QI on the Fly

QIPS Teaching and Assessment Moments

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Objectives

1. Identify opportunities in their daily clinical supervision and the interdisciplinary clinical environment to incorporate patient safety, QI and/or resource stewardship teachable moments

2. Adopt practical strategies to effectively incorporate direct and indirect observation to assess patient safety competencies in the workplace

3. Prepare a teaching script that can be used to lead informal discussions about patient safety, QI and/or resource stewardship during daily clinical supervision
Miller’s Pyramid

- Ability in Action
- Performance (capability)
- Applied Knowledge
- Knowledge
- Knows
- Knows how
- Shows how
- Does

Behavioural
Cognitive

Advancing Safety for Patients In Residency Education
Miller’s Pyramid

Workplace-based Assessments:

What the trainee *does* in authentic clinical environments

Accomplished through observation
Assessing outcomes based on proxy measures
“Righting” Pyramid

- Does
- Shows How
- Knows How
- Knows

Most PSQI assessments

Work-based assessment has to be the primary focus of our assessment programs

Rethans, Norcini, et al, 2002
WBA and QIPS

• What are some opportunities to observe the patient safety competencies of residents in day-to-day practice?
  
  – How can observation be built into our busy clinical schedules?
Recent example

- You are an attending physician supervising a team of residents and medical students on the General Medicine teaching service.

- You are rounding post-call with your senior resident (PGY2), 2 junior residents (PGY1), and 2 medical students.

- Your junior resident steps away for a moment because one of the nurses on the ward paged her about an urgent issue.
Case continued...

• An 82 year old man admitted with cellulitis with a history of Lewy-Body dementia received a dose of Haldol overnight for agitation and was now difficult to rouse

• His daughter had specifically indicated that he should not receive Haldol because of severe sensitivity to neuroleptics

• “Shouldn’t your residents know not to give Haldol to patients with Lewy-Body Dementia? Don’t they teach them that in medical school?”
How could this have happened???

Handover was cut short due to a code blue at the end of the day the night before.

The on-call resident was a ‘fly-in’ – not a core team member.

Signout lists diagnosis as ‘cellulitis’ and ‘delirium’ with no mention of LBD.

Was a very busy night on call with 3 new admissions, a rapid response call and 4 other unstable patients.
Could this provide an opportunity for learning about patient safety / QI?
Questions for discussion

• If you are going to assess patient safety in this context -- what are the competencies?
• Where are there opportunities to observe a resident’s ability to respond to a patient safety incident?
• What should residents be entrusted to ‘do’ in situations when patient safety incidents arise?
• How do we improve the ‘quality’ of our assessments?
What are the relevant QIPS competencies related to this case?
Describe the steps in providing disclosure after a patient safety incident.

Use strategies to mitigate the [personal] impact of patient safety incidents.

Prioritize the initial medical response to harmful patient safety incidents to mitigate further injury.

Demonstrate safe transfer of care, using both verbal and written communication.

Contribute to a culture that promotes patient safety.
What workplace-based observations could you make?
Breakout Discussion

- In the moment, while managing the LBD patient who received Haldol inadvertently:
  - What workplace-based observations could you make to determine their level of competence?

  Prioritize the initial medical response to harmful patient safety incidents to mitigate further injury (Medical Expert)

  Contribute to a culture that promotes patient safety (Leader)

  Describe the steps in providing disclosure after a patient safety incident (Communicator)

  Demonstrate safe transfer of care, using both verbal and written communication (Collaborator)
What should residents be entrusted to ‘do’ in situations when patient safety incidents arise?
Think-Pair-Share

- The need for disclosure arises
- Your resident would like to lead the conversation
- How do you decide whether to entrust her to disclose a patient safety incident on their own?
Need to treat patient safety like any other clinical topic

- Make patient safety explicit in rotation objectives
- Identify core patient safety content to teach
- Prepare learners to provide care to patients who have experienced a safety event
- Prepare faculty to teach and role model patient safety in their daily supervision
How do we improve the quality of our observations and assessments?
Framework for “Good” assessment

- Validity / Coherence
- Reproducibility / Reliability / Consistency
- Equivalence
- Feasibility
- Acceptability
- Educational effect
- Catalytic effect

Assessment for learning

Norcini J et al. Med Teach 2018
Educational Impact

**Educational Effect**

“The assessment motivates those who take it to prepare in a fashion that has educational benefit.”

**Catalytic Effect**

“The assessment provides results and feedback in a fashion that creates, enhances, and supports education; it drives future learning forward.”

Norcini J et al. Med Teach 2011;33:206-14
Formative vs. Summative

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Tools to Assess QIPS Competencies

Tests of knowledge:

• Assessment of Quality Improvement Knowledge and Skills (AQUIKS), Doupnik et al., 2017
• Quality Improvement Knowledge Application Tool Revised (QIKAT-R), Singh et al., 2014

Direct observation (OSCE):

• Stroud et al., 2009; Ginsburg et al., 2015; Varkey et al., 2009

QIPS Proposal review:

• Quality Improvement Proposal Assessment Tool (QIPAT-7), Leenstra et al., 2007
• Mayo Evaluation of Reflection on Improvement Tool (MERIT), Wittich et al., 2007
• Multidomain Assessment Tool for Quality Improvement Projects (MAQIP), Rosenbluth et al., 2017
Rubric for patient handover

- Degree to which structured approach communication was used
- Prioritization of sick/complex patients, urgent issues
- Communication skills (pace, engagement of recipient)
- Accuracy of handover (erroneous / missing info)
- Distractions and tangential conversation

https://www.mededportal.org/publication/9570
Other standardized WBA tools

- Disclosure (Acad Med 2009; 84(12):1803-1808)
- Speaking up (BMJ Qual Saf 2015; 24:188-194)
- Communicating about unnecessary tests (BMC Med Educ 2017; 17: 248)
What if there isn’t a tool?

