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Individualizing your Professional Development Planning

QI & YOU

NO CONFLICTS OF INTEREST

WE DO NOT REPRESENT THE BOC

**ALL VIEWS EXPRESSED ARE
OUR OWN**

INCLUSIVE & PERSON-CENTERED

Learning Outcomes

A Presentation Overview



Evaluate areas of weakness in clinical practice through reflection and self-assessment

Develop strategic interventions for continued professional growth

Integrate core concepts of lifelong learning into everyday practice

Knowledge Gaps in AT



EXERCISE ASSOCIATED MUSCLE CRAMPS

Eberman & Tripp 2011



PUBLIC HEALTH TOPICS

Winkelmann et al. 2020



AIRWAY ADJUNTS

Edler et al. 2015



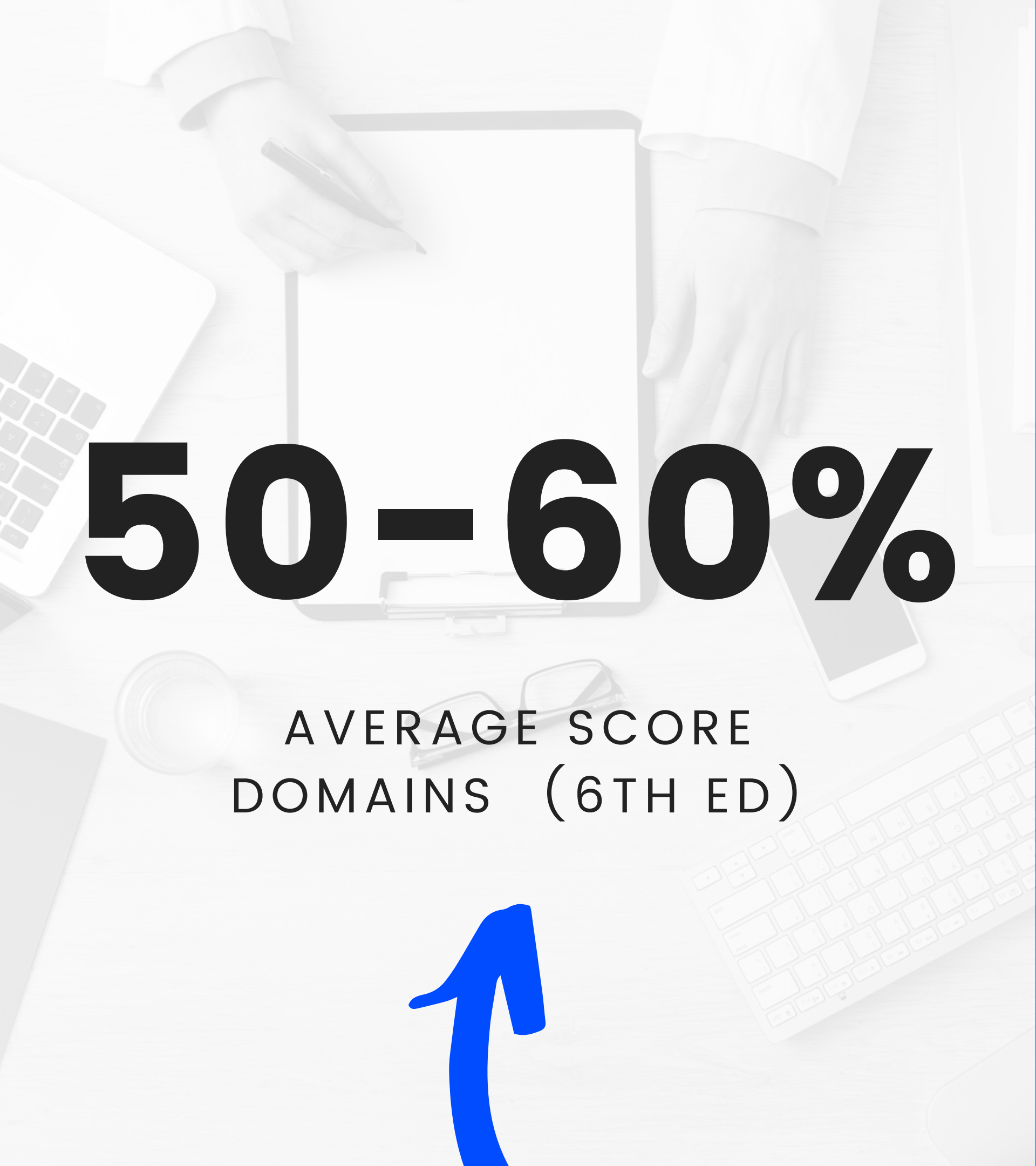
HEALTH CARE ADMINISTRATION

Eberman et al. 2020



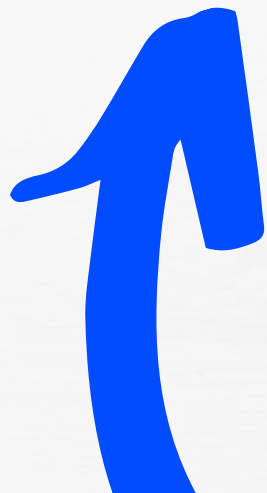
MANAGEMENT OF C-SPINE INJURIES

Neil et al. 2018



50-60%

AVERAGE SCORE
DOMAINS (6TH ED)

