

A Practical Approach to Making PBLI & SBP Meaningful to Residents

University of Maryland

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APPD Workshop

May 4, 2007

Goals for the Workshop

- Share what works and what doesn't
- Exchange ideas on practical & meaningful ways to teach and assess PBLI & SBP
- Provide materials (from methods that worked) to jumpstart your teaching and assessment process back home

Overarching Goals for the Academic Block

- Focus on teaching and assessing the challenging competencies of PBLI and SBP
- Integrate didactic and experiential learning
- Engage residents in meaningful and practical applications of knowledge
- Tie assessment to authentic tasks

Goals for the Academic Block

- **EBM**

- Learn principles and integrate them into practice
- Articulate an answerable clinical question
- Demonstrate the ability to access, analyze and apply best evidence to their question
- Present a critique of a journal article in an EBM journal club forum


Goals for the Academic Block

- PBLI- Residents as Teachers
 - Apply the skills learned in the resident faculty development seminar
 - Add residents to scenarios where faculty are paired with students for teaching and precepting; faculty become observers, coaches and assessors of the resident's ability to teach students

Goals for the Academic Block

- PBLI- Quality Improvement
 - Learn principles of QI and PDSA cycles
 - Apply the underlying principles in a meaningful personal QI project
 - Expand the applied learning to a team QI project

Goals for the Academic Block

- **Systems-based Practice**
 - Learn about health care delivery systems and apply knowledge to problem solving (vignettes  actual clinical cases)
 - Discriminate system errors from other types of errors and be able to propose rationale system approaches to correct them

PBLI: Evidence-based Medicine

Erin Giudice, MD

EBM Requirements

- Pediatric RRC Requirements:
 - “Faculty must document the resident’s ability to access, appraise and apply knowledge...[and] to apply best medical evidence to the care of patients...The program must **evaluate** the competence of residents in performing an evidence-based **exercise**...may include a journal club presentation...The evaluation should be based on predetermined criteria.”

EBM curriculum

- 7 basic teaching sessions per year
 - 1st half: didactic, how to evaluate an article about...treatment, diagnosis, etc.
 - 2nd half: EBM in practice: Journal Club presentation (example)
- After basics, 2 presenters per session
- Residents prepare for Journal Club presentation during academic block

Preparation for Journal Club Presentation

- Review of basic principles & resources
- Article selection with EBM mentor
 - Answerable Clinical Question that develops at the bedside
 - Article as good teaching example
- EBM mentor assists with article critique

Evaluation of Journal Club Presentation

- Template for EBM Evaluation:
 - UMD EBM Practicum tool:
 - Asking a clinical question
 - Acquiring the evidence
 - Appraising the evidence
 - Applying the evidence to patient care
 - Learner knows criteria expected
 - Evaluator uses criteria to assess level of competence

EBM Activity: Critically Appraised Topic

- Critically Appraised Topics (CATs)
 - Taught basics in EBM teaching series introduction
- Critically Appraised Topic Template
 - Blank template for CAT
 - Concrete CAT example
 - CAT Evaluation Form

EBM References & Credits

- Dr. Susan Guralnick's Stony Brook EBM teaching PowerPoint slides; 2002 APPD EBM workshop
- EBM Workshop for Peds Eds at UIC (Dr. Jordan Hupert et al) and website resources (Diagnostic test calc) <http://ebm.peds.uic.edu/>
- JAMA's Users' Guides on-line: www.cche.net/usersguides/main.asp
- *How to Practice & Teach EBM* by Sackett et. al
- UMD Dept of Epidemiology and Prev. Med.

PBLI: Residents as Teachers

Linda Lewin, MD

Residents as Teachers

Learning Objectives

After completing the program residents will be able to:

- Prepare and deliver an effective 10 minute talk on a clinical topic
- Give an effective 20 minute large group presentation
- Describe the 5 Microskills of Precepting and demonstrate their use

Learning Objectives, cont.

After completing the program residents will also be able to:

- Successfully lead a small group tutorial session for medical students
- Comfortably teach physical exam skills at the bedside

PBLI and SBP: Methods for teaching “The Orphan Competencies”

Virginia Keane, MD

What Qualifies Me to teach This?

