Faculty Commitment to Education: an eye towards quality improvement

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Background
The education of medical students, residents, and fellows has followed a paradigm of bringing medical learners to the wards with varying oscillations between emphasizing service and education. This poster summarizes a Continuous Quality Improvement (CQI) project undertaken to assess and improve faculty participation. The drive to improve the quality of medicine in America in the early 19th century led to the founding of the American Medical Association in 1847. In 1910, the Report to the Carnegie Foundation by Abraham Flexner, brought to light the deficiencies of the medical system and education. Since then, there have been several movements to increase the quality delivered to the American patient population, currently culminating in the Institute of Medicine's quality domains emphasizing medical education, especially around patient safety. CQI stems from a philosophy that most things can be improved upon. CQI utilizes a scientific method to meet the needs and to improve upon the services offered. Other quality improvement methods include PDSSA and FADE. PDSSA is a model which includes: Plan, Do, Study, and Act. FADE is a similar model which includes: Focus, Analyze, Develop, Execute, and Evaluate. To date, there have been limited application of the quality improvement process around how we educate in post-graduate medical education.

Objective:
- To develop a CQI project to formally study and address educational concerns about didactic leader attendance rates
- To define potential barriers to meeting professional obligations and develop solutions to the barriers.
- To define and gather data around elements of scholarly citizenship.
- To determine if fellows’ attendance rates or tardiness to didactics played a role in the attendance of the didactic leaders.

Methods:
A multidisciplinary committee was formed to guide the CQI project and was comprised of administrative support staff (including a member of the scheduling department), fellowship program director, two fellows, and the residency coordinator. The first task was to define the questions to be studied followed by the data to be collected.

In the first phase of this project: All seminar leaders were given their personal attendance data in comparison with other presenters on a quarterly basis. Faculty who did not attend or were late for didactics were identified.

Data over the third and fourth quarters of the academic year were collected. Potential contributors to sudden cancellations were identified including: double booking of patient care and didactics, inadequate clarity for faculty of their assignments, and unexpected external obligations.

Phase 1: Data was gathered by a fellow about: whether the faculty attended, were on time (allowing for a 5 minute “grace period”), were prepared, and ended on time. Fig. 1.

Overview of Process:
- Concern of didactic leaders "no-showing" to didactic sessions
- Committee was formed to address concerns
- Collected and reviewed attendance data
- Initiated quarterly professionalism reviews for faculty

Phase 2: Collected data on fellow attendance rates and possible correlation to faculty tardiness rates

A professionalism review was implemented for the faculty: Faculty results were included in the annual faculty review process with potential impact of pay for performance.

Discussion:
Overall, this project attempted to elucidate, identify, and overcome barriers to faculty’s commitment to education and monitor the fellows’ participation in didactic seminars. Initial barriers to the project were noted, such as “just tell the outliers they are doing badly.” There was also a reluctance to collect data. The process of collecting data led to changes, and the data itself led to a more clearly defined process to evaluate faculty. This project shows that developing a professional contract markedly improved faculty participation in didactic sessions. Future direction for the quality improvement project may include collecting data to clarify the factors impacting fellows tardiness and attendance, including conflicting professional obligations and the perceived value of didactic topics.

Results:

Phase 1: Q3-4
Present? 53 3
Start on time? 42 11
Prepared? 53 0
End on time? 42 10

Phase 1: Faculty assessment - Quarters 3 and 4
Present? Start on time? Prepared? End on time?
Yes 16 35 4 3
No 37 7 49 6

Phase 2: After intervention - Quarters 1-3
Present? Start on time? End on time?
Yes 25 12 42 10
No 28 9 40 0

References:

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