



## 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?**



# Time to

- 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

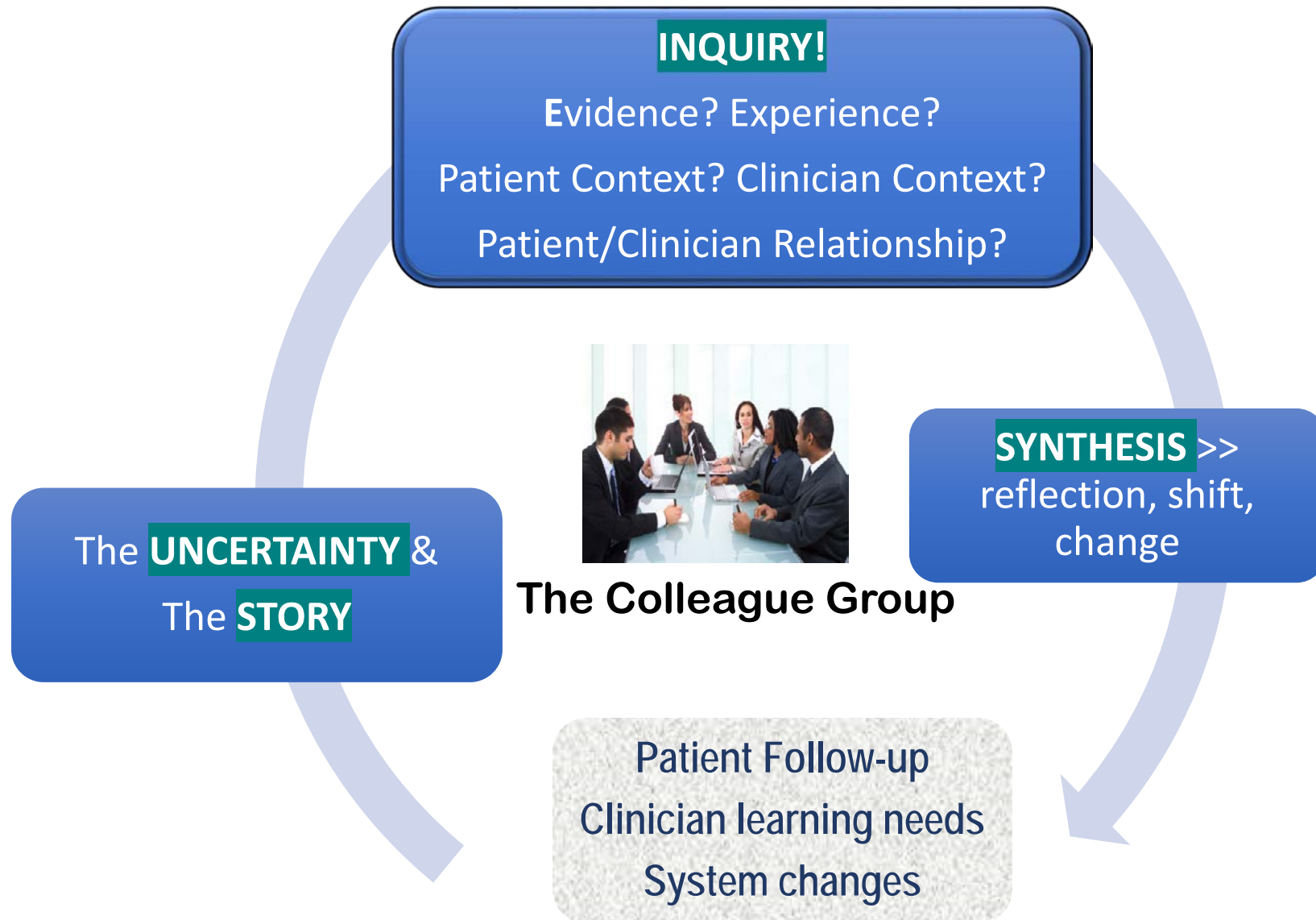
QI radar AND

*most importantly, improve*

clinical judgment -

the cornerstone of care quality.

# Practice Inquiry Colleague Groups:





# 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 PERM

Clinical Uncertainty



Misuse

Overuse

Error

High Cost

Stress

Underuse

Burnout

Variation in practice



# 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

