Growing A Culture of Quality Through Education: Development of a QI Hub and the Improvement Leadership Academy

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Background/Problem

- There are opportunities for better integration between Quality and Patient Safety (QPS) and Continuing Medical Education (CME) at Boston Medical Center (BMC), yet the entities often remain functionally separate in operations, structure, and scholarship. iv
- The training and professional development of QPS staff members is a process improvement—in addition to educational design and project management—is not well described in the literature.
- QPS departments at academic medical centers contend with the continuous need to build the quality improvement skill set of medical students, physicians, and practicing clinicians.v This requires education grounded in sound principles of adult learning, including an experiential component.vi

Program Design/Strategy

**Building a Learning System Foundation**

- Developed a Think faculty committee comprised of the Chief Quality Officer; Continuing Medical Education staff; Director, CME project manager; the Human Resources Director; Associate Dean for Curriculum and Educational Affairs; the Department of Medical Education; and the Office of Continuing Education to develop an educational plan.

**ILA Participant Profession Formative Evaluation Summary Data**

- Established a curricular subcommittee to design our longitudinal ILA training course.

Development of ILA Course

- Curricular design based on IHI Model for Improvement and experiential learning theory, a model characterized by learning through reflective practice, subsequent sense-making of the learning experience, and contrasted application and testing of new knowledge.

Program Aim

- To further build improvement capacity at Boston Medical Center, To better integrate CME and QPS to fulfill our shared goals
- Continuing Professional Development (CME/CPD), yet the QPS departments at academic medical centers contend with the continuous need to build the quality improvement skill set of medical students, physicians, and practicing clinicians.

**ILA Participant Profession**

- Nurse Education, Medicine
- Department of Plastic Surgery
- Nurse Education, Medicine
- Outpatient Rehabilitative Therapies
- Graduate Medical Education
- OBGYN
- MD
- Attorney
- Social Worker/Patient Advocate
- Physical Therapist
- Administrative Coordinator/Manager/Data Analyst
- MD

**ILA Program Schedule**

- Kick Off & Day Long Session
  - Session 1: E&H: Articulations and Reasoning
  - Session 2: Understanding Variation in Run and Control Charts
  - Session 3: Introduction to Plan-Do-Study-Act Cycle
- Session 4: Plan-Do-Study-Act Cycle
- Session 5: CME Staff and 14 other QI Hub faculty served as improvement mentors; CME staff also served as speaking faculty.
- ILA sessions accredited for total of 1 AANP FPM Company Credit® and 16 ANCC Contact Hours for Nurses.
- Learners coached on submitting projects to our Portfolio program (ABMS Multispecialty Portfolio Approval Program) to secure MOC credit as appropriate to their project. CME and CME PI credit also awarded for those who successfully fulfilled requirements.

Results

**Summary of ILA Learner Projects**

- Learner Profession
  - OBGYN
  - MD
  - Attorney
  - Social Worker/Patient Advocate
  - Physical Therapist
  - Administrative Coordinator/Manager/Data Analyst

**Formative Evaluation Summary Data**

- Learners coached on submitting projects to our Portfolio program (ABMS Multispecialty Portfolio Approval Program) to secure MOC credit as appropriate to their project. CME and CME PI credit also awarded for those who successfully fulfilled requirements.

Lessons Learned

- CME staff trained in quality and process improvement methods can act as agents for change by mentoring learners and teaching improvement methods (in effect, bridging the divide).
- Targeting both clinical and non-clinical mid-level managers for acceptance into the ILA program yielded a diverse project cohort. Academic medical centers should not overlook the strategic value of training non-clinical learners who are typically not selected for improvement training (e.g., general residents).
- Learners rated sessions highly for their utility, applicability and importance to their understanding of improvement.
- Majority of learners indicated we extended our 1 hour lunch sessions to 1.5 hours, suggesting a strong demand for content and dedicated time to learn improvement methods.

References