



## 2014 Quality Improvement and Patient Safety Interprofessional Faculty Development Institute

Pre-engagement reading and resources to prepare you and your team for the upcoming faculty development institute.

- REQUIRED - Two report excerpts, one addressing interprofessional education, and another on quality improvement and patient safety.
- REQUIRED - An animated informational video link (1min 30sec) on MedEdPORTAL suite of services.
- REQUIRED - Link to a MedEdPORTAL / IPE PORTAL resource download
- Selected links to the Institute for Healthcare Improvement (IHI.org)

### Report Excerpts (appended)

- **Interprofessional Education** – Excerpt from Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.  
(Full report [ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf](http://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf))
- **Quality Improvement and Patient Safety** – Excerpt from Teaching for Quality Expert Panel. (2013). *Integrating Quality Improvement and Patient Safety Across the Continuum of Medical Education: Report of an expert panel*. Washington, D.C.: Association of American Medical Colleges  
(Full report [members.aamc.org/eweb/upload/Teaching%20for%20Quality%20Report.pdf](http://members.aamc.org/eweb/upload/Teaching%20for%20Quality%20Report.pdf))

### MedEdPORTAL Related Resources (access external links)

- An animated informational video link (1min 30sec) on MedEdPORTAL, a free online repository of peer-reviewed educational resources and materials. [www.youtube.com/watch?v=eAVHkhMuobk](http://www.youtube.com/watch?v=eAVHkhMuobk)
- Got ETHICS resource download [www.mededportal.org/publication/9331](http://www.mededportal.org/publication/9331) . Requires creating a login and password with MedEdPORTAL / IPE PORTAL. Team members should ensure setting up their login and password prior to the Institute to enable access during team working sessions.

### External Resources (access external links)

- Institute for Healthcare Improvement–Knowledge Center [www.ihl.org/knowledge/Pages/default.aspx](http://www.ihl.org/knowledge/Pages/default.aspx)
- IHI podcast on PDSA cycles (4min 45sec)  
[www.ihl.org/offerings/IHIOpenSchool/resources/Pages/BobLloydWhiteboard.aspx#3](http://www.ihl.org/offerings/IHIOpenSchool/resources/Pages/BobLloydWhiteboard.aspx#3)
- IHI feature of Mary Dolansky’s interdisciplinary course “The Continual Improvement of Healthcare” at Case Western  
[www.ihl.org/offerings/ihiopenschool/resources/Pages/MixingDisciplinesAndTheIHIOpenSchoolAtCaseWestern.aspx](http://www.ihl.org/offerings/ihiopenschool/resources/Pages/MixingDisciplinesAndTheIHIOpenSchoolAtCaseWestern.aspx)



## Interprofessional Collaborative Practice Competencies

### Values/Ethics for Interprofessional Practice

*Work with individuals of other professions to maintain a climate of mutual respect and shared values.*

### Roles/Responsibilities

*Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.*

### Interprofessional Communication

*Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.*

### Teams and Teamwork

*Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.*

**VALUES/ETHICS - *Work with individuals of other professions to maintain a climate of mutual respect and shared values.***

***Behavioral expectations:***

- VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.**
- VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.**
- VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.**
- VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.**
- VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.**
- VE6. Develop a trusting relationship with patients, families, and team members (CIHC, 2010).**
- VE7. Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.**
- VE8. Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.**
- VE9. Act with honesty and integrity in relationships with patients, families, and team members.**
- VE10. Maintain competence in one's own profession appropriate to scope of practice.**

**ROLES/RESPONSIBILITIES - *Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.***

***Behavioral expectations:***

- RR1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals.**
- RR2. Recognize one's limitations in skills, knowledge, and abilities.**
- RR3. Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.**
- RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.**
- RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.**
- RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.**
- RR7. Forge interdependent relationships with other professions to improve care and advance learning.**
- RR8. Engage in continuous professional and interprofessional development to enhance team performance.**
- RR9. Use unique and complementary abilities of all members of the team to optimize patient care.**

**INTERPROFESSIONAL COMMUNICATION - *Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.***

***Behavioral expectations:***

**CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.**

**CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.**

**CC3. Express knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information, treatment and care decisions**

**CC4. Listen actively, and encourage ideas and opinions of other team members.**

**CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.**

**CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.**

**CC7. Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).**

**CC8. Communicate consistently the importance of teamwork in patient-centered community-focused care.**

**TEAMS AND TEAMWORK - *Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.***

***Behavioral expectations***

**TT1. Describe the process of team development and the roles and practices of effective teams.**

**TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.**

**TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.**

**TT4. Integrate the knowledge and experience of other professions— appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/ preferences for care.**