- Don’t always need to use a “validated” tool
  - These are low-stakes assessments that aim to facilitate feedback

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What if there isn’t a tool?

- Don’t always need to use a “validated” tool
  - These are low-stakes assessments that aim to facilitate feedback

- The tool is the front-line faculty (validity resides in the user)
  - Need to invest in developing your faculty
  - Do they have the expertise to assess and provide feedback on PS competencies?
    - Example: Not all faculty have POCUS training → how can we expect them to assess and provide feedback on the POCUS abilities of our residents?
Faculty – your assessment tool

• Train your faculty
• Get them to document the following:
  – A global rating
  – Qualitative
    • Context, what was observed
    • What do they need to do to improve?

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<th>I had to talk them through</th>
<th>I had to prompt from time to time</th>
<th>I needed to be there just in case</th>
<th>I did not need to be there</th>
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Advancing Safety for Patients In Residency Education
Challenges with WBA of PS

- PS is often a niche area of expertise
  - Invest in faculty development to facilitate WBA of PS competencies

- Incorporating PSQI assessment into your specialty’s EPAs
  - Many of the current PSQI EPAs are not workplace-based
  - Need PSQI representation at specialty committees during CBD workshops

- Fitting it in to your busy schedule
Outcome of the case

| Prioritize the initial medical response to harmful patient safety incidents to mitigate further injury (Medical Expert) | • Went to the bedside to assess the patient and rule out other reversible causes  
• Instituted more regular monitoring of patient’s LOC  
• Added Haldol as an allergy in the patient’s medical record |
|---|---|
| Describe the steps in providing disclosure after a patient safety incident (Communicator) | • Immediately gathered information from all providers involved in the incident to determine what happened  
• Disclosed to patient’s daughter that her father inappropriately received a dose of Haldol overnight |
| Contribute to a culture that promotes patient safety (Leader) | • Modeled a non-punitive approach to exploring how we could improve patient safety on our service |
| Demonstrate safe transfer of care, using both verbal and written communication (Collaborator) | • Discussed as a team how to improve patient handover practices (e.g., use I-PASS structured approach, keep written signout up to date)  
• Attending staff directly observed each team member giving handover and provided feedback |
How to take advantage of teachable moments to highlight key QI/patient safety concepts
Teachable moment – EBM version

- Resident looking after 75 y.o. woman with Class III congestive heart failure - improved with iv diuresis
- On an ACE inhibitor, beta-blocker, furosemide, plus oral medications for diabetes
- Echo showed normal EF – i.e., HFpEF (diastolic dysfunction)
- Has mild chronic kidney disease

Worth adding spironolactone? Long acting nitrates? Safe to continue on metformin?
Teachable moment – QI version

- Will the patient know to resume previous furosemide dose after 1 week?
- Will the discharge summary reach her cardiologist, family physician, and nephrologist?
  - Will the discharge summary be useful?
  - Who will look out for the results of follow-up labs?
- How can booking follow-up be made more efficient for residents and also patient centered?
- How consistently are we delivering on these care processes?
Numerous opportunities in clinical teaching to introduce discussions of QI / patient safety – similar to EBM – ‘what’s the evidence for...’

Helpful to have teaching scripts prepared for common scenarios
Teaching Script
QIPS Teaching Script Framework

1. Think of a clinical scenario where a patient safety or QI issue comes up with some regularity in your clinical practice

2. Consider how you would convey the clinical relevance or the magnitude of this problem

3. Lead a brief discussion about the patient safety or QI issue
1. Think of a clinical scenario where a patient safety or QI issue comes up with some regularity in your clinical practice

   e.g., preventable readmission, tests lost to follow up, overuse of urinary catheters etc.
2. Consider how you would convey the clinical relevance or the magnitude of this problem.

There are several options:

– Review the epidemiology of this problem based on published studies
– Present local data that illustrates the extent of this problem in the local setting
– Describe a recent case that you were personally involved with to illustrate the clinical relevance of the problem
3. Lead a brief discussion about the patient safety or quality improvement issue

Possible discussion points:

– Why does this issue arise? What are the contributing factors?
– What individual or system level interventions have been shown to address this issue?
https://psnet.ahrq.gov/
Cause and Effect Example

Patient
- Cognition
- Function/Mobility
- Transportation
- Comorbidities
- Attitudes

Provider
- Timing of Reminder
- Recipient of Reminder
- Nature of Reminder
- Bedside manner
- Consequences

Equipment
- Telephone
- Postage
- Answering Machine System
- Office Supplies

Organizational
- Secretarial support
- Handicap access
- Location
- Parking
- Pharmacy & Lab Proximity

Clinic No-Shows
QIPS Teaching Script Framework

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3. Lead a brief discussion about the patient safety or QI issue
Exercise

• Work either on your own or in pairs to develop a 2-3 minute teaching script

• Use the internet and recommended resources to supplement your teaching script as needed

• We will practice delivering the teaching script to each other and get feedback
Help us improve. Your input matters.

• Download the ICRE App, or
• Go to: www.royalcollege.ca/icre-evaluations to complete the session evaluation.

Aidez-nous à nous améliorer. Votre opinion compte!

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