Teaching for Quality

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Overview

Aligning QI and Education

AAMC’s Initiatives

Implications for GME

Your input

Education & Quality Silos

The clinical/health care enterprise: focus on quality metrics, costs

Forces for change: health care reform, quality/accountability, HIT/EHR, accreditation, regulation

The CME enterprise: focus on courses and conferences, frequently related to commercial interests, self-assessed needs

Aligning & Educating for Quality (ae4Q)

Started January 2011

QI—data as needs assessment and outcomes evaluation

Med Ed—intervention for improvement

 Alignment of: organization; skills; functions; philosophies

www.aamc.org/ae4q
Exercise #5
Think about your program:
how will you know if it’s effective or not?
What endpoints can you use:

- a) with minimum cost;
- b) with unlimited funds?

...an...

Traditional Rounds vs. Quality Rounds

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Quality-focused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning: often part of a larger curriculum or plan for the series, generally based on self-assessments</td>
<td>Planning: using quality data from hospital, clinical or HC system or elsewhere to identify gaps</td>
</tr>
<tr>
<td>Content: resident case of the week; speaker from a distance</td>
<td>Content based on the gaps</td>
</tr>
<tr>
<td>Format: didactic, some Q&amp;A</td>
<td>Format: data feedback, an explanatory session; dialogue; problem discussion; reflection</td>
</tr>
<tr>
<td>Evaluation: numbers of attendees, post course evaluation forms</td>
<td>Evaluation: data sources used again; feedback 3-6 mos. later</td>
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Traditional Rounds vs. Quality Rounds

Traditional
- Interesting but rare case presentation and discussion
- Resident’s pre-assigned topic (diabetes in pregnancy)
- Experts from afar with their own agendas

Quality Focused
- Presentation of data: current vs desired
- Evidence to support the desired treatment, management strategy
- Discussion: why is there a gap? How can we fix it?
- Conclusion, next steps

Why Change? The research in a nutshell

What’s effective in CME?
- Interactive Lecturing
- Sequestered Sessions
- Assessment of demonstrated need
- In-course use of enabling, reinforcing materials

Not so Effective
- Didactic Teaching
- One-time only sessions
Applying research to quality: changing rounds

Step 1: Planning
- Use hospital quality data, local metrics, other system-wide goals and data
- Ensure stakeholder involvement

Step 2: Getting Buy-in
- Use: data feedback, some didactics, case discussion, checklists, reminders, commitments to change

Step 3: Building the rounds
- Use the same data sources as when planning the session

Step 4: Evaluating the outcome

Step 5: Building feedback into the series
- Plan to use data repeated in an appropriate time frame, e.g., 3-6 months

The Pathman-PROCEED model applied to quality improvement

<table>
<thead>
<tr>
<th>Methods/Stages</th>
<th>Awareness</th>
<th>Agreement</th>
<th>Adoption</th>
<th>Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predisposing</td>
<td>Emails</td>
<td>Group work at Rounds</td>
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<td></td>
<td>Conferences</td>
<td>Media Rounds</td>
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<tr>
<td>Enabling</td>
<td>M&amp;M/ Improvement conferences</td>
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<tr>
<td>Reinforcing</td>
<td>Workshops Simulation-based learning</td>
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<td></td>
<td>Reminders Audit/Feedback Awards</td>
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</table>

Other models, ideas, educational interventions

- Team training
- M&M conferences – MM&I conferences
- Journal clubs
- One condition, multiple interventions
- Several conditions, one interventions

Your ideas......
Current State
Desired State
Barriers
Discussion about how we get there.

