Applying coaching/facilitation concepts from quality improvement to inform the design of effective continuing education

International Conference on Practice Facilitation December 10, 2018

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Presenter Disclosure

- **Presenter:** Patricia O'Brien RN MScCH
- Relationships with financial sponsors:
 - Grants/Research Support: None
 - Speakers Bureau/Honoraria: None
 - Consulting Fees: None
 - Patents: None
 - Other: Manager, Quality & Innovation Program, DFCM University of Toronto



Presenter Disclosure

- **Presenter:** Judith Peranson MD MPH CCFP FCFP
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 - Patents: None
 - Other: Staff Physician, St. Michael's Hospital Dept. of Family and Community Medicine / Assistant Professor DFCM, University of Toronto



Background

Quality improvement (QI) coaching/facilitation and continuing education (CE) are characterized by the mutual goals of learning and improving...

- QI coaching/facilitation is an approach used to support improvement in healthcare that focuses on building individual and organizational capacity for continuous improvement
- CE is participation in educational activities to maintain, develop, or improve knowledge, skills, and performance of healthcare professionals

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Exploring the literature

- Practice facilitation/QI coaching (origins, purpose, impact)
- Continuing education (design, impact, integration with QI)

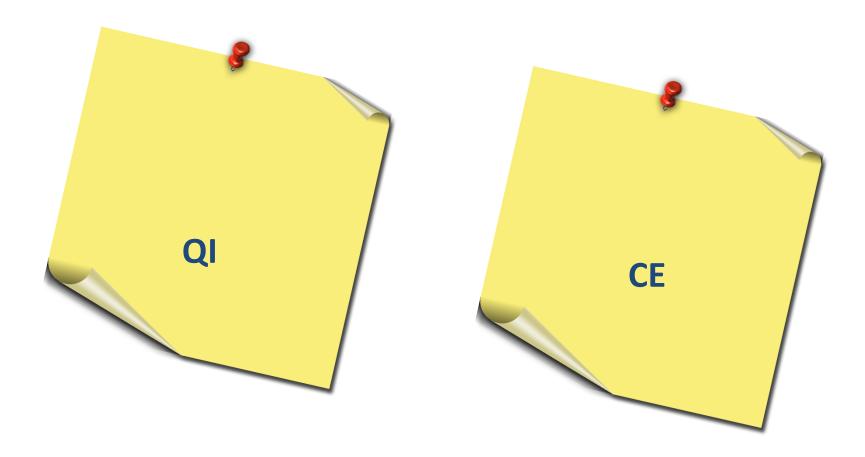


The opportunity...

We hypothesized that QI coaching/facilitating concepts would inform education design to synergistically facilitate improvement in knowledge, skills, behaviours, and ultimately patient and system outcomes.

Why is this relevant?





Facilitating Improvement – Facilitating Learning



Exploring the application of quality improvement coaching concepts to inform continuing education design



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Introduction

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Quality improvement (QI) coaching and continuing education (CE) are characterized by the mutual goals of learning and improving.

- QI coaching is an approach used to support improvement in healthcare that focuses on building individual and organizational capacity for continuous improvement 3
- CE is participation in educational activities to maintain. develop, or improve knowledge, skills, and performance of healthcare professionals 4

When applied to CE, we hypothesized that QI coaching concepts would inform education design to synergistically facilitate improvement in knowledge, skills, behaviours, and ultimately patient and system outcomes.

Methods

- QI coaching literature was reviewed with a goal to describe the origins, purpose, and impact of coaching in healthcare improvement, much of which is situated in primary care.
- A second literature review was completed pertaining to continuing education, targeting CE design and papers focused on CE-QI integration.
- A primary care CE activity Chronic Kidney Disease Screening and Early Detection in Primary Care: An Interprofessional Continuing Education Activity - was used as a platform to illustrate how the application of QI coaching concepts can inform CE design.