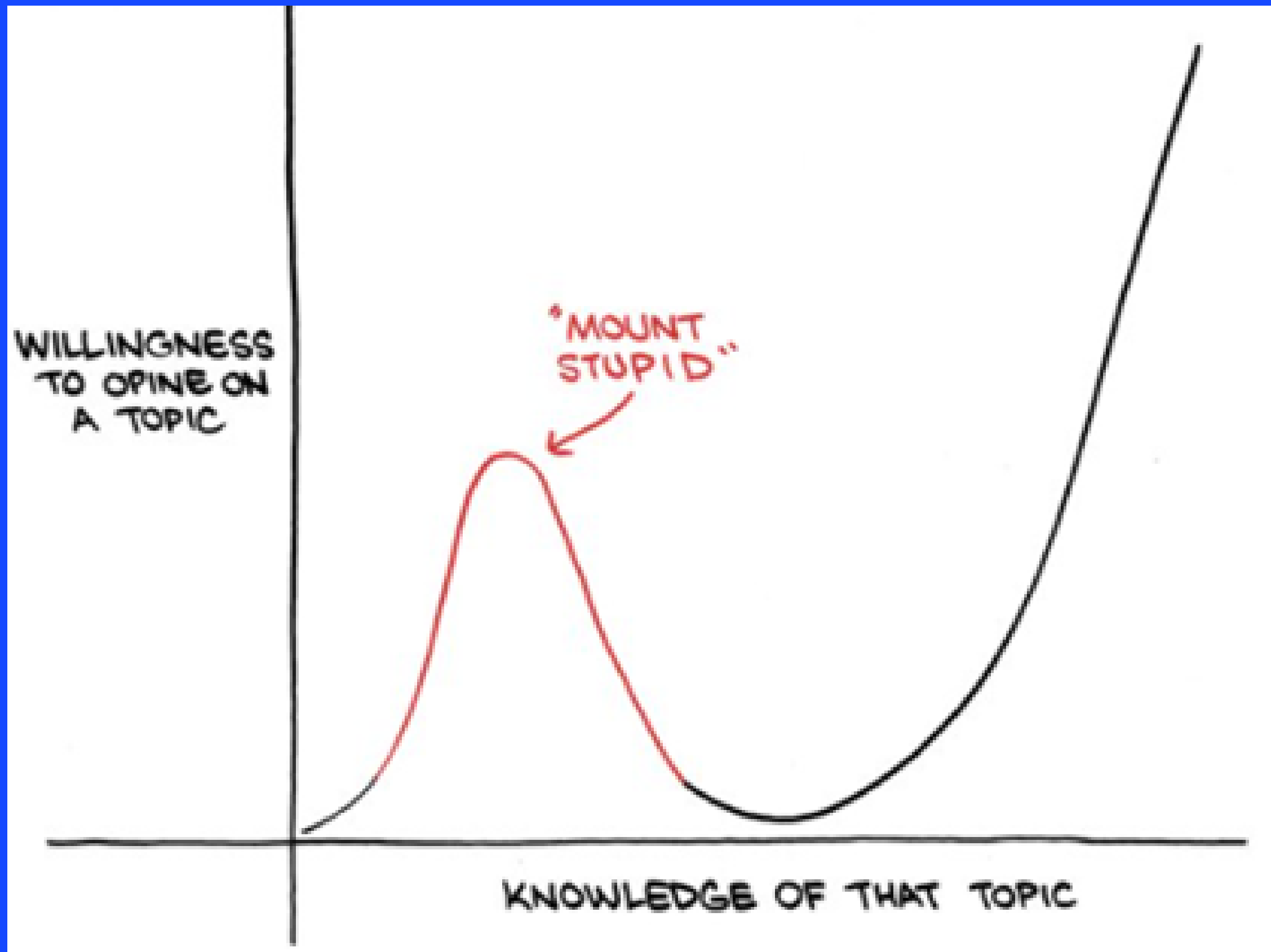


**No
relationships**

PERCEIVED & ACTUAL
KNOWLEDGE

"Mount Stupid"

**Grant, A. (2021). Think again:
The power of knowing what
you don't know. Penguin.**



Dunning Kruger Effect



Occurs when people who believe they are smarter and more capable than they really are

