Meeting PBLI Milestone Teaching Requirements in a Way that Isn't Dreadfully Boring

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

Conflicts of Interest

- Shaughnessy
  - Editor, *American Family Physician*, *DynaMed*, *Essential Evidence Plus*
  - Principle, Clinical Information Sciences
- Slawson
  - Editor, *Essential Evidence Plus*
  - Principle, Clinical Information Sciences

The Family Medicine Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Family Medicine

PRACTICE-BASED LEARNING AND IMPROVEMENT

The family physician must demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

PBLI -1 Locates, appraises, and assimilates evidence from scientific studies related to the patients' health problems					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the design of a research study	Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes Formulates a searchable question from a clinical question Evaluates evidence-based point-of-care resources	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines Critically evaluates information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information	Incorporates principles of evidence-based care and information mastery into clinical practice	Independently teaches and assesses evidence-based medicine and information mastery techniques
☐	☐	☐	☐	☐	☐
Comments:					

Where we're going

- Ideas to make your teaching of some of the PBLI milestone requirements fun and efficient by focusing on different models
- Moving from "critical appraisal of the medical literature" to "making decisions better."
- Why it is more important than just meeting milestones documentation

The Bigger Question: Why Teach This Way?

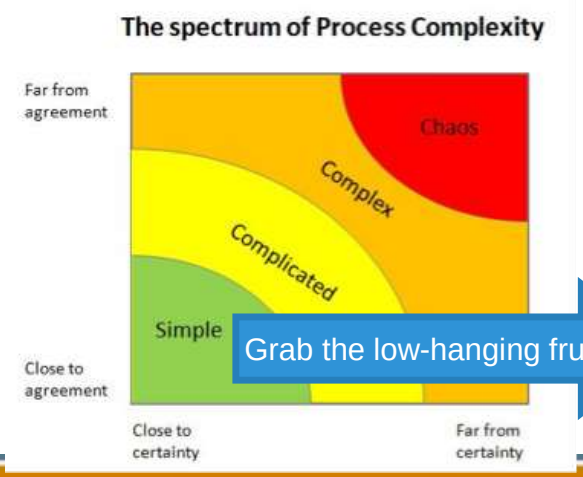
The Third Wave: Enhancing Care By Transforming Clinician Decision Making

The Goal: High Value Care

$$\text{Value} = \frac{\text{Quality}\ (\text{outcomes, safety, service})}{\text{Cost}}$$

The best possible care without unnecessary costs

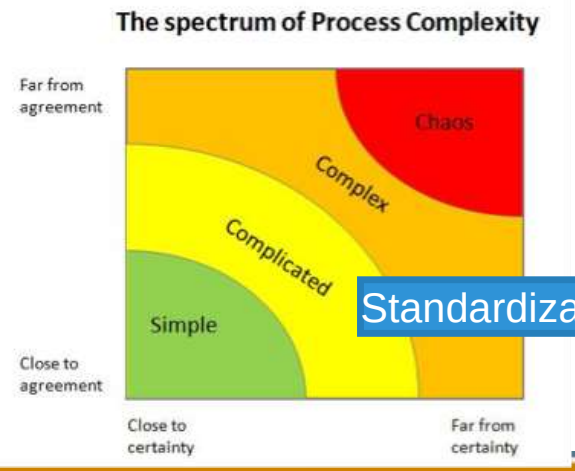
The First Wave: Fix the simple Best Practices



