“No More Brick & Mortar”
Hello Technology!
April 7, 2017

Donna J. Williams, MA
Supervisor, Education Programs
UT Southwestern Medical Center
There are no conflicts of interest to report.
LEARNING OBJECTIVES

- Define Quality Improvement (QI)
- Review ACGME Requirements
- Identify Lecture Delivery Issues
- Describe the Process (Share personal journey) – How did we get here???
  - Identify existing problems
  - Devise a plan of action
  - Implement solution
- Discuss the importance of QI in the professional development of Programs Coordinators
WHAT IS QUALITY IMPROVEMENT (QI)?

A formal approach to the analysis of performance and systematic efforts to improve it.

- Involves both prospective and retrospective reviews
- Aimed at improvement—measuring where you are, and figuring out ways to make things better
- Attempt to avoid attributing blame, to create systems to prevent errors from happening
- A method for ensuring that all activities necessary to design, develop and implement a service are effective with respect to the system and its performance.
IV. Educational Program

IV.A. The Curriculum must contain the following educational components:

IV.A.1. Overall educational goals for the program, which the program must make available to residents and faculty; (Core)

IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to the residents and faculty at least annually, in either written or electronic form; (Core)

IV.A.3. Regularly schedule didactic sessions; (Core)

IV.A.4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and (Core)

IV.A.5. ACGME Competencies: The program must integrate the following ACGME competencies into the curriculum:

- **Patient Care and Procedural Skills**
- **Medical Knowledge**
- **Practice-based Learning and Improvement**
- **Interpersonal and Communication Skills**
- **Professionalism**
- **System-based Practice**
“Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based.”

- identify strengths, deficiencies, and limits in one’s knowledge and expertise; (Outcome)
- set learning and improvement goals; (Outcome)
- identify and perform appropriate learning activities; (Outcome)
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; (Outcome)
- incorporate formative evaluation feedback into daily practice; (Outcome)
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; (Outcome)
- use information technology to optimize learning; and participate in the education of patients, families, students, residents and other health professionals.
Adults must be involved in the planning and evaluation of their instruction.
Experience (including mistakes) provides the basis for learning activities.
Adults are most interested in learning subjects that have immediate relevance to their job or personal life.
Adult learning is problem-centered rather than content-oriented.
CHARACTERISTICS OF ADULT LEARNERS

- Learning must be purposeful
- Brings experience to education
- Immediate use of learning
- Integral component of the learning process
- Has doubts about the educational process
- Recognize learning style
- Has set goals
- Has an established family and/or employment
- Values education
STEPS IN THE PROCESS
THE CLINICAL LEARNING ENVIRONMENT

- Ambulatory Care
  - Adolescent
  - Community Pediatric
  - Development
  - Individualized Curriculum
  - Global Health
- Emergency Department
- Inpatient Medicine
- Intensive Care Unit
CLINIC ASSIGNMENTS

- 8 Internal Clinics
- 10-15 External Clinics
## Ambulatory Clinic Topics

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QUALITY IMPROVEMENT MODEL

**PLAN** for changes to bring about improvement
- Customer/supplier mapping
- Flowcharting
- Pareto analysis
- Brainstorming
- Nominal group technique
- Solution/fault tree
- Evaluation matrix
- Cause & Effect diagrams

**DO** changes on a small scale first to trial them
- Small-group leadership skills
- Experiment design
- Conflict resolution
- On-Job training

**ACT** to get the greatest benefit from changes
- Process mapping
- Process standardisation
- Controlled reference information
- Formal training for standard processes

**CHECK** to see if changes are working and to investigate selected processes
- Data checksheets
- Graphical analysis
- Control charts
- Key performance indicators
Identify the problem/concern

- A process that is causing concern or possible opportunity for a positive change.
  - Residents rotating at ambulatory clinics and working nights are unable to attend lectures.
    - Unable to meet threshold of 70% conference attendance
    - Identify an alternative method to meet threshold
Build a team to address the problem

Representation from groups involved – this is a crucial step.

- Program Director, (3) residents, Supervisor of Education Program, Sr. Education Coordinator, (2) Chiefs, (2) Faculty.

Please note: There will be many colorful ideas and thoughts. The PC is responsible for knowing the problem, being engaged, the first to flag an issue, identify trends in advance of issue, keeping everyone on track, and ask questions.
Define the problem

- Identify and carefully describe what it is you really want to improve; the source of the problem you are confronting, etc.
  - Different method of learning for trainees on off campus locations.
  - Easy accessibility
Choose a target

- Introduce and evaluate interventions, using quality improvement tools and skills
  - Collect and review information
  - Try various solutions and choose the best fit
  - Discuss with TEAM
Test the Change

Data measures to determine when a process change over time is likely to be due to chance and when it is not.

Which system best fits the suitable outcome

- iTunes – struggle with connection (Samsung Phones)
- Moodle – web-based, a need for additional login
- MedHub – current system

Test systems
GOING, GOING, GONE!!!