When people cannot recognize their own incompetence

Blind Spot Bias

History of MOC



RECERTIFICATION EXAMS

Marco et al. 2014
O'Neill et al. 2013
Peterson et al. 2015
Peabody et al. 2015
Hooker et al. 2004



ALTERNATIVE APPROACHES

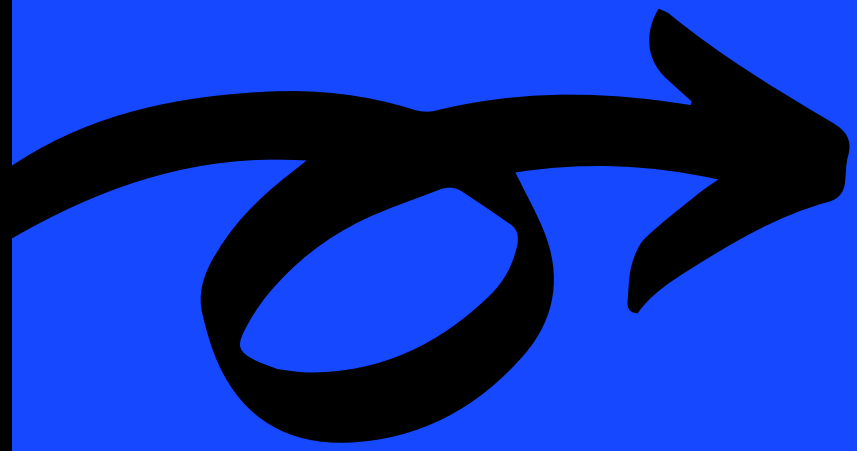
Jones et al. 2013



SELF- REGULATED LEARNING IS A FAILURE

Eberman et al. 2019
Babiarz et al. 2021

Theory of
Continuous Improvement



1%

37 times better by the end of the year

Continuing Professional Certification (CPC)

