Breaking Down Individual Program Silos

GME-wide Curricula on Faculty Development, Quality Improvement, and Patient Safety

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Objectives

By the end of this presentation, attendees will be able to:

- Describe the benefits of developing GME-wide curricula in key focus areas
- Recognize the approach one institution took to address the key GME focus areas
- Consider how to implement activities into their GME Programs

TriHealth
TriHealth – GME Programs

- Community-based, independent academic medical center
- 2 main participating sites within health system
- 9 ACGME accredited programs
  - 5 residency programs
  - 4 fellowships
- 109 total residents/fellows
- Approximately 136 dedicated faculty members
Brief History

- Medical Education at TriHealth started as far back as 1858

- All programs operated very independently with oversight from Program Directors and Coordinators reporting out to the DIO/GMEC

- GME Office was formally established in 2011 – added Administrative Director and Education Specialist roles
Why GME-wide Curricula?

• Increased focus under the NAS for QI, patient safety, and faculty development

• Need for standardization across all programs

• Reduce the demands of individual programs

• Encourage collaboration and networking between programs
Education Across GME

- Summer Lecture Series
- Faculty Development
- Patient Safety & Quality Improvement
Summer Lecture Series for Residents & Fellows

- Purpose
- Curriculum
- Data
- Next steps
Summer Lecture Series--Purpose

• To meet the ACGME’s Common Program Requirements
• To educate residents on topics pertinent to all specialties
• To conserve resources
• Friday mornings
• Weekly
• 45 minutes
• Sessions by PGY level
• 2012 -- 9 sessions
  • Communication, Professionalism, Pharmacy 101, Legal Issues, Research (2 sessions), Fatigue Mitigation, Pain Management

• 2013 -- 7 sessions
  • Research, communication, pharmacy 101, pain management; palliative care, Quality & Safety, Health Care Reform/Affordable Care Act

• 2014 -- 9 sessions
  • Pain Management, Patient Communication, Pharmacy 101, Research (2 sessions), Safety Event Reporting and Fatigue Mitigation, Patient Sensitive Care (LGBT and Diversity), End of Life Discussions
Summer Lecture Series--Data

- Attendance 2012—mean: 67.67%
- Attendance 2013-mean: 69.75%
- Attendance 2014-mean: 70.00%
• Evaluation—2014 only

• Overall:
  – Rating was 2.37 on 4.0 Likert scale (4 being top score)

• Individual Sessions
  – Pain Management scored 1.95/3
  – Pt Communication scored 2.0/3
  – Pharmacy 101 scored 1.85/3
  – Study Design scored 1.78/3
  – Research Process scored 1.97/3
  – Safety Event Reporting scored 1.88/3
  – Cultural Diversity/Pt-Sensitive Care scored 1.89/3
  – End of Life Conversations scored 1.89/3
• Residents have indicated that some sessions presented material that was obvious and would prefer if these were presented via online modules

• The Patient-Centered Care talk on diversity and inclusion was very well-received as was the “Talking about End of Life”
What Does Data Tell Us?

Next Steps:

– Add new topics, especially clinical

– Create a 2-3 year curriculum

– Shorten the series/sessions

– Engage residents in planning

– Perhaps involve role-play/simulation/standardized patients
Faculty Development

- Purpose
- Activities
- Data
- Next steps
Faculty Development - Purpose

• Educate faculty on topics necessary for teaching across any specialty area

• Provide tools and resources applicable in the clinical settings

• Fulfill ACGME requirements

• Bring in experts with a cost-saving approach
Faculty Development - Activities

- Faculty Development Fellowship Course
  - 3 full day sessions

- Topics included:
  - Teaching in the Clinical Setting
  - Difficult Learners
  - Academic Career Development

- Speakers consisted of 5 internal & 1 external expert

- Funded by foundation grant

- Participants – invited 5 from each core residency program
### Evaluation Results

<table>
<thead>
<tr>
<th>All scales are 5-point scales; 5 is top score</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>The content was relevant to my daily practice.</td>
<td>4.54</td>
</tr>
<tr>
<td>I found the session educationally valuable.</td>
<td>4.42</td>
</tr>
<tr>
<td>The session was helpful and practical.</td>
<td>4.31</td>
</tr>
<tr>
<td>I will recommend the program to other physicians.</td>
<td>4.44</td>
</tr>
<tr>
<td>The fellowship was valuable; will help me grow as a physician</td>
<td>4.38</td>
</tr>
<tr>
<td>The fellowship will help make me a more effective educator.</td>
<td>4.38</td>
</tr>
<tr>
<td>I would recommend this to others.</td>
<td>Yes-100%</td>
</tr>
</tbody>
</table>
Faculty Development - Activities

• Medical Education Grand Rounds

  – Topics
    • Adult Learning Theory – 2 sessions
    • Feedback – 2 sessions
    • Assessing Residents Clinical Competency
    • Creating a Culture of Safety

