Using Audit & Feedback to support CPD activities

International Audit & Feedback Summit: Learning change

May 3, 2018

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The best care for all.

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Conflict of Interest Declaration

- I am a full-time employee with the Royal College in Canada.
  - Primary role is focused on competency-based CPD

- I have no financial relationships or hold any research grants from members of pharmaceutical or medical supply companies.

- My clinical practice is restricted to ambulatory Internal Medicine ½ day per week

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Maintenance of Certification Program: Requirements

Assessment has been an important educational strategy for CPD since the MOC Program was launched in 2001

- Assessment activities have received 3 credits / hour since 2012
- All new cycles starting on or after January 1, 2014 must:

1. Compete a minimum of 25 credits in Group Learning, Self-Learning and Assessment cycle
2. Reflect on and record the outcomes of completed assessment activities in MAINPORT

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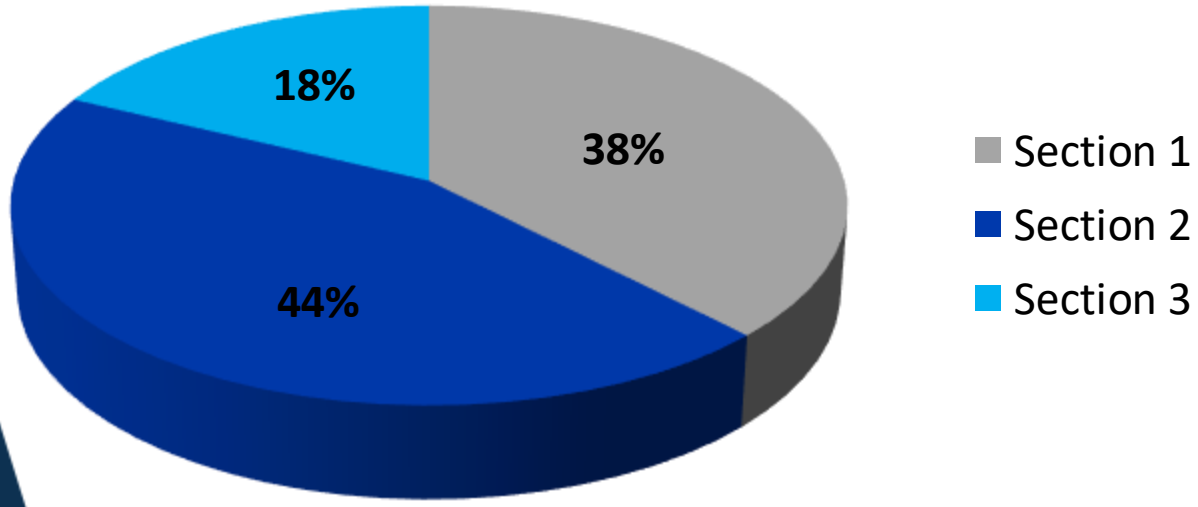
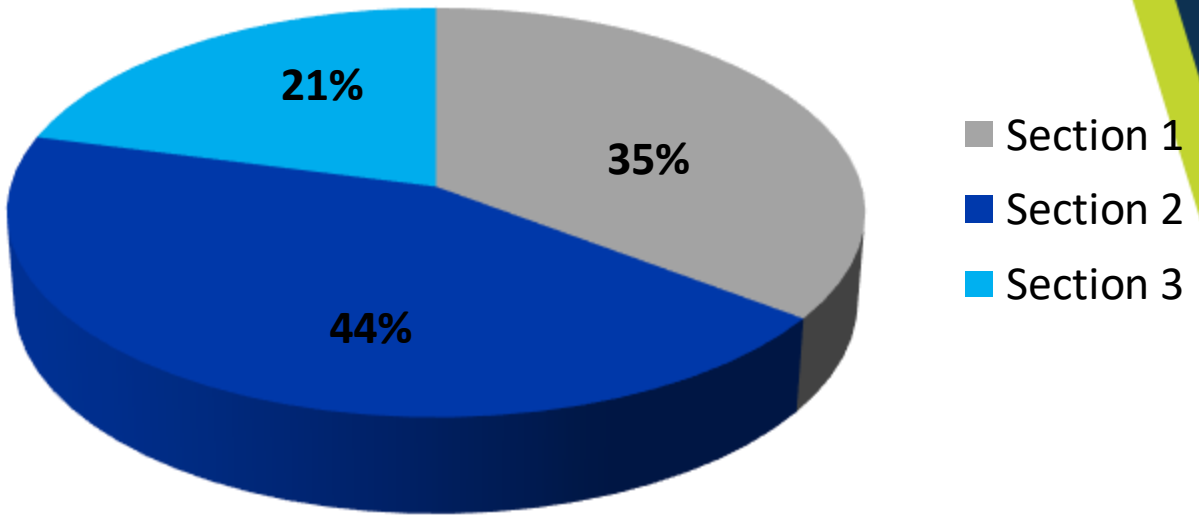
MOC Program Participation

