Tools in Quality Assurance

Hong Kong 2010

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Workforce Innovation and Reform
Health Workforce Australia

Where are we now?

- Total global expenditure health professional education is $100bn
- 2% health expenditures worldwide
- Scarcity of research and evidence
- Innovation without QA, without robust evaluations
- Slow progress

QA..

...offers an unparalleled opportunity to understand our strengths and challenges

explore bold, innovative ways to educate for the future in a socially responsible and accountable way…

overview

- Quality assurance framework
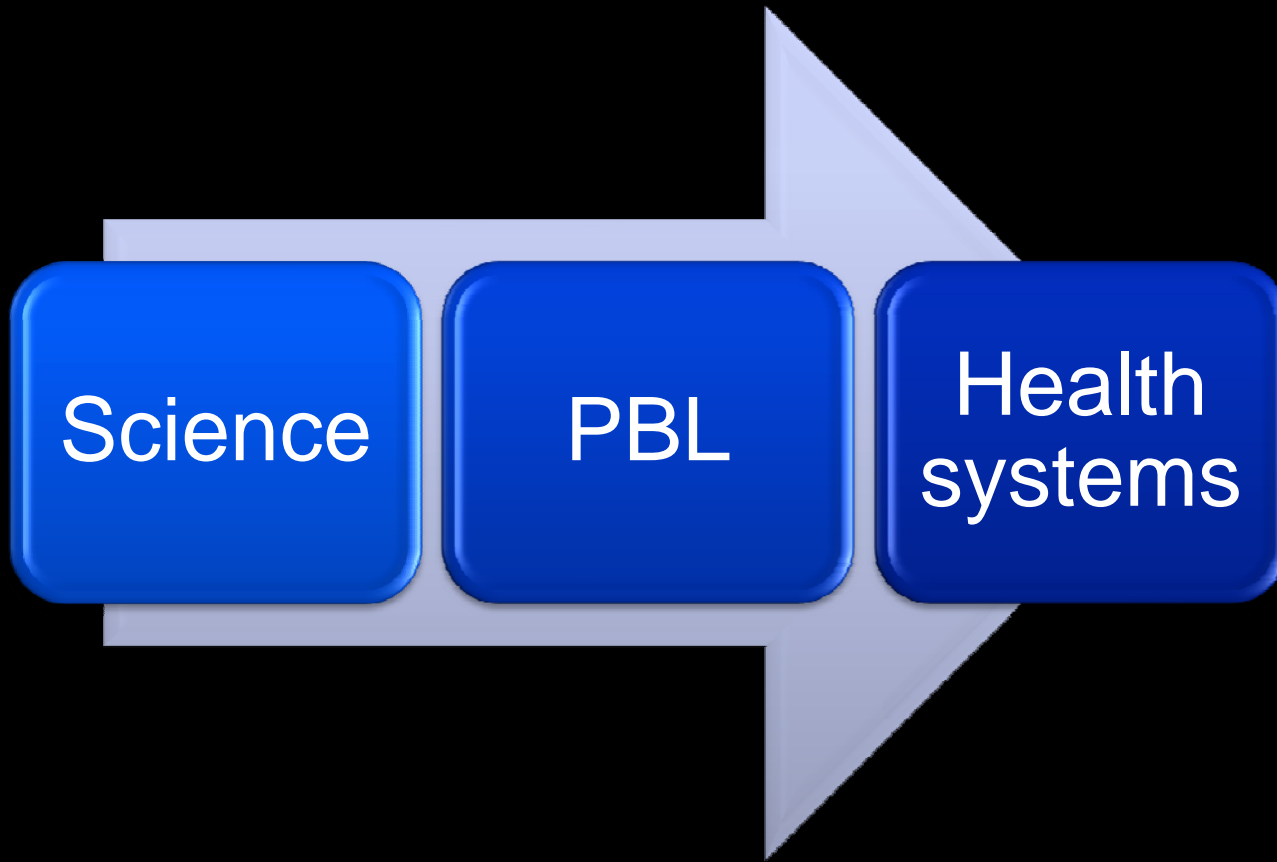
- Tools for QA

- Conclusions

How?

