INTRODUCING THE EQuAT: AN EDUCATION QUALITY ASSESSMENT TOOL TO GUIDE SELF-IMPROVEMENT IN FAMILY MEDICINE RESIDENCIES

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CME

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All authors/presenters state:

Neither I, nor any immediate family member has any financial relationship with, or interest in, any commercial interest connected with this presentation.

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Learning Objectives

By the end of this presentation, the participant will be able to:

1. Describe the importance and challenge of defining education quality in family medicine residency training

2. Describe the UW FMRN's approach to education quality assessment

3. Reflect on the EQuAT and national Residency Performance Index assessment methods and challenges

4. Discuss application of the results and planned next steps

Why Measure Education Quality?

- No uniform process benchmarks for family medicine education quality exist
- Quality of residency training is coming under increased scrutiny following ACA
- Medical disciplines (such as FM) must be out front in defining and measuring quality, taking into account the complexity of training diversity of settings

Why Measure Education Quality?

3 Goals in 2009 for UWFMRN's Focus on Education Quality:

1. Expand on FM-RC Quality Measures

2. Share best practices

3. Hold our programs accountable for quality education – "raise all boats"

Why Measure Education Quality?

- 3 Filters:
  - Marketing
  - *Program Improvement* (key to Directors)
  - Advocating w/ Sponsor
- Hopes
- Hesitations

Quality defined by area

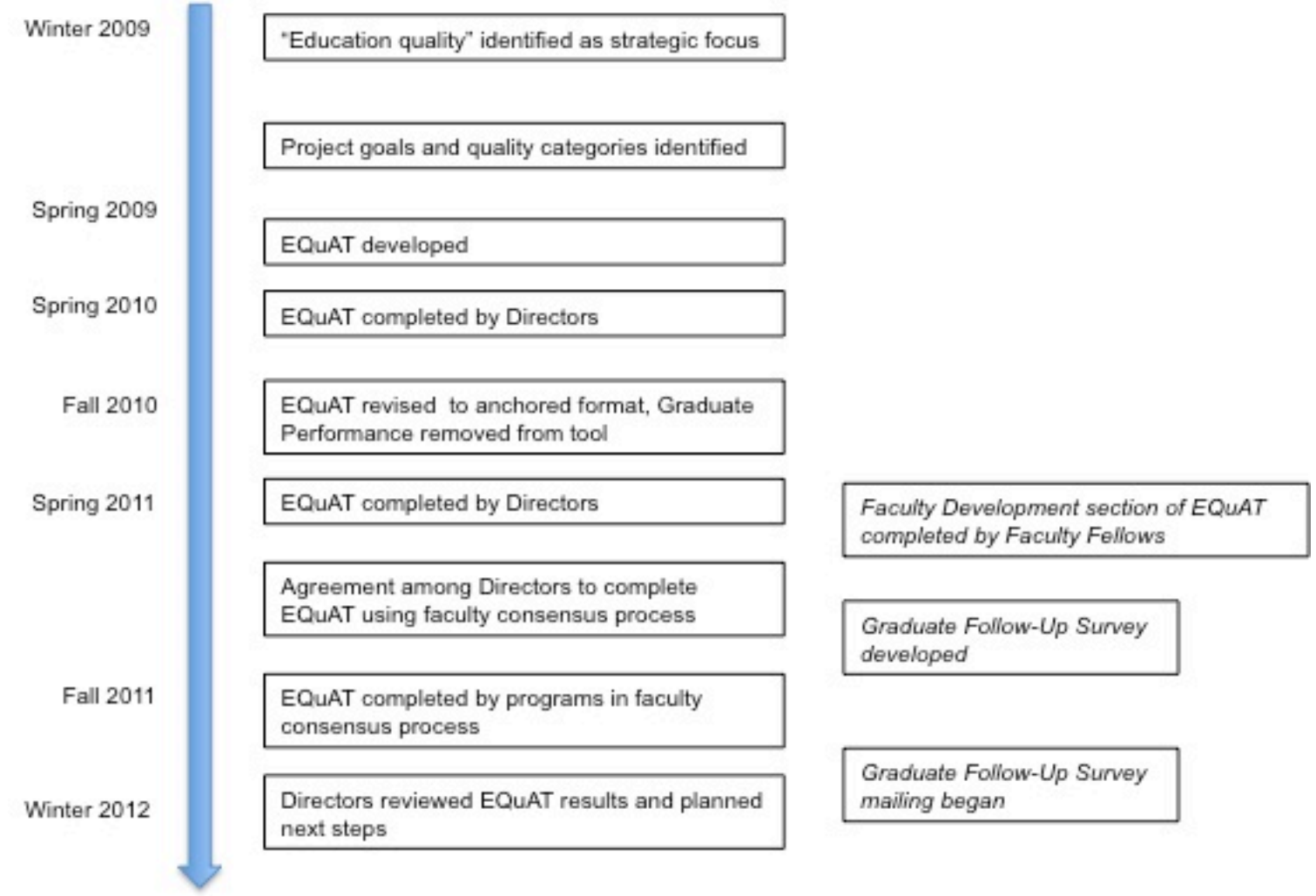
5 Categories of Educational Quality Identified in 2009 by Directors and the UWSOM GME Office:

