Strategies for Learning and Change in Healthcare

Paul E. Mazmanian, PhD
Perceived Need by Actual Need

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Effectiveness of Interventions by Type of Intervention

- Positive Outcomes
- Negative/Inconclusive Outcomes

Number of Interventions Demonstrating Positive or Negative/Inconclusive Change

- Educational Materials
- Formal CME
- Outreach Detailing
- Opinion Leaders
- Patient Mediated
- Audit/Feedback
- Reminders
- Double Interventions
- Multiple (34) Interventions
Perceived Need by Actual Need

Actual

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The AAMC Cube
Maintenance of Certification

• Professional Standing
  – Maintain unrestricted license

• Lifelong Learning and Self-assessment
  – Participate in educational and self-assessment programs

• Cognitive Expertise
  – Pass formalized examination

• Practice Performance Assessment
  – Assess quality of care compared to peers and national benchmarks
  – Apply evidence
  – Complete follow-up assessment
GME Competencies

• **Practice-based Learning and Improvement**
  – Investigate and evaluate patient care practices
  – Appraise and assimilate scientific evidence
  – Improve practice

• **Systems-based practice**
  – Maintain responsibility to larger context and systems of health care
LCME Standards

• **ED-5-A**
  - Educational program must include active learning and independent study to foster skills necessary for lifelong learning

• **Annotation**
  - Self-assessment of learning needs
  - Identification
  - Analysis
  - Synthesis of relevant information
  - Assessment of resources for credibility
Strategies for Change

- Assess system needs/teams
- Provide opportunities to reflect on organizational processes that enable/constrain care giving
- Continue to shift accreditation, licensing, and certification to reward individual and systems-based learning/improvement
Sociogram of 18 Investigators Selecting Collaborators Across Disciplines


Moore, Jr. DE and Pennington FC. Practice-based learning and improvement. J Contin Educ Health Prof 2003: 23 (Supplement 1); S73-S80.