- Do we move to developing the next paradigm and

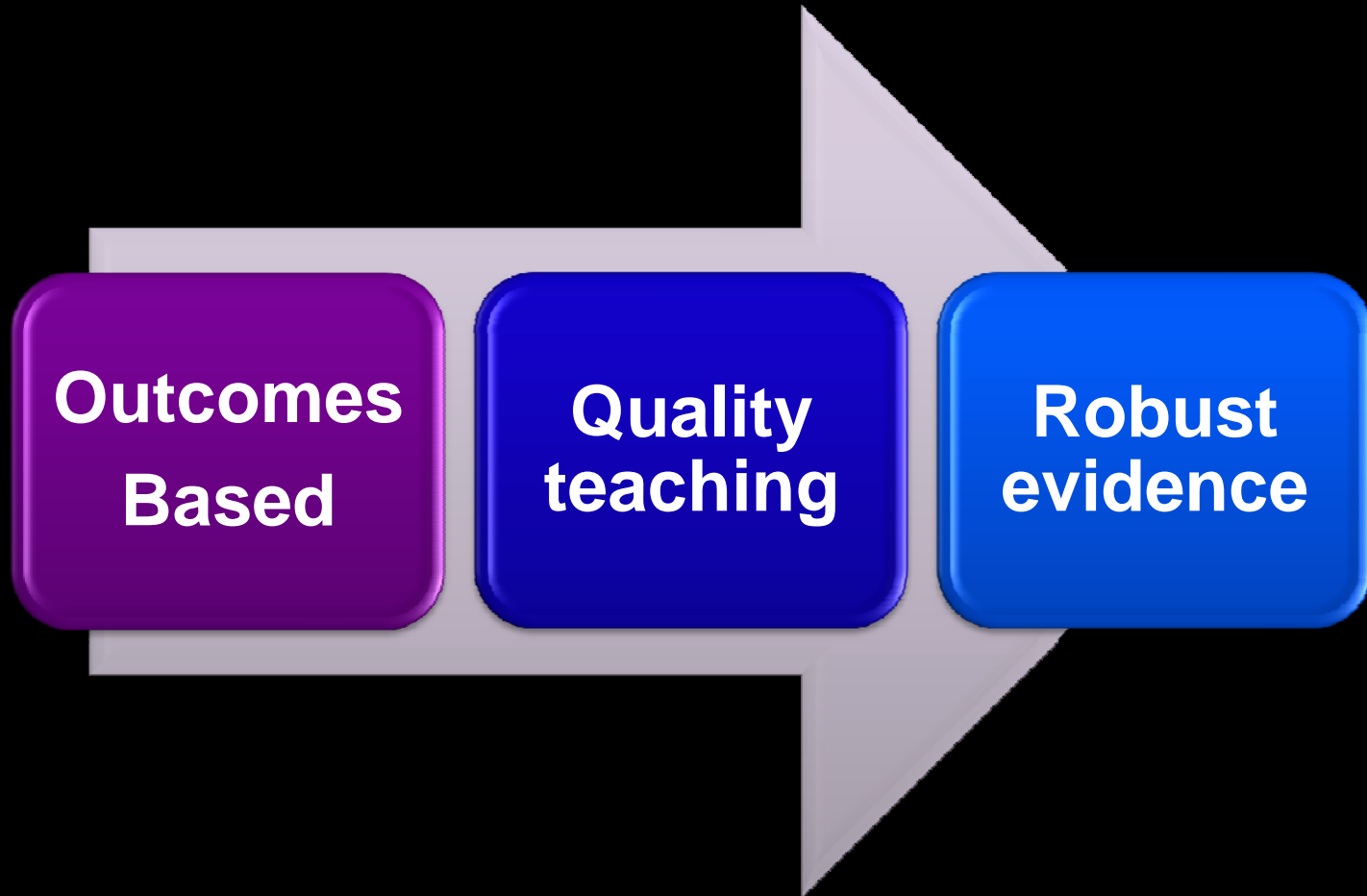- ensure that we meet the demands for a strong evaluative system?

yesterday

- Three paradigms

Today

- Three currents

joe-ks.com

Quality assurance system at UOW
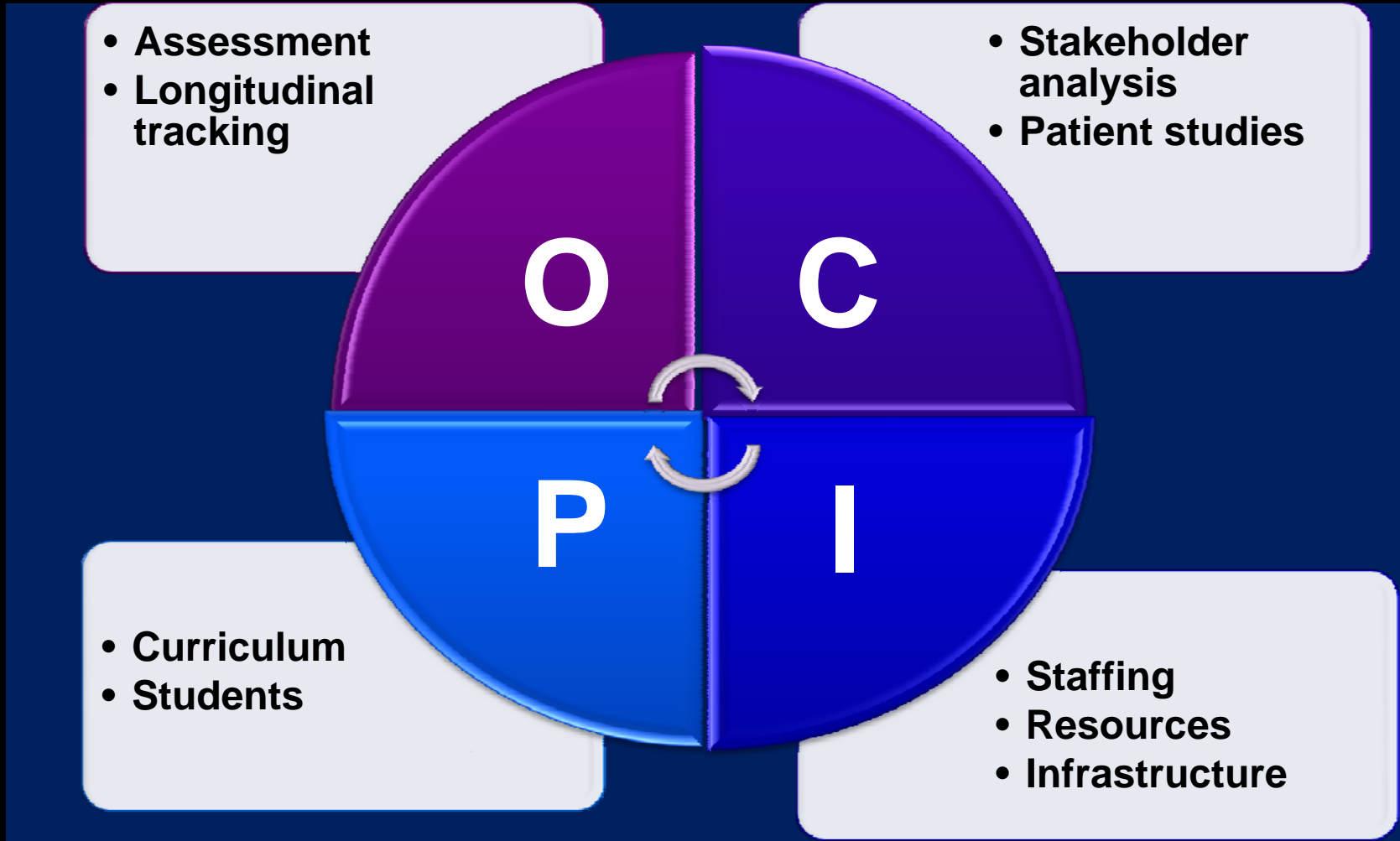
- Framework (program logic)
- Plan for data collection
- Feedback
- Collaboration
- Power to advise the Dean
- Gatekeeper -evaluations concerning students

