The Webinar will begin at 11:00 a.m. CDT
Developing Faculty to Improve Quality of Care

Tuesday April 7, 2015
Moderator

Brenda Zierler, PhD, RN, FAAN
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Presenters

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Executive Dean,
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Palmetto Health - USC Medical
Group

Linda Headrick, MD, MS, FACP
Senior Associate Dean
for Education
and
Helen Mae Spiese
Professor of Medicine,
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University of Missouri (Columbia)
Developing Faculty to Improve Quality of Care

Linda A. Headrick, MD, MS, FACP
Les W. Hall, MD, FACP

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Sr. Associate Dean for Education
Helen Mae Spiese Professor in Medicine
University of Missouri School of Medicine

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Executive Dean and Professor of Medicine
University of South Carolina School of Medicine
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Goals for this Presentation

- Identify strategies to engage faculty members in the practice and teaching of quality improvement (QI)
- Articulate successful educational strategies to engage learners from multiple health professions in QI initiatives
- Recognize how faculty members can use QI as a means to simultaneously improve educational programs, improve systems of care, and teach interprofessional teamwork
Contributors

- Carla A. Dyer, MD
- Kristin Hahn-Cover, MD, FACP
- Kimberly G. Hoffman, PhD
- Julie Brandt, PhD
- Douglas S. Wakefield, PhD
Faculty prepared to lead high quality IPE

Faculty prepared to facilitate IP clinical precepting

Faculty equipped to lead health system transformation as they link innovation in education and clinical programs

Framework for Action on IP Education and Collaborative Practice

Faculty prepared to lead high quality IPE

Faculty prepared to facilitate IP clinical precepting

Faculty equipped to lead health system transformation as they link innovation in education and clinical programs
Summarize the integration of quality/safety into the curriculum of MU’s health professional schools

- Expanding interprofessional components to training
- Importance of faculty development to overall successful outcomes
Key Characteristics of MU Grads

- Able to deliver effective patient-centered care
- Honest with high ethical standards
- Knowledgeable in biomedical sciences, EBM, and social/cultural issues
- Critical thinkers; problem-solvers
- Able to communicate
- Able to collaborate
- Commmitted to improving quality and safety
- Committed to life-long learning and professional formation
Education Goals in Quality and Safety: Our Graduates...

- Work as members of the health care team, striving for excellence in quality of care & safety
- Assess the results of current practice, analyze the literature to determine best practice, & take action to close any gaps
- Recognize their own limitations & acknowledge the potential hazards in delivering health care
- Problem solve; reconcile errors & near misses
- Be committed to proactive systems improvement
Continuum of Education in Quality and Safety

Beginning Medical Student
Foundation Concepts, Skills & Values

Medical School Graduate
Applications

Resident
Demonstrated Basic Competency

Faculty
Integration/Role Modeling
<table>
<thead>
<tr>
<th>Year</th>
<th>Topics</th>
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| 1    | - White Coat Ceremony  
      | - Partners in Education – Partners in Care |
| 2    | - Interprofessional Quality & Safety |
| 3    | - Patient Safety “Booster” & TIIPS (Internal Medicine clerkship)  
      | - Hand-off Simulation (Surgery clerkship) |
| 4    | - ACT Curriculum  
      | - Quality/Safety Electives |
IP Quality/Safety Curriculum

- Started 2003
- 4 week course (2 hrs/week)
- ~ 300 students/yr participate.
- Includes intro lecture, small group RCA, simulation lab

• Professions include:
  - Medicine
  - Nursing
  - Health Management
  - Respiratory Therapy
  - Pharmacy
IP Quality/Safety Curriculum

- Perceived comfort or competency with patient safety skills improved, especially with increased simulation time.

- Attitudes re: patient safety and teamwork significantly improved
However, initial improvement degraded over time

Changes in medical student perceptions before/after 2\textsuperscript{nd} year pt safety training and at the end of the 3\textsuperscript{rd} year.

Madigosky W et al. Academic Medicine, Vol. 81, No. 1, 2006
Initial gains were not maintained

Changes in medical student perceptions before/after 2\textsuperscript{nd} year pt safety training and at the end of the 3\textsuperscript{rd} year.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Reporting systems do little to reduce future errors}
\end{figure}

\textsuperscript{#} = Significant Change

1=Strongly Disagree, 3=Neutral, 5=Strongly Agree

Madigosky W et al. Academic Medicine, Vol. 81, No. 1, 2006
Added a Safety “Booster” at 1 year
Students identify and report significant pt safety hazards

Year 1               Year 2                   Year 3                   Year 4
½ of class – No booster
½ of class – Booster

Preclinical          Clinical
Booster prevented previously noted deterioration of gains

Comfort in analyzing the cause of an error...

1=Very Uncomfortable, 3=Neutral, 5=Very Comfortable
Accelerated Faculty and Staff Development in QI/PS

2005
• SOM & MUHC leaders attend Intermountain Health Care ATP courses

2007
• ATP “daughter” course: Process Improvement Leadership Dev.