Standardize practices through teams

Redistribute tasks so that all team members work at the top of their license

The Second Wave: The Complicated *Good* Practices

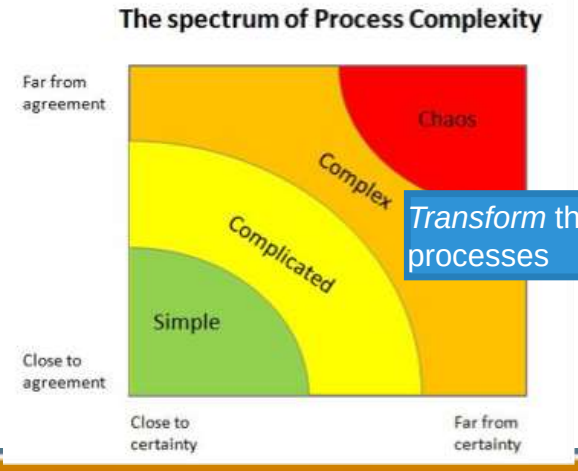


Standardization

Develop protocols to smooth over inconsistencies in care

Standardize practices for big decisions

The Third Wave: Improve the Complex Help Clinicians Make Decisions Better



Transform thinking processes

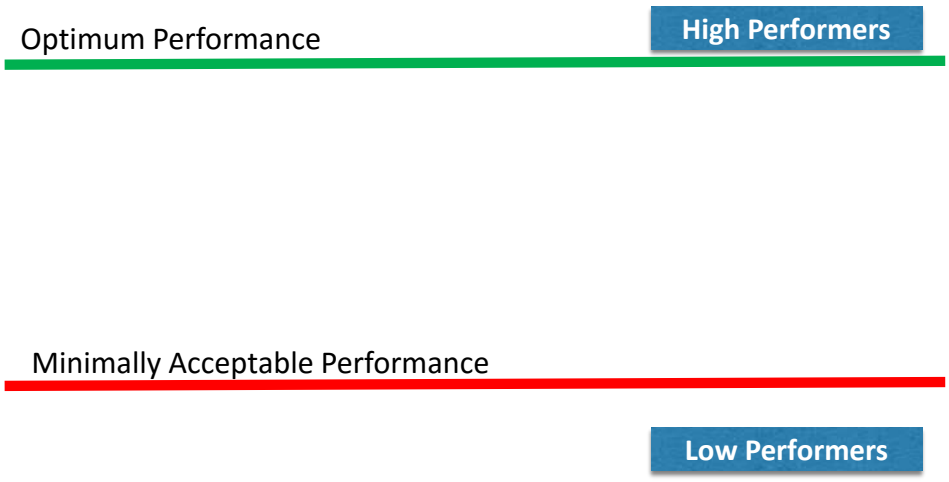
What outcomes matter?

From thinking about disease to thinking about *patients* and *populations*

Culture change throug shared understanding

Do quality measures improve health?

- Measure *processes*, not outcomes
- Diminishes physician autonomy and professional role
- Care and feeding of the EHR
- Reduces underuse, minimal effect on misuse & overuse
- Promotes gaming of the system



A successful third wave physician

- From
  - Traditional biomedical model to probalities
  - Treating numbers to treating patients

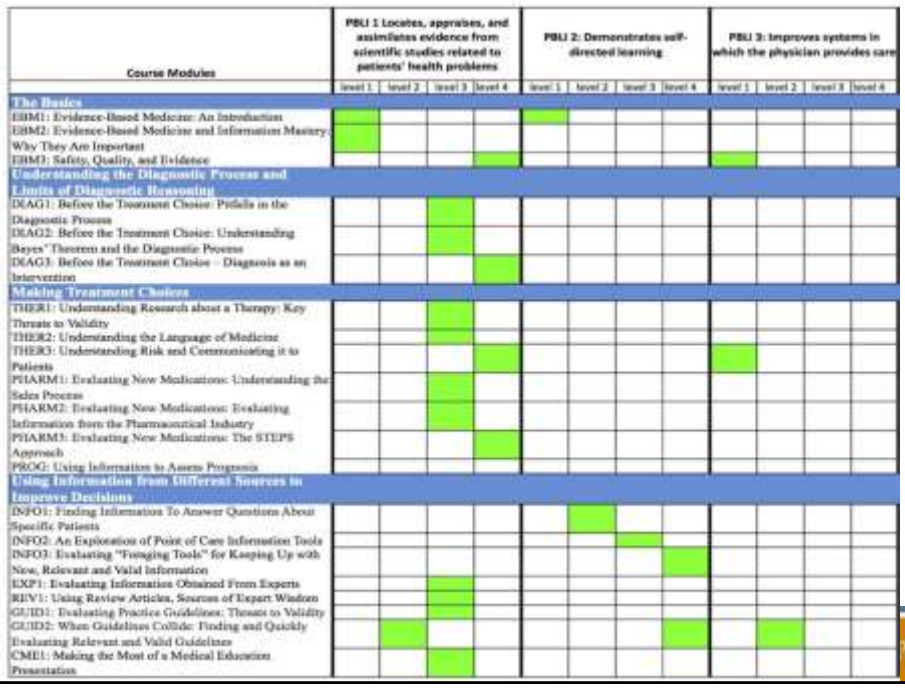
Objectives

By the end of the presentation, we hope you will be able to:

