Review of Year 4 HSP course

- Course occurs in February/March of Year 4
- Course Director – Mike Zubkoff and Ginny Reed, MSN, PhD
- Course has 50 curricular hours
- Course was last reviewed in 2013
Overall Aim

• The overarching aim of HSP is to provoke study, reflection, and honest conversation about difficult or new issues that graduating students will face in the next stage of their careers.

• How this is accomplished varies from year to year. Since 2010, HSP has been conceptualized as a clerkship in health care delivery science and has focused on the 10 competencies clustered under systems-based practice (Geisel School of Medicine Competencies).

• Course directors and faculty constantly scan the education and practice horizons for important themes and issues that not only have broad applicability but that will have immediate relevancy as residency approaches.
Action Plan from 2013 Review

• **Use measureable outcome format for all course objectives**
  – Minor rewording to course objectives to meet this standard.

• **Have session objectives at the front of each session**
  – Blackboard syllabus double-checked to make sure each large group session has session objectives up front.

• **Make sure that each course objective is assessed in some way**
  – Course objectives are assessed through one or more of the following: the course final exam, the small group project and presentation, participation in the small group.

• **Try to make the small groups as practical as possible**
  – Each small group project is based on an actual ongoing improvement project at DH and students have the opportunity to rank their preference for small group projects.

• **More specifics/concrete examples in all lectures**
  – Will tighten request to large group speakers

• **Move 7 steps lecture earlier in the course.**
  – Moved earlier subject to speakers’ availability

• **Some sense that the Dartmouth story of health care science delivery is overemphasized in the course and perhaps more practical knowledge might be helpful.**
  – The students in the course come with varying exposure to the ‘Dartmouth story.’ Given this variation, will continue to try to strike a balance.
• Overall role in the curriculum for innovation and what changing HSP would mean for the overall Geisel objectives.
  – Will continue to lobby for a role for a course focused on innovation and R&D in medical education when HSP moves on from health care delivery science (anticipated with new curriculum)

• Narrative feedback by the end of the 4th year of medical education, students are transitioning to their new role as residents.
  – Developmentally, students should be able to participate in giving/receiving peer feedback.
  – HSP expects students to engage in such behavior verbally in small groups and most small groups do so on a regular basis. Plan to: 1) increase expectations for verbal small group and individual goal setting and feedback, 2) request that small groups note such feedback in the scribed notes taken during most small group sessions.

• What to do with the high profile speakers that students find less effective
  – Will tighten request to large group speakers. If still in effective, will consider finding alternative speakers.
HSP Course Objectives

1. Describe some current challenges and financing of health care and potential future solutions;
2. Recognize important roles of the physician, members of the health care team, the patient, and the family in health care and addressing health care challenges;
3. Participate in a QI project of an ongoing team within the Dartmouth or regional community;
4. Recognize and appreciate the unique perspectives brought by different health professionals in discussing health-care related topics.
5. Explain and apply basic QI principles and tools;
6. Recognize, identify, and collect outcomes data and other data as appropriate to the QI project;
7. Demonstrate team skills by participating in and contributing to team discussions and to the small group QI project and presentation;
8. Use self-reflection and peer review group process in teams.
Course Objectives – Geisel Competencies

There are 8 course objectives that fulfill Geisel competencies as follows:

- 1 addresses specific knowledge
- 2 address communication skills
- 3 address components of professionalism
- 4 address personal improvement
- 6 address health care systems

No objectives currently map to providing patient care, which is appropriate.
The course objectives fulfill the program objectives as follows:

- Course objectives address 1 of the 6 program objectives for Geisel competency 1 (medical knowledge)
- Course objectives address 0 of the 9 program objectives for Geisel competency 2 (patient care skills)
- Course objectives address 2 of the 8 program objectives for Geisel competency 3 (communication skills)
- Course objectives address 8 of the 12 program objectives for Geisel competency 4 (professionalism)
- Course objectives address 5 of the 6 program objectives for Geisel competency 5 (personal improvement)
- Course objectives address 7 of the 10 program objectives for Geisel competency 6 (health care systems)
All subdomains that were mapped to the course objectives were felt to be in the scope of HSP. It was not felt that any needed greater emphasis.
Competency 1 focuses upon core basic and clinical sciences. Of the 5 subdomains that are not addressed, it is appropriate for 4. Subdomain 1e should be included in the objective mapping as it discusses ethics and medico-legal knowledge, which is addressed in HSP.