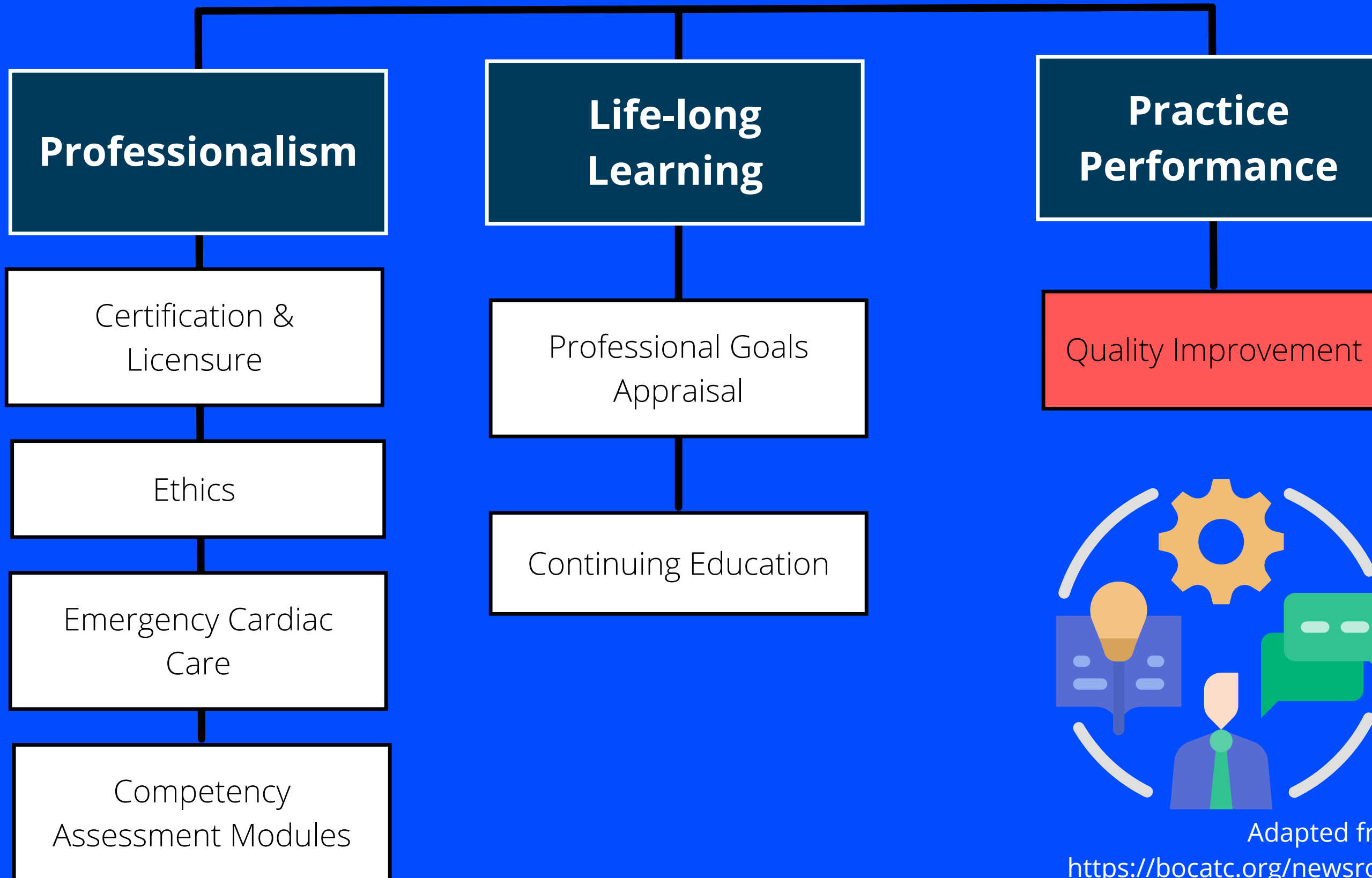
TRANSITION TO LIFELONG LEARNING

The BOC is moving from the maintenance of certification to the CPC to spark professional learning and growth.

The CPC model has been used widely in other health professions for maintaining certification



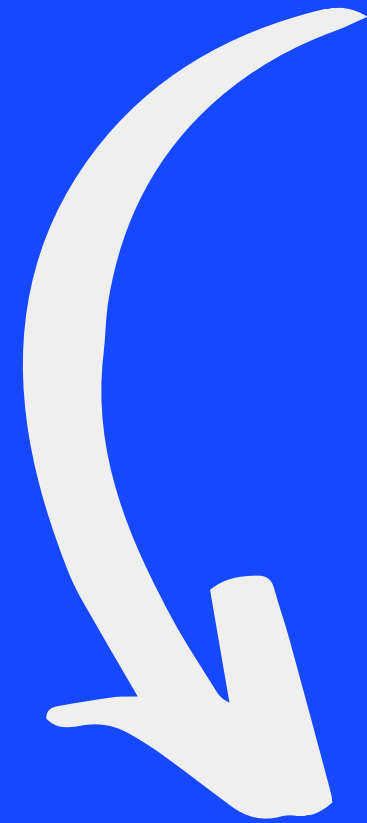
Continuous Professional Certification



Adapted from BOC CPC Newsroom:
https://bocatc.org/newsroom/cpc?category_key=at



Quality Improvement



Defined

Systematic and continuous actions that lead to measurable improvement in health services and the health status of a targeted group.

What QI is not...

Research...
A thesis...
Extra work...

Continuing Professional Certification
Concept Feedback, Board of Certification

QI doesn't have to be **EXTRA**

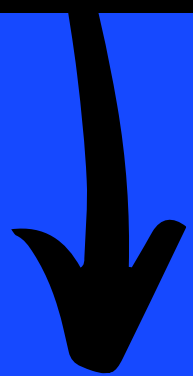
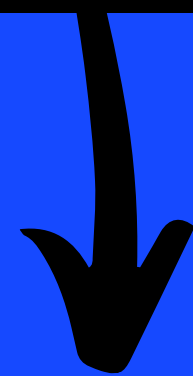
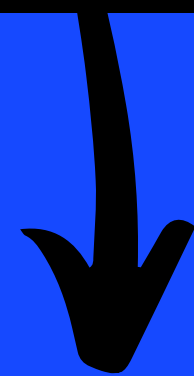
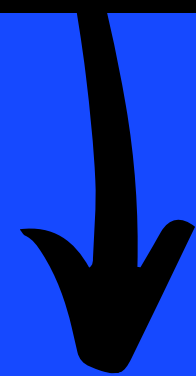
**Much of QI is already part of
your regular practice.**

Continuing education

Observing for opportunities for practice
improvements



Personal Example: Oral Hygiene



Needs Assessment

Dentist feedback –
–
Daily habits –
50% adherence
(estimate)

Plan

Daily habit tracker
for AM/PM

Do

Track habits

Study

Dentist feedback
++
87% adherent to
brushing both AM
and PM

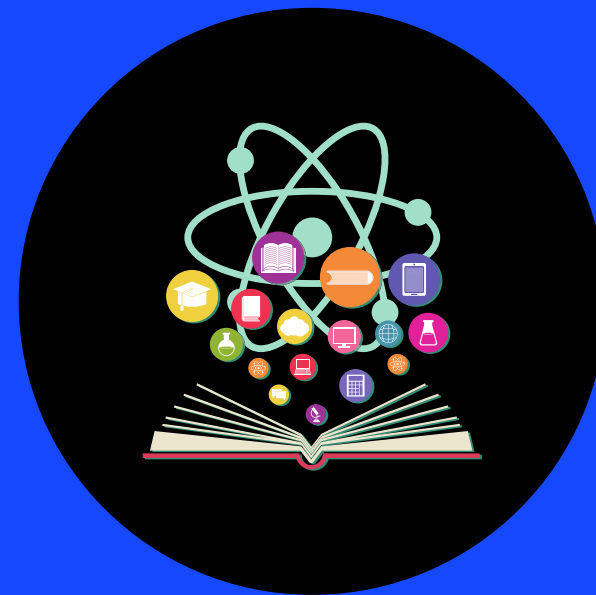
Act

Adopt daily
tracking
Adapt to include
flossing

Professional Development



Needs
Assessment



Interventions



Performance
Evaluation



Action

SELF-ASSESSMENT

Self-reflection on AT Milestones, BOC Professional Development Needs Assessment, Reflective journaling