Program logic

- **Assessment**
- **Longitudinal tracking**

- **Stakeholder analysis**
- **Patient studies**

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- **Curriculum**
- **Students**

- **Staffing**
- **Resources**
- **Infrastructure**

Context

- Stakeholder analysis – semi structured interviews

- Patients views of training students in clinics

- Hudson JN Farmer EA et al MJA 2010

Inputs

- Staffing?

- Supervision quality?
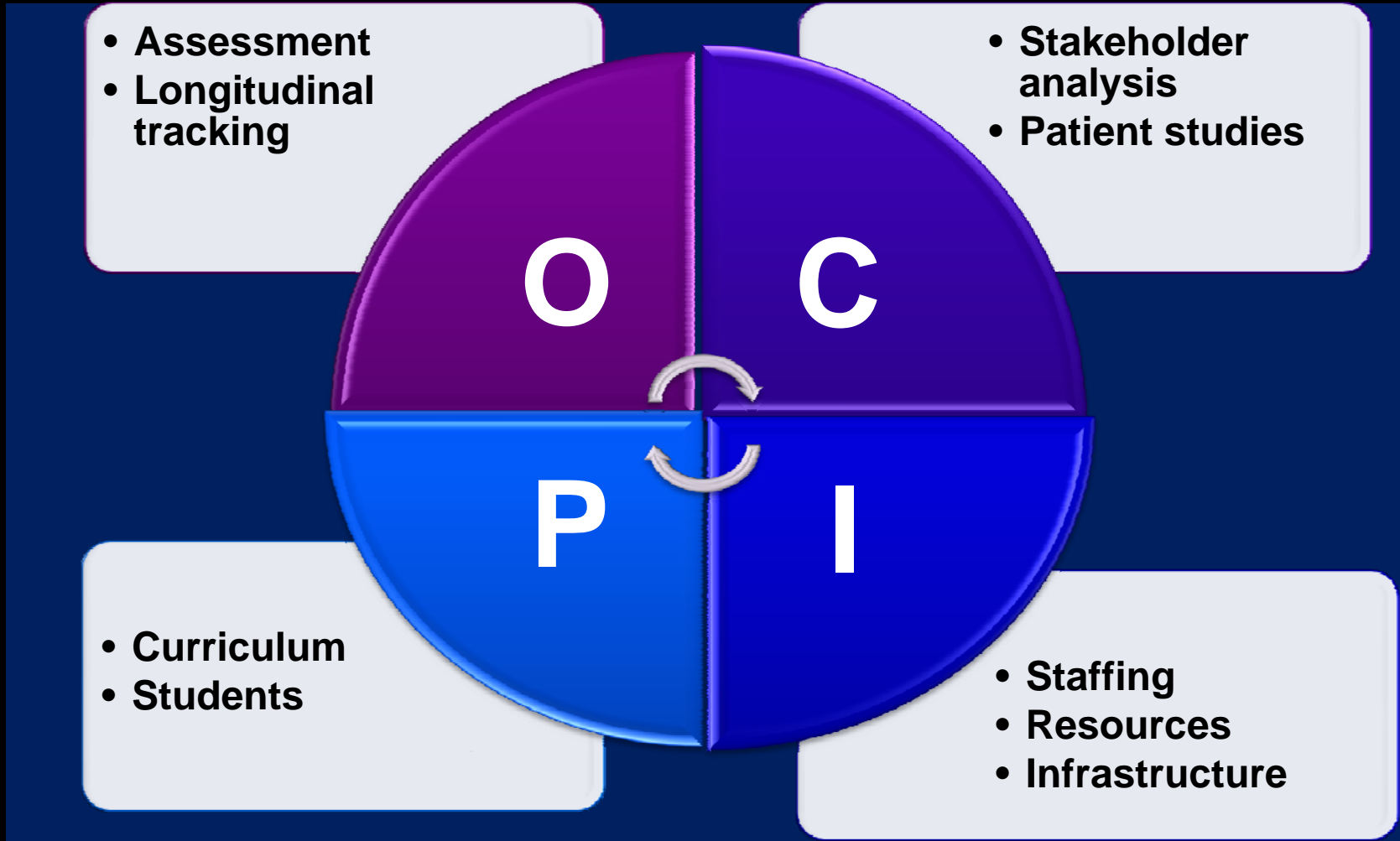
- Infrastructure?