- Practicing 20 years
- 12 years as Primary care practice director
- State Medicaid Advisory Board
- U of Maryland Practice management committee/fledgling MCO
- Quality Improvement education:
 - AAP Pediatric Leadership Alliance
 - HRSA sponsored faculty fellowships that used QI
 - RWJ/HRSA sponsored research project that used QI

PBLI-QI: Why Learn This?

- You will need these skills to:
 - Maintain your board certification
 - Demonstrate to payers that your practice is worthy of contracts
 - Allow you to do good things for yourself and your patients

Quality Improvement

- Mandatory lecture early in the academic year to teach concepts and sew the QI seeds
- During academic blocks residents work on 2 QI projects
 - Personal project geared at improving study time/board scores
 - Clinical project geared at improving some aspect of resident/departmental practice

PBLI: Curriculum

- Overview of Quality Improvement:
 - History of QI
 - PDCA cycles
 - Process and outcome
 - Tools for assessing current process and designing change
 - Tools for measuring and displaying change

Personal Quality Improvement

- Must be related to improving study time/skills and enhancing board scores
- Residents must diagram daily process/ factors that effect study habits
- Identify items amenable to change
- Select one or two that will make most significant change
- Measure study habits pre change, implement change and re-measure.
- Repeat: Voila!! PDSA!!

Clinical Quality Improvement: Lessons Learned

- Each resident group will design and implement their own clinical QI...
- We will have the first four groups design a QI project and subsequent groups will do the next step in the PDSA cycle...
- The faculty mentor will own the QI project/s, and keep the project going, hopefully to the point where we complete several PDSA cycles, and get to an improved outcome.

SBP: Why Learn This?

- Doctors need to understand the external forces that drive practice processes
- Managed care and other external forces pose significant hurdles to practice
- Research shows physicians often have negative attitudes towards managed care:
 - Frustration
 - Wasted effort
 - Inefficiency

SBP: Our History

- Started With Managed Care for Med/Peds
One month block
- Didactic and experiential
- Quality Improvement project
- Field trips: MCOs, health department, etc.
- Reading and essays: four modules
 - Introduction to managed care
 - Quality of Care
 - Cost Containment
 - Getting a job/contracting

Expanding to All Residents

- Over fifty people, 2 weeks each, many tasks to complete
- Shorten managed care material to 3 power point modules and essays
- No more field trips
- Group discussions of material: lively or deadly!!

SBP: Curriculum

- Year One: Managed Care
 - Three self administered PowerPoint modules
 - Managed care for the clinician
 - Cost containment
 - Quality of Care
 - Essay questions they must answer **IN WRITING**, and usually discuss
- Year Two: Evolving Process
 - Health care savings accounts
 - Managed care report cards
 - The uninsured

Module 1: Managed Care For the Clinician

- How did we get here? Review the current trends in health care spending
- Review history of billing
- Review modes of insurance
- The alphabet soup of the managed care world
- Review goals of managed care

Module 2: Quality of Care

- Why we need to measure and report on quality?
- What is NCQA?
- What is HEDIS?
- How MCOs pass the responsibility of QI and data collection to practitioners
- Challenging preconceptions of Quality in managed care settings

Module 3: Cost Containment

- How the Naïve thought managed care would decrease cost
- How managed care organizations really manage costs; contracting and risk sharing/shifting
- Gatekeeping and controlling access
- Denials
- Case Management?
- Contracting with groups and individuals
- Contracting with pharmacy and lab
- Forces thwarting cost containment

SBP: Essays

- Short answer
- Drawn from my own clinical and administrative experiences
- Makes them think it through
- Discussion enhances learning

SBP: System Errors

- Use M & M to identify a system problem/error and develop a possible system solution
- Complete a template in which these 2 issues are addressed
- Assessment focuses on trainee understanding of “systems”

Large Group Discussion

- What has worked for you and why?
- What hasn't worked for you and why?

Small Group Charge

- Work with those at your table to develop a learning activity that would enhance your ability to teach and assess one component of PBLI or SBP
- Choose one of four groups: EBM, QI, SBP, or Residents as Teachers
- Rotate after 25 minutes to a second group

Large Group Report Out

- Focus on novel ways of teaching & assessing:
 - Evidence-based Medicine
 - Quality Improvement
 - Systems-based Practice
 - Residents as Teachers