PEER FEEDBACK

Peer-reflection on AT Milestones, Critical reviews, Grand rounds

SUPERVISOR FEEDBACK

Direct observation, Standardized patient encounters, Chart auditing

PATIENT FEEDBACK

Patient satisfaction, Patient outcomes

TRACKING CLINICAL EXPERIENCES

"Work" logging of relevant experiences

ASSESSMENTS

Knowledge assessments, BOC Professional Goals Appraisal

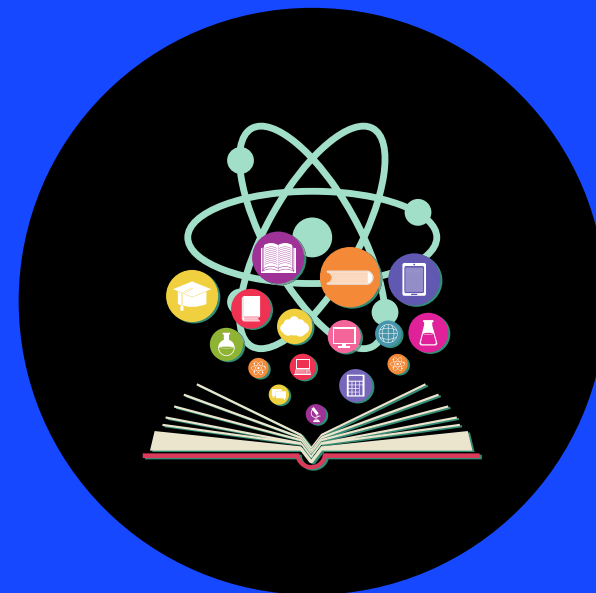


NEEDS ASSESSMENT

Professional Development



Needs
Assessment



Interventions



Performance
Evaluation



Action

LEVERAGING PASSIVE LEARNING

- Large-scale lecture
- On-line, asynchronous learning sessions

ACTIVE LEARNING

- Immersion
- Teaching Standardized Patients
- Intentionally identifying a Clinical Mentor
- Focused Workshops and Labs

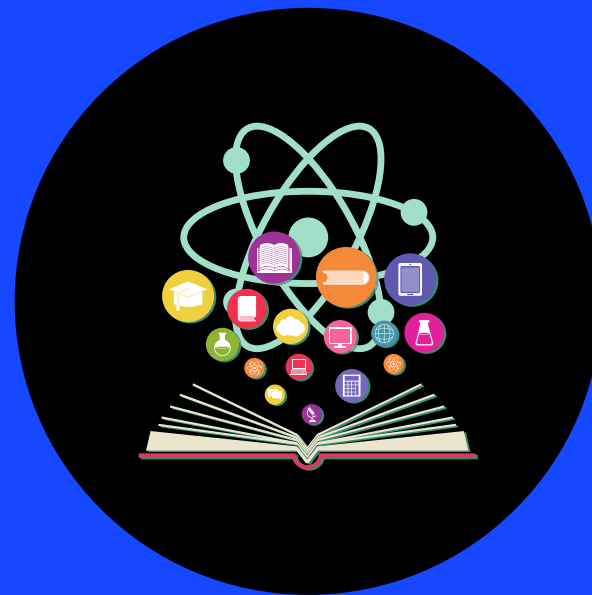


INTERVENTIONS

Professional Development



Needs
Assessment



Interventions



Performance
Evaluation



Action

KEY PERFORMANCE INDICATORS

Patient data

- Satisfaction
- Time-loss
- Injury/illness type
- Injury rates
- Patient-rated outcomes

Supervisor data

- Direct observation
- Chart auditing
- Performance reviews
- Standardized patients
- Knowledge assessments

