Teaching and Assessing the Core Competencies – Teaching Practice-Based Learning and Improvement

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Aim

To demonstrate a method for teaching the ACGME requirement - "Practice-Based Learning and Improvement"

What is Practice-Based Learning and Improvement?

- Practice-Based Learning and Improvement for residents involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Practice–Based Learning and Improvement takes place in the work setting and focuses on real work situations faced by physicians
- Practice-Based Learning and Improvement requires learning while doing
- Practice-Based Learning and Improvement is not Problem-Based Learning which is a classroom exercise and relies on simulated problems developed by the teacher

Components of Practice-Based Learning and Improvement

- The work setting
- Reflection on work
- Identifying an opportunity for improvement
- Developing an improvement project
- Self-assessment

Role of Faculty in Practice-Based Learning and Improvement

- Provide information, but use a more Socratic approach
- Coach and teach residents on:
  - Reflection skills
  - Identifying opportunities for improvement
  - Developing an improvement project
  - Self-assessment

Linking the ACGME Core Competencies to the Improvement of Outcomes of Care

“A Matrix Solution”

Five Applications of the Matrix

- Individual resident learning
- Case presentations
- M & M conferences
- Medical student learning
- Panel discussions and group learning

Healthcare Matrix: Care of Patient(s) with….

ACGME \ IOM	SAFE	TIMELY	EFFECTIVE	EFFICIENT	EQUITABLE	PATIENT-CENTERED
Assessment of Care						
I. PATIENT CARE (Overall Assessment) Yes/No						
II. A MEDICAL KNOWLEDGE (What must I know)						
II. B INTERPERSONAL AND COMMUNICATION SKILLS (What must I say)						
II. C PROFESSIONALISM (How must I act)						
II. D SYSTEM-BASED PRACTICE (On whom do I depend and who depends on me)						
Improvement						
III. PRACTICE-BASED LEARNING AND IMPROVEMENT (How must I improve)						
Information Technology						

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The Story

Medicine and Otolaryngology-Head and Neck Surgery:

“A Tale of Two Systems”

The Story

- 68 y.o. male with history of chondrosarcoma of left femur
- Presented to VA ER with respiratory distress
- Admitted to medicine service
- W/U demonstrated metastatic chondrosarcoma to lungs
- Medicine made patient DNR

The Story

- Developed dysphagia and difficulty handling secretions
- CT demonstrated retropharyngeal space edema
- MRI demonstrated questionable abscess
- ID and Otolaryngology-Head and Neck Surgery consulted
- Flexible laryngoscopy demonstrated pooled secretions but patent airway
- Medicine wanted Oto-HNS to do tracheotomy

The Story

- Medicine convinced patient to rescind DNR status
- Direct laryngoscopy revealed erosive process with hole in the pharynx
- Process extended intraluminally to upper third of esophagus
  - Multiple biopsies performed and NG tube placed
- Medicine again requested a tracheotomy
  - Oto-HNS explained that tracheotomy not warranted at this time
- Patient again made DNR

The Story

- Medicine and Oto-HNS continued to disagree on management
- Medicine and ID felt that retropharyngeal abscess present and again requested a tracheotomy and wanted to again rescind the DNR order
- Oto-HNS felt that MRI findings secondary to the hole in the pharynx and the airway was stable
- Medicine ordered a second MRI which did not reveal an abscess or infectious process
- Patient transferred to hospice

Healthcare Matrix: Care of Patient(s) with respiratory distress
Otolaryngology: Head and Neck Surgery

IOM / ACGME	SAFE	TIMELY	EFFECTIVE	EFFICIENT	EQUITABLE	PATIENT -CENTERED
Assessment of Care						
1. PATIENT CARE (Ov erall Assessment) Yes/No	Not sure	No issues	No Disagreement about best treatment for this patient.	No Lack of effective communication with all the services created more work.	No issues (Unless being a VA patient was an issue!)	No Patient had to ke ep changing his DNR order.
II. A MEDICAL KNOWLEDGE (What must I know)	Physiology of respiratory distress with mets to lungs but patent airway.		Primary team and ID may not have understood the cause of distress in this patient as explained by Oto -HNS.	CT scan showed no absces s, but ID service consulted. Oto -HNS not able to convince others of care needed.		
II. B INTERPERSONAL AND COMMUNICATION SKILLS (What must I say)	Disagreements among specialties can result in unnecessary additional procedures		After calling for consultations, primary team did not communi cate why they disagreed with Oto -HNS and insisted on a tracheotomy.	Disagreement resulted in extra procedures being done, request for tracheotomy, going to the OR for laryngoscopy . No signs of infection were seen.		Patient being asked to agree to and then to rescind DNR order.
II. C PROFESSIONALISM (How must I act)	How could this have been mediated without compromising pt safety?		Primary care team was not convinced of accuracy of Oto-HNS assessment	Multiple MRI 's were ordered becau se primary care team ignored Oto -HNS advice.		Very difficult for patient with metastatic cancer when the care team cannot agree.
II. D SYSTEM -BASED PRACTICE (On whom do I depend and who depends on m e)	Hand -offs and consults were problematic for staff and other care providers		There was no data or reference to the literature to convince the primary team.	The "dueling diagnosis" between Medicine and Oto -HNS team s was very difficult for all involved .		Should this patient have had an advocate to mediate the care if clinicians could not agree?
Improvement						
III. PRACTICE -BASED LEARNING AND IMPROVEMENT (How must we improve)						
Information Technology						

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Challenges

- Faculty workload
- Faculty development
  - Concept of Practice-Based Learning and Improvement
  - PBLI teaching and coaching skills
- Organizational culture
  - Patterns of work and learning
  - Openness to discussing less than optimal patient care
- Resident workload and 80 hour week

Summary

Understanding Practice-based Learning and Improvement means

- Identifying system-wide barriers to effective patient care
- Evaluating patient care across the clinical enterprise (the Matrix)
- Answering the questions: “What have we learned? What will we improve?”

Conclusions

- PBLI is not like old wine (problem-based learning) in a new bottle
- Reflection on clinical performance and developing improvement projects to reach optimal performance is the central concept
- Faculty approach to residents should include coaching and Socratic teaching
- Faculty development is necessary for successful Practice-Based Learning and Improvement