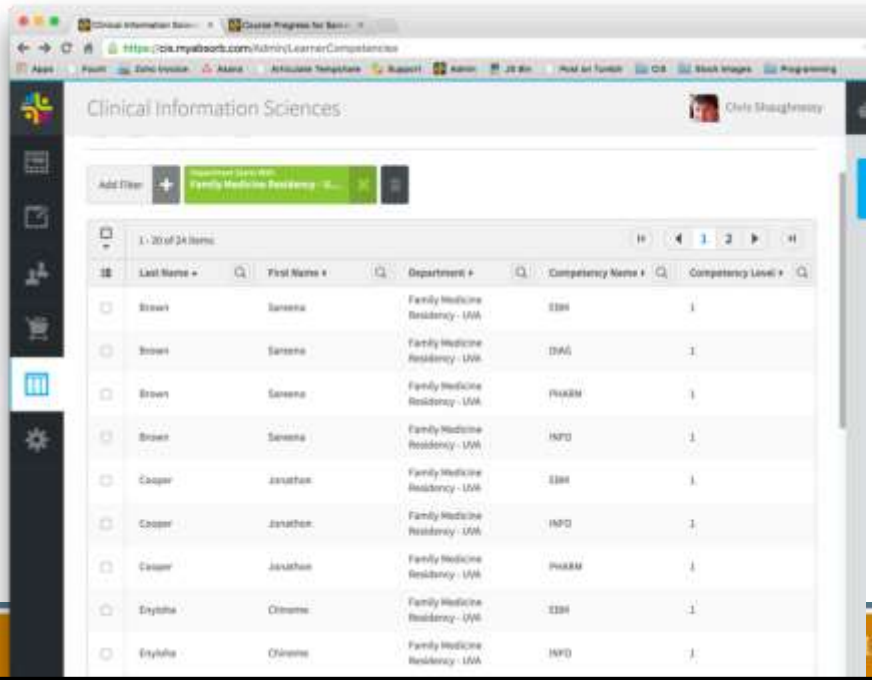
- Explain why evidence-based medicine is a “basic science” and information management is a “clinical science”
- List the information management skills needed in contemporary practice
- Implement a curriculum that develops lifelong learning and clinical decision-making skills needed for contemporary practice.

How many have

- Formal, didactic teaching in EBM?
- Information Mastery?
- Journal club?



Course Modules	PBLI 1: Locates, appraises, and assimilates evidence from scientific studies related to patients' health problems				PBLI 2: Demonstrates self-directed learning				PBLI 3: Improves systems in which the physician provides care			
	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4	level 1	level 2	level 3	level 4
The Basics												
EBM1: Evidence-Based Medicine: An Introduction												
EBM2: Evidence-Based Medicine and Information Mastery: Why They Are Important												
EBM3: Safety, Quality, and Evidence												
Understanding the Diagnostic Process and Limits of Diagnostic Reasoning												
DIAG1: Before the Treatment Choice: Pitfalls in the Diagnostic Process												
DIAG2: Before the Treatment Choice: Understanding Bayes' Theorem and the Diagnostic Process												
DIAG3: Before the Treatment Choice – Diagnosis as an Intervention												
Making Treatment Choices												
THER1: Understanding Research about a Therapy: Key Threats to Validity												
THER2: Understanding the Language of Medicine												
THER3: Understanding Risk and Communicating it to Patients												
PHARM1: Evaluating New Medications: Understanding the Sales Process												
PHARM2: Evaluating New Medications: Evaluating Information from the Pharmaceutical Industry												
PHARM3: Evaluating New Medications: The STEPS Approach												
PROG: Using Information to Assess Prognosis												
Using Information from Different Sources to Improve Decisions												
INFO1: Finding Information To Answer Questions About Specific Patients												
INFO2: An Exploration of Point of Care Information Tools												
INFO3: Evaluating "Foraging Tools" for Keeping Up with New, Relevant and Valid Information												
EXP1: Evaluating Information Obtained From Experts												
REV1: Using Review Articles, Sources of Expert Wisdom												
GUID1: Evaluating Practice Guidelines: Threats to Validity												
GUID2: When Guidelines Collide: Finding and Quickly Evaluating Relevant and Valid Guidelines												
CME1: Making the Most of a Medical Education Presentation												



