OUTCOMES FROM THE 2ND ANNUAL CHAIRS IN PSYCHIATRY SUMMIT

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ABOUT THIS POSTER

Theme Related Area: Quality of care and patient health outcomes improvement

Competency Area: 2.9 - Provide interactive learning and opportunities to practice skills that lead to change in physician performance.

Target Audience: Non-beginners

Member Section: All

OBJECTIVES

1. Address the concept of active learning, which converts into information translation and application;
2. Recognize varied educational formats, inclusive of didactic presentations, small group interactions, chart review sessions, one-on-one opportunities for interaction, and networking with faculty and colleagues;
3. Analyze outcomes data from educational sessions to determine impact on clinicians behavior and therefore patient care.

BACKGROUND

Based on a strong commitment to the continuous professional development of clinicians, the Annual Chairs in Psychiatry Summit (Chair Summit) was developed as an innovative format to improve clinician practice and patient outcomes related to the practice of psychiatry. 243 participants from 39 different states and Canada attended. The Chair Summit is unique in that all faculty presenters are Chairpersons of Departments of Psychiatry. They presented current research, latest studies, and cutting-edge advances in the field. The educational formats were varied and involved didactic presentations, small group breakouts, chart review sessions, and one-on-one opportunities for interaction and networking with faculty and colleagues.[1,2]

The Chair Summit is built on the concept of active learning, which focused on translation and application. Each session concluded with a "clinical connection" to help clinicians translate the evidence to the care of patients.

An integral part of each Chair Summit has been to measure educational effectiveness. Thus, a Clinical Assertion model[3] and Moore's model of outcomes measurement[4,5] were used for this educational intervention to evaluate level 5 outcomes – performance.

METHODOLOGY

Specific areas of content were selected for focus in this study based on the practice gaps and learning needs identified in the needs assessment and during the content development process. These areas were also linked to the activity learning objectives.

The outcomes plan consisted of 2 phases :
Phase 1: Commitment-to-Change (CTC) Assessment: Immediately after activity
Phase 2A: Clinical Assertion Assessment: 6 months after activity
Phase 2B: Applied Learning Assessment: 6 months after activity

As an outcome partner, the Postgraduate Institute of Medicine (PIM) assessed Level 5 - performance at approximately three to six months after the activity, allowing enough time for the clinician to make changes and ascertain whether they should become a permanent part of practice/patient care routines. At the appropriate interval, a total of 98 opt-in participants from the original activity with valid email addresses were sent an invitation to participate in an online survey consisting of four clinical assertion statements, up to seven Applied Learning questions, and three demographic questions.

METHODOLOGY cont.

The clinical assertion statements chosen for measurement reflected the practice area of the primary target audience, in this case physician/advanced degree point-of-care provider (physician assistant and nurse practitioner) practice only. Those without the clinical responsibility to implement the strategy under consideration were able to opt-out of answering related questions by indicating that the strategy is not within his/her scope of practice.

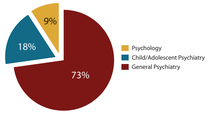
Clinical Assertion Statements Assessed:

1. Use a standardized rating scale when assessing for ADHD in children and adults.
2. Implement an assessment tool such as a mood chart to evaluate and review clinical trends in patients with bipolar disorder.
3. Assess for psychiatric comorbidities utilizing a validated assessment tool in children with ADHD.
4. Develop a stronger therapeutic alliance as part of the treatment plan to improve adherence and continuity of care in patients.

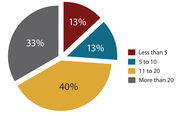
OUTCOME MEASUREMENT AND RESULTS

RESPONDENT DEMOGRAPHICS

Specialty



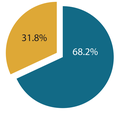
Years in Practice



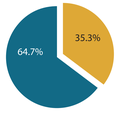
PHASE I: COMMITMENT-TO-CHANGE ASSESSMENT

Evaluation data following participation in the educational sessions reflected a strong impact on clinicians. Participants (N = 98) stated that they intended to change their practice in specific patient groups such as bipolar disorder (68.2%), schizophrenia (64.7%), and ADHD (52.3%).