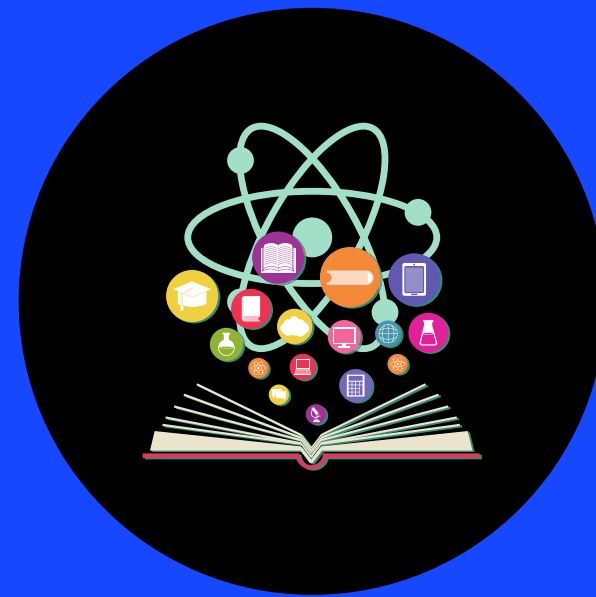


PERFORMANCE EVALUATION

Professional Development



Needs
Assessment



Interventions



Performance
Evaluation



Action

REFLECTION AND ACTION

Adopt

- Integrate the new knowledge, process, or intervention as explored
- Begin to scale

Abaddon

- Revisit needs assessment for alternate strategies
- Revision and redesign

Assimilate

- Integrate components of knowledge, process, or intervention
- Minor modifications to change



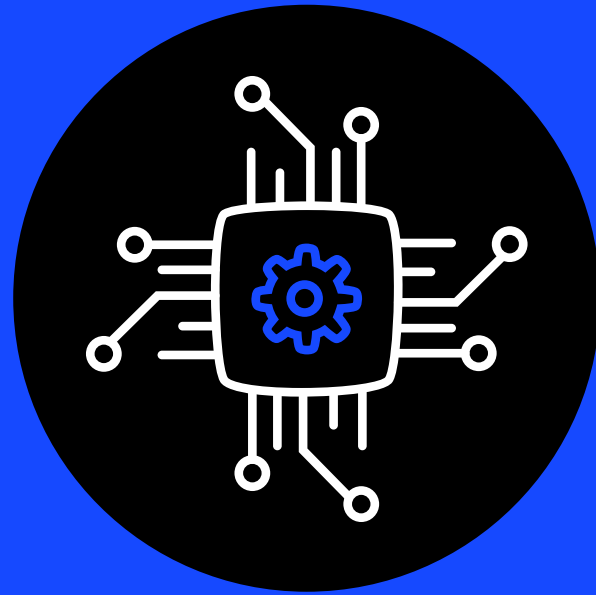
ACTION



APPLICATION TO CLINICAL PRACTICE

Process versus Outcomes

Common Process Problems



Documentation



Efficiency



Communication



Facility
Cleanliness

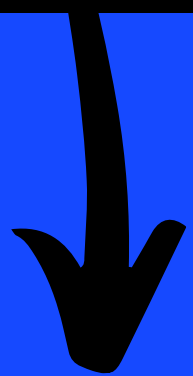
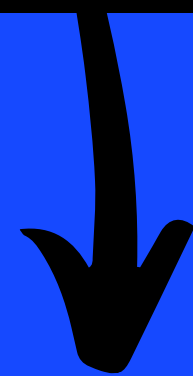
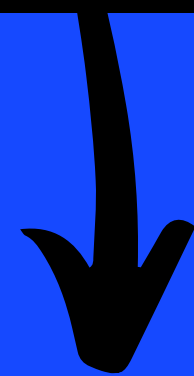
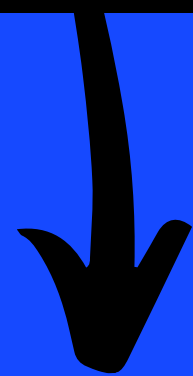


Referrals



Policy
Adherence

Process Example: Documentation



Needs Assessment

42% of patient
encounters
documented
20% cases include
patient goals

Plan

Computer sticky
note

Do


Provide and
document patient
care

Study

61% of patient
encounters
documented
22% cases include
patient goals

Act

Adopt sticky note
Adapt to add
facility visuals to
set goals



Root Cause Analysis

?

Key steps to the QI process is both the needs assessment and exploration of the root cause of the problem.