- Resources?

Quality teaching

- Who / where are our supervisors?
- How do they relate to teaching?
  - In every day work
  - In scholarship
  - As a community of practice?
- How do we establish best practice models and value supervision?
- What is leadership in supervision?

Tools?

- Identify and track supervisor pool
- Conduct needs analysis
- Systematically examine supervision models
- Summit on Faculty development
  - Models of FD
  - Systematised evaluations
- Valuing and rewarding – honorary status promotion

Program logic

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How do we know?

Type 1 Diabetes and emergencies in diabetes

Type	**Contact Facilitator**
Lecture	Professor Robert Moses

Fortnight(s)	**Additional Facilitators**
Phase 2.13-14	None

Overview

This lecture builds on the foundations laid in the type 1 diabetes lecture in Phase 1 last year. It will provide more detailed insight into the clinical aspects of type 1 diabetes, in particular the clinical presentations, diagnosis and treatment strategies. A particular focus will be on the main types of emergency states that are associated with diabetes (and its treatment), such as ketoacidosis, hyperglycaemic hyperosmolar state and hypoglycaemia.

Primary Learning Outcomes

By the end of this Learning Activity students should be able to:

- Describe the typical clinical presentations occurring in type 1 diabetes.   [MS04]
- Explain the diagnostic tests available for diabetes and their value for assessment of patients.   [MS06]
- Explain the rationale for the core treatment strategies used in the management of type 1 diabetics.   [MS07]
- Describe the underlying pathogenesis and the management strategy for diabetic keto-acidosis and other emergency states associated with diabetes.   [MS07]

Assumed Knowledge

Lectures 'Type 1 Diabetes' and 'Type 2 Diabetes' (Phase 1, URGE Block)

Pre-Readings

Chew SL & Leslie, D. Clinical Endocrinology and Diabetes, an Illustrated Colour Text, Churchill Livingstone 2006. pp. 60-61, 86-87

Extension Readings

For the ambitious:
McCance & Huether, Pathophysiology, 5th ed. 2006, Chapter 21, pp. 710-714
Greenspan, FS & Gardner DG, Basic and Clinical Endocrinology, 7th ed. 2004, McGraw-Hill, Chapter 17, pp 678 - 685, 711 – 723

Links to Resource(s)
- Slides - Type 1 Diabetes and emergencies in diabetes [Info]

Learning Activity Audio
- Type 1 Diabetes and emergencies in diabetes [Info]

Problem(s)
17.Loss of Consciousness/Coma, 91.

Learning Activity Outlines

Metadata tags to four themes

OLE

Metadata tags to clinical problems

fortnights

93 clinical problems

Fortnight	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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Intro.3-4																																
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HI.1-2																																
HI.3-4																																

Fortnight 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Intro.1
Intro.3
Intro.5
CVSR.1
CVSR.3
CVSR.5
CVSR.7
CVSR.9-
I
GL.1
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GL.5
GL.7
URGES.1
URGES.3
URGES.5
URGES.7
URGES.9-
URGES.11-
HI.1
HI.3

Resource Centre

Search

[ ] **Search** **Back**

The query can contain simple keywords, phrases (using double quotes, e.g. "Australian animals"), boolean phrases and wildcards (*, ?), e.g. "cats AND dog*" will only match items that contain "cats" and any word beginning with "dog".
More searching help and features...

Include non-live items

☐ Use synonym

Results   showing 1 to 7 of 7

10 per page ▼   Sort by Title ▼

Cardiovascular adaptations in exercise
Limitations and adaptations of the cardiovascular system during exercise comparing four different physiological perspectives.
Type: GOAL
Facilitator: Kylie Mansfield
Fortnight (2007 Cohort): CVSR.3-4
Date: 03/06/09 06:55
Version: 1
Status: live

Determinants of Arterial Blood Pressure II: Peripheral resistance
Peripheral vascular resistance is a primary determinant in the regulation of arterial blood pressure and many factors contribute to its control.
Type: Lecture
Facilitator: Peter McLennan
Fortnight (2007 Cohort): CVSR.3-4
Date: 04/06/09 14:32
Version: 1
Status: live

Intro.1
Intro.3
Intro.5
CVSR.1
CVSR.3
CVSR.5
CVSR.7
CVSR.9-
GL.1
GL.3
GL.5
GL.7
URGES.1
URGES.3
URGES.5
URGES.7
URGES.9-
URGES.11-
HI.1
HI.3

Resource Centre

Search

The query can contain s
wildcards (*, ?), e.g. "ca
More searching help and
Include non-live item

Results showin

| Summary | Comments | History | Sharing | Administer |

🔙 Back

🖨 Printer Friendly Page

Cohort: 2007

💬 👥 Determinants of Blood Pressure variability

Type
Anatomy

Contact Facilitator
Darryl McAndrew

Fortnight(s)
CVSR.3-4

Additional Facilitators
Peter McLennan

Overview
Active session giving practice at repetitive blood pressure measurement under different conditions and evaluation of contributors to variability, both within and between patients and between practioners.

