



**NC IOM Annual Meeting
Clinical Transformation Panel
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REACH

Safety

Quality

Teams

Preparing the Workforce for a New World in Healthcare Delivery

Need for Educational Change

- Student and resident teaching is deficient in:
 - Systems-based practice
 - Utilization of quality indicators
 - Evidence based care
 - Working within teams
 - Safety and Improvement science
 - Response to errors



ECU's REACH Initiative

- Part of AMA's Accelerating Change in Medical Education Consortium (www.changemed.org)
- Designed to implement an integrated, comprehensive curriculum in healthcare quality improvement, patient safety, population health, and interprofessional team-based care
 - Formation of a “Teachers of Quality Academy” (TQA) – Jan 2014 - March 2015
 - New Longitudinal Core Curriculum in PS/QI – fall 2014 and beyond
 - Concurrent LINC Scholars (Leaders in INnovative Care) program – begins summer 2015

A Limiting Factor for Change...

- Lack of a critical mass of clinically-based faculty members who are ready to teach about patient safety, systems-based practice, and meaningful team-based care



Clinical teachers face complex challenges not previously encountered: **teaching while** simultaneously **learning** about redesigning clinical delivery systems **while** simultaneously **delivering care** within them, and working more closely in expanded interprofessional teams.

Clay MA, Sikon AL, Lypson ML, et.al. Teaching While Learning While Practicing: Reframing Faculty Development for the Patient Centered Medical Home. Acad Med. 2013;88:00-00.

Recommended Adaptations

1. Faculty and learners learn together while practicing in the workplace
 - Abandoning tradition of “learn first, then teach”
2. Expand the definition of faculty
 - Broaden to include entire clinical team
3. Support interprofessional and intraprofessional development simultaneously
4. Managing change and uncertainty
 - Using positive, asset-based approaches to develop adaptability skills

TQA Recruitment Design

- Coordinated and honorific
- In partnership with chairs, deans and health system quality leaders → SPONSORSHIP
- Voluntary, but “no department left behind”
- Inclusion of faculty from other health science schools



TQA Demographics, N=29

Academic Rank	No. (%)
• Assistant Professor	8 (28)
• Associate Professor	13 (45)
• Professor	2 (7)
• Resident	3 (10)
• Other	3 (10)
Demographic Characteristics	No. (%)
Gender, female	16 (55)
Ethnicity, Hispanic/Latino	1 (4)
Race*	
• Asian	5 (17)
• Black/African American	8 (28)
• White	17 (59)
• Other	1 (3)
Mean Age, years	46
Mean Years Since Terminal Degree	14

# by School/ College	No. (%)
• School of Medicine	31 (82)
• College of Nursing	4 (10)
• College of Allied Health	2 (5)
• Other	1 (3)



TQA Faculty Quality Officers

Transmission of content knowledge, attitudes and skills in the areas of PS/QI/IPE
“CONTENT”

Preparation for necessary knowledge, skills and attitudes to support Innovation in Teaching and Assessment
“PROCESS”

Pre-Work, assessment, online modules

Learning Session 1
 Mar 24-25
 Quality Improvement

Learning Session 2
 May 12-13
 Measuring for Quality

Learning Session 3
 June 16-17
 Leading Change

Learning Session 4
 August 11-12
 Patient Safety

Learning Session 5
 Sept 29-30
 Interprofessionalism

Learning Session 6
 Nov 3-4
 Population Health

Submission of Academic Products (MedEd Portal, Presentations, Publications)

Introduction to Medical Education Course

Instructional Strategies Course

Evaluation Course

Jan '14	Feb '14	Mar '14	Apr '14	May '14	Jun '14	Jul '14	Aug '14	Sept '14	Oct '14	Nov '14	Dec '14
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Quality Project Planning	Data Collection and Pilot	Project Implementation and Report
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Credential in Medical Education

Key elements of the Credential program include:

1. Promotion of faculty reflection to increase self-awareness as teachers.
2. Utilization of BlackBoard as an online, asynchronous peer learning tool.
3. Completion of three graduate level courses: Introduction to Medical Education, Instructional Strategies, and Program Evaluation.
4. Extended program (15 months) to allow cumulative learning, and practice through the mentored development of curricular innovations.
5. Development of an educational product for integration into the medical school curriculum.
6. Dissemination through participation in Medical Education Scholarship Symposium and preparation of instructional materials for publication.

Early Outcomes

- Increased # and type of faculty engaged in, and trained to, lead curricular innovation
 - Coupled with student engagement
- Impact on health system approaches to QI/PS
 - Examples: workflow, PS reporting, best practice adoption (inpatient and ambulatory)
- Enhanced interprofessionalism
 - Medicine, Nursing, Public Health, Allied Health
- New curricular products/components
 - Examples: Reflection exercises; new simulations; new OSCEs, etc.
- Statewide, regional and national partnerships

Next Steps

- Complete faculty training, QI and Curricular projects
- Map new longitudinal curriculum and begin M1 components
- Begin LINC Scholars track – Summer 2015
- Continue and add new partnerships
- Early scholarship and spread related to FD projects
- Assess outcomes and disseminate