Struggling with Scholarly Activity? How Quality Improvement Projects Can Fill the Gap!

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Statewide Campus System - Michigan State University College of Osteopathic Medicine
Objectives

• Identify three common barriers faculty face when trying to complete Scholarly Activity projects
• Discuss ways to help faculty overcome these barriers
• Discuss how an OPTI helped increase the number of faculty and resident Quality Improvement projects at 13 different hospitals in Michigan
Statewide Campus System

- Michigan-based GME Consortium
  - 37 community-based teaching hospitals
  - >1,900 residents

- Part of Michigan State University College of Osteopathic Medicine
Background

• 2014 Needs Assessment
  – 60% of respondents concerned about meeting ACGME Scholarly Activity Requirements

• Top areas of interest (all over 50%)
  – Developing a research project
  – Conducting research
  – Evaluating outcomes of research
Background

- Lack of time
- Lack of training / experience
- Lack of institutional resources / support
AAMC’s Teaching for Quality

- Identify a gap in QI/PS education
- Design a project
- Conduct project / assess impact
- Disseminate results
Modifications

Statewide Campus System
College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

LEARNING CONTRACT

Complete and submit for consideration to participants in the Statewide Campus System’s (SCS) cohort of the AAMC’s Teaching for Quality (TeQ) Faculty Development Program.

Note: all highlighted items should be completed by the faculty member interested in TeQ participation.

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>FIRST Name LAST Name</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>Faculty Phone</td>
<td>XXX-XXXX-XXXX</td>
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<td></td>
<td></td>
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<tr>
<td>Hospital Name</td>
<td>NAUCL-CLC</td>
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<tr>
<td>Hospital Address</td>
<td>XXX XXXX, XXXX</td>
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<tr>
<td>Hospital ZIP</td>
<td>XXXXX-XXXXXX</td>
</tr>
<tr>
<td>Specialty</td>
<td>XXXXX-XXXXXX</td>
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</tbody>
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1. Description of Experience

The goal of the AAMC’s “Teaching for Quality” initiative is to ensure that every medical school and teaching hospital in the U.S. has access to faculty who are ready, able, and willing to engage in clinical education in quality improvement (QI), patient safety (PS), and the reduction of errors healthcare costs. To accomplish this goal, the AAMC developed a series of faculty development modules, designed to enhance knowledge, skills, and evaluate effective learning in QI/PS across the continuum of health professional development.

At the completion of the program, participants will be able to:

- Address an identified gap in the education of residents and/or practicing clinicians regarding QI/PS, focused within one of four CERL (Curriculum in Excellence) components: Patient Safety, Health Care Quality, Ethics, Care Transitions (CT), and Duty to Honor/Principles Management (DHPM). Projects in the other two CERL areas—Improvement (IM) and Professional Development (PD)—are not applicable at this time.
- Design an educational innovation to fill that gap with the assistance of an SCS Faculty Coach.
- Implement and assess the impact of the innovation (with the assistance of an SCS Faculty Coach).
- Produce a scholarly paper, article, or presentation on the innovation and the results.

Throughout the unique faculty development program, participants will design and implement an educational initiative in their home institution or across institutions within the SCS aimed at improving patient safety and quality improvement—issues at the core of the SCS mission—which also provide an opportunity to deliver the specific objectives of TeQ, participate in scholarly activity, and improve teaching and presentation skills. This concrete opportunity spans 15-18 month timeframe and requires the following outlined time commitment to participate.

2. Uniform Credit Requirements

<table>
<thead>
<tr>
<th>Task</th>
<th>Estimated Time Commitment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete pre-retreat assignments (pre-readings, participant application, and self-assessment)</td>
<td>2 hours</td>
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<tr>
<td>Attend a 2-day workshop in East Lansing on March 26-27, 2013</td>
<td>3 hours</td>
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<tr>
<td>Spend approximately 5 hours a week devoted to your QI/PS project</td>
<td>2 hours/week</td>
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<tr>
<td>Complete a project proposal for your QI/PS project by April 1st</td>
<td>6 hours</td>
</tr>
<tr>
<td>Complete at least one QI/PS project by May 1st, 2013</td>
<td>1 hour/month</td>
</tr>
<tr>
<td>Present a project proposal and no more than 1 hour of participation at the May 2013 SCS Membership Meeting</td>
<td>1 hour</td>
</tr>
<tr>
<td>Present your findings at the May 2014 SCS Membership Meeting (and in any other national meeting in any professional setting)</td>
<td>1 hour</td>
</tr>
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</table>

* Allocate additional time estimated only (collective effort) to complete the amount of time for an individual proposal on each task associated with completing the faculty development program.