Objectives
1) Describe the key contributors to (non disease-related) variations in blood pressure measurement within and between subjects, between practitioners, and between visits
2) Describe and explain the changes in blood pressure and heart rate that occur in repsonse to physiological stressors such as postural change.
3) Explain the importance of repeated measures in the identifaction of hypertension.

Assumed Knowledge
Auscultatory measurement of blood pressure
Determinants of arterial blood pressure
Mechanisms of reflex regulation of blood pressure
Structure and function of the heart and circulatory system.

Pre-Readings
1. Pickering, T.G. (1994) Blood pressure measurement and detection of hypertension. The Lancet. 344:31-35. (can be found via WEB Library/ catalogue/ Journal Title / lancet / EJournal

LA Coverage of Learning Outcomes by Fortnight (

Theme outcomes

Curriculum Mapping (Clinical Speciality)

disciplines

Fortnights	Allergy/Immunology	Anatomy	Biochemistry	Embryology	Epidemiology	Genetics	Haematology	Histology	Microbiology/Infectious Diseases	Molecular Biology	Pathology, Anatomical & Clinical	Pharmacology	Physiology	Psychology	Sociology
CVSR.1-2	1	1	15	9	2	3	1	1	4	3	13	6	12	3	2
CVSR.3-4		1	13	9	3	5	1	2	2	1	13	8	15	2	1
CVSR.5-6	1	12	6	7	5	2	1	4	1	2	11	4	13	4	3
CVSR.7-8		3	18	9	4	3	1	4	5	2	12	1	13	3	2
CVSR.9-10	2	5	11	4	2	3	1	2	3	5	12	2	8	2	2
GL.1-2	1	2	12	9	3	2		8	3	2	9	4	18	4	3
GL.3-4		9	16	1	1	2	3	6	1	4	7	3	16	6	1
GL.5-6		2	13	1	4	1	3	4	2	1	10	12	14	2	1
GL.7-8	2		9	4		3	2		3	4	1	14	4	10	5
HI.1-2	5	8	5		1		12	2	1		12	4	8	5	4
HI.3-4	2	8	6	2	2	2	2	12	2	3	1	10	2	6	3
ICE			1							1		1	1	1	1
Intro.1-2	9		5	1	1	2		2			1	3	3	8	4
Intro.3-4	1	2	6	12	3	8	4	6	4	8	11	3	5	2	4
Intro.5-6	6	6	7	2	4	4	5	7	8	8	12	3	8	3	5
MNS.1-2	4	14	4	1	6			1	3		9	3	8	6	4
MNS.11-12		3										2		2	20
MNS.3-4	1	3	7	1	1	4		1	2	4	15	5	3	4	2
MNS.5-6	1	2	15	8	1	1	1	2		1	12	2	15	5	1
MNS.7-8			18	2	1		2				14	4	15	5	
MNS.9-10		10	1		2				3	1	16	2	12	10	

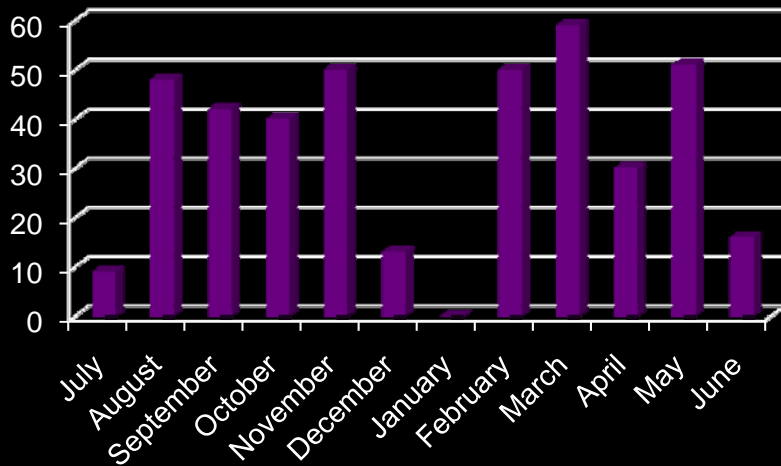# Scaffolding student experience into learning frameworks- the clinical log

