

June 20, 2011 (Monday)

Pre-Congress Seminars

**KEMPINSKI HOTEL CORVINUS
REGINA BALLROOM I.**

**Erzsébet tér 7-8, Budapest V.
Monday 10:00 – 18:15**

2.4. QUALITY IN HEALTHCARE

Session Chair: *Grace Brannan, Ohio University, College of Osteopathic Medicine, Athens, OH, USA*

16.30 Quality in Healthcare: How a Medical Training Consortium Use Competency Based Learning to Prepare Future Physicians in Evidence – Based Medicine
Grace Brannan, Ohio University, College of Osteopathic Medicine, Athens, OH, USA

Brannan, Grace Divino (USA), Associate Member of the International Academy for Quality (IAQ)

Grace Brannan earned B.S. degree in 1988 at the University of the Philippines, M.Sc. 1995. University of Georgia, and Ph.D. 1998. Kansas State University, Manhattan, Kansas. She is a Sensory Scientist/Statistician with 20 years of industry and academic research, teaching and grant writing experience. She is a qualitative and quantitative expert in behavioral, public health and population-based research studies, design of experiments, consumer segmentation/preference mapping and statistical analysis of data.

As a Director of the Centers for Osteopathic Research and Education (CORE), she leads strategic planning, project prioritization, training and initiative implementation for research in the 25-hospital system for CORE supporting physician faculties, 630 physician residents and 500 medical students. Together with Miflora Gatchalian, in March 2009 she published the book "Sensory Quality Measurement: Statistical Analysis of Human Responses" in Manila. As an Outstanding Research Mentor, in 2010 Mr. Brannan was nominee for the Distinguished Osteopathic Commitment Awards at the Ohio University.

Quality in Healthcare: How a Medical Training Consortium Use Competency-Based Learning to Prepare Future Physicians in Evidence-Based Medicine

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Medical residents in the United States adhere to core competencies as part of their graduate medical education. These competencies guide their training and its content. In the US, there are two medical training tracks: the allopathic which awards the Doctor of Medicine (MD) degree, or osteopathic, which awards the Doctor of Osteopathy (DO) degree.

The following are the seven osteopathic core competencies
(<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/core-competency-compliance-program-part-3.pdf>):

1: Osteopathic Philosophy and Osteopathic Manipulative Medicine:

Residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2: Medical Knowledge: Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.

3: Patient Care: Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

4: Interpersonal and Communication Skills: Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

5: Professionalism: Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.

6: Practice-Based Learning and Improvement (PBLI): Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

7: System-Based Practice (SBP): Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

The allopathic field embraces competencies 2 to 7. Although all seven competencies integrate research and research principles, this presentation **will focus on PBLI and SBP as an approach to teaching evidence-based medicine (EBM).**

PBLI deals with a medical resident's ability to evaluate and improve patient care practices using scientific, evidence-based, and objective methods. SBP's focus is in preparing a future physician to work effectively in a cross-functional environment. Both core competencies aim at teaching a resident to use evidence-based methods to improve the quality of patient care and safety.

Despite its importance, the medical literature indicates that residents do not have a strong background in research skills and statistical knowledge, two very critical components in one's ability to apply a scientific approach to a problem. The ability to deliver state-of-the-art medical care that is cognizant of the most recent thought and evidence on a particular medical problem is one characteristic that can differentiate and distinguish today's practitioners. The skill to access and mine the wealth of available medical knowledge is paramount to practicing evidence-based medicine. Current literature also points toward the fact that the need for research training, which is the foundation of evidence-based practice, exists at all levels: medical students, residents, and practicing physicians.

The Ohio University College of Osteopathic Medicine partners with 15 hospitals within the state of Ohio to form the Centers for Osteopathic Research and Education (CORE) community hospital-based medical training consortium. Through this model, the CORE Research Office was formed to address the needs of PBLI and SBP among our resident trainees.

Evidence-based medicine is an approach of practicing medicine with the *goal to improve and evaluate patient care*. It requires the *judicious integration of best research evidence with the patient's values to make decisions about medical care*. This quality concept was introduced in 1997. This method is to help physicians make proper diagnosis, devise best testing plan, choose best treatment and methods of disease prevention, as well as develop guidelines for large groups of patients with the same disease." (from JAMA 296 (9),

2006)<http://www.ncbi.nlm.nih.gov/mesh?term=evidence%20based%20medicine>

As mentioned before, very few physicians are trained or engaged in research. The word 'research' is a turnoff to someone who would rather concentrate on taking care of patients. We have to learn the hard way that a different approach is needed to turn this perception around especially in light of the pressing need to train residents in research skills.

Through a series of focus groups and survey of medical students, residents and practicing physicians, we have created a series of training modules and tools to address this critical component in medical training. Central to this training is the emphasis on patient care and safety and that the training is a means to achieve those important goals. This presentation will describe the modules and tools and recent improvements in achieving PBLI and SBP competencies in the context of providing residents with research skills.