



The Ohio State University Educational Innovations Project

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Background

Trends in Healthcare relevant to Internal Medicine

- Competency Based Role Assignment (Leapfrog/IHI)
 - Lifelong Demonstration of Competency (ABIM)
 - Rewards based on Outcomes (Pay for Performance)
 - Increasing Emphasis on Safe and Effective Care (IOM)
 - Multidisciplinary Teamwork across care settings (ACP, SGIM)
- Future Successful Internists Will Be:**
- Masters of Quality Improvement
 - Accountable for demonstration of competency
 - Intellectual and Operational Advocates for Patient Safety
 - Skilled Team leaders across all care settings

Program Goals

	Current Model	→	New Model
Quality Improvement	Physician as a reluctant participant	→	Physician as a driving force who sees opportunities for improvement everywhere.
Teamwork	Apprenticeship Model: "See one, Join one, Teach one"	→	Formal instruction and measurement of effectiveness in both clinical care delivery and patient/ health provider satisfaction
Transitions of Care	Passive expectant management	→	Active Co-management
Clinical Skills	Global assessment by educators with variable skills; Residents as passive participants	→	Defined competency standards and gold standard observers; Residents who are expected to self evaluate and initiate improvement programs.

Resident Education Metrics

Critical Care Rotations	Inpatient Ward Rotations	Ambulatory Rotations
<ul style="list-style-type: none"> •Global Assessment •OSCE post First Responders Course •Procedural Competency Assessment •360° Evaluation 	<ul style="list-style-type: none"> •Global Assessment •Diagnostic Test Interpretation Assessment* •360° Evaluation 	<ul style="list-style-type: none"> •Global Assessment •Clinical Skills Assessment: modified mini CEX •360° Evaluation

Critical Care: Year 1

Training and Established Competency in First Responder Skills prior to ICU Assignment

- Recognition of High Risk Vital Signs
- Standardized Patient Evaluation
- Crisis Team Management

Methods: High Fidelity Simulators

Structured Training and Evaluation of Procedural Competency Prior to Procedural Attempts on Patients

- Cognitive Training prior to Skill Training
- Simulator Driven Skill Training
- Standardized assessment by Gold Standard Faculty

Inpatient Wards: Year 2

Training and Resident Driven Competency Attainment in Diagnostic Test Interpretation

- EKG interpretation based on PGY year
- CXR and Chest CT interpretation
- ABG/Electrolytes Interpretation

Resident Driven Transitions of Care Task Force

- Night Time Sign Out
- End of Month Service Transitions
- Outpatient to Inpatient Transitions

Core Measures Surveillance

Ambulatory Care: Year 3

Resident Firm-Based Annual Quality Improvement Modules

- ABIM PIM Modules

Training and Established Competency in Targeted Clinical Skills

- Faculty development in observation of competency
- Key physical diagnosis and competency skills

Revision of Continuity Clinic from Weekly ½ day to one continuity block every third month.

- Patients assigned to three physician group

Patient Outcome Metrics

Critical Care Settings	Inpatient Ward Settings	Ambulatory Settings
<ul style="list-style-type: none"> •Code Blue Incidence •Code Blue: Time to return of perfusable rhythm •Incidence of Central Line mechanical and infectious complications •ICU Culture Survey 	<ul style="list-style-type: none"> •CMS Core Measures •Patient Satisfaction Survey: Transitions of Care •Referring provider satisfaction •Length of Stay/Test Ordering 	<ul style="list-style-type: none"> •ABIM PIM Modules •Patient Satisfaction Survey: Access Metrics: Patient volumes, cancellation/no-show rates, RVU data