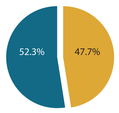
Bipolar Disorder Educational Track



Schizophrenia/Psychosis Educational Track



ADHD Educational Track



Intend to Change Do Not Intend to Change

The strategy of self-reported outcomes measurement has been found to be predictive of implementation of change in physicians' practice, and can stimulate reflection to institute change, planning new educational activities, and evaluate impact of education.[5]

OUTCOME MEASUREMENT AND RESULTS cont.

PHASE 2A: CLINICAL ASSERTION ASSESSMENT

The most effective strategy was Strategy 4, with a 2.97 likelihood of the outcome demonstrating change in behavior, followed by Strategy 2 with a 2.42 likelihood of demonstrating change.

Strategy Questions Please indicate how often you would choose the indicated strategy for your practice.	Average (Goal = 6.00)	Likelihood for Change Measure
Strategy 1: Use a standardized rating scale.	5.00	1.45
Strategy 2: Implement an assessment tool such as a mood chart to evaluate and review clinical trends in patients with bipolar disorder.	5.20	2.42
Strategy 3: Assess for psychiatric comorbidities utilizing a validated assessment tool in children with ADHD.	4.40	1.33
Strategy 4: Develop a stronger therapeutic alliance as part of treatment planning to improve adherence and continuity of care in patients.	5.40	2.97

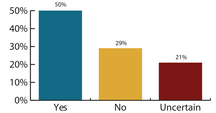
PHASE 2B: APPLIED LEARNING ASSESSMENT

All of the participants who successfully implemented changes indicated they had a beneficial effect on one or more aspects of their patients' health. The reported success of these participants in improving the health of patients with psychiatric disorders is evidence of the effectiveness of the activity. Results for four of the seven Applied Learning questions are included here as they were associated with the greatest change.

Of the respondents to the Applied Learning survey who indicated changes were made in day-to-day office procedures following participation in the CME activity, 80% were successful in implementing those changes.

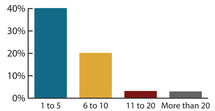
The respondents to the Applied Learning survey who did not make changes in day-to-day office procedures indicated that a lack of time, practice staff or resources, and patient/family cooperation were barriers to implementing change within their practice.

Applied Learning Question #1:
Did you change your clinical decision-making or alter office routines as a result of participating in this 3 1/2-day activity?

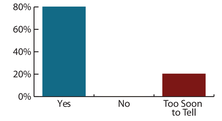


OUTCOME MEASUREMENT AND RESULTS cont.

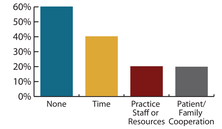
Applied Learning Question #4:
How many patients benefited from these changes since participating in the activity?



Applied Learning Question #5:
Have these changes become a routine part of your practice?



Applied Learning Questions #7:
What barriers to initiating these changes did you encounter?



CONCLUSIONS AND IMPLICATIONS

This study demonstrated the effectiveness of the activity in conveying information to professionals in a manner that promoted application of learning to practice, and demonstrated improved performance as a result of participation in the activity. The 2009 Chairs in Psychiatry Summit improved performance using the Moore model, and met **Level 5 Outcomes – Performance**.

As a result of participation in Chair Summit:

- ☑ **50% of surveyed physicians changed their clinical decision making**
- ☑ **80% of surveyed physicians made these changes part of routine practice**
- ☑ **60% of surveyed physicians felt patients benefited from these changes**
- ☑ **Potentially >295 patients were impacted as a result of these changes within three to six months after the activity**
- ☑ **Identified barriers to implementing changes in practice were used to develop needs assessments for the 3rd Annual Chair Summit**

CONCLUSIONS AND IMPLICATIONS cont.

- The strategy most likely to be effectively adopted by participants in this activity was the development of a stronger therapeutic alliance as part of a treatment plan to improve adherence and continuity of care in patients.
- Compliance with treatment is a very important issue, as noncompliance can have serious consequences, such as relapse or recurrence of the illness. It is not surprising that these mental health professionals would embrace a strategy that lies at the core of their scope of practice as the basis for improving medication adherence in patients/clients.
- Whenever there is an interval between a CME activity and measurement of impact, there is always the possibility that other events or sources of information not related to this activity influenced responses on the survey.

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