Competency 2 focuses on patient care. There is no patient care delivered in HSP and thus 0 subdomains are addressed and this is appropriate.
Competency 3 focuses on interpersonal communication. Of the 6 subdomains that are not addressed, it was appropriate for 5. Subdomain 3g should be addressed in the objective mapping as it involves communication with colleagues, which occurs extensively in HSP.

3g: Communicate and interact with colleagues collegially, including teaching and helping to evaluate peers.

Competency 4 focuses on professional identity. Of the 4 subdomains that are not addressed, it was appropriate for 3. Subdomain 4k can be considered to be included as it addresses access to healthcare. This, however, can be left to the discretion of the course directors.
Competency 5 addresses habit of inquiry. The 1 subdomain that was not addressed was appropriate as it involved improving the clinic environment, which does not exist in HSP.

Competency 6 addresses systems-based practice. Of the 3 subdomains that were not addressed, it was appropriate for 2. Subdomain 6d should be included in the objective mapping as it discusses understanding the complex healthcare system and its effect on cost and quality.

6d: Describe how operations and processes that occur within a complex healthcare organization or system have an impact on cost and quality of care.
Course Objectives – Format/Distribution

• Course objectives are provided in the syllabus and match the objectives listed in Ilios.

• There is one course objective that begins with “Participate,” which is not a measurable verb:
  – Participate in a QI project of an ongoing team within the Dartmouth or regional community
  – As a large portion of the course involves this objective, rephrasing is warranted, e.g., Use QI principles and tools presented during didactics and small groups to participate in an ongoing improvement project within the Dartmouth or regional community.
As a solution to the lack of standardized patient safety and quality improvement curriculum, the APSEF suggested a set of universal learning objectives that were published in 2005.
Course Objectives – Australian Patient Safety Education Framework (APSEF)

• Communicating effectively
  – Involving patients and caregivers as partners in healthcare
  – Communicating risk
  – Communicating honestly with patients after an adverse event (open disclosure)
  – Obtaining consent
  – Being culturally respectful and knowledgeable

• Identifying, preventing and managing adverse events and near misses
  – Recognizing, reporting and managing adverse events and near misses
  – Managing risk
  – Understanding healthcare errors
  – Managing complaints

• Using evidence and information
  – Using best available evidence-based practice
  – Using information technology to enhance safety
Course Objectives –
Australian Patient Safety Education Framework (APSEF)

• Working safely
  – Being a team player and showing leadership
  – Understanding human factors
  – Understanding complex organizations
  – Providing continuity of care
  – Managing fatigue and stress

• Being ethical
  – Maintaining fitness to work or practice
  – Ethical behaviour and practice

• Continuing learning
  – Being a workplace learner
  – Being a workplace teacher

• Specific issues
  – Preventing wrong site, wrong procedure and wrong patient treatment
  – Medicating safely
Consider including objectives that cover those emphasized by the APSEF and that are applicable to the course structure:

• Using information technology to enhance safety
• Understanding human factors
• Understanding complex organizations
• Ethical behavior and practice
Session Objectives – Format/Distribution

Though each session objective does map back to a course objective and all session objectives are written in the correct format, the session objectives provided on the HSP canvas site differ very significantly from those available on Ilios.
• There are very few redundancies that were appreciated using an Ilios search for the following terms:
  – quality AND improvement
  – patient AND safety
  – ethics
  – finance
  – legal
• The repetition that was found seems appropriate and is not regarded as redundant.
Special Topics

- IPE – yes
- Cultural Awareness - No
- Ethics - No
• Course objectives were appropriate and matched on Canvas and Ilios. One course objective requires revision to adhere to Bloom’s taxonomy.
• Session objectives require updating on Ilios to match those given for each session on Canvas.
• All mapped subdomains were appropriate. Unmapped subdomains 1e, 3g, 4k, and 6d should be considered for inclusion in course objective mapping.
• Consider including APSEF objectives.
• No redundancies exist. Appropriate overlap with HSP and other Geisel courses was found.
Course Learning Opportunities

• 50 hours total
  – Large Group (Lecture/break out) 21.5 hrs. (43%)
  – Small Group Conferences 21.5 hrs. (43%)
  – Presentations 7 hrs. (14%)
    • Large group discussion (1 hr.)
  – Appropriate goal for lecture time (limit to between 40% and 50%)
Course Learning Opportunities

• The structure of HSP is unique in that it allows active participation of 4th year medical students in active quality improvement projects.
  – The majority of time is spent in small groups working on this project facilitated by DHMC project leaders.

