PGME Continuous Improvement (CI) Working Group

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STANDARD 9: There is continuous improvement of the learning sites to improve the educational experience, ensuring the learning environment is appropriate, safe and conducive to preparing residents for independent practice.

9.1.1: There is a *process to regularly review and improve* the learning environment in each learning site.

9.1.2: A *range of data and information is reviewed* to inform evaluation and improvement of the quality of the learning environment at each learning site.

9.1.3: Based on the data and information reviewed, strengths are identified, and *action is taken* to address areas identified for improvement.

CI Working Group Purpose/Objectives

Purpose: To provide advice regarding the support and oversight of continuous improvement activities at U of T Learning Sites.

Objectives:

❑ Provide a U of T specific interpretation of Institutional Standard 9

❑ Assess the current state of CI initiatives at each site

❑ Make recommendations for how to address identified gaps

❑ Make recommendations for the continued reporting and/or monitoring of CI activities at each learning site

Continuous Improvement of Learning Sites (LS) to Improve the Educational Experience

Regularly **review** the learning environment (LE)

AREAS OF REVIEW

-> Quality of clinical care

-> Resources re: residents' competency acquisition

- > Safety of LE for patients

- > Safety of LE for residents

WHO'S RESPONSIBLE?

-> Medical Ed Cmte/ Quality Cmte

->MAC/ Leadership Cmte

-> PG Ed Cmte/ Trainee Cmte

-> Student Experience Cmte

- > Residency Training Cmte

-> Learner Environment Cmte

Use a **range of data & information** to inform LE evaluation & improvement
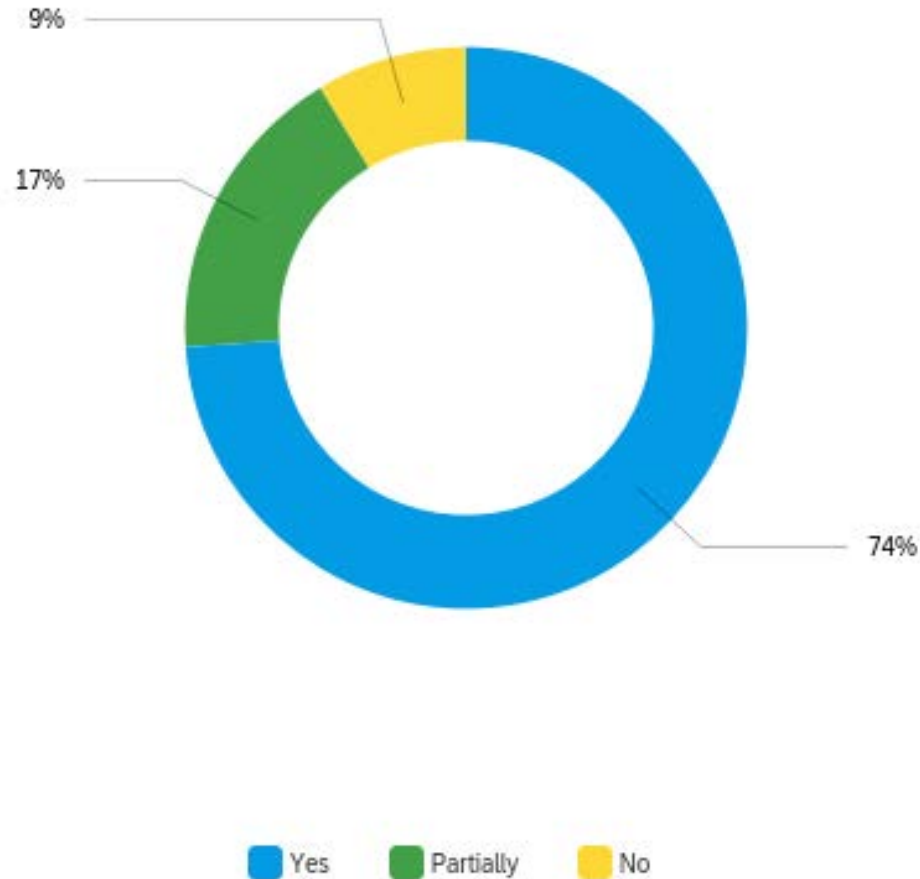
DATA / INFO SOURCES