2015 MOC Credits



Total credits recorded = 6,284,248

2016 MOC Credits



Total credits recorded = 5,134,082

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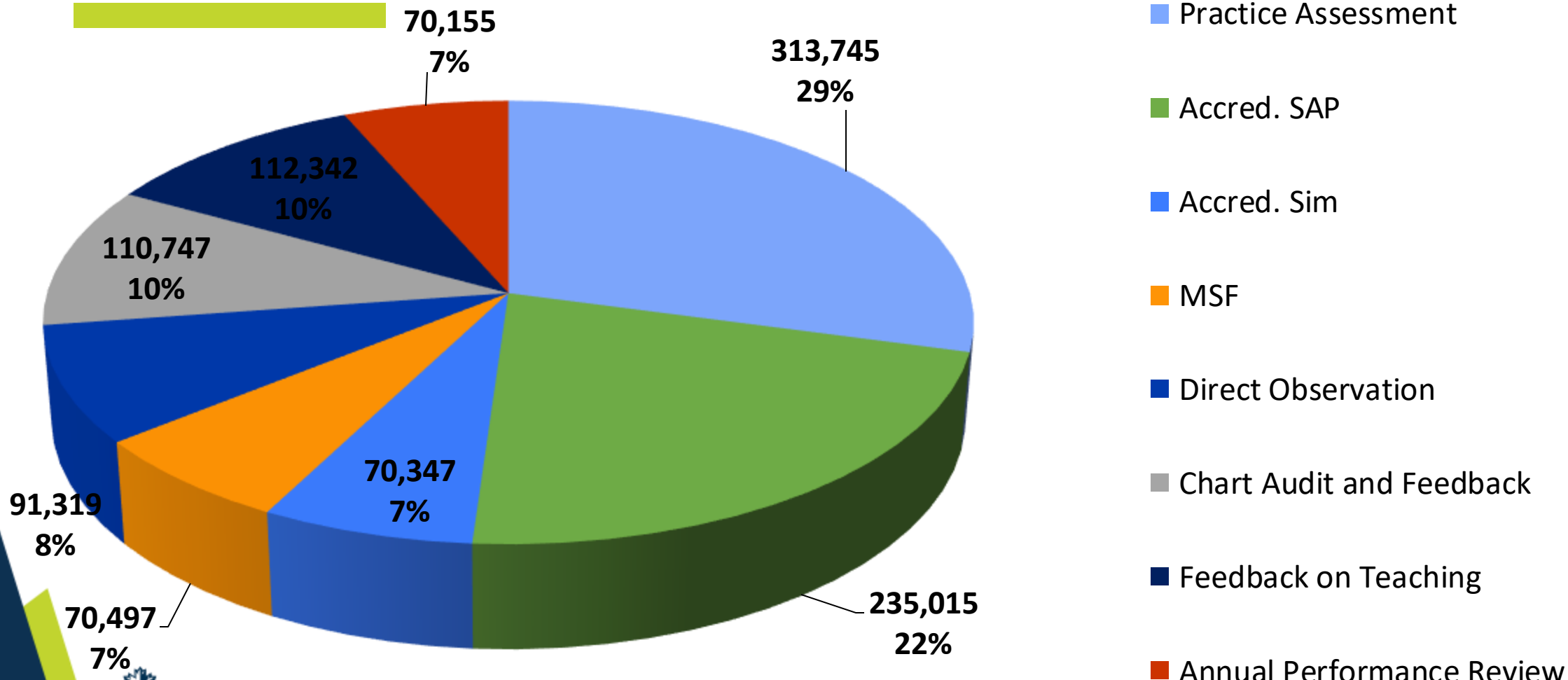
MOC Program: Participation in Assessment Activities: 2016