**TT5. Apply leadership practices that support collaborative practice and team effectiveness.**

**TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.**

**TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.**

**TT8. Reflect on individual and team performance for individual and team performance improvement.**

**TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.**

**TT10. Use available evidence to inform effective teamwork and team-based practices.**

**TT11. Perform effectively on teams and in different team roles in a variety of settings.**

Excerpted from Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

## Competencies and the Path to Mastery in Quality and Patient Safety

The table below outlines the competencies required to reach our vision of a critical mass of “faculty ready, able and willing to engage in, role model and lead education in patient safety and the improvement of health care.” The competencies required for faculty to develop proficiency, expertise, and even mastery in quality improvement and patient safety have almost entirely already been delineated in the ACGME framework of the Outcome Project<sup>1</sup>, specifically within the domains of Practice-based Learning and Improvement (PBLI) and Systems-based Practice (SBP). Only two of the competencies below have not been previously described in the ACGME framework, and both of these were defined by the Pediatrics Milestone Working Group<sup>2</sup>. The first, competence in role modeling, can easily map to all of the ACGME domains of competence. The second, focused on help-seeking behavior, is described in the Pediatric Milestone’s domain of Personal and Professional Development (PPD), but can map to the ACGME domain of PBLI. Additionally, a number of the competencies below are consistent with the Interprofessional Education Collaborative (IPEC) “Core Competencies for Interprofessional Practice”.<sup>3</sup>

*The important contribution, then, is not the definition of the competencies but rather the unique **integration of those competencies** from the existing frameworks that are **critical to quality improvement and patient safety** to allow specific description of the proficient, expert, and master faculty.*

For each competency, a developmental progression has been proposed based on the precepts outlined by Armstrong et. al.<sup>4</sup>, using the framework of Dreyfus and Dreyfus<sup>5</sup>. The behaviors that describe performance at the level of “proficient”, “expert” and “master” have been adapted from the publication of the Pediatrics Milestone Project<sup>2</sup>. We have begun with the “proficient” level as *our focus is on faculty* and this is the level expected of a member of the faculty. We used the resultant columns in the table to then outline the expected behaviors at each of the three levels of performance. The curricular implications of the competencies at the three levels are explored in a separate table.’

## **Executive Summary of the Competencies in QI and PS:**

The following competencies are critical to QI and PS. *In all cases, the ability to role model and teach the competency is requisite to attaining proficient status.*

- Practicing EBM
- Analyzing one's practice and making improvements
- Incorporating feedback into practice
- Using information technology to improve practice and reduce errors
- Working effectively in an interprofessional team
- Adapting to a variety of systems and settings
- Understanding and improving systems
- Incorporating considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
- Knowing one's limitations

The **proficient faculty member** in QI and PS role models, teaches, and demonstrates the requisite competencies in QI and PS outlined above in the context of his/her everyday work.

The **expert faculty member**, is an -educator in QI and PS. In addition to achieving the level of performance of the proficient faculty member, this faculty is engaged in formal teaching, in creating and disseminating curricula and educational experiences and in assessing progress, driving physician development in the above competencies. This is not to say the expert is engaged in developing curricula for all of the competencies; rather, to define the expert as contributing in some way to the development and implementation of educational materials that advance the teaching of QI and PS. These faculty members also frequently serve as team leaders in improvement and safety.

The **master faculty** member is a -scholar in QI and PS. This faculty thus adds to the achievements of the expert through scholarly activity in QI and PS. Additionally, these individuals frequently are system leaders or organizational leaders in QI and PS.

**How to use the table:** The table below describes the developmental progression from the proficient to the expert to the master faculty in the 9 competencies critical to quality improvement and patient safety. Each row then represents those behaviors that describe the developmental progression for a single competency, while each column represents the behaviors expected in all of the competencies for a proficient, expert, or master faculty, respectively.

Competency	Proficient	Expert Proficient plus:	Master Expert plus:
PBLI: Critically evaluate and apply current medical information and scientific evidence for patient care	Formulates answerable questions. Capable of conducting advanced searches. Able to critically appraise topics. Incorporates use of clinical evidence in rounds and teaches patients, families and other health care team members about the evidence. Practices and role models EBM because of the benefit to the patient and the desire to learn more rather than in response to external prompts.	Teaches critical appraisal of topics to others. Strives for change at the organizational level as dictated by best current information. Easily formulates answerable clinical questions and does so with majority of patients as a habit. Able to engage in developing EBM curriculum and evaluating its effectiveness	Able to engage in contributing to the evidence, e.g. through systematic reviews, comparative effectiveness research and/or clinical trials, and/or contributing to the body of knowledge about education in EBM.
PBLI: Systematically analyze practice using quality improvement methods and demonstrate improvements in practice	Reflects on the health status of both individual patients and populations to gain insight into improvement opportunities. Applies improvement methodologies to populations. Relies on external prompts to inform and prioritize improvement opportunities at the population level. Provides experiential learning to others through improvement work.	Analyzes and shares one's own practice data on a continuous basis, without reliance on external forces, to prioritize improvement efforts. Uses that analysis in an iterative process for improvement. Able to role model and lead improvement teams and education about improvement. Able to create curricula in QI methodology.	Thinks and acts systemically to benefit one's own and other practices, systems, or populations. Publishes (in report or journal fashion) results of improvement efforts.
PBLI: Incorporate formative evaluation feedback into daily practice	Regularly uses both internal and external sources of feedback for insight and engagement in self-regulation and improvement. Role	Continuously reflects on, and uses internal and external feedback leading to continuous improvement as a matter of habit.	Contributes to the body of knowledge about feedback and reflection by studying barriers and facilitators and sharing through