-> Safety reporting/ CI report systems

-> M &M / Safety Rounds

-> Rotation evaluations & resident feedback

-> Teacher evaluations

-> POWER Hospital Education Evaluation Reports (HEER)

-> TAHSN Learner environment survey

-> VORS

Identify strengths & **take action to address areas for improvement** in the LE
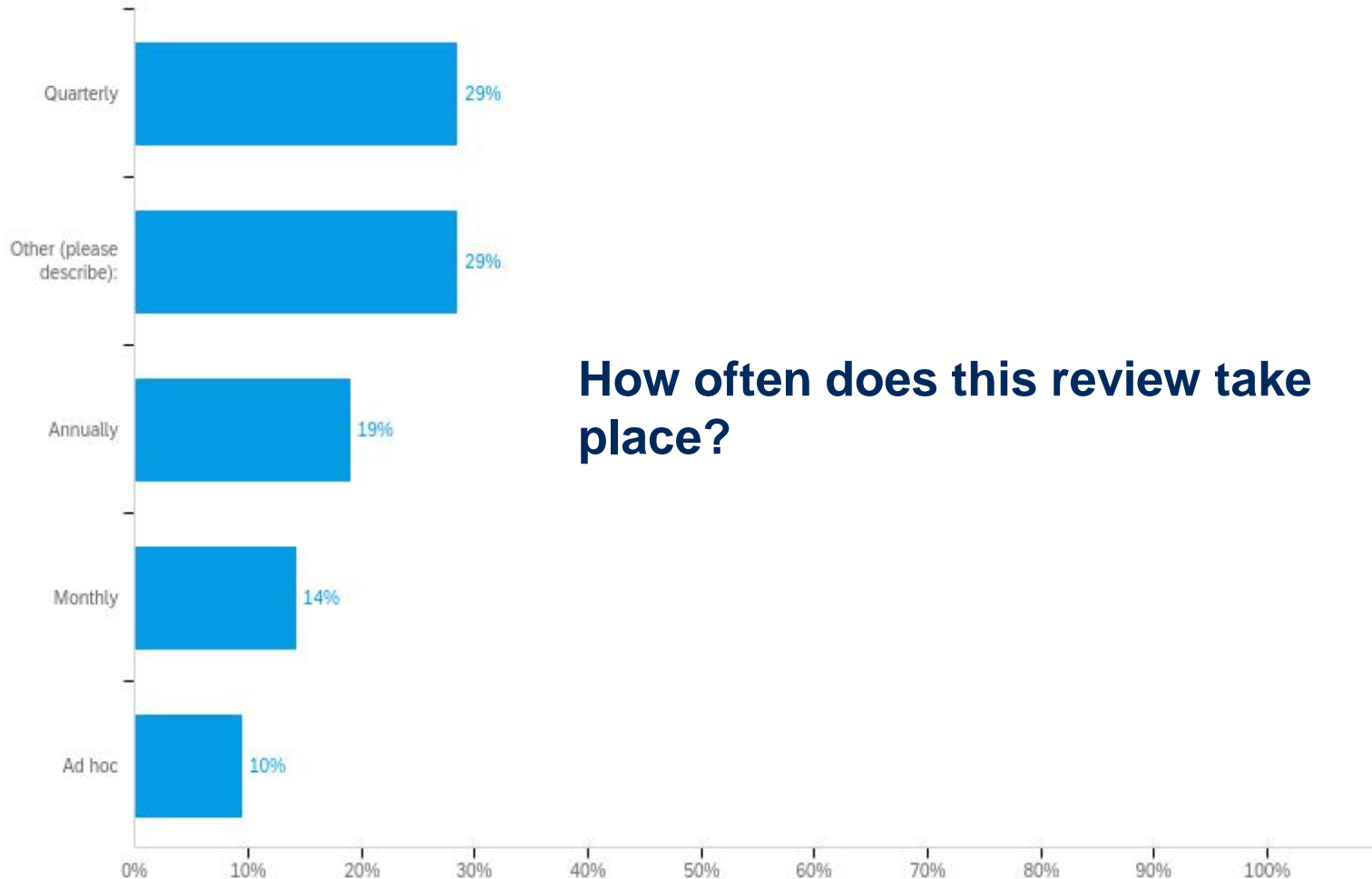
PLAN, DO, STUDY , ACT

-> Having identified a process or outcome in need of improvement, commit to improving the situation by a set amount and by a set date.