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Total credits recorded = 1,074,167

Levels of Participation (%)

Specialty	Chart Audit (%)	Practice Assessment (%)	Self-Assessment Programs (%)
Psychiatry	9.1	30.0	18.5
Cardiology	13.7	34.7	21.3
Gastroenterology	11.5	40.4	27.8
Orthopedic Surgery	15.6	38.0	17.4
Ophthalmology	17.7	32.4	14.4
Anatomic Pathology	9.8	41.5	39.8
Radiology	13.9	38.7	38.9

Multiple Challenges to Assessment

1. Accessibility to data that is credible, timely and relevant.
2. Limited infrastructure to support audit and feedback.
3. Selecting the best metrics.
4. Moving assessment from episodic to continuous
   - embedded in practice / work flow and supported by health systems.
5. Providing feedback.
6. Focusing assessment strategies not just on individuals but to teams

Royal College support strategies for Audit and Feedback

1. Developed a Traineeship on creating a personal performance assessment plan
   - Flipped classroom strategy
   - Group discussions facilitated by a CPD Educator
   - Created a number of tools, guidance documents
2. Royal College Guideline on Clinical Audit
3. Working in collaboration with Choosing Wisely Canada and National Specialty Societies to support an audit and feedback strategy

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Practice Feedback Interventions

Annals of Internal Medicine

ACADEMIA AND THE PROFESSION

Practice Feedback Interventions: 15 Suggestions for Optimizing Effectiveness

Jamie C. Brehaut, PhD; Heather L. Colquhoun, PhD; Kevin W. Eva, PhD; Kelly Carroll, MA; Anne Sales, PhD; Susan Michie, PhD; Noah Ivers, MD, PhD; and Jeremy M. Grimshaw, MD, PhD

Electronic practice data are increasingly being used to provide feedback to encourage practice improvement. However, evidence suggests that despite decades of experience, the effects of such interventions vary greatly and are not improving over time. Guidance on providing more effective feedback does exist, but it is distributed across a wide range of disciplines and theoretical perspectives.

Through expert interviews; systematic reviews; and experience with providing, evaluating, and receiving practice feedback, 15 suggestions that are believed to be associated with effective feedback interventions have been identified. These suggestions are intended to provide practical guidance to quality improvement professionals, information technology developers, educators, administrators, and practitioners who receive such interventions. Designing interventions with these suggestions in mind should improve their effect, and studying the mechanisms underlying these suggestions will advance a stagnant literature.

Ann Intern Med. 2016;164:435-441. doi:10.7326/M15-2248 **www.annals.org**

For author affiliations, see end of text.

This article was published at www.annals.org on 23 February 2016.

Delivering the Feedback Interventions

"Construct feedback through social interaction"

A potential process by which the other 4 recommendations can be anchored

- Addressing the credibility of the information
- Preventing defensive reactions to feedback
- Addressing the barriers to feedback use
- Providing actionable messages

Feedback is in the 'narrative' or 'conversation'

