Specialist Education & Training in Clinical Practice
Improvement in the Workplace

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# RACP

- **RACP** - the largest specialist medical college in Australasia eg NZ and Australia.

- Comprises consultant physicians in Internal Medicine and Paediatrics, plus Occupational, Rehabilitation and Public Health Medicine;

- 26 Specialties.
RACP has a commitment to:

- High standards of medical practice
- Evidence-based practice
- Learning and scholarship throughout the whole of specialist training and practice
- Engagement with Government
- All leading to improvement in patient outcomes
Improving the Quality of Care – a systems approach

- A transparent system of quality improvement based on Clinical Practice Improvement (CPI) and Evidence Based Medicine (EBM)

- A collaborative approach between clinicians, health care consumers, managers and administrators

- A recognition of the role of clinical leadership and clinical leaders in supporting peers
The program of learning and development of a physician must be a continuum building on undergraduate learning, through basic and advanced training and skill development throughout a lifetime of medical practice.

A consultant physician must develop knowledge, skills, attitudes and behaviours encompassing generic professional roles alongside the development of clinical and medical expertise.

RACP Education Strategy 2004 - 2007
Background

- Central concepts of CSS method eg Clinical Practice Improvement & Evidence Based Practice utilised in Education & Training and Continuous Professional Development

- Specialists need to develop knowledge, skills, attitudes and behaviours through lifelong education and training
Integrated Evidence Based Practice & Clinical Practice Improvement
What is Better Practice?

• Better not best
• Continuously improving safety and quality of our clinical practice
Objectives

- To teach specialists the basics of leadership, teamwork and systems
- To familiarise specialists with Clinical Practice Improvement tools and resources
- To integrate Better Practice Program activities with RACP Education Strategy
- To provide opportunities for specialists to improve appropriate competencies
Methodology

- Professional Competencies - CANMED

- Project Implementation Framework
CPD Framework Competencies

Collaboration
Education
Risk Management
Advocacy & Equity
Communication
Medical Expertise
Medical Informatics - Clinical
Insight & Personal Management
Education
Practice Management
Medical Expertise
Risk Management
Advocacy & Equity
Medical Expertise
Insight & Personal Management
Education
Practice Management
Medical Expertise
Medical Informatics - Clinical

Action

Planning

Education & Training

Establish Steering & Expert Working Groups
Development of audit tools
Development of Education & Training

Measurement

Review

Recommendations for improvement
Implement/Action Recommendations
Monitoring
Feedback
Evaluation

Measurement

Education & Training

Establish baseline data
Conduct audit (data collection)

Review

Recommendations for improvement
Review for improvement
Feedback
Data Analysis

Measurement

Education & Training

Interactive Workshops
Tutorials
Facilitated Teleconferences
Video Conferences
Web Based Learning
Online Discussion Forums

Review

Recommendations for improvement
Review for improvement
Feedback
Data Analysis

Measurement

Education & Training

Interactive Workshops
Tutorials
Facilitated Teleconferences
Video Conferences
Web Based Learning
Online Discussion Forums
RACP Better Practice Program

Better Practice program – E & T supported with tools, resources & easily accessible information

• Clinical Leaders Workshops
• Better Practice area on RACP website
• BP web-letter broadcast monthly
• Initiating Better Practice manual
• Guidance and advice for conducting a project
• Facilitated video & teleconferences
Better Practice Projects

- Otitis Media Northern South Australia
- TASC NSW (+ 40 sites)
- TASC WA (3 Metro)
- CSSP New Zealand (3 sites)
- ROAST (Stroke) VIC
- CAP VIC (8 sites)
- Clinical Leaders Workshops - 12 workshops across all states in Australia, and in New Zealand
Clinical Leaders Workshops

- Developed to improve participant knowledge of clinical practice improvement (CPI) and evidence based practice (EBP) and
- To increase the frequency of practice based audits and CPI projects being conducted by participants.

- Program of 20 workshops around Australia & New Zealand. Examples include, Alice Springs, Darwin, Hobart, Perth, Cairns, Sydney, Melbourne, Port Augusta, Yarra Valley, Nelson.
Clinical Leaders Workshops

Workshop content includes

- Clinical practice improvement
- Leadership
- Team-work
- Understanding a systems perspective
- Risk management
- Working with consumers
- Measurement and review
1. **A post workshop questionnaire** tested participant knowledge of CPI and EBP. The knowledge base levels were compared to gold standard answers.

