Faculty Development in QI/PS

To help achieve implementation of these recommendations, Teaching for Quality:

- Outlines core competencies in QI/PS—based primarily on the ACGME/ABMS competency framework—to serve as basic curricular and assessment building blocks
- Describes the progress of learners from novice to master in acquiring and demonstrating these competencies
- Describes and calls for comment on core attributes of faculty members in QI/PS
- Provides a set of guiding principles for collaborative national faculty development initiatives to achieve the report’s vision and goal.

The report emphasizes that all clinical faculty need to be proficient in QI/PS competencies, that some faculty members will become expert educators, and that a few will function at the level of mastery—providing scholarship and research to support QI/PS.

Closing the Gap: Implementation, Evaluation, and Next Steps

Finally, Teaching for Quality provides a framework by which a national faculty development strategy can be evaluated, and offers an implementation strategy emphasizing:

- Collaboration among national and local organizations
- Building on current platforms for change
- Identifying expert and master faculty from the nation’s medical schools and teaching hospitals
- Identifying and promoting existing and new programs, courses, and other learning opportunities

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For more information, visit the Teaching for Quality Web site at www.aamc.org/te4q
Teaching for Quality

Executive Summary

Background

The past decade has seen remarkable shifts in health care delivery, largely from the influence of reports on the need for quality improvement and patient safety (QI/PS), changes in the health care system itself, and new regulations and accreditation requirements. These shifts have resulted in innovations in QI/PS education among U.S. medical schools and teaching hospitals, fostered in part by Integrating Quality, a five year-old initiative of the Association of American Medical Colleges (AAMC), and Best Practices for Better Care, a joint initiative of the AAMC and the University HealthSystem Consortium.

To augment these initiatives and to support faculty development in QI/PS, “Teaching for Quality,” a report of an expert panel, articulates a broad vision for health care delivery, offers a strategy to increase faculty capacity, and makes three core recommendations. The report emphasizes that “teaching” is conceived of as a broad concept that includes curriculum design, competency assessment, experiential learning, and aspects of the hidden curriculum such as role modeling.

Vision, Goals, and Objectives

In the cause of supporting a national, collaborative faculty development initiative to ensure the proficiency of all clinical faculty members in QI/PS, the report offers:

Vision

It is 2022. U.S. medical schools and teaching hospitals are successfully leading enormous changes in health care, aided by educational programs that embed QI/PS across the continuum of physician development. This process depends on alignment of the clinical and educational missions, has been supported by rigorous evaluation and scholarship, and has been fueled by extensive faculty development efforts.

Goals

To ensure that every medical school and teaching hospital in the United States has access to a critical mass of faculty ready, able, and willing to engage in, role model, and lead education in QI/PS and in the reduction of excess health care costs.

Objectives

- All clinical faculty members will need to be proficient, that is, practice and teach QI/PS principles in the context of his or her everyday work.
- Some faculty will need to be expert educators, skilled in formal teaching of QI/PS principles, in creating and disseminating curricula, and in assessing physician development.
- A few faculty will need to be masters or scholars in QI/PS whose accomplishments include research and discovery in QI/PS education in addition to their expert status.

Expert Panel Recommendations

To achieve the vision and goals articulated above, the report makes three core recommendations and several sub-recommendations:

Recommendation 1

In order to achieve QI/PS goals for education and practice, the medical schools, teaching hospitals, accreditation bodies, examination organizations, and specialty bodies should ensure the integration of QI/PS concepts into meaningful learning experiences across the continuum of physician professional development, and the summative evaluations used for professional certification and licensure.

1.1 It is essential that education and clinical leaders integrate QI/PS concepts and competencies into meaningful educational experiences across the continuum of physician professional development.

1.2 As they create learning experiences and assess QI/PS competencies, medical education leaders should partner with other health professions.

1.3 State, regional, and national accrediting, licensing, and (re)certifying bodies need to align their requirements for QI/PS across the continuum of physician professional development from undergraduate to continuing medical education.

1.4 The application of QI/PS competency assessment measures across the continuum of physician professional development is necessary for the purposes of formative and summative feedback.

1.5 In order to assess progress toward the achievement of QI/PS competencies, national examination bodies should incorporate QI/PS elements into summative evaluations and provide feedback to both individual learners and educational programs.

Recommendation 2

In order to improve the processes and outcomes of care, medical schools and teaching hospitals should expect all clinical faculty to be proficient in QI/PS competencies and be able to identify, develop, and support a critical mass of faculty as expert educators to create, implement, and evaluate training and education in QI/PS for students, residents, and colleagues.

2.1 Given the size and scope of the need to train faculty in QI/PS, the collaboration of national organizations with an interest in this area is essential to the successful achievement of the vision and goal articulated in this report.

2.2 In accordance with the importance of improving health care quality and patient safety, faculty should be recognized for their clinical, educational, and scholarly contributions in QI/PS in concert with other institutional policies and guidelines regarding promotion and tenure.

Recommendation 3

Academic and clinical leadership should share a common commitment to QI/PS and demonstrate a concrete alignment of the academic and clinical enterprises in a manner that produces excellent health outcomes valued by health care professionals and the public.

3.1 To achieve sustained improvements in care, it is critical to align and coordinate the efforts of senior clinical and educational leaders.

3.2 By ensuring the necessary infrastructure and resources, clinical and academic leaders can create a future in which QI/PS support the clinical, educational, and research missions of medical schools and teaching hospitals.

3.3 In order to develop and assess the effect of appropriate educational interventions, it is necessary for educators to have access to clinical data moderated by HIPAA concerns and other confidentiality protections.

3.4 To augment current efforts to recognize clinical achievements in QI/PS, national bodies should establish criteria by which individuals and institutions can be recognized for QI/PS efforts in education and research.