University of Vermont ScholarWorks @ UVM

Larner College of Medicine Faculty Publications

Larner College of Medicine

Spring 3-2019

Active-Learning Quality Improvement Training Curriculum for Faculty in Hospital Medicine

Preetika Muthukrishnan pmuthukr@uvm.edu

Maria Burnett

Allen B. Repp The University of Vermont

Amanda Kennedy University of Vermont College of Medicine

Follow this and additional works at: https://scholarworks.uvm.edu/comfac



Part of the Internal Medicine Commons, and the Medical Education Commons

Recommended Citation

Muthukrishnan P, Burnett M, Kennedy AG, Repp AB. Active-Learning Quality Improvement Training Curriculum for Faculty in Hospital Medicine. Poster presented at: 2019 Society of Hospital Medicine Annual Meeting; March 25-27, 2019; National Harbor, MD

This Poster is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Larner College of Medicine Faculty Publications by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.



Active Learning Quality Improvement Curriculum for Faculty in Hospital Medicine

Preetika Muthukrishnan, MD,MS, Maria Burnett, MD, Stephen G. DeVoe, MPH, Amanda G. Kennedy, PharmD, Allen B. Repp, MD Division of Hospital Medicine at University of Vermont Medical Center and University of Vermont, Larner College of Medicine, Burlington VT



Project Description

Background

 Quality in health care is a clinical, academic, and financial imperative, however faculty are unprepared to be role models for Quality Improvement (QI) efforts

<u>Aim</u>

To create a training program in QI for Hospital Medicine faculty

Curriculum Goals

- Understand the Institute for Healthcare Improvement (IHI) Model for Improvement as a framework for problem solving
- Design effective change ideas using QI tools (e.g. Affinity Diagram, Driver Diagram, Process Maps)
- Write an effective aim statement (S.M.A.R.T. goal)
- Use Plan-Do-Study-Act (PDSA) cycles to test and refine interventions on small samples
- Position work for future scholarship

Program Design

- Needs based; using feedback from focus group sessions
- Active learning model; participants use QI tools to carry out their own QI project

Curriculum Assessment

- Quality Improvement Knowledge Assessment Tool-Revised (QIKAT-R) scores were used as a baseline assessment
- Survey instrument to assess self-reported QI knowledge

Curriculum Summary

Session	Topic
Baseline	Pre-survey and QIKAT-R administration
1	Introduction to Quality Improvement; How do we define quality in healthcare? Overview of IHI Model for Improvement
2	Set an AIM: What are we trying to accomplish? Create an Affinity Diagram to identify area of focus related to patient experience
3	Understand the system; Create Key Driver Diagram
4	Identify changes: What change can we make that will result in an improvement? Plan for stakeholder input
5	Select interventions and measures: How will we know a change is an improvement? Plan for PDSA Cycle 1
6	Test changes: Study, Act, Plan PDSA Cycle 2
7	Test changes: Study, Act, Plan PDSA Cycle 3
8	Finish PDSA Cycles with "Study" and Start the Poster
9	Review final poster; Present at local, regional, and national conferences
10	Mentoring future Quality Projects
11	Presenting and publishing Quality Projects
12	Wrap-up; Post-survey and QIKAT-R administration

Results

- Pre-assessments revealed poor correlation between self-reported comfort level and QIKAT-R scores within each domain, further highlighting educational opportunities
- To date, 8 sessions have been completed
- Overall participation has been high (88.1% attendance by faculty)

QIKAT-R Results

Scenario	Mean	SD			
N=18	16.78	4.49			
Scenario 1					
Aim	1.22	0.65			
Measure	1.89	0.9			
Change	2.11	1.08			
Scenario 2					
Aim	1.39	0.7			
Measure	2.78	0.55			
Change	1.78	0.94			
Scenario 3					
Aim	1.22	0.81			
Measure	2.39	0.78			
Change	2	1.08			

Survey Results

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Participating in a quality improvement project is useful to me	0.00%	0.00%	22.22% 4	50.00% 9	27.78% 5	18	4.06
I will use quality improvement techniques after completing this divisional QI program	0.00%	0.00%	5.56% 1	66.67% 12	27.78% 5	18	4.22
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Setting aims for a quality improvement project	0.00%	22.22% 4	27.78% 5	50.00% 9	0.00%	18	3.28
Establishing measures for a quality improvement project	5.56% 1	22.22% 4	38.89% 7	33.33% 6	0.00%	18	3.00
Testing changes for a quality improvement project	5.56% 1	22.22% 4	50.00% 9	22.22% 4	0.00%	18	2.89
Evaluating the impact of a quality improvement project	0.00%	27.78% 5	50.00% 9	22.22% 4	0.00%	18	2.94
Presenting the results of a quality	0.00%	38.89%	38.89%	22.22%	0.00%		

Quality Improvement Tools

Affinity Diagram



PDSA Cycle Process



Key Driver Diagram for QI project

Summary and Limitations

- QI training for faculty is feasible
- Using junior faculty as curriculum facilitators has been valuable in developing QI teachers and role models
- Active learning is key in engaging learners; however, time constraints were challenging
- An important aspect of the curriculum is to stress the QI process; any success within the project is a secondary gain

Conclusions and Next Steps

- The Division of Hospital Medicine successfully implemented a faculty QI curriculum that includes practical sessions using active-learning techniques
- A full evaluation of the curriculum is planned, including surveys,
 QIKAT-R assessments, and a faculty focus group