Common Patient Outcome Problems



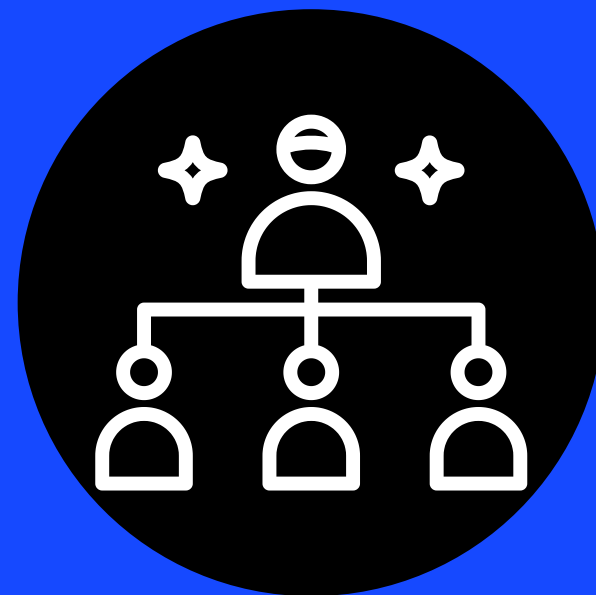
Knowledge



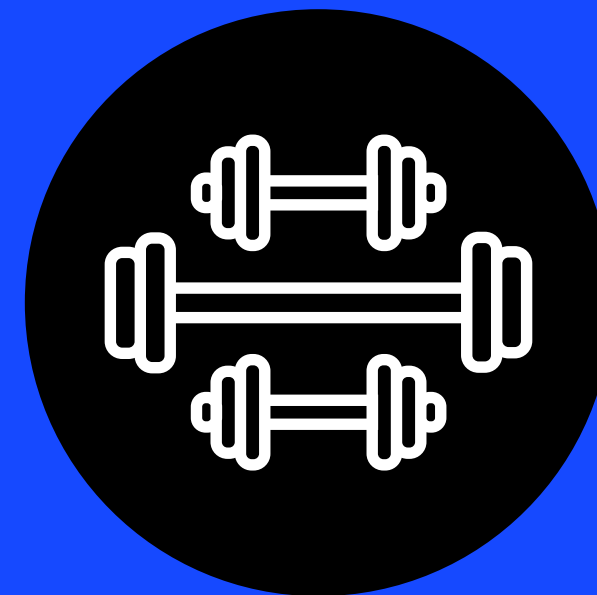
Confidence



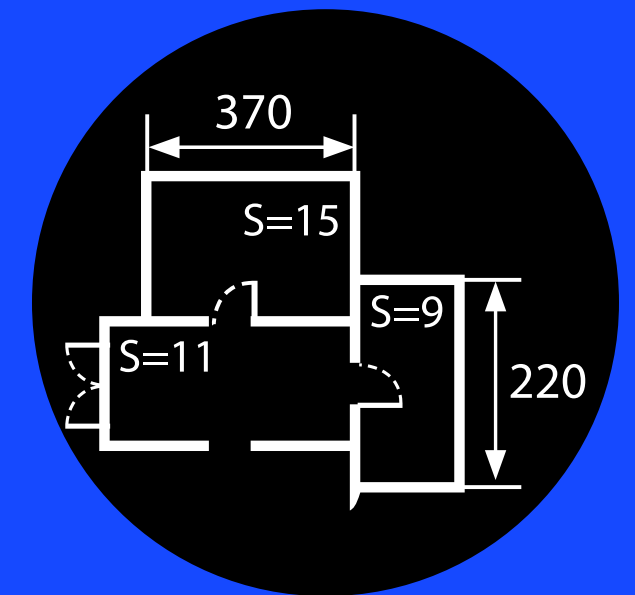
Experience



Support

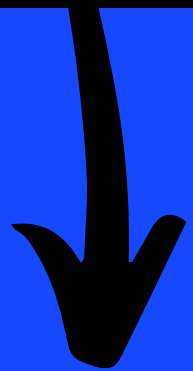
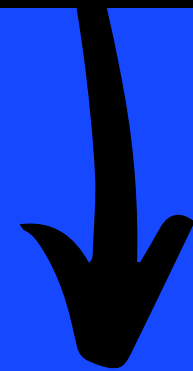
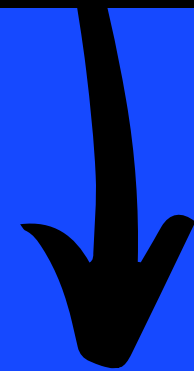
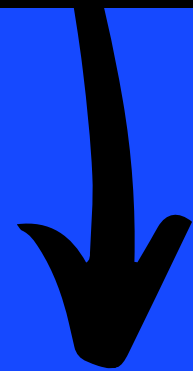