• The QI project experience is augmented by lectures regarding healthcare delivery, health systems, and medicolegal subjects.
Summary regarding Pedagogy

• HSP is a unique 4th year capstone course with a majority of its hours (48%) spent in small group conference working on quality improvement.

• This is augmented by lectures that occupy 35% of the course time.
Assessment

- HSP is pass/fail.

- The assessment is a **final reflective essay** and a **presentation of the QI project** on which each small group works.

- HSP 2015 was designed to introduce Year IV students to the science of health care delivery, and to provide you with experiences and tools that will assist your participation in the delivery, improvement, and reform of U.S. healthcare as you move into your residencies and beyond.

  - Question 1: Identify, explain and discuss the three most important lessons you have taken from this course.
  - Question 2: This is a two-part question. If you select it, you must answer both part A and part B in a thoughtful way.
    - A. What would be the ideal question to assess the effectiveness of HSP 2015?
    - B. Answer it.
<table>
<thead>
<tr>
<th>Course Objective</th>
<th>Map</th>
<th>Learning Activities</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe some current challenges and financing of health care and potential future solutions</td>
<td>6f, g</td>
<td></td>
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<tr>
<td>Recognize important roles of the physician, members of the health care team, the patient, and the family in health care and addressing health care challenges;</td>
<td>6i, j</td>
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<td><strong>Participate</strong> in a QI project of an ongoing team within the Dartmouth or regional community;</td>
<td>4h,5a,5b,5c</td>
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<tr>
<td>Recognize and appreciate the unique perspectives brought by different health professionals in discussing health-care related topics.</td>
<td>6b,6e,6f</td>
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<tr>
<td>Explain and apply basic QI principles and tools;</td>
<td>5d,5e</td>
<td></td>
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<tr>
<td>Recognize, identify, and collect outcomes data and other data as appropriate to the QI project</td>
<td>1b,5a,6c</td>
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<td>Demonstrate team skills by participating in and contributing to team discussions and to the small group QI project and presentation</td>
<td>3e,3f,4a,4b,4d,4g,4j,6b</td>
<td></td>
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<tr>
<td>Use self-reflection and peer review group process in teams</td>
<td>3f,4f,4j,4l,5e</td>
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Assessment

• Criteria for passing the course include:
  – Satisfactory progress in meeting the course objectives
  – *Preparation, attendance, and participation at inter-professional large group sessions
  – Attendance and participation at small group sessions
  – Participation in the preparation and presentation of the small group project
  – Satisfactory completion of the final exam
  – Completion of the final Course Evaluation Survey
Summary regarding Assessment

- Final exam essay and presentation of Group QI project
- Not clear that each learning objective is assessed
### Measures of Quality – Course Reviews

**scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]**

<table>
<thead>
<tr>
<th>Measure</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall quality of organization and planning</td>
<td>3.67</td>
<td>3.27</td>
</tr>
<tr>
<td>Overall effectiveness of small group facilitator – student interaction</td>
<td>4.01</td>
<td>3.93</td>
</tr>
<tr>
<td>Overall difficulty (2 = slight, 3 = moderate)</td>
<td>2.07</td>
<td>2.03</td>
</tr>
<tr>
<td>Overall work-load (2 = slight, 3 = moderate)</td>
<td>2.93</td>
<td>2.92</td>
</tr>
<tr>
<td>Overall quality of your learning</td>
<td>3.25</td>
<td>3.06</td>
</tr>
<tr>
<td>How effective was the course to Year IV students to the new science of healthcare delivery, and to providing them with experiences and tools that will assist their participation in the delivery, improvement, and reform of U.S. healthcare as they move into their residencies and beyond?</td>
<td>3.16</td>
<td>2.74</td>
</tr>
</tbody>
</table>
Measures of Quality – Course Reviews

88 of 88 students filled out the 2014-15 academic year review.