2. **A satisfaction survey** was conducted to measure workshop objectives and process,

3. **A follow up telephone survey**, 2 months post workshop, to measure increases in frequency of practice-based audits and CPI projects as a result of workshop attendance.
Clinical Leaders Workshop Results

- Over 300 participants
- An overall satisfaction rate of over 80% for the respondents
- Post-Workshop Survey indicated that 92% of respondents have acquired significant content knowledge to which they were introduced during the workshops.
Initiating Better Practice Online Manual

- A step by step guide on how to implement a project
- Draws on experience in clinicians in the field – (peer)
- Case studies – real life!
- Tips and traps – based on above
www.improveyourpractice.com.au

Initiating Better Practice

A simple, effective "how-to" guide drawing on a wealth of experience to help busy professionals start a project to improve the quality of patient outcomes in the clinical setting.

"Continuously updating and improving the quality of our clinical practice is core to our commitment as professionals. Leadership is about defining a problem then having the courage to sort it out.

I wish you well in your endeavours."

Jill Brazil
Initiating Better Practice

Start a Project

Project Design >> Forming multidisciplinary teams

b. Your core team

The core team has a set of basic functions which relate to:

- project design; and
- strategic decision-making to support the project team during implementation.

The core team may have a variety of names, from ‘steering committee’ to ‘governance group’ or ‘clinical leaders’ group’.
Pilot evaluation conducted over one month period

- Total of 2300 sessions. Ranging from browsing/reading 1-3 pages (30 secs – 5 mins) to reviewing 10-20 pages (over 20-30 mins)
- Over 1500 pdf downloads
- Over half participants stated they would be likely to change a form of their clinical practice as a result of reading the manual
Community of Practice

- RACP ↔ Specialty Societies
- Training, CPD
- Currently implementing an innovative learning environment and knowledge sharing method that may meet your needs – CoP
- JV of RACP RTF, Board of CPD and ACEM
What is a Community of Practice (CoP)?

- Social learning system
- Connects members to:
  - Solve problems
  - Share ideas
  - Set standards
  - Build tools
  - Develop relationships
- Now being used National Institute for Clinical Studies (NICS)
- Used extensively by the World Bank & IBM
Background - CoP

• VIC State Committee using v/con for training & CPD
• Builds on Clinical Support System Program (CSSP)
• Support Scheme for Rural Specialists (SSRS)
  → Clinical Leaders Workshops, IBP manual, FEAT
• Driven by RACP education strategy
CoP + the RACP Education Strategy

• New way of doing business between the RACP/Specialty Societies in the provision of CPD;
• Provides a framework for the involvement of Fellows who have an education role;
• College as a provider of relevant E&T through direct delivery via partnerships and collaboration;
• Build capacity within RACP (innovative use of new and existing resources).
The Better Practice Package

• Clinical Audit
• Data Collection, analysis and feedback
• Supported with education & training based on adult learning principles
Form → Fax → Computer fax modem → Data verification

Data verification → Converted to data file

Data file → Data Reports posted on Community of Practice website

Data Reports → Users access Community of Practice (secure)

Users access Community of Practice (secure) → Data used to inform CPI

Better Practice Database

Automated transfer to central database
Central hub

Issues around best practice and the quality and safety of health services have become a major concern in recent years for providers and consumers, both in Australia and overseas.

There is an increasing body of literature about strategies, models and approaches to assist clinicians in the development of projects to improve clinical practice.

Finding or accessing information is time consuming. This site provides a wide range of information, practical advice and resources that might assist busy clinicians achieve better practice.

Visit the Resources page:
- Useful links
- Better Practice Tools
- Reports & Articles

If you find material which may be useful to colleagues please send it to betterpractice@racs.edu.au and we will arrange to make it available on the web.

Start your own better practice project:
Community of Practice

Multi-sited, multidisciplinary – bringing physicians together
Benefits

• Collaboration with College
• Trial and tested method
• Supports curricula
• Cost effective
• No geographical boundaries
• Based on evidence – improving care
• Transferable – cardiac, thoracic, geriatric, neurology etc etc
Summary

Challenges

• Clinicians are very busy - finding time to undertake CPI can be a challenge, projects can be resource intensive and time consuming

• Rural v Metro issues

What we have found

No one solution fits all – multi-faceted approach that recognizes challenges

When you provide appropriate CPI tools and resources in a flexible and accessible modalities using various communication specialists are enthusiastic
This makes it all worth while!

‘I recently attended the CPI course held in Sydney and I write to thank all those involved. The day was excellent, well organised, well run and very interesting. We have already discussed ways of changing local systems currently in place’ (rural specialist, 2004)