-> Process, outcome and balancing measures are needed.

-> Improvement science includes iterative cycles of planning, trial, evaluation of the results of the trial, and planning the next steps, measuring all along the way.
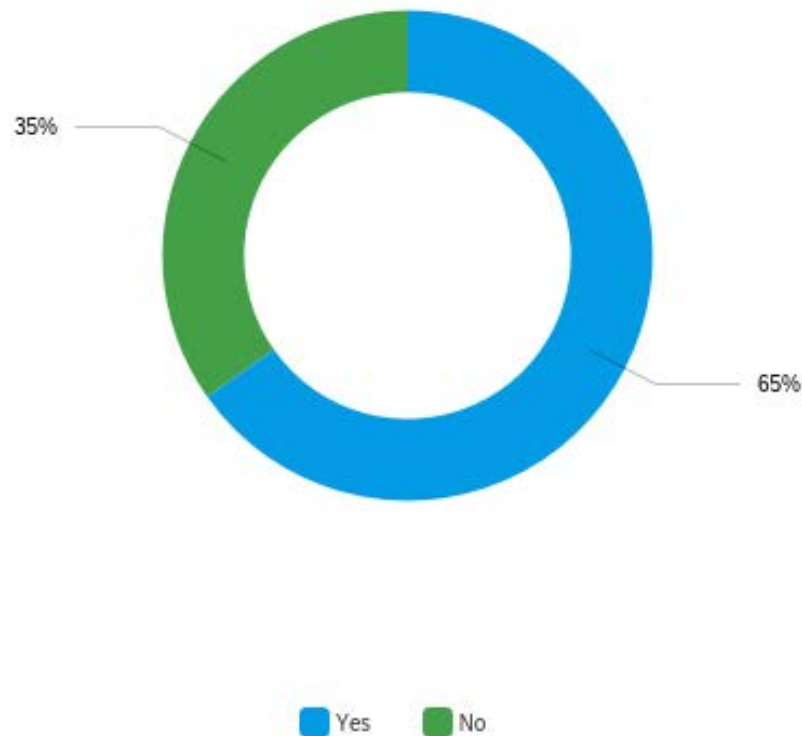
Do you have a process to review the LE with respect to the delivery of the clinical components of the <u>residency program related to quality of care</u>? (0, 1, 1, 1)