Clinical Log – Usage by 68 students
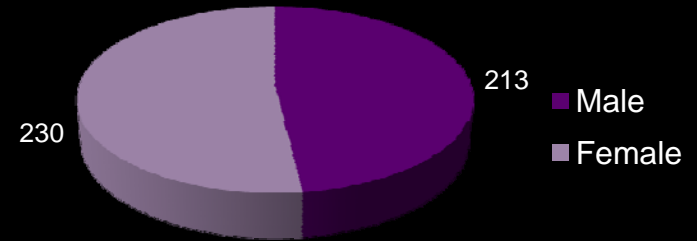

Number of Entries in Phase 3 (2009 – 2010)
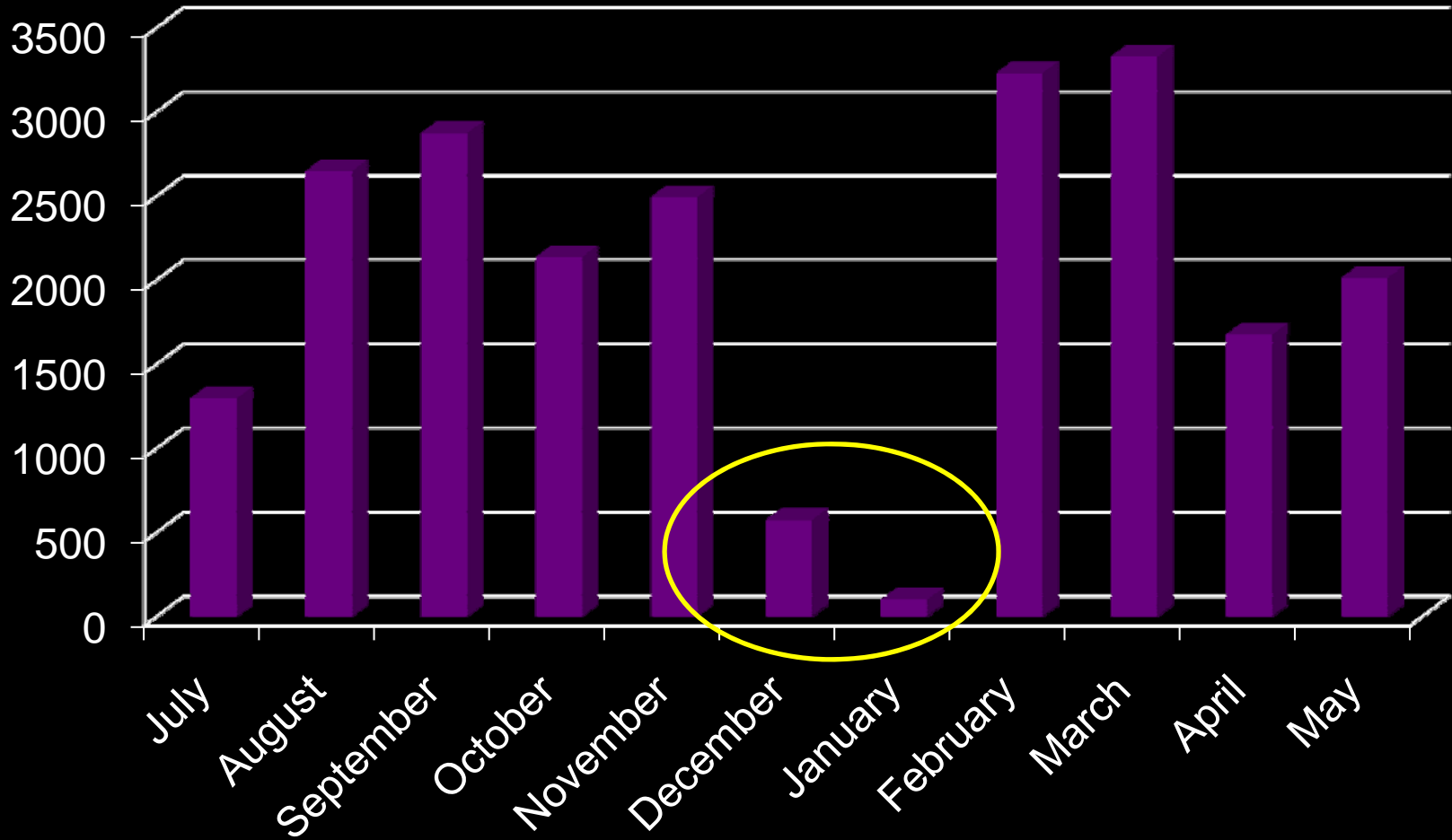
Clinical Log – Individual Student

