What would happen if...

Once out of training, in their workplace settings, primary care physicians had set-aside, paid time to meet with their peers in small groups led by a facilitator of their choosing?
• Share case-based dilemmas
• Probe colleagues’ clinical experience
• Search/appraise ‘evidence’ to *BLEND* with experience & context
• Re-imagine patient management
• Hear case follow-up
And, over time...

Create a “community of learners” who use their practices to surface quality problems flying under QI radar AND

*most importantly*, improve clinical judgment -

the cornerstone of care quality.
Practice Inquiry Colleague Groups:

INQUIRY!
Evidence? Experience?
Patient Context? Clinician Context?
Patient/Clinician Relationship?

SYNTHESIS >>
reflection, shift, change

The UNCERTAINTY &
The STORY

The Colleague Group

Patient Follow-up
Clinician learning needs
System changes
Where are PI Colleague Groups?

• **Primary Care Practice Sites**
  (Health centers, hospital-owned practices, faculty practices, prisons, direct primary care)

• **Family Medicine Residency Programs**
  (New Hampshire Dartmouth, University of Virginia, Tufts)

• **Divisions of Hospitalist Medicine**
  (USCF, Kaiser SF)
Why discuss uncertainty: THE PERI

Clinical Uncertainty

- Misuse
- Error
- Overuse
- High Cost
- Stress
- Underuse
- Variation in practice
- Burnout

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Why discuss uncertainty: THE PROMISE

Clinical Uncertainty

- Learning
- Opportunity
- Stimulation
- New Perspective
- Growth
- Creativity
- Surprise
- Redesign

😊
Take-Homes from the Last 17 Years

• The **PERIL** and **PROMISE** of clinical uncertainty

• The Unintended Consequence of PI Colleague Groups

• The young fishes’ question: “What the hell is water?”
A Wise Older Fish

"Morning, boys. How's the water?"

"What the hell is water?"