Purpose – 'make sense of the data' to create action-able outcomes

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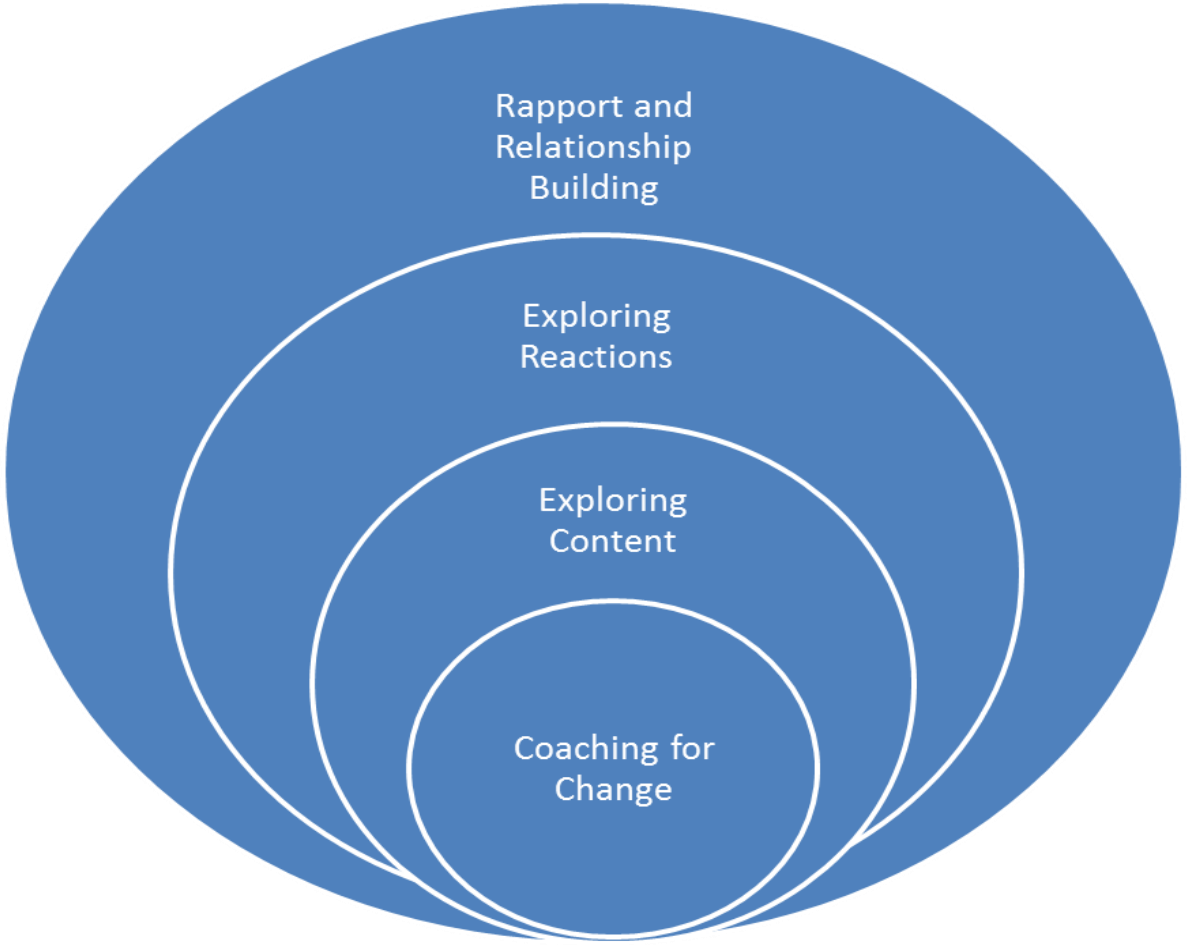
Guided Reflection

Evidence – informed facilitated feedback model



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Sargeant J, Armson H, Driessen E, Holmboe E, Mann K, Lockyer J, Silver I. 2013

Practice Feedback Interventions

Next-generation audit and feedback for inpatient quality improvement using electronic health record data: a cluster randomised controlled trial

Sajan Patel, Alvin Rajkomar, James D Harrison, Priya A Prasad, Victoria Valencia, Sumant R Ranji, Michelle Mourad

BMJ Quality & Safety Online First, published on 5 March 2018 as 10.1136/bmjqs-2017-007393

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Practice Feedback Interventions