Competency	Proficient	Expert Proficient plus:	Master Expert plus:
	models reflective practice.		reports or publications.
PBL: Use information technology to optimize learning and care delivery	Efficiently retrieves (from EHR, databases, and other resources), manages, and utilizes biomedical information for solving problems and making decisions that are relevant to the care of patients and for ongoing learning.	Utilizes familiar information technology resources and seeks new ones to answer clinical questions and remedy knowledge gaps identified in the course of patient care; utilizes the EHR platform to improve the care not only for individual patients but populations of patients; and utilizes evidence-based (actuarial) decision support tools to continually supplement clinical experience.	Contributes to the continuous improvement of current systems and the development and implementation of new information technology innovations for patient care and professional learning.
SBP: Work effectively in various health care delivery settings and systems relevant to one's clinical specialty, including identifying systems' issues and improving them.	Adapts learning from one system or setting to another. In this way, can effect or stimulate improvements in a system and does so when the need arises. Views improving systems of care as an integral component of professional identity.	Leads systems changes as part of the routine care delivery process. Creates educational experiences in system improvement for others.	Undertakes and studies curricular and other innovative educational strategies. Conducts and disseminates scholarly work in systems improvement and/or education in systems improvement. Demonstrates and documents system changes.
SBP: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care	Critically appraises cost- and risk-benefit. Role models and teaches cost and risk-benefit analysis. Consistently integrates cost analysis into one's own practice while minimizing risk and optimizing benefits for systems and populations.	Able to create curriculum in cost-benefit and risk-benefit analysis. Role models and teaches cost and risk-benefit analysis.	Engages in scholarly activity around value in health care, incorporating cost- and risk-benefit analyses into the work and education in these areas.
SBP: Participate in identifying system errors and implementing potential system solutions	Encourages open and safe discussion of error. Actively identifies medical error events. Accepts personal responsibility for	Approaches medical error with a system-solution methodology. Actively and routinely engages with interprofessional teams to	Serves in leadership role(s) in systems thinking and patient safety and/or engages in scholarly work designed to improve patient



Competency	Proficient	Expert Proficient plus:	Master Expert plus:
	individual or systems error correction, regularly determining the type of error and beginning to seek system causes of error.	identify problems and improve system processes. Creates and leads educational experiences in systems thinking and patient safety. Role models both personal responsibility and systems thinking in understanding error.	safety and/or patient safety education, and/or other system processes.
IPC: Work in interprofessional teams to enhance patient safety and improve patient care quality	Is aware of the unique contributions (knowledge, skills, and attitudes) of other health care professionals. Seeks their input for appropriate issues. Performs as a highly effective health care and improvement team member. Recognizes that quality patient care only occurs in the context of the interprofessional team.	Understands and can communicate the broader connectivity of the professions and their complementary nature. Serves as an effective team member or leader in interprofessional work. Able to engage in creation of interprofessional learning experiences/curricula. Consciously and explicitly role models interprofessional collaboration.	Serves in leadership role (e.g. Chief Safety Officer or Chief Quality Officer) overseeing an interprofessional group for a health care institution or system. Produces scholarly work in Interprofessional Education or Interprofessional Collaborative Practice.
PPD/PBLI: Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors	Recognizes limitations. Help-seeking is driven by the patient's needs and supersedes any perceived value of physician autonomy resulting in appropriate requests for help when needed. Role models help-seeking behavior for others.	Demonstrates help-seeking behaviors, motivated by the personal drive to learn and improve resulting in the habit of engaging in help-seeking behaviors.	Studies and produces scholarly work in self-awareness and help-seeking behavior. Develops and tests interventions to improve these behaviors.
Educational Competencies:		Designs and evaluates experiential learning activities for learners. Understands and applies competency assessment measures in QI/PS. Imbeds QI/PS	Initiates, studies and evaluates curricular reform initiatives across a major portion of the medical education continuum.

Competency	Proficient	Expert Proficient plus:	Master Expert plus:
		concepts into most educationally-relevant clinical work by role modeling, explicitly teaching or assessing.	

PBLI= Practice-based Learning and Improvement; SBP= Systems-based Practice; IPC= Interprofessional Collaboration; PPD= Personal and Professional Development; PC=Patient Care

1. Accreditation Council for Graduate Medical Education. Outcome Project. 2001; <http://www.acgme.org/outcome/>.
2. Pediatrics Milestone Working Group. *The Pediatrics Milestone Project*. 2012. <https://www.abp.org/abpwebsite/publicat/milestones.pdf>
3. Interprofessional Education Collaborative Expert Panel. *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, DC2011.
4. Armstrong G, Headrick L, Madigosky W, Ogrinc G. Designing education to improve care. *Joint Commission journal on quality and patient safety / Joint Commission Resources*. 2012-Jan 2012;38(1):5-14.
5. Dreyfus SE, Dreyfus HL. *A Five-Stage Model of the Mental Activities Involved in Directed Skill Acquisition*. Washington, DC: Storming Media; 1980.