ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

Project Title: A Continuous Quality Improvement Approach to Enhance Faculty Contributions to the Education Mission

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Collaborators: 1) Associate Deans: Curricular Improvement, Student Programs, Senior Associate Dean for Education, and 2) Faculty Directors: a) Curriculum & Assessment; b) Pre-Clerkship Curriculum, c) Introduction to Patient Care, d) Pre-Clerkship Assessment, f) Director Clinical Skills.

Background:
The School of Medicine will increase class size from 96 to 128 in 2017. Our curriculum is a highly integrated Patient Based Learning (PBL) curriculum with abundant small group learning. No departmental specific courses are offered in the first two years. Contributions to the integrated curriculum are highly variable across departments. Timely, accurate data on teaching contributions are not readily available and therefore are not routinely incorporated into decisions about allocation of faculty effort.

Objectives: This project has four objectives: 1) identify the number of faculty needed for mission critical roles to support an increased class size; 2) develop a model with defined equitable faculty teaching expectations for each department; 3) develop a web based Dashboard to enable departmental chairs, education leaders and the Dean to monitor teaching contributions and inform strategic decisions; 4) integrate data on faculty teaching expectations with clinical and research metrics to provide a more holistic representation of the SOM faculty activities.

Methods/Approach:
We engaged a faculty task force to: 1) quantify the faculty resources required to support an increased class size; 2) identify mission critical roles and prioritize difficult to recruit roles; 3) consider discipline specific expertise and prior knowledge of the medical students’ experience needed in each role; and 4) develop metrics for departmental contributions. We assigned departments to three types: 1) basic science, 2) clinical with core clerkships, 3) all other clinical. We then developed specific expectations for mission critical roles that were adjusted by faculty FTE and department type. We created a dashboard that identified the degree to which each department met teaching expectations for each role. Different colors on the dashboard indicate contributions and ranged from sufficient to support an increased class size to not sufficient for current class size. AY2013-14 served as the pilot year. We validated data for the mission critical roles and engaged stakeholders to refine data organization and display through progressive PDSA cycles. We engaged department chairs to identify strategies to enhance departmental contributions. We created technical specifications to move the dashboard to a web-based application and link this with our curriculum management database with anticipated implementation in July 2015.

Evaluation Metrics:
To determine the effectiveness of the intervention we will collect and analyze data for AY2015-18.

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<th>Outcome</th>
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<td># Departments Meeting Expectations</td>
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Anticipated Organizational Impact
Increased Faculty Participation; Decreased Variability Among Departmental Contributions; Transparency; Integrated Holistic Representation of SOM Contributions; Academic Promotion/Retention.
A CONTINUOUS QUALITY IMPROVEMENT APPROACH TO ENHANCE FACULTY CONTRIBUTIONS TO THE EDUCATIONAL MISSION

Kimberly Hoffman, Ph.D., University of Missouri – Columbia School of Medicine
Presented at the 2015 ELAM Leaders Forum

BACKGROUND/CHALLENGE
- 30% increase in Undergraduate Medical Education (UME) class by 2017
- Highly integrated patient-based learning education curriculum
- No department-specific courses
- Contributions to UME highly variable across departments
- Lack of timely, accurate data on teaching contributions

OBJECTIVES
1. Identify the number of faculty needed for mission critical roles to support an increased class size
2. Develop a model with defined equitable faculty teaching expectations for each department
3. Develop a web-based Dashboard to enable departmental chairs, education leaders and the Dean to monitor teaching contributions and to inform strategic decisions
4. Integrate data on faculty teaching expectations with clinical and research metrics to provide a more holistic representation of SOM faculty activities

RESULTS
- Data demonstrate considerably more variability in departmental contributions than anticipated
- Data identified vulnerabilities. For example, a single individual considering retirement providing the majority of departmental roles
- Dashboard makes transparent departments that are major education contributors and those with little to no investment

IMPACT
- Chairs gained an enhanced understanding of:
  - Mission critical roles including expertise and time requirements
  - Individual faculty members educational contributions
  - Areas “at risk” within their department
- Chairs actively engaged faculty to fill mission critical roles
- Leadership has accurate data to create an holistic representation of departmental contributions

NEXT STEPS
- Create a process to agree upon departmental FTE
- Create a process to balance medical school teaching in departments with large undergraduate courses
- Create a process to seamlessly integrate into the annual budget cycle
- Determine impact of IAP in ability to recruit faculty to education mission

METHODS
- Develop Dashboard
- Pilot with Multiple PDSA Cycles
- Develop Technical Specifications to move to Web
- Recruit for Academic Year 15-16

OUTCOMES

DISCUSSION

EVALUATION STRATEGY

COLLABORATORS AND MENTORS
Mentor: Patrice Delfontaine, M.D., Dean School of Medicine
Collaborators: Linda Headrick, M.D., Rachel Brown, M.D., Jack Gay, M.D., Kevin Kane, M.D., Steve Halenda, Ph.D., Carla Dyer, M.D., Mark Martin, Ph.D., Celso Velasquez, M.D.

ANTICIPATED ORGANIZATIONAL IMPACT
- Increased Faculty Participation
- Decreased Variability Among Departmental Contributions
- Transparency
- Integrated Holistic Representation of SOM Faculty Contributions
- Academic Promotion/Retention.