MANUAL TRACKING
# Conference Attendance Tracking

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Required costs:
- Items 1-130 costs
  - $2 per $3=$0 costs

![Excel Chart](chart.png)
Lecture Content

Title: Car Seat Safety

Week of: March 1, 2016

Focus of Lecture (email to residents):
This week’s topics about car safety seats. This is something that many families with children are very familiar with.

Take home points:
1. Car safety seats (CSS) clearly reduce morbidity and mortality in children when used correctly.
2. 3 in 6 CSS are not installed correctly.
3. There is no one best safety seat; all CSS must meet minimum national safety standards.
4. Keep infants rearing facing as long as possible, until age 2 years or until height/weight limits exceed.
5. LATCH system has significantly improved the ease of use of CSS. This system was required by law in 2002 for all cars.

Lecture Resources:
Please read:
1. Car Seat Safety 2016 summary
2. Car Safety PIR 2014 (focus on the seat safety section)

Optional:
1. Pediatric Low Weight Car Seat (Pediatrics from 2009, reaffirmed in 2013). This for preterm or low weight infants.
2. Booster promo sheet for the Texas law change in 2009 (a little bit of history).

Summary of Lecture/Resources: See Attached
### Module Name:
- Car Seat Safety

### Introduction:
- Take home points:
  1. Car safety seats (CSS) clearly reduce morbidity and mortality in children when used correctly.
  2. 3 in 4 CSS are not installed correctly.
  3. There is no one best safety seat; all CSS must meet minimum national safety standards.
  4. Keep infants rear-facing as long as possible, until age 2 years or until height/weight limits exceed.
  5. LATC6 system has significantly improved the ease of use of CSS. This system was required by law in 2002 for all cars.

### Design:
- Draft

### Required Test:
- (none)

### Program(s):
- Pediatrics
- [Modify Programs]

### Author(s):
- Lee
- [Modify Authors]

### Competencies:
- (none)
- [Modify Competencies]

### Self Initiated:
- [ ] Allow this learning module to be self-initiated by residents and faculty members

### Learning Module Resources

<table>
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<tr>
<th>Order</th>
<th>Type</th>
<th>Resource</th>
<th>Date</th>
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<td>02/10/2017</td>
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LOW BACK PAIN

Lecture Overview:

We will discuss lower back pain in adolescents. Let’s focus our reading on athletic related causes of lower back pain.

Then summary will address this as well as other causes of pediatric back pain.

Lecture points:

1. Low back pain is the most common type of back pain (as opposed to upper/thoracic); it often begins in childhood and has a high recurrence.
2. The majority of patients have an underlying musculoskeletal or biomechanical origin to their pain; however, infectious, neoplastic, inflammatory, rheumatologic or amplified pain etiologies should be considered in the differential.
3. Repetitive micro-trauma is the main causative factor leading to spinal injuries in athletes.
4. A complete neurologic exam including formal motor, sensory testing, and deep tendon reflexes is essential to the initial evaluation of low back pain.
5. Persistence of lower back symptoms beyond 3–4 weeks necessitates additional work-up. Any evidence of neurologic injury/compromise requires immediate intervention.

Lecture Resources:

Back pain summary 2016
Back Pain in Pediatric and Adolescent Athlete – Clinics article – (PMID: 22657993)

Optional:
  • Low Back Pain NIH 2014 (PMID: 24565826)
  • X-rays' PowerPoint Presentation

Back Pain 2016

Back Pain in Pediatric and Adolescent Athlete

Low Back Pain NIH 2014 (PMID: 24565826)

X-rays' PowerPoint Presentation
ON THE GO!!!

- Smartphone (iPhone) View
WHERE ARE WE NOW??

- Give an example of a quality improvement activity/project that residents can become involved with in your program. Describe its development, goal, implementation, evaluation of success.

- List the activities in which residents actively participate to learn and apply the principles of quality improvement, and identify those who oversee these activities.
Dr. Welby makes a house call to see a 5-year old male patient with runny nose, cough, and rapid breathing.

1. Using the PDCA model - Describe a learning opportunity in this setting and how to evaluate success.

2. List the activities in which residents actively participate to learn and apply the principles of quality improvement, and identify those who oversee these activities.
Dr. McDreamy is on call. He encounters a 17 year old female that presents at the ER with fever, headache, and stiff neck.

1. Using the PDCA model - Describe a learning opportunity in this setting and how to evaluate success.

2. List learning activities in which residents can actively participate in to learn and apply principles of quality improvement and identify those who oversee these activities.
- ACGME PROGRAM COMMON REQUIREMENT:

http://www.acgme.org/acgmeweb/Portals/o/PFAssets/ProgramRequirements/ab_ACGMEglossary.pdf

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CONTACT INFORMATION

DONNA WILLIAMS, MA

DONNAJ.WILLIAMS@UTSOUTHWESTERN.EDU

(214) 456-6647