  – Speakers – local and regional experts

  – Funding – GME Office operational budget

  – Participants – Program Faculty
### Evaluation Results

<table>
<thead>
<tr>
<th>Objective</th>
<th>Overall Score (5 point scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives Met</td>
<td>4.07</td>
</tr>
<tr>
<td>Quality of the Speaker’s Presentation</td>
<td>3.98</td>
</tr>
<tr>
<td>Presentation was Relevant to My Practice</td>
<td>3.92</td>
</tr>
<tr>
<td>Average Attendance per Session</td>
<td>Residents – 28</td>
</tr>
<tr>
<td></td>
<td>Faculty – 30</td>
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<tr>
<td></td>
<td>Other - 3</td>
</tr>
</tbody>
</table>
Faculty Development - Activities

- Program Specific Sessions
  - Teaching at the Bedside
  - Evaluating Residents
  - Traits of an Effective Educator
  - Defining Activities Related to CLER
Faculty Development – Next Steps

- Refine education activities – topics & formats
- Fully establish faculty development committee
- Collaborate with local hospitals on initiatives
Why create the Patient Safety & Quality Improvement Curriculum?

• Alpha test site for CLER program, 2012

• Results of CLER visit
  – **PS**—Overall, the residents were inconsistent in their awareness and understanding of the hospital’s system for reporting patient safety concerns
  
  – **QI**—Residents had little knowledge of hospital’s quality goals and how their projects fit into overall strategic plan
Curriculum

- Purchased subscription to the Institute for Healthcare Improvement’s website
  - Access to Open School modules
  - Residents complete modules
  - Live education sessions follow
  - 2 year curriculum will ensure residents are certified via IHI in the curriculum
## First Year Curriculum

<table>
<thead>
<tr>
<th>SESSION</th>
<th>ALL RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>Intro to PS/QI</td>
</tr>
<tr>
<td>October</td>
<td>PS 100 “Intro to Patient Safety”</td>
</tr>
<tr>
<td></td>
<td>PS 101 “Fundamentals of PS”</td>
</tr>
<tr>
<td></td>
<td>PS 106 “Intro to the Culture of Safety”</td>
</tr>
<tr>
<td>January</td>
<td>QI 101 “Fundamentals of Improvement”</td>
</tr>
<tr>
<td></td>
<td>QI 102 “Model for Improvement”</td>
</tr>
<tr>
<td></td>
<td>QI 105 “Human Side of Change”</td>
</tr>
<tr>
<td>March</td>
<td>QI 103 “Measuring for Improvement”</td>
</tr>
<tr>
<td></td>
<td>QI 104 “Life Cycle of a QI Project”</td>
</tr>
<tr>
<td></td>
<td>QI 106 “Mastering PDSA Cycles”</td>
</tr>
</tbody>
</table>
# 2nd Year Curriculum

<table>
<thead>
<tr>
<th>SESSION</th>
<th>PGY 1</th>
<th>ALL OTHER PGY LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>Intro to PS/QI</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>PS 100, PS 101, PS 106</td>
<td>PS 102 “Human Factors &amp; Safety”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PS 103 “Teamwork &amp; Communication”</td>
</tr>
<tr>
<td>January</td>
<td>QI 101, QI 102, QI 105</td>
<td>PS 104 “Root Cause Analysis”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PS 105 “Communicating with Patients after Adverse Events”</td>
</tr>
<tr>
<td>March</td>
<td>QI 103, QI 104, QI 106</td>
<td>L101 “Leadership”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QCV 101 “Quality, Cost, and Value”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PCF 101 “Dignity &amp; Respect: Pt &amp; Family-Centered Care”</td>
</tr>
</tbody>
</table>
Quantitative Evaluation Data—Session One

- Attendance— 8 faculty; 80 residents

- Is the topic relevant to your education (Y/N)
  - 95% Yes

- Rate the presentation style (Top Score = 5)
  - Average: 3.2/5

- The IHI modules were effective learning methods (Top Score = 4)
  - Average = 2.9/4
Qualitative Evaluation Data—Session One

- Enjoyed the case-based scenarios
- Shorten the sessions
- Too much repetition between modules and live session
- Provide more specific examples per specialty
- Hospital-wide QI discussion was good
- Change from the morning to another time
Quantitative Data—Session Two

• Attendance
  – Faculty-5; Residents - 72

• Is the topic relevant to your education? (Y/N)
  – 85% Yes

• Rate the presentation style (top score = 5)
  – 3.12/5 (78% rated it “good/very good/excellent”)

• IHI modules were effective learning methods (top score = 4)
  – 2.73/4 (78% either “Agreed or Strongly Agreed”)
• Interactive nature of session was good
• Shorten session length
• Small groups always get people involved and make it more interesting
• Just do modules or live session, not both
• Kept residents engaged
• Too much repetition
What Next?

Determine if we can:
- Shorten live sessions to 45 minutes
- Make live sessions more interactive
- Focused live session on application of modules’ content
- Eliminate any of the modules from curriculum
- Use only live sessions covering condensed content from modules
- Engage residents in planning future sessions