- Resident/Fellow Performance
- Faculty Development/Performance
- Program Quality
- Clinical Performance and Outcomes
- Graduate Performance

Defining Quality Measures: Key Issues

- Measures within each category
  - # and definition
  - separated into Phase 1 and 2 effort
- Data sources
- Benchmarks
- Process vs. outcomes measures

EQuAT Process Timeline



RESIDENT PERFORMANCE

- Structured Direct Observation
- Timely Chart Completion and Monitoring of Compliance w/ Program's benchmark
- Monitoring of Pt Satisfaction, feedback and meeting program's benchmark

CLINICAL PERFORMANCE AND OUTCOMES

- Policies/standards re: access to care and monitoring
- Standards for routine/acute continuity of care
- Tracking of quality indicators and involvement of residents in QI teams/projects
- EMR functions

FACULTY DEVELOPMENT

- Individualized faculty development
- Group faculty development
- Integrated faculty development (group with individual)

PROGRAM QUALITY

- Strategic Plan elements and process
- ACGME competencies implementation
- Ratio Faculty to residents

Change in EQuAT format

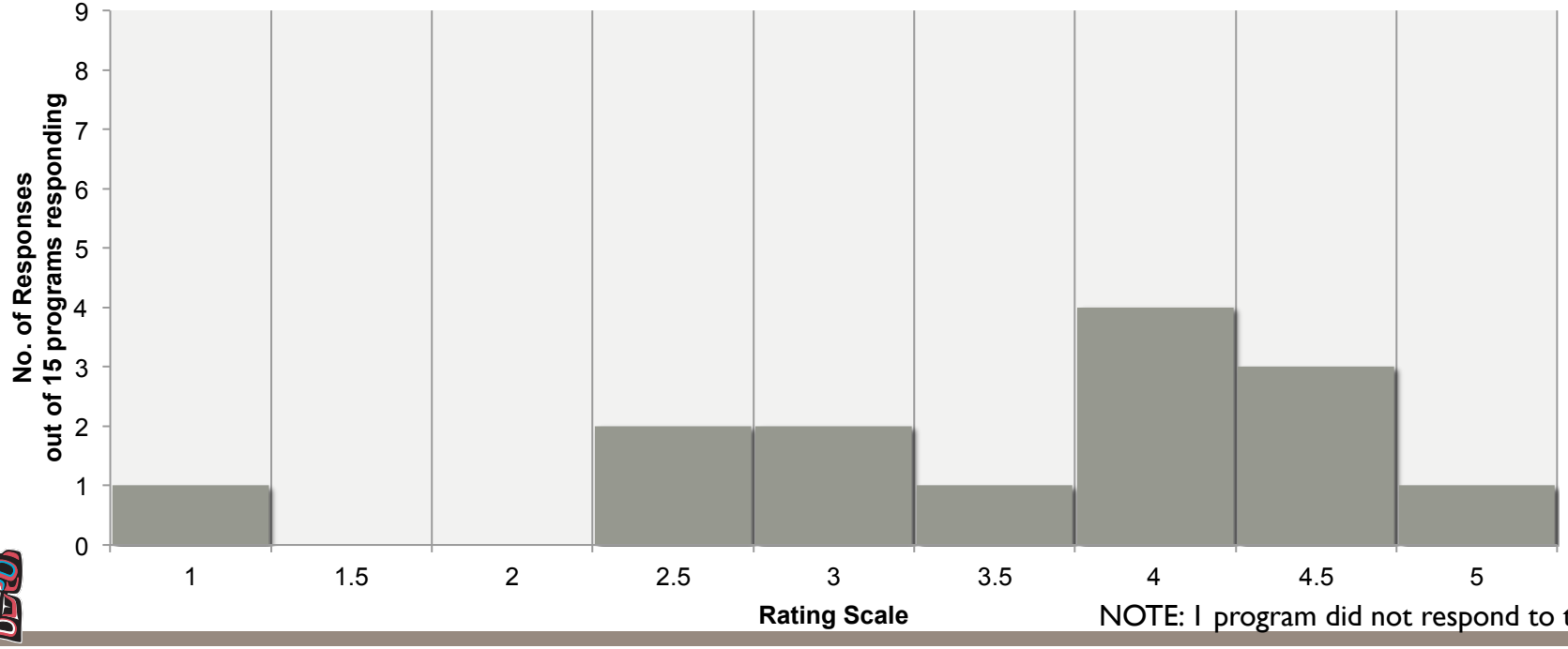
RESIDENT PERFORMANCE ***Direct Observation***	**1. The program uses OSCE's or other simulation tool to document competence in 3 curricular area**	**1. Yes__ No__** **Tool used =_____**