Equipment



Space

Patient Outcomes Example: Knowledge



Needs Assessment

51% of injuries are
shoulder
impingement
DASH at RTA is 22

Plan

Engage in CE

Do

Applying MWM joint
mobilizations with
patients
experiencing
impingement

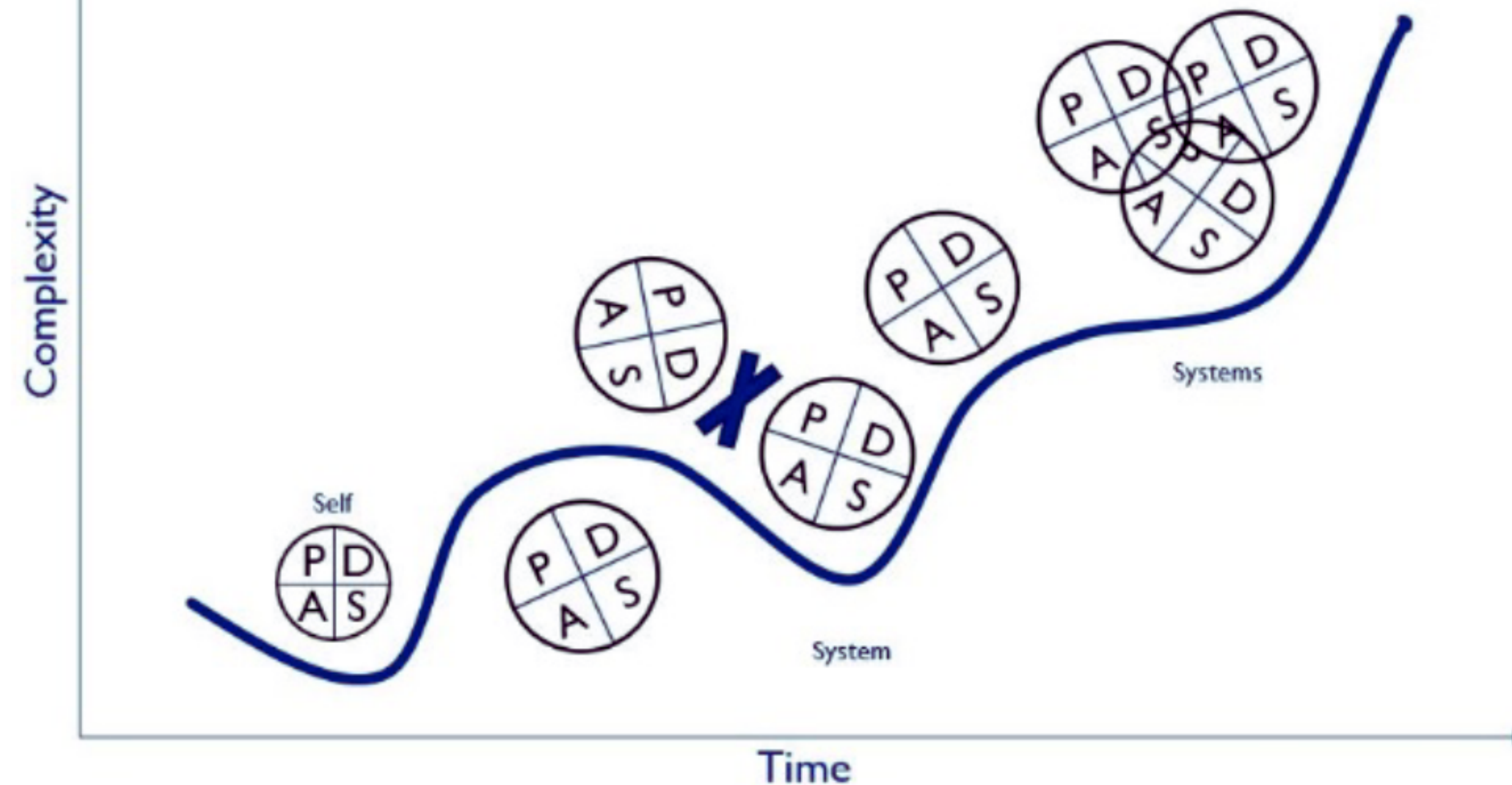
Study

45% of injuries are
shoulder
impingement
DASH at RTA is 10

Act

Adopt MWM joint
mobilizations for
patients
experiencing
impingement

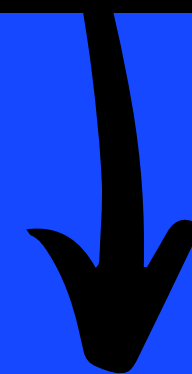
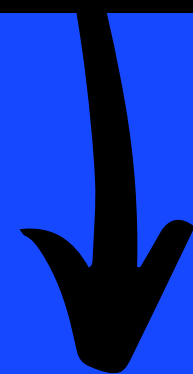
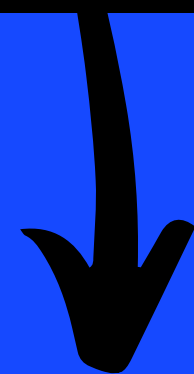
Modified from Tomolo, et al. A case of translating ACGME practice-based learning and improvement requirements into reality: systems quality improvement projects as the key component to a comprehensive curriculum. *Quality & Safety in Health Care*. 2009;18:217-224.



QI is a continual process, repeated and expanded as improvements are identified.

Figure 1. Translation of Individual PDA Cycles to Systems-Level Approach

Example: You



Needs Assessment

Identified
knowledge gap
relative to quality
improvement

Plan

Engage in CE

Do

Applying what you
are learning today

Study

Evaluate
implementation

Act

Adopt
Adapt
Abandon...
your choice

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Questions & Discussion



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INCLUSION FOR ALL