2013
• MUHC Clinical Leaders QI Program

2014
• Work of 492 faculty & staff part of MU Health System Improvement Sharing Days
Interprofessional QI Training as a Tool for Faculty Development

**Goal of Training**

- Institutional QI leader
- QI team leader
- QI team member

**Tier 1**

“Achieving Competence Today” QI Training Course

**Tier 2**

PI Leadership Development & Clinical Leaders QI Program

**Tier 3**

ATP or mini-ATP Course

**Annual Faculty Turnover**

- QI Trained
- All Faculty
About half of trained faculty subsequently served as mentors to QI teams.
Eighty-six percent of trained faculty members participated in additional quality improvement projects in the two years following their training.
Developing Faculty, Learners, and Healthcare Staff Simultaneously - Achieving Competence Today (ACT)

- Grew out of RWJF collaborative, began in 2004
  - Curriculum significantly adapted over 8 years
  - Over 300 trained to date
- Principles of learning
  - Interprofessional teams
  - Experiential learning
  - Faculty, students, and staff co-learning

![Diagram showing the timeline of learning sessions and project presentations](image)
ACT – Team Formation

- Departments interested identify learners and faculty sponsor
- Quality personnel meet with department and agree upon focus area for improvement
- Additional appropriate staff recruited based upon project
- Each team assigned a team facilitator
- Learners
  - 4th year medical students
  - Medical residents
  - Pharmacy residents
  - Graduate nursing students
Learner Feedback

Mean score of respondents to statement that the ACT experience helped them to develop greater teamwork skills or QI Skills

1 = Strongly disagree to 5 = Strongly agree
Mean quality improvement skill level measured by QI Knowledge Assessment Tool (QIKAT)

- Precourse-participating medical students
- Postcourse-participating medical students
- Postcourse-control medical students

Haller et al. QMHC 2009
Improving Education and Care

- ACT program simultaneously taught learners QI skills, improved care, and developed faculty/staff.

- Program time-intensive, reaching only small percentage of all learners.
Overall Impact – QI Curriculum

- QI/PS part of the core curriculum for over 900 MU SOM graduates, 2003-2014
- Program Director survey
  - 74% MU graduates rated as “distinguished performance” or “truly exceptional performance”
- Formal QI/PS education for > 580 faculty and staff at MU SOM and MUHC
- MUHC in the top 12 nationally in 2014 UHC Quality & Accountability Study
Impact to Date

- 14 peer-reviewed publications from MU, plus 4 from multi-site collaborations
- 6 invited papers, book chapters and policy papers
- 60 peer-reviewed posters and presentations
- 53 invited presentations at national and international meetings
Facilitators

- Clear aim
- Committed leaders at multiple levels
- Engaged faculty
- Clinical QI/PS expertise
- Expertise in education QI
- Mentors for education innovation, evaluation & scholarship
- Core curricular resources
- Collaborations across the academic health center
Meaningful clinical improvement experiences for all learners
Clinical faculty members all practicing and teaching QI/PS in the context of everyday work
Medical educators all demonstrably modeling QI in education
AAMC Teaching for Quality (Te4Q)
www.aamc.org/te4q
Meaningful Clinical Improvement Experiences for All Learners

Experiential
Clinically relevant
Evaluated

www.aamc.org/te4q
Expert educators to create, implement, and evaluate training and education in QI/PS for students, residents and colleagues

www.aamc.org/te4q
Faculty development program to help “QI savvy” clinicians create, implement and evaluate education in QI & patient safety

www.aamc.org/te4q
Macy Train-the-Trainer (T-3) IPE Faculty Development Program

- Four year grant to establish three national FD training centers:
  - University of Washington
  - University of Missouri
  - University of Virginia
Mission Statement:

- To provide expert instruction and consultation regarding interprofessional education faculty development activities, capitalizing on the collective and unique experiences of regional training sites. Through the use of innovative curriculum, high quality experiential learning, and coaching, we engage interprofessional communities to develop the skills needed to promote and facilitate collaborative leadership, interprofessional education, and team-based practice.
Macy T-3 IPE Faculty Development Program

- Initial training conference – 3.5 days duration
  - Attendees come as a small team
  - Classroom learning and small group exercises
  - Experiential learning (sim lab; involvement in IPE; team observation/debrief)
- Reflection to integrate learning into work at home
- Applied project at home institution over 6-12 months
- Presentation of results at follow-up conference.
Timeline for Macy IPE FD Program

- Meeting of National Advisory Committee in early March, 2015
- Curriculum finalized over next six months
- Initial offerings of faculty development training to begin in fall, 2015
QI serves as a natural vector to attract faculty members to learn interprofessional skills and teamwork

- Experiential learning creates enduring gains
- Faculty development in QI can create synergy between health professions education and improvement of care
  - Aligns missions of care delivery and education
  - Creates important partnerships


Questions?
Save the Date

Developing Interprofessional Champions in the Clinical Environment: Opportunities for Preceptors

Presented by:
Dr. Jean Nagelkerk, Dr. Sarah Shrader, Dr. Jana Zaudke

Friday, May 8
1:00 p.m. CDT
Thank you!

Please visit us at [www.aihc-us.org](http://www.aihc-us.org) for more information on future AIHC Webinars.