

QUALITY IMPROVEMENT CURRICULUM – Instructor’s Guide

The appended documents submitted to MedEdPortal are excerpts from the four-day curriculum in Quality Improvement in the Department of Family and Community Medicine at the University of Toronto. The objectives of this submission are twofold. The first is to obtain critical review of the program, and the sample modules submitted as excerpts. The second is to offer an opportunity for interested educators in Family Medicine to arrange for the program to be brought to their academic sites. Hence this guide is meant to present the expectations for mounting the program, however not the fine detail, as readers will not have the entire program available to present themselves.

The program has been developed as a “train the trainer” model for education. It is offered with four content days either in block or streamed over a month (one day per week or two 2-day blocks). Following the core four days of content the participants are expected to lead and complete a QI project with an interprofessional team over the ensuing six months. Faculty, who have taken the four-day program and completed a project using these materials, can then go forward to teach the program at their site (with the very detailed speakers’ notes available in the Presenter Guides), to colleagues and residents, as well as supervise residents’ projects. An abridged two-day program for other faculty, nursing and allied professionals is offered for those wanting to participate in (as opposed to lead), QI projects.

The program normally has over twenty detailed modules (as described in the submitted Brochure and the agenda for the Residents’ program, Fall 2012). As a sample of the program, we are submitting for review the pre-work practice profile required for completion before the start of the program, and the two modules that lead each of the integrated themes in the curriculum – the skills of Quality Improvement using the Model for Improvement, and the Leadership and Management of QI teams. These are not two parallel streams; rather they are integrated throughout the program, analogous to the intertwining of two strands of DNA. Hence this submission includes:

- Pre-conference “Practice Profile” – Participants are expected to complete a detailed description of their practice, setting the stage for the initial steps in Quality Improvement – identifying practice-based opportunities. This Practice Profile is submitted to MedEdPortal.

- Agenda for the University of Toronto's 1st year program for the Fall, 2012. The agenda details title and objectives, numbers of slides, interactive sessions and additional props if required for the session.
- Presenter Guides for two of the modules. Presenter Guides include slides, and in the slide notes, detailed presentation points as a guide (script) for the presenter of the module. For MedEdPortal, we have submitted Presenter Guides for the following two modules (as examples of content and teaching format) –
 - Choosing Opportunities for Improvement
 - Team Form
- Facilitator Guides – The program has been developed with a considerable amount of active learning exercises for participants. It is expected each table of participants will have an identified facilitator. Each module therefore includes a Facilitator guide with prompts for the facilitator to use for each active learning exercise. We are submitting the Facilitator Guides for Choosing Opportunities for Improvement and Team Form.
- Participants Workbook – Participants receive content in a workbook, which is also a structured learning text for their participation in the active learning exercises. Participants use the workbook for completion of exercises in interactive sessions, as well as note taking, (although the Workbook contains all necessary content taught in the sessions). We are submitting excerpts from the Workbook for Choosing Opportunities for Improvement and Team Form.
- Upon completion of the 4-day program participants are provided with a structured guide for them to complete as they do a QI Project over the ensuing months.

In summary, resources submitted are:

- ✓ Instructors Guide
- ✓ Program Brochure
- ✓ Agenda for 1st year Family Medicine residents at the University of Toronto's Department of Family and Community Medicine for 2012
 - ✓ Evaluations for the program delivered in 2011
- ✓ Practice Profile
- ✓ Excerpts of Presenters' Guides for two of the Modules of Choosing Opportunities for Improvement and Team Form
- ✓ Excerpts of Facilitator Guides for the Modules of Choosing Opportunities for Improvement and Team Form
- ✓ Workbook Excerpts for the Modules of Choosing Opportunities for Improvement and Team Form

Logistic Issues

The program requires six teaching hours per day in addition to breaks. Teaching is through PowerPoint assisted presentations, the Work Book that incorporates content from the presentation as well as exercises completed during interactive sessions, table facilitation (6-8 participants per table), and completion of a QI project completed by an interprofessional team. The teaching sessions include an ongoing case study over the course of the four days. Participants are expected to complete much of the planning of their QI project during the program. Attempts at longer sessions have not been well tolerated, because of the active learning exercises built into the program. Completion of the project is enabled with a detailed structured guide extracting key deliverables from what was learned in the core program.

We ask for table debriefs after most of the active learning sessions with reporting back to all participants. We sample only one or two tables randomly. For large groups, in addition to the presenter of session, a second leader circulates amongst tables for prompts during feedback, “microphone management” and to clarify points made in the presentation if he/she perceives it necessary from audience reaction.

The largest group we have taught in a four-day block has been 90 (15 tables, including facilitators). Such a large venue is not preferred, as it requires at least two screens and does not allow for debriefing from all tables; it is necessary for the large Family Medicine program at the University of Toronto (170 PGY1 entry residents in 2012). Appropriate site supports for registration, breaks and meals are required.

Time Line/Sequence

1. Book venue
 - 1.1. A/V service requirements, meals
2. Modify program content if necessary for particular contexts of participants.
3. Recruit facilitators
4. Register participants
5. 6 weeks before:
 - 5.1. Prepare materials – presenter and facilitator guides, workbooks for participants
6. 4 weeks before:
 - 6.1. Distribute facilitator guides
 - 6.2. Send out Practice Profile and any preparatory reading with instructions to participants

- 6.3. Prepare event materials for registration, e.g. name tags
- 7. 1 week before:
 - 7.1. Prepare table props –
 - 7.1.1. Table-top box of Gumball machine, pencils, erasers, ruler, markers, flip charts (portable for tables for appropriate sessions) or large paper on table, graph paper, post it notes, and on the 4th day M&Ms and chocolate treats.
- 8. Deliver event
 - 8.1. Meet with facilitators for fifteen minutes before each day's session to highlight approach for day. No additional facilitator preparation, apart from pre-circulation of the Facilitators' guides, is required.