Self-Assessment, Reflective Practice and QI in Residency

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Objectives

- Attendees will be able to:
  - Explain the relationships between self-assessment, reflective practice and quality of care
  - Demonstrate how self-assessment can facilitate quality improvement
  - Apply approaches for training residents and fellows in quality improvement
Small Group Exercise

- What is self-assessment?
- What is reflective practice?
  - How are SA and RP related?
- Why are they important?
Self-Assessment

- What is the meaning of Self-Assessment?
  - Self-directed learning
  - Self-regulation
  - Self-evaluation
  - Self-audit

- Complex definition
Self-Assessment

- Active process of using data and prior feedback to analyze one's practice in order to identify learning needs for the purpose of improving care

- “Guided self-audit”
Is Self-Assessment Accurate?

- Don’t know what you don’t know
- Davis et. al.
  - Meta-analysis of self-assessment literature
  - Poor accuracy when rating their own performance in comparison to an external judgment or standard of their performance
  - Self-evaluation

*Davis, JAMA, 2006*
Is Self-Assessment Accurate?

- Self-evaluation
  - Rating own performance
  - Judgment
  - Passive

- Self-assessment
  - Reflecting on data and feedback
  - Process
  - Active
Reflective Practice

- Systematic approach to review one’s clinical practice, including errors, seek answers to problems, and make changes in practice habits, styles, and approaches based on self-reflection and review
  - Incorporates self-assessment into a change in behavior
Reflective Practice

- Context matters!
  - Culture and Learning Environment
  - Clinical Microsystem
Clinical Microsystem

Patients with needs: Acute, Chronic, & Prevention care

- Access to Practice
- Diagnostic Work-up
- Treatment & Monitoring
- Self-Care Support

Leadership/citizenship - Quality Innovation

Teamwork – Care Management

Clinical Information Management

Tests – Consults – Referrals - Rx

Patients needs met: Clinical, Satisfaction, Economic

Duffy, 2006
Quality of Care: What Is It?

- Institute of Medicine, 1990
  - Quality consists of the “*degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (evidence)*”

*Blumenthal, NEJM*
Quality of Care: What Is It?

- Institute of Medicine, 2001

- “Good quality means providing patients with appropriate services in a technically competent manner, with good communication, shared decision making, and with cultural sensitivity.”

Crossing the Quality Chasm
IOM Recommendations

Six major aims for health care:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

**Model for Improvement**

Act

Plan

Study

Do

*IHI: Nolan*
PDSA Cycle

- **Plan:**
  - Identify the problems/process first
  - Describe current process around improvement opportunity
  - Describe all possible causes of the problem - agree on root causes
  - Develop effective and workable solution and action plan
PDSA Cycle

- **Do**
  - Implement the solution of process change

- **Study**
  - Review and evaluate the result of the change
  - Will almost always require some form of data collection (medical record audit, patient satisfaction, etc)
PDSA Cycle

- **Act**
  - Reflect and act on the what was learned
  - Assess the results, recommend changes
  - Continue improvement process where needed, standardize when possible
  - Celebrate success!
Self-Assessment and QI

Active process of using data and prior feedback to analyze ones practice in order to identify learning needs for the purpose of improving care
Self-Assessment and Trainees

- Structured self-assessment
  - Incorporate data and feedback
  - Reflect upon strengths and weaknesses
  - Identify learning objectives
  - Develop action plans to accomplish
Self-Assessment and Trainees

- U of Penn Study
- Internal Medicine, PGY-1 & PGY-2

Purpose – Identify the content of resident-identified learning objectives after completing self-assessment
  - Unguided (no data or feedback)
Percent of Residents Identifying a Learning Objective

Core Competency:
- PC
- MK
- PBLI
- ICS
- Prof
- SBP

Residents (%): 0, 10, 20, 30, 40, 50, 60, 70, 80
Percent of Total Learning Objectives

Learning Objective (%)

Core Competency

PC | MK | PBLI | ICS | Prof | SBP

Core Competency
Small Group Discussion

- How can you help trainees develop the skills of self-assessment and reflective practice in order to perform quality improvement?
Trainees and QI skills

- Understand key definitions and IOM rules
- Defining aim and mission statement
- How to measure quality
- Understand micro-systems
- Process tools:
  - PDSA
  - Flowcharts
Trainees and QI skills

- Role of physician leadership
  - What is a physician opinion leader/champion?
- Working in inter-disciplinary teams
  - Move beyond the ward team concept
Learning by Doing: Approaches

- Embed in existing local QI teams
- Individual QI projects
- Longitudinal resident QI initiatives
- Practice improvement modules (PIMs)
Existing QI Teams

- Embed the resident(s) into existing QI teams
  - Usually hospital-based
  - Rotation approach
    - Difficult logistically to involve residents over continuous periods of time
  - Little empiric data regarding impact
    - Residents helpful in identifying errors and suggesting approaches to reducing errors
Individual QI Projects

Residents learn QI by developing QI projects with faculty mentor

- Learn PDSA cycle, flowcharting, etc.
- Multiple studies have demonstrated residents like experience*
  - Improves QI knowledge

Limitations

- Cannot implement all projects
- Little information on benefit for patients

*Headrick, Ogrinc, Djuricich, Weingart, Moore
Longitudinal QI Projects

- Residents participate in ongoing initiative
  - Rotate “in and out” of QI initiative/program
  - Continue to use learned skills in own practice
  - Contribute to ongoing adjustments and changes in QI initiatives
Practice Improvement Modules

- Web-based tool originally developed for maintenance of certification by ABIM
- Walks physicians through a quality improvement cycle
Current ABIM PIM Model

- 5 Components
  - Medical record abstraction (10-25 charts)
  - Patient survey
  - Assessment of office micro-system
  - Data reflection / QI plan
  - Impact assessment
Practice Improvement Module

Collect Data

Develop Improvement Plan

Implement and Test Change

Data Synthesized and Returned

Develop Practice Improvement Plan

Review Charts

Survey Patients

Analyze Practice

Impact
QI Process in Training

- **Phase I**
  - Create a Learning Community
  - Data Collection
    - Chart Reviews
    - Patient Surveys
    - Practice Survey

- **Phase II**
  - Expand the Learning Community
  - Data Analysis
  - Intervention
  - Ongoing Assessment
Self-Assessment and Core Competencies

- Structured Portfolio
  - Creative component that is learner driven
  - Quantitative assessment of learner performance

Carraccio and Englander, TLM, 2004
Evaluation System Example Using Portfolio

- **Clinical Competency Committee**
  - Periodic review – professional growth opportunities for all
  - Early warning systems

- **Portfolio Contents**
  - ITE (formative only)
  - Monthly Evaluations
  - MiniCEX
  - Medical record audit/QI project
  - Clinical question log
  - Multisource feedback
  - Trainee contributions (personal portfolio)
    - CQI project

- **Trainee**
  - Review portfolio
  - Reflect on contents
  - Contribute to portfolio
  - Active engagement: *a partner in evaluation*

- **Program Director**
  - Review portfolio periodically and systematically
  - Develop early warning system
  - Encourage reflection and self-assessment

- **Program Summative Assessment Process**

- **Certification/Added Qualification**
  - American Board of Internal Medicine
    - Secure Examination (Summative)
Questions?

- Please complete your evaluations!