LY PHYSICIANS

Course Progress for [redacted] October 26 2015

Print

Details

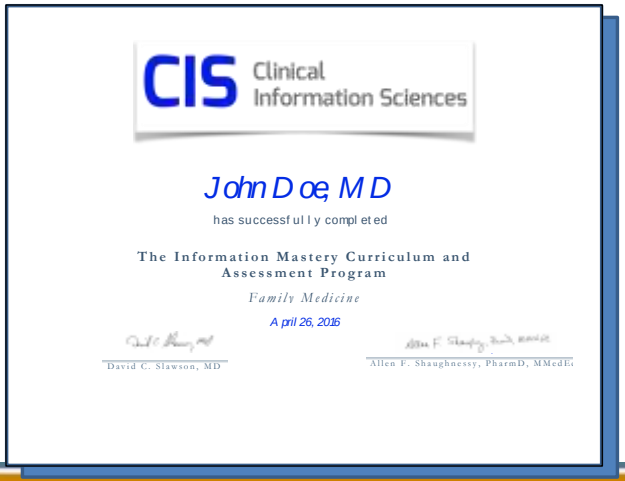
Name	[redacted]
Email	

Certificates

Course Title	Valid From	Expires	Certificate
DIAG1: Before the Treatment Choice: Pitfalls in the Diagnostic Process	2/12/2015, 3:07:00 PM		
DIAG2: Before the Treatment Choice: Understanding Bayes' Theorem and the Diagnostic Process	2/26/2015, 12:30:00 PM		
EBM1: Evidence-Based Medicine: An Introduction	2/12/2015, 1:23:00 PM		
EBM2: Evidence-Based Medicine and Information Mastery: Why They Are Important	2/12/2015, 2:04:00 PM		
EBM3: Safety, Quality, and Evidence	2/12/2015, 2:38:00 PM		
THER1: Understanding Research about a Therapy: Key Threats to Validity	2/26/2015, 12:57:00 PM		
THER2: Understanding the Language of Medicine	2/27/2015, 9:37:00 AM		

Courses

Certification for Residents


CIS Clinical Information Sciences

John Doe, MD

has successfully completed

The Information Mastery Curriculum and Assessment Program

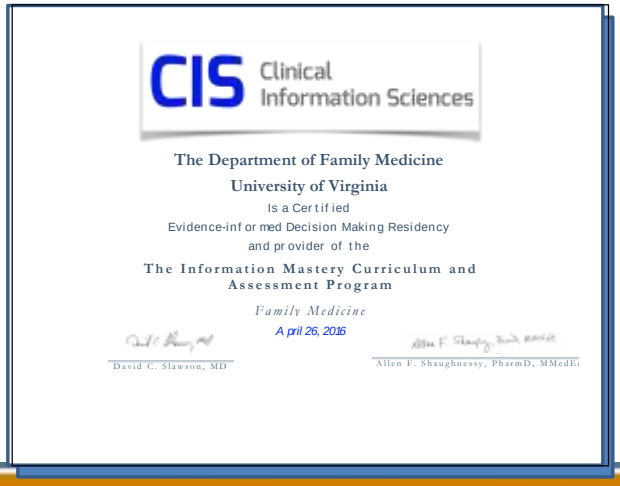
Family Medicine

April 26, 2016

David C. Slawson, MD

Allen F. Shaughnessy, PharmD, MMedEd

Residency Certification


CIS Clinical Information Sciences

The Department of Family Medicine

University of Virginia

Is a Certified

Evidence-informed Decision Making Residency

and provider of the

The Information Mastery Curriculum and Assessment Program

Family Medicine

April 26, 2016

David C. Slawson, MD

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Certified Residency

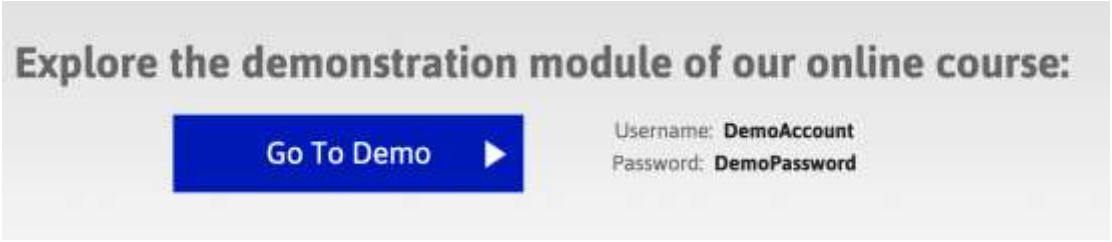
CIS Clinical Information Sciences

Evidence-Informed Decision Making

The Third Wave: Improve the Complex Help Clinicians Make Decisions Better

Culture change through shared understanding

www.ClinicalInformationSciences.com



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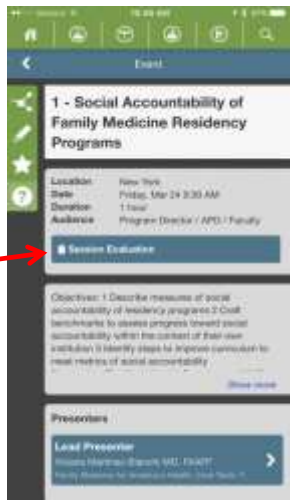
Other materials: Google “Tufts Information Mastery”

Please…

Complete the session evaluation.



Thank you.

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STRONG MEDICINE FOR AMERICA