There were 12 small groups with a total of 24 group facilitators (2 facilitators per small group). Groups of 6 – 8 students were split among these 12 groups.
Measures of Quality – Course Reviews

• Strengths:
  – Small group projects were enjoyed.
  – Medicolegal, Elliott Fisher, and Dr. Nunlist’s lectures were consistently mentioned as well done.
  – Ranking project choices was helpful.
  – Presence of nursing and PA students.

• Sample comments:
  – “Elliott Fisher was great as was having a lawyer come speak with us”
  – “Really enjoyed my small group”
Measures of Quality – Course Reviews

• Suggestions for improvement:
  – Large group sessions felt very scattered. Students wanted clearer themes, a logical order, and more structure.
  – Too much overlap in large group sessions.
  – Large number of students wanted more discussion around the current healthcare system, its alternatives, and current healthcare reform.
  – Students wanted large groups to be more applicable to residency.
  – IPE sessions could be better organized.
Measures of Quality – Course Reviews

• Sample comments:
  – “There were not a lot of ‘useful’ tools we could take from the [large group] sessions. [Give us] skills to [take with us] to residency”
  – “No real outline [in large group] of what we were doing and how we were going from Point A to point B.”
  – “Large groups felt very aimless”
  – “[Large groups] left me confused.”
Measures of Quality – Course Reviews

• Sample comments:
  – “Need good background for ACA/US healthcare system”
  – “[Want to] learn about different models of physician reimbursement”
  – “Speakers overlapped quite a bit in content”
  – “Disappointing that nurses [and PA students traveled so far just to sit in lecture with us . . . would have liked more interaction]”
Summary regarding Measures of Quality

• Strengths:
  – Interactions with small group members
  – Medicolegal, Elliot Fisher, Dr. Nunlist
  – Presence of nursing and PA students
Summary regarding Measures of Quality

• Suggestions for improvement:
  – Better organization of large group sessions
  – More discussion of healthcare system, alternatives, reform
  – More applicability to residency
  – IPE sessions should increase interaction with nurses/PAs
Measures of Quality – AAMC GQ

• Not assessed on GQ
Recommendations

• Objectives
  – Change “Participate in a QI project of an ongoing team within the Dartmouth or regional community” to
  – “Use QI principles and tools presented during didactics and small groups to participate in an ongoing improvement project within the Dartmouth or regional community.”
  – Add mapping to 3g: Communicate and interact with colleagues collegially, including teaching and helping to evaluate peers to

• Assessments
  – Show how you assess each objective, if unable to show, would consider dropping the objective or changing to one that you can assess
Recommendations

• Learning opportunities
  – More discussion of healthcare system, alternatives, reform
  – Make more explicit connections on how this may affect students in residency
  – IPE sessions should increase interaction with nurses/PAs

• Consider merging of HSP and AMS into one course
Objectives

- **Leave objective unchanged.** Recommendation was to Change “Participate in a QI project of an ongoing team within the Dartmouth or regional community” to “Use QI principles and tools presented during didactics and small groups to participate in an ongoing improvement project within the Dartmouth or regional community.”

- “Take part in” (synonymous with ‘participate in’) is listed as a keyword at Bloom’s level 4 (analysis)

  (http://teaching.uncc.edu/learning-resources/articles-books/best-practice/goals-objectives-writing-objectives)

- **Add mapping to 3g:** Communicate and interact with colleagues collegially, including teaching and helping to evaluate peers
Action Plan

• Assessments
  – Show how you assess each objective, if unable to show, would consider dropping the objective or changing to one that you can assess.
• Objectives 1, 2, 3 will be assessed via the reflective final exam. History with this exam shows that students routinely choose these topics.
• Objectives 4-8 will be assessed via the small group project presentation and by written and verbal peer feedback provided in the small group setting.
Action Plan

• Learning opportunities
  – More discussion of healthcare system, alternatives, reform
  – Make more explicit connections on how this may affect students in residency
  – Instructions to large group speakers include a request to frame the presentation to reflect the most important internal and external factors that shape the delivery system from their point of view and to note its impact on students in residency.
  – IPE sessions should increase interaction with nurses/PAs
  – Ongoing within the confines of time
Action Plan

• Consider merging of HSP and AMS into one course

Ongoing conversation