Clinical Log Entries
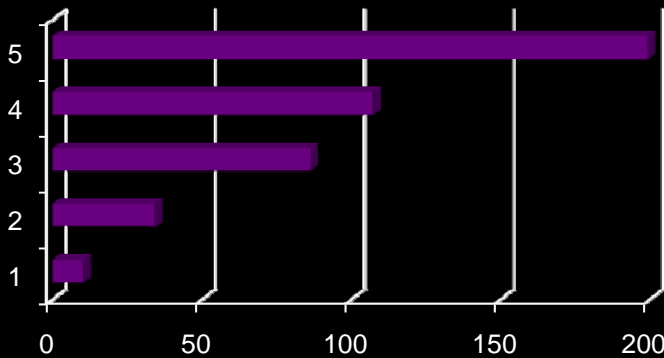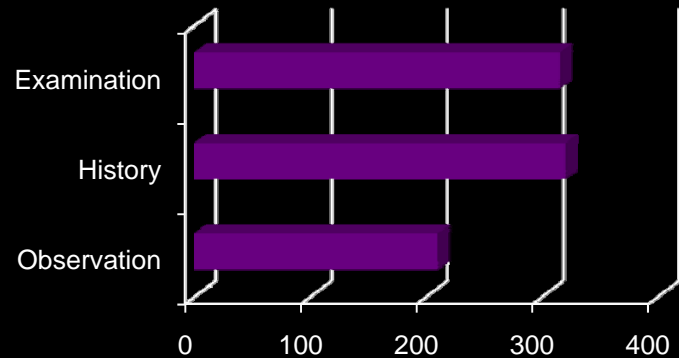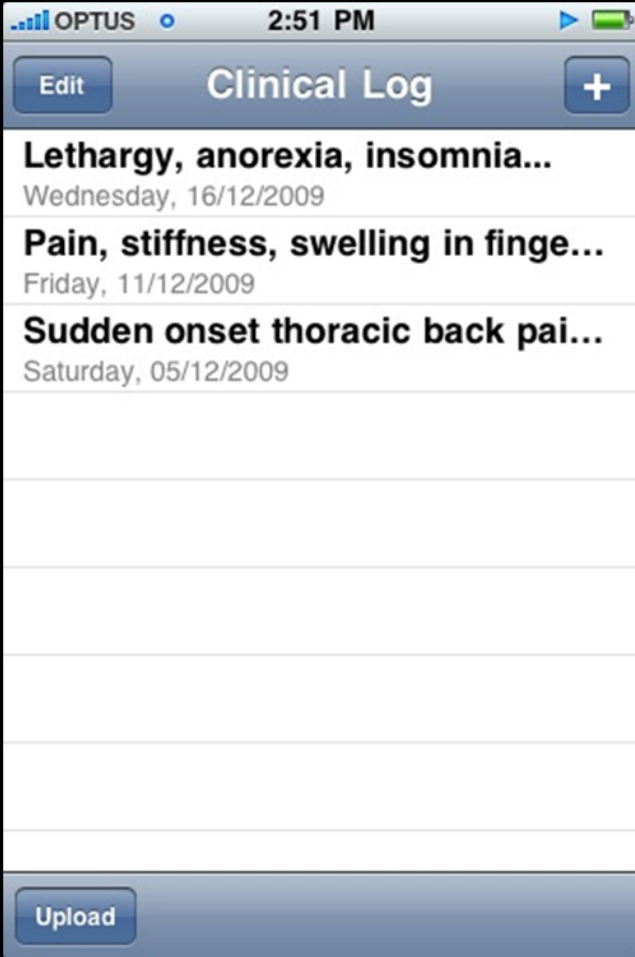
Gender

Confidence Level

Involvement Level

Program logic

- **Assessment**
- **Longitudinal tracking**

- **Stakeholder analysis**
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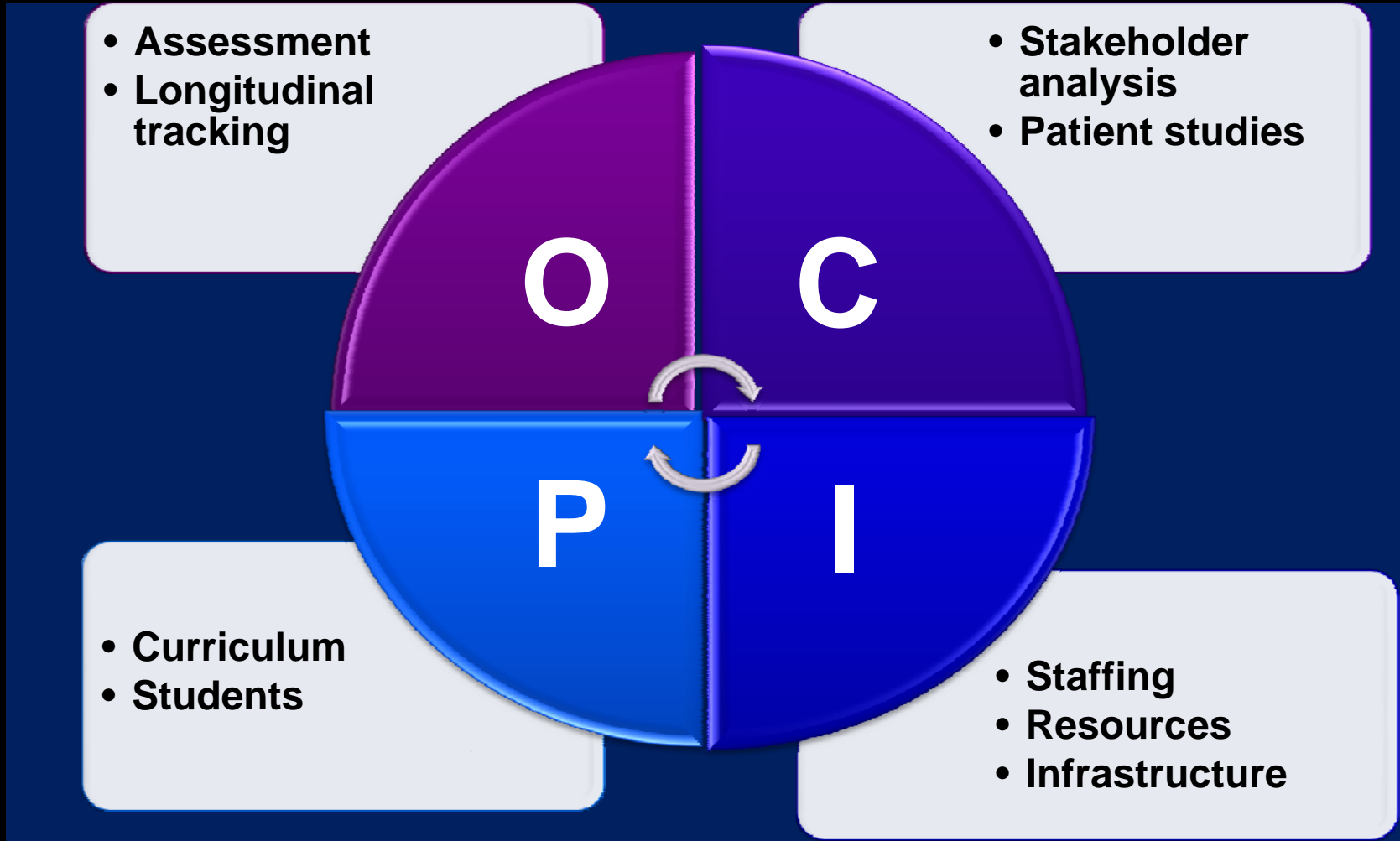
Longitudinal tracking