9%

17%

74%

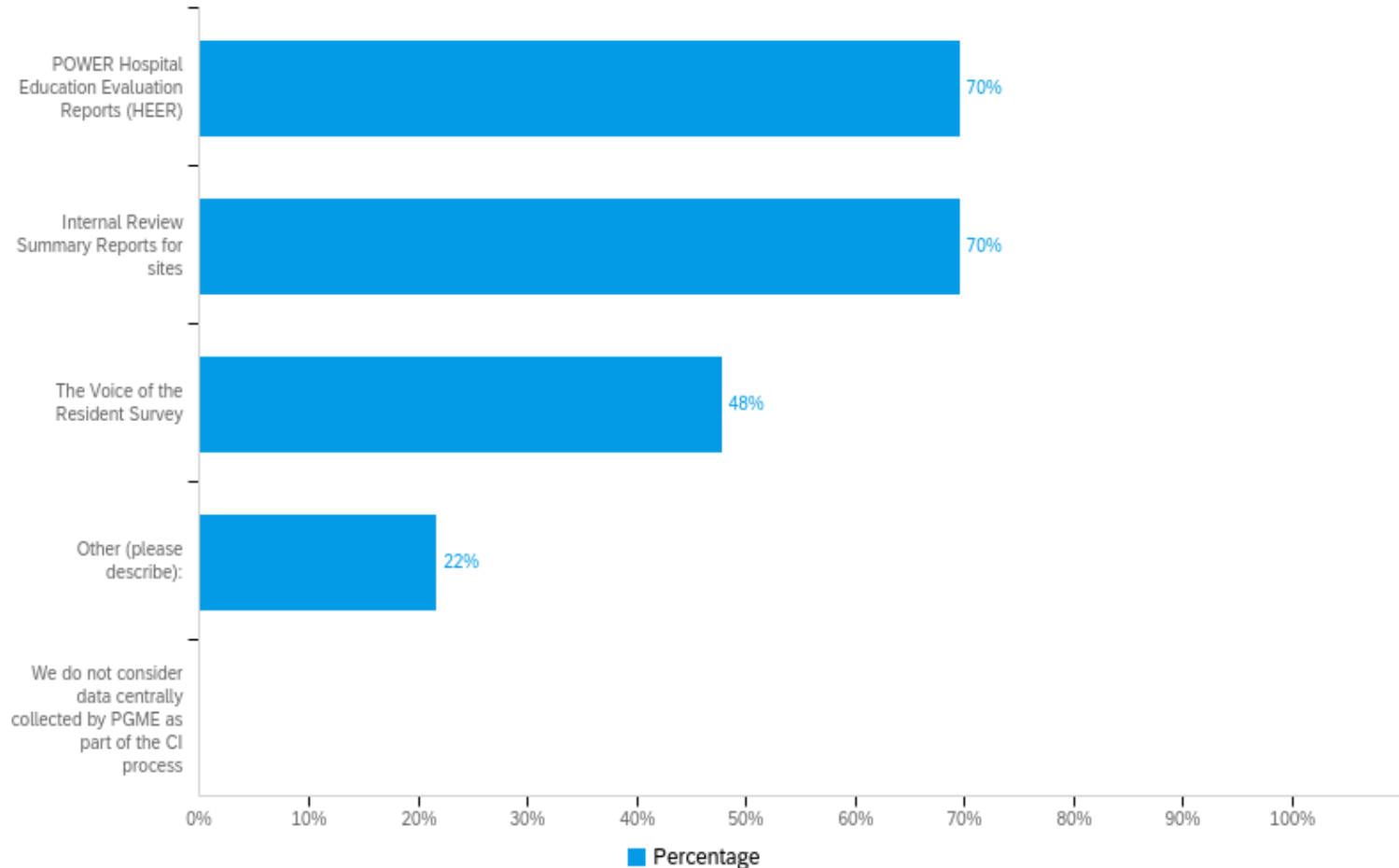Yes   Partially   No

Do you have a process to review the LE with respect to the delivery of the clinical components of the <u>residency program related to quality of care?</u> *(9.1.1.1)*

Category	Percentage
Quarterly	29%
Other (please describe):	29%
Annually	19%
Monthly	14%
Ad hoc	10%

How often does this review take place?

Does your site use data collected by programs to inform CI measures?

35%

65%

Yes   No

What sources of feedback collected centrally by PGME does your site use to inform CI measures?

Source	Percentage
POWER Hospital Education Evaluation Reports (HEER)	70%
Internal Review Summary Reports for sites	70%
The Voice of the Resident Survey	48%
Other (please describe):	22%
We do not consider data centrally collected by PGME as part of the CI process	

■ Percentage

Does your site have documented mechanisms in place to review the effectiveness of the actions taken and take further action as require

9% · 39% · 52%

Yes · Partially · No
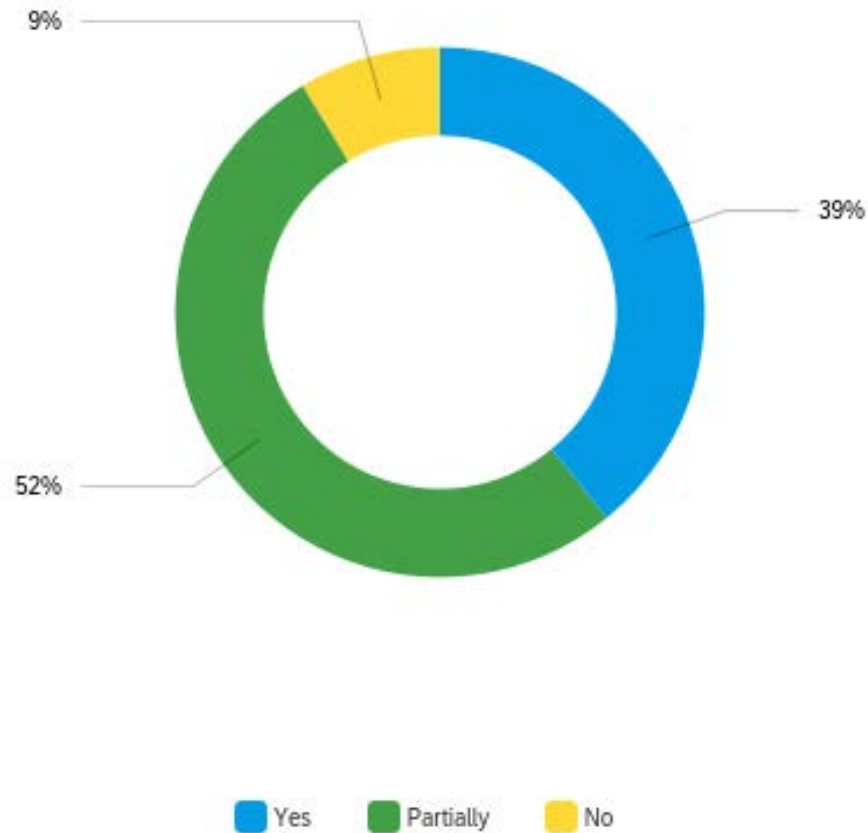
Does your site have documented mechanisms in place to review the effectiveness of the actions taken and take further action as required? *(9.1.3.3)*