3. Statement of Participant Interest

‘I am interested in participating in the TeQ faculty development program because...’

4. Participant Expectations for Experience

‘I expect you to...’

5. Limitations of the Program

‘I understand that...’

6. Support and Resources

‘I am aware that...’
Modifications
Modifications

- **Resident Handoff Literature & Tools**
  - This submodule of between 20-25 articles, presentations, etc. contains examples of resident-led or resident-involved projects which have examined issues concerning resident handoffs in a variety of different ways. Please refer to brief notes below each pdf article or file.

- **Resident Fatigue/Burnout Literature & Tools**
  - This submodule of 18 articles contains examples of resident-led or resident-involved projects/programs which have examined resident burnout and fatigue in a variety of different ways. Please refer to brief notes below each article.

- **Resident Professionalism Communication Literature & Tools**
  - This submodule of 18 articles and files contains examples of resident-led or resident-involved projects which have examined levels of resident professionalism and/or communication skills/behaviors in a variety of different ways. Please refer to brief notes below each pdf article.

- **Resident Patient Safety Literature & Tools**
  - This submodule of 15 articles contains examples of resident-led or resident-involved projects and tools which have examined patient safety in a variety of different ways. NOTE: ADVERSE EVENT SUBMODULE Holdings are quite similar. Please refer to brief notes below each pdf article.

- **Resident QI Knowledge & Scholarly Activity Literature & Tools**
  - This submodule of over 40 articles (NOTE: TWO SUBMODULE PAGES) contains examples of resident-led or resident-involved projects/programs which have examined resident QI knowledge, confidence and levels of scholarly activity. Please refer to brief notes below each article.

- **General GME Evaluation/Program Literature & Tools**
  - This submodule of 28 articles contains articles concerning GME program planning and delivery through a variety of perspectives and residency program types. Please refer to brief notes below each article.

- **Online GME Delivery & Eval Literature**
  - This submodule of 9 articles contains articles focused on the delivery and evaluation of online GME programs.
Modifications
Modifications

- Articles
- QI / PS modules
- CLER information
Implementation

• Assignment of faculty coaches
  – Project type
    • AIM statement
    • Objective identification
    • Project design
    • IRB
    • Data analysis
    • Poster / article

• Periodic interviews
Outcomes

• 19 participants
  – 13 different health systems throughout Michigan

• 13 projects
  – 3 pairs teamed up
  – 1 pair represented a collaboration between different health systems

• 3 withdrew
Outcomes

• ~50% - QI/PS curriculum
  – Medical students
  – Residents
  – Faculty

• ~50% - GME or patient care delivery
Outcomes

• All posters accepted for statewide poster presentations
• 4 projects accepted for regional or national dissemination
  – Presentations at conferences
  – Posters
  – Manuscripts for publication
• 1 project awarded AMA Accelerating Change in Medical Education grant
## Outcomes

### Time Commitment

- “Having IRB resources available in Desire2Learn helped me navigate the process quickly.”
- “There is no good time to do a project, but I spent less time hunting for things I needed with this program. And less time is helpful”.
- “Working on my project in a team that was coordinated through SCS reduced my time commitment by allowing me to share project responsibilities with someone else.”

### QI/PS Training / Experience

- “The QI/PS videos helped me gain the information I needed to be successful!”
- “The modules were a great foundation!”

### Resources

- “I am so thankful for the project design assistance I received from both my faculty coach and through the resources in Desire2Learn. It made the project much more do-able.”
- “I appreciate the coaching!!!”
- “The organization and delivery of the program made everything ‘click’ for me like it never has before!”
Conclusions

• Compiling resources and streamlining the project planning process reduces faculty time commitment and increases participation in SA

• Increasing faculty QI/PS knowledge base helps with confidence, which helps projects get completed

• Faculty coaches and easily accessible resources keeps projects moving forward
Thank you!
References