ACCME Resources for Planning and Monitoring Rounds for Compliance

The ACCME website offers video and PDF FAQs to assist you, such as:
- Insights for Planning Regularly Scheduled Series (RSS)
- Monitoring Regularly Scheduled Series (RSS) for Compliance with ACCME Criteria
- Professional Practice Gaps and Regularly Scheduled Series (RSS)

http://education.accme.org/tags/regularly-scheduled-series-rss
Teaching for Quality (Te4Q)

Faculty Development in Teaching & Assessing
Quality Improvement & Patient Safety

Best Practices for Better Care

Five Commitments:
- Teaching quality and patient safety to the next
generation of doctors
- Safer surgeries
- Reducing infection from Central Lines
- Reducing hospital readmissions
- Researching, evaluating and sharing new and
improved practices

National Advisory Committee

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Brian Wong, MD, U of Toronto

The Vision

Quality Improvement is core to what it means
to be a physician

Te4Q Vision:
Every academic health center will have a critical
mass of faculty ready, able and willing to engage in,
role model, and teach about patient safety and the
improvement of health care.
Te4Q Products/Services

- MedEdPORTAL Collection
  www.mededportal.org
- Website
- Report
- Faculty Development in Teaching Quality and Patient Safety program
- Community
- Publication(s)
  www.aamc.org/te4q

Faculty Development Program

Guiding Principles
- ‘Teaching’ vs. ‘doing’ QI/PS
- Train the trainer concept
- Competencies, outcomes, assessment
- Community of practice
- Multi-method approach with experiential component
- Interprofessional
- Integrate clinical care, education and scholarship

Faculty Learners

<table>
<thead>
<tr>
<th>Proficient</th>
<th>Expert</th>
<th>Master</th>
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</thead>
<tbody>
<tr>
<td>Core knowledge of QI/PS</td>
<td>Proficient, plus...</td>
<td>Expert, plus...</td>
</tr>
<tr>
<td>Common language</td>
<td>Increased experience in QI/PS projects (e.g., lead)</td>
<td>Curricular reform and/or clinical leadership roles related to QI/PS</td>
</tr>
<tr>
<td>Doing basic improvement in practice</td>
<td>Leader in education and curricular implementation</td>
<td>Scholarship in QI/PS</td>
</tr>
<tr>
<td>Modeling w/learners</td>
<td>Able to create experiential and didactic learning activities for students, residents, others</td>
<td>Career focus in QI/PS</td>
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<tr>
<td>Prepared as good improvement team member</td>
<td>Able to understand and create metrics to assess learner progress</td>
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<tr>
<td>Participating in MOC Part IV</td>
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Our Process

Application process
- Prefer teams
Learner Self Assessment
Organizational Readiness Assessment
Many opportunities/formats for learning
Community of Learners
Program Evaluation
Connecting with ACGME

**NAS & CLER—Outcomes-Based Accreditation**

**Continuous Accreditation Model – annually updated**
- Based on annual data submitted, other data requested, and program trends
- Scheduled Site Visits replaced by 10 year Self Study Visit
- Standards revised every 10 years
- Standards Organized by
  - Structure
  - Resources
  - Core Processes
  - Detailed Processes
  - Outcomes

**Milestones**
- Observable developmental steps moving from Novice-Proficient-Expert-Master

**Entrustable Professional Activity (EPA)**
- Real life patient care episodes
- Usually composed of elements of most if not all “competencies”
- Benchmark of performance is the ability to be entrusted to perform care with “indirect supervision with direct supervision available”
- Progression is then the achievement of EPA’s of increasing difficulty, risk, or sophistication
- Proficiency is then the achievement of the most sophisticated EPA’s required of the resident

**CLER Visit**

Clinical Learning Environment Review Handout
Resources for NAS/CLER

NAS
http://www.acgme-nas.org/

CLER
http://www.acgme-nas.org/cler_pres_pub.html

The Need for Faculty Development

Changing environment

New accreditation requirements

Faculty deficiencies

Next Steps

Faculty Development program
  Workshops
  On line
  Certificate program

Coordination with
  IHI Open School
  IPEC (Interprofessional Education Collaborative)
  ACGME
  Others

References

Pathman Model


PRECEDE-PROCEED Model
References

Interprofessional Education Collaborative Core Competencies
http://www.aacn.nche.edu/education-resources/ipecreport.pdf

IHI Open School
www.ihi.org/openschool

MedEdPORTAL
www.mededportal.org

AAMC Information and Resources
www.aamc.org/ae4q
www.aamc.org/te4q

• Contact us
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  – Nancy Davis: ndavis@aamc.org