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Project Description

I wanted to develop a comprehensive and consistent continuing professional development program (CME/CPD) for Pediatric Hospitalists in Northern California.

Problem Statement: Our Pedi HBS Group lacks education specific to their needs creating inconsistency and variability of our practices, discontent with practice, and anxiety regarding passing the new boards.

Discovery:

We are a geographically diverse program (33 Medical Centers, 124 Hospitalists) each offering different educational activities. 2 critical care courses and 4 regional webinars were the only activities for all centers.

Our programs has variability in resources, scope of practice, and practice methods. Opportunity for procedural skill development is also quite variable. (3 tertiary centers with subspecialists – 30 community type hospitals).

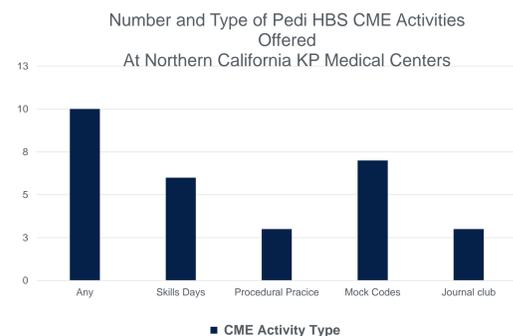
All sites do not offer educational activities.

We also have the unique situation in these next few years of preparing for the first ever Pedi HBS subspecialty boards. There is much anxiety over passing the boards and physicians have asked for prep material.

Our organization is creating greater emphasis on utilization of improvement science skills to solve problems.

I learned that our Pediatric Hospitalists find significant joy in meaning in practice through education and training.

- I designed an educational program that supports core competencies in Pediatric Hospital Medicine, while aligning regional performance improvement goals.
- From interviews and research, I defined specific curricular elements: monthly subspecialty tips, pharmacy tips, and access to procedural training.
- I partnered with the regional Librarians, reviewed the Pediatric Hospitalist Medicine Core Competencies and identified best practices, evidenced based resources, and procedural skills demos. Together we designed a [LibGuide](#) to address the need for point of care tools as well as board review tools.



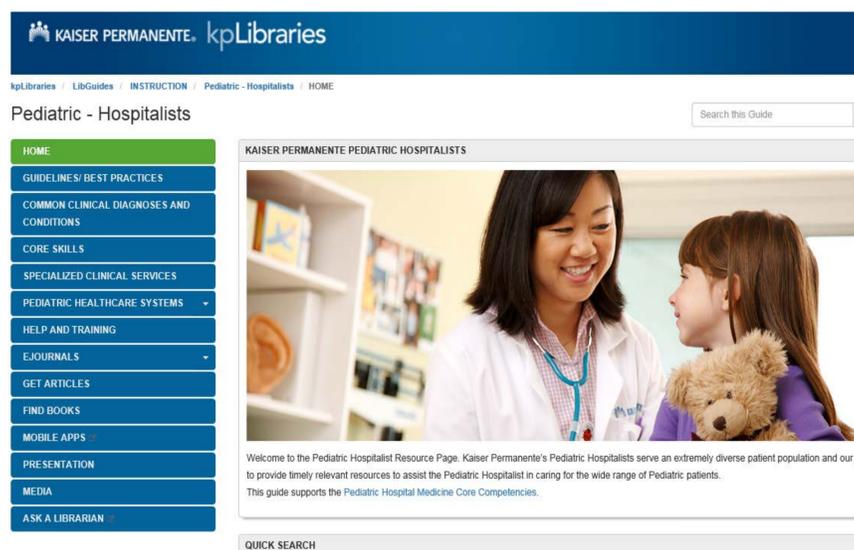
Goal: Develop a comprehensive and consistent Pedi HBS Professional Development program that supports development of core competencies in Pediatric Hospital Medicine, aligns local and regional performance improvement goals, and will give Pedi HBS physicians the tools to drive change, grow professionally, and be proactive in their own learning.

Outcome-oriented Objective: To develop a comprehensive educational program for the Pediatric Hospitalists by 2020 that includes at least 4 webinars, monthly subspecialty tips, monthly pharmacy tips, and a resource rich LibGuide that is accessed at least 50 times per month.

Results

Deliverables to Date:

- 3 webinars
- Monthly Subspecialty tips and Monthly Pharmacy Tips
- QI Pilot
- Library Guide (see image below) addressing core competencies
Averaging about 50 site views per month



Lessons Learned

- Utilizing administrative staff to follow up on assignments could be more time and cost effective.
- Distribution across a large region is difficult. Utilizing local CME planners and local leadership improved distribution.
- Utilizing catchy subject line phrasing and return receipt email notation gave me a better sense of actual numbers of physicians reading.
- Identifying and implementing quick wins was imperative in showing leadership how this project can be effective in meeting larger objectives.
- Quality improvement is the ideal in comprehensive knowledge. Many individuals view CME as only a change in knowledge. I am interested in addressing physician competence and performance as well as the team and/or systems issues that contribute to gaps or variability in care.

Next Steps:

- Delegate the knowledge activity oversight to non-physician staff with physician oversight/editorial duties.
- Continue to work with Librarians on building resources to address American Board of Pediatric's Universal Tasks (primary ways in which medical knowledge can be applied in clinical practice).
- Work to engage staff to collate the existing educational opportunities.
- Design strategy and oversight to expand QI pilot across medical centers.
- Engage physicians in improvement science techniques to address variations in care, organizational priorities, and receive MOC part IV credit for the work being done.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • Pedi Hospitalist Physicians (HBS) • Pedi Hospitalist Chiefs • Physician Education and development (PED) • PICU physicians • Pediatric Subspecialists • Regional Physician Leadership • Librarians • Pediatric Pharmacists • Regional Director of Pediatric HBS 	Key Activities <ul style="list-style-type: none"> • Webinars • Handouts • Best Practice Pathways • QI projects • Board Review • Point of Care Learning Site 	Value Propositions <ul style="list-style-type: none"> • Provide resources to address Core Board Competencies (1) • Improve Procedural skills (1) • Improve Joy and Meaning in Medicine (1&2) • Improve Collegiality (1) • Improve Improvement Science Skills (1,2,3) • Create front line physician problem solving (1,2,3) • Decrease Variations in Care (2&3) • Decrease Length of Stay (3) <p>+numbers represent beneficiaries</p>	Buy-in & Support <ul style="list-style-type: none"> • Regional AED • Regional Pedi HBS Director • PED staff • Pedi HBS physicians • Pedi Subspecialists • Pedi Pharmacists • TPMG Librarians 	Beneficiaries <ul style="list-style-type: none"> • Pedi HBS physicians • TPMG (Physician Employer) • KFH (Insurer Partner)
Mission Budget/Cost <ul style="list-style-type: none"> • 1 day per month of my salary • Physician Education and Development Staff time 		Mission Achievement/Impact Factors <ul style="list-style-type: none"> • Education Deliverables • Qualitative feedback from PHBS individuals • Decrease variation in care • Creation of Care Pathways • QI projects • Aid in Physicians passing Subspecialty Boards 		