QI Coaching Concepts		Application to CE Design
Adaptation to practice culture	Refers to attention to culture and values of the team and the context of the organization by a QI coach.	Incorporate education strategies that enable content to be adapted to the context/culture of the learner and/or team. Opportunities that support adaptation or contextualization of content include: reflection, readiness assessment (team), self-assessment (heathcare professional), interactivity, experiential learning, and networking.
Adaptive reserve	Refers to practice or team features that enhance resilience to support improvement, such as incorporation of reflection in practice, facilitative leadership and a history of change experiences in the practice.	Incorporation of reflective questions in the needs assessment can avoke reflection on the learners' and/or teams' education reserve- what is the team/learner past experience with learning and applying new concepts? Is leadership supportive, enabling, and engaged? Is the climate conducive to learning and failing? Is the culture able to sustain acquisition of new skills, knowledge and behaviours?
Goal-setting & gap identification	Skills that enable an improvement learning experience that is context- orented and appropriate in scale and scope for a team.	Design CE learning objectives that represent an outcomes- orientation and reflective of the role of the individual learner and team within their context and based on the needs assessment. Incorporate measurement toward achievement of learning objectives during the application period using a milestone approach.
Improvement methodologies (process skills)	Refers to competence in the application of improvement methodologies such as the Model for Improvement, Lean, or Six Sigma by a coach with teams.	Design CE evaluation to measure impact beyond learner knowledge acquisition (e.g., 'describe', 'define') to effective application (e.g., 'incorporate', 'integrate'). Utilize interactivity to support thinking about and planning for application of learning using role modelling, case studies, and play theory.
Readiness assessment	Assesses team readiness by facilitating a reflective conversation about the context of the organization and factors available to support improvement efforts, such as past experience with change, access to relevant measures, perception of leadership support, and openness to change.	Design a curriculum component to guide learners and/or teams to participate in a readiness assessment conversation; this sets the stage for an educational journey where necessary resources, such as access to specific data, or structures for regular team meetings, can be declared and arranged in advance. Incorporate education strategies to support individual learners and teams to access resources that enable the transfer of content such as Internet access for online modules, or permission to meet during work hours to learn together and be ready to learn.
Role tailoring	Refers to a competency of QI coaches that enables them to adapt or change to the specific context of the team; for example, resulting in a shift in role from a coach to a teacher to a facilitator.	Explore flexible education strategies in CE design that support a train the trainer approach, and encourage facilitation of application within the learner and/or team context; support spread of learning to other team members. Importantly, CE design needs to allow for flexibility to adapt to participant needs.

Discussion

Exploring the application of QI coaching concepts to CE design highlighted opportunities for enhancement of education strategies from a lens of impact for the learner, teams, patients, organizations and systems.

Thinking differently about design and development of needs/readiness assessment, learning objectives, education strategies, delivery platforms, interactivity, and evaluation, enhances CE products to drive improvement in learning and improvement in quality.

Reflections

CE addresses the learning needs of healthcare professionals, but also serves the needs of professional bodies, healthcare organizations and health system funders who have accountabilities for the delivery of quality. This reality of multiple stakeholders necessitates that CE be designed to impact quality of care beyond evaluation of learning by the healthcare participants.

Despite some anticipated challenges in requiring learners to complete pre- and post-CE activity work to demonstrate learning for system impact, effectively applying QI coaching creates a more robust CE design that is synonymous with continuous quality improvement and continuous, or lifelong, learning,

References:

3ACCME - Accreditation Council for Continuing Education. (2016). Retrieved from: *Accellation Council of Community Education, (2019). Retrieved from: http://www.accme.org/education-and-support Bellamy, N., Goldstein, L., & Tekanoff, R. (2000). Continuing Medical Education-Driven Skills

Acquisition and Impact on Improved Patient Outcomes in Family Practice Setting, Journal of Continuing Education, Vol. 20, 52-61

Education, Vol. 20, 54-51 4 CCPP - Canadian College of Family Physicians. (2016). Continuing Professional Development (CPD). Retrieved from: http://www.cfpc.ca/CPD/

Netweet from: Inguivew dipc cauchy Grach, O., & Jacon, J. (2006) Electiveness of continuing education programmes in nursing: Iterature review. Journal of Advanced Narsing, Vol 55, No. 4, 449-456 Knox, L., Fries Taylor, F., Gionnolt, R., Machta, J., & Nyanabaum, J. (2011), Daveloping and Running a Pemary Care Practice Facilitation Program. A How-to guide. Agency for Healthcare Research and Quality Retrieved from:

Guainy, Reinered nom. http://pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/pcmh_implementing_the_pcmh_pra cice facilitation_v2

Liddy, C., Blazhko, V., Dingwall, M., Singh, J., & Hogg, W. (2014). Primary care quality improvement from a practice facilitator's perspective. BMC Family Practice, 15:23. Retrieved from: http://www.biomedcentral.com/1471-2296/15/23

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QI Coaching Concepts		Application to CE Design
Adaptation to Practice Culture	Culture and values of the team & context of organization	Incorporate education strategies – reflection, self-assessment
Adaptive Reserve	Practice features that enhance resilience to support improvement	Incorporate 'needs assessments' focused on learning and application experience
Goal-setting & Gap Identification	Improvement learning experience in scale and scope	Design CE to focus on outcomes
Improvement Methodologies	Competence in application of improvement methodology	Design CE evaluation to measure impact beyond learning (application, sustainability)
Readiness Assessment	Facilitating reflective conversation	Set the stage for learning via guides for readiness & 'current state' assessment
Role Tailoring	Adapting to the context of the team	Utilize educational strategies that facilitate application - 'train the trainer' - 'build capacity'



The implications...

QI coaching/facilitation is an educator role...

- Builds capacity for learners, teams, organizations, system
- Guides learning *about improvement for the goal of improvement*
- What additional skills/knowledge might we need if we think of ourselves as educators?

QI coaching/facilitation concepts, when applied to CE design, target impact...

- Supports learning beyond knowledge, skills, attitude to *focus on application & impact*
- o Integration of concepts encourages education design that changes the focus to application
- How do we facilitate a focus on learning as teams journey to improvement?

What do you think the implications are?



Thank you!

