 36 of 37 respondents found the LC extremely, very or somewhat valuable in getting to know other female faculty
- 35 of 37 respondents found the LC extremely, very or somewhat valuable in sharing leadership wisdom
- 39 of 40 wished to continue in an LC for the upcoming year
- “Keep it going even if it is not perfect it is still very valuable”

Next Implementation Steps

- Offer the opportunity to join an LC to all SoM faculty
- Track additional metrics to measure retention and leadership positions

Carrie Wieneke's ELAM IAP Proposal

Initial Proposal for application: (2019) Build a comprehensive women's health program to provide sub-specialty care for women in Kansas. Telehealth has been implemented due to the COVID crisis therefore the initial components have been already completed.

New Proposal: University of Kansas SoM Professionalism Project

Professionalism is highly valued at The University of Kansas SoM but there are no current processes in place to identify and uniformly address and manage lapses in professionalism. Lapses are frequently not reported or acted upon and may increase in frequency. Lapses in professionalism result in poor role modeling, learner, staff and faculty dissatisfaction, creation of an unsafe learning environment and an increase in patient safety events.

Current practices vary in each department and potentially with each concern. The practices are not transparent. My ELAM IAP would be to build a Professionalism Program, unique to KU that draws upon the experience of other AMCs that have tackled this issue.

Phase One: Hold stakeholder meetings to identify current state at KU including practices to identify concerns and management of professionalism lapses. A validated survey for faculty will be built to identify current perception of frequency of lapses, ability to identify and/or report concerns and manage the lapses at KU. At the same time, a thorough literature review will take place. The goal for the conclusion of Phase One would be the creation of a Statement of Professional Standards or KU. This will define professionalism as well as create the framework for the future program.

Phase Two: Utilize data obtained from Phase One to build a transparent and uniform practice to identify, report and manage professionalism lapses. At this point, would likely model from the Vanderbilt Center for Patient and Professional Advocacy and its PARS (Patient Advocacy Reporting System) and CORS (CoWorker Observation Reporting System). A professionalism educational plan will be outlined and implemented for all current faculty as well as consideration of onboarding.

Phase Three: Continuously monitor frequency of professionalism lapses and satisfaction with practice to identify and manage concerns. Consider other outcomes such as environmental survey or patient safety. Modify plan as needed.