- Medical students outcomes database
- MSOD
- *National* database at entry and exit
- Questionnaire for all students
- Allows intra- and inter- comparisons
- At UOW -Linked to student number
- Linked to additional data collection

Towards national and international collaboration?

- Three relationships
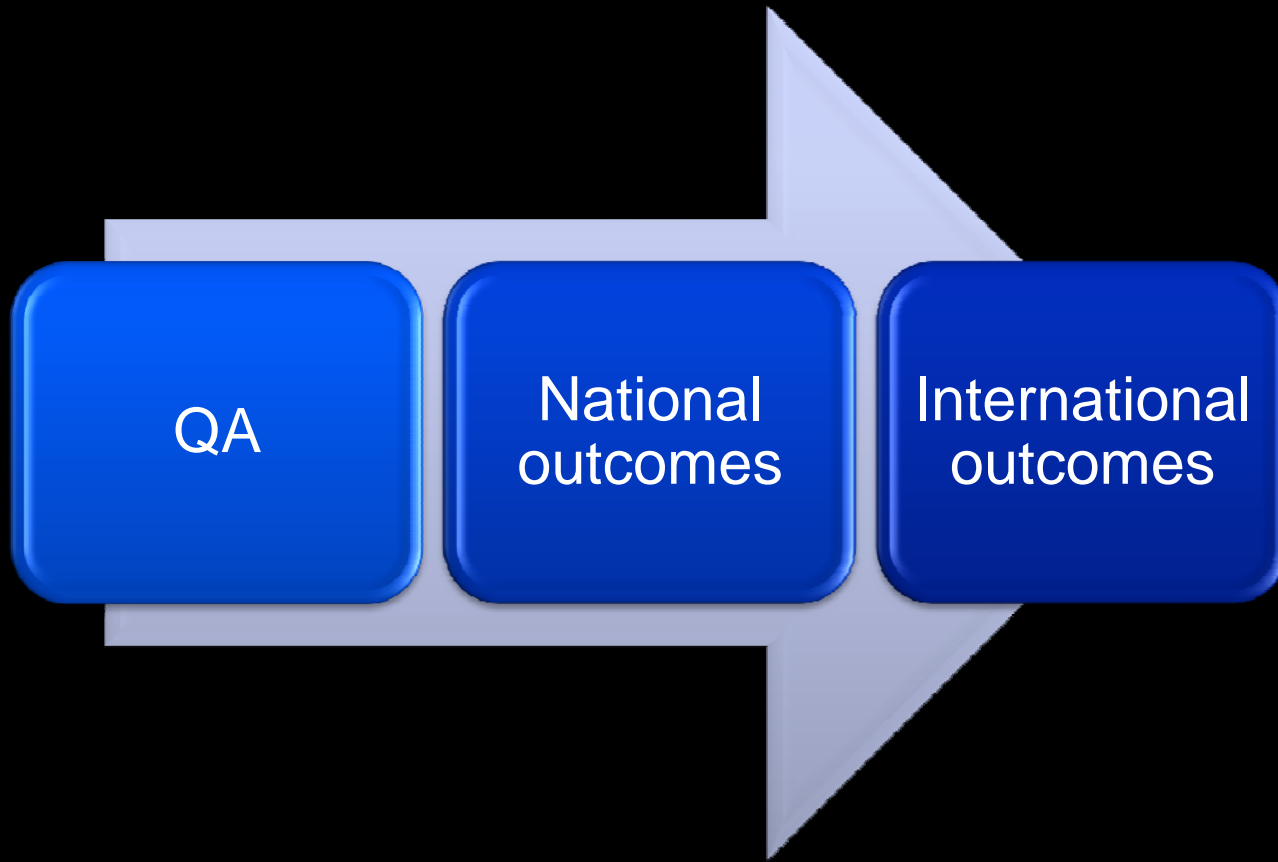
Strategic QA

- How do we do less and get more?
  - Systematic planning
  - Multipliers from technology and collaboration
  - Don't evaluate everything all of the time
  - Feed QA into a vibrant QI process / research process/scholarly process to establish meaning

Thanks

- University of Wollongong
- Graduate School of Medicine

- Staff and students