Resident Performance: Do you do structured direct observation of residents in clinical settings?

1. Only Medicare precepting in office & hospital as required.	**2. Observe/video some office visits sporadically using checklist, some sporadic hospital encounters. No specific evaluation system.**	**3. Regular observation (at least quarterly) of clinical skills in office & hospital encounters. No evaluation for competence.**	**4. At least quarterly use of an observation checklist to evaluate clinical skills in office and hospital. Written feedback is given but no direct evaluation of competence.**	**5. Scheduled system of OSCE or other method (simulation, BSQ's, etc.) to observe and evaluate clinical skills competence in office and hospital for pt.care & procedures.**

Do you do structured direct observation of residents in clinical settings?

1. No formal system for observation in office & hospital. (i.e., only Medicare Precepting)	2. Observe/ video occasional resident encounters in office or hospital using checklist. No specific evaluation system.	3. Regular observation with a checklist (at least quarterly) of clinical skills in office & hospital for feedback.. Informal use as part of resident evaluation system.	4. At least quarterly use of an observation checklist to evaluate clinical skills in office and hospital. Written feedback is formally compiled as part of evaluation for competence.	5. Use a regular, scheduled system of OSCE* or other method (simulation, BSQ's**, etc.) for feedback and to observe and evaluate competence in clinical skills in office and hospital for pt.care & procedures.



NOTE: 1 program did not respond to this question

GRADUATE PERFORMANCE

- Data being gathered through survey of 1,123 graduates who graduated between 1997 - 2006
- Preliminary data
- Key Areas being addressed:
  - Practice Composition/Satisfaction
  - Residency Program Preparation for Practice
  - Involvement in teaching, research, scholarship
  - "Citizenship" in local community, nationally

Measuring Quality: Key Lessons

- All programs have strengths and opportunities for improvement
- It matters who is doing the assessing – need multiple perspectives
- Determining aspects of a quality program requires significant input from the involved group
- Quality measures must be defined precisely for consistent interpretation

How do EQuAT Measures Match with the National RPI Criteria?

AFMRD's *Residency Performance Index (RPI)* criteria:

- Resident/pt volumes
- Board certification
- Program accreditation cycle
- Faculty scholarly activity
- Resident scholarly activity
- Resident QI projects
- Program Director tenure
- Resident Procedural competency
- PCMH Certification
- Graduate scope of practice

EQuAT and RPI: Differences and Common Challenge

AFMRD's Residency Performance Index is largely Outcomes-based

EQuAT is largely Process-based drawing on agreed upon best-practices

Both EQuAT and RPI have the intent of being used only for self-improvement within programs but risk being used to rank programs

How are we using EQuAT for Quality Improvement?

Programs reflecting on their EQuAT results compared with Network aggregate results

Sharing "Best Practices" on:

- Structured Observation of Residents
- Timely Chart Completion/monitoring
- Continuity standards and tracking
- Quality indicators in practice and involving residents

Exploring EQuAT Refinement of measures in:

- Faculty Development
- Strategic planning

UWFMRN Next Steps with EQuAT?

- Submit manuscript to *Family Medicine*
- Re-do program assessment with revised EQuAT in 18 months
  - Plan to revise measures for Faculty Development & Strategic Planning
  - Need to decide: Phase 2 data measures/collection?
  - Incorporate Graduate Follow-Up survey measures
- Programs to use EQuAT results internally as self-improvement tool
- Consider Network-wide development needs
- Avoid using the results to "score" programs
- Present EQuAT/RPI with AFMRD President at 2013 STFM Spring Conference

Questions???

Discussion

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