Descriptions that most closely represent what is done at your site:	Percentage
Minutes of committee/site meetings are kept, and action items are revisited on subsequent meeting agendas to track progress and outcomes on implementation of action plans.	42%
Education coordinators, administrators, chiefs of service and education leads are assigned to track implementation and monitor outcomes of actions taken to address areas of weakness in their sectors.	35%
Action plans are distributed broadly to programs, faculty, learners, hospital staff and administrative personnel, so that all are aware of upcoming changes and there is accountability	19%
Other (please describe):	5%

Summary

A broad range of information is being used by sites to inform CI activities.

There is uncertainty regarding how to interpret Institutional Standard 9 requirements and what the minimum expectations and responsibilities are for each learning site, and

Depending on how the minimum requirements are defined, sites may need access to different data or more frequent updates on site-specific data that is collected centrally.

Recommendations to optimize oversight and management of CI activities at learning sites. PGME should:

1. Develop and distribute a summary document for stakeholders including department chairs and site education leads (e.g. vice-chairs of education, education directors) to outline the data and reports that are currently available in POWER and other sources (e.g. VOTR survey, internal review (IR) findings etc.). Clarify data ownership, access and reporting structures.

What is Reported

Report*	Who has access?	Frequency
Teacher Effectiveness Scores (TES) and Rotation Effectiveness Scores (RES)	Program Directors and Program Administrators Base-Hospital Coordinators	Regular and ongoing reports are available and vary by department and/or program
Annual Program Reports	Program Directors and Vice Chairs of Education	Quarterly/semi-annual basis
Annual POWER Hospital Education Evaluation Report (HEER) by hospital clinical service	All teaching sites and programs	Yearly with 3 -year Rolling Average report
Internal Review Reports	Programs	In real-time
IRC Internal Review Summary Reports	Department/Division Chairs Site VPs of Education	At the end of each 8-year accreditation cycle
2019 VotR Survey Reports	*To be confirmed*	*To be confirmed*
Customized Reports	Varies by Program or Department	Ad Hoc

2. **Develop guidelines that outline the expectations for learning sites** as relevant to Institutional Standard 9. Interpretations of the requirements and practical examples…should be provided.

3. **Develop guidelines that clarify when a residency training program (e.g. program director, site director etc.) should inform the learning site (e.g. vice-chairs of education, education directors) of relevant site-specific issues identified** …

4. Ensure **upcoming improvements to Elentra with** regards to rotation and teacher evaluations are informed by the expectations of learning sites relevant to Institutional Standard 9.

5. Review and consider:

- The **frequency** of site-specific Internal Review Summary Reports

- The frequency of TES and RES summary reports

- Consider adding site-specific **alerts** to POWER and determine how best to relay relevant information to site education leads.

- Determine whether the **information** currently available to learning sites is **sufficient** to meet the minimum requirements of Institutional Standard 9 ….

6. Determine reporting expectations from sites to PGME to monitor that Institutional Standard 9 requirements are being met.

Next steps

- For discussion and approval
- Consider process(es) for moving forward on recommendations