Some important lessons for CPD

1. Importance of linking AF to quality improvement initiatives within a specific context!
2. Visual display of the data – how it was presented
3. Supported the data with F2F performance reviews – using social interaction as one of multiple modalities – impact was greater than just a dashboard…
   - Data does not equal feedback even when provided in an on-line dashboard
3. Focused on team performance – careful consideration of attribution
4. Selected process measures – ease of measurement
5. Used multiple modalities; addressed barriers and used social interaction

Re-defining Revalidation (2016)

FMRAC's Physician Practice Improvement Cycle

http://fmrac.ca/wp-content/uploads/2016/04/PPI-System_ENG.pdf

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1. The Vision for Competency-based CPD

A CPD system that links competencies to the continuous improvement of:

- specialty practice
- patient outcomes
- the health system

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Vision for Competency-based CPD

A new CPD model to enable physicians to answer …

1. Has my performance improved?
2. Does the care I provide patients reflect best evidence?

Educational Outcomes

3. Are my patients better off?
4. Is where I work safe for patients?

Patient and Health System Outcomes

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2. The Rationale

Competency-based CPD will

1. Align learning and assessment activities with a specialist's scope of practice.
2. Access external data sources with feedback to develop actionable improvement goals across the CanMEDS framework.
3. Achieve specific outcomes: competence, performance and quality of care experienced by patients.
4. Address societal health needs

Role for Audit and Feedback within competency-based CPD

To enable us individually and collectively to pursue important outcomes

Donald Moore's Framework

CME Framework		Description
Participation	**LEVEL 1**	The number of healthcare professionals who participated in the CME activity or program.
Satisfaction	**LEVEL 2**	The degree to which the expectations of the participants about the setting and delivery of the CE activity or program were met.
Learning	**LEVEL 3a** Learning: Declarative Knowledge	The degree to which participants could demonstrate that they **know what** that the CE activity or program intended them to know.
	LEVEL 3b Learning: Procedural Knowledge	The degree to which participants could demonstrate that they **know how** to do what the CE activity or program intended them to know how to do.
Competence	**LEVEL 4**	The degree to which participants could **show** in an educational setting **how** to do what the CE activity or program intended them to be able to do.
Performance	**LEVEL 5**	The degree to which participants could **do** what the CE activity or program intended them to be able to do in their practices.
Patient health	**LEVEL 6**	The degree to which the health status of patients improves due to changes in the practice behavior of participants.
Community health	**LEVEL 7**	The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants.

(Moore et al., 2009)

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3. Focus on Practice Improvement

To develop and maintain a Practice Improvement Plan

A description of a specialist's …

➢Scope of practice

- Roles, responsibilities and career aspirations in clinical practice; education; administration or research

➢Identified practice needs

- Personal needs and interests; career aspirations; health needs of patients / communities / the health system

➢Goals for improvement

- Role for CPD activities in achieving these goals

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4. Importance of data and feedback

Create a 'program of assessment' strategy

Use multiple data sources that align with CanMEDS competencies

Data Source	Assessment approaches	CanMEDS Roles
Knowledge; application	Self-assessment Programs	Medical Expert
Peers and Colleagues	MSF; Peer Review; Direct Observation; Simulation	Communicator, Collaborator, Professional; Medical Expert
Patients	PREMs; PROMs, Surveys	Professional, Communicator, Collaborator, Health Advocate
Health records (EHR); Administrative data	Audit and Feedback; Patient registries; Prescription Monitoring Programs	Medical Expert, Scholar

Practice Feedback Interventions and Continuing Professional Development

Some personal reflections

CPD Practice

1. How can CPD partner to facilitate access to multiple sources of external data?
2. How can we provide constructive feedback to physician learners?
   - Developing actionable messages for application in the practice setting?
3. What strategies or tools can CPD use to address barriers to feedback use?

CPD Research

4. Explore the causal mechanisms relevant to effective feedback
5. Consider the role for social dialogue as part of the feedback process
6. Assess the impact of combining feedback in the educational setting with other change initiatives or models in the workplace.

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