Theories/Concepts/Rationale

   
   This review suggests a link between improved patient care and using computerized information services such as physician and patient reminders, treatment planners, and interactive patient education.

   
   The authors describe the serial “V” concept as an approach to improving patient care by integrating outcomes measurement, process improvement, and continual improvement. A worksheet and case example are included.

   
   Because it requires reflection and action that aid learning, the plan-do-study-act method is promoted as a systematic and useful way to improve clinical practice.

   
   The process of critical self-reflection and its role in good clinical practice are described in this article.

   
   This paper describes conditions likely to aid practice-based learning and improvement such as a setting that promotes learning, easy access to practice performance data and best evidence, collaborative leadership, and alignment across practice values and the sociotechnical system.


   The writer explains the importance of practice improvement and, using diabetes as an example, describes an approach that uses population data, visual analysis of patient care and outcomes, and plan-do-study-act cycles.


   Surveyed residents reported making mistakes with serious adverse outcomes in 90% of cases. Residents who accepted responsibility for the mistake and discussed it were more likely to report constructive changes in practice.

Teaching/Learning


   Exit rounds, where residents discuss what they learned from discharged patients, are used by this writer to help transform practice experiences into learning events.

In this curriculum, residents conduct a learning needs assessment, develop a learning plan, ask and track clinical questions, access learning resources, and learn to read medical journals efficiently.


This paper reports on an approach to teach residents how to analyze clinical practice and use tools (e.g., plan-do-study-act cycle worksheet) to improve practice.


The curriculum described in this article teaches residents evidence-based medicine, clinical guideline development, continuous quality improvement and team leadership.


This article describes the needs assessment, objectives, instructional content and strategies, and assessments used to implement an EBM curriculum for residents.


The writers present educational objectives for both practice-based learning and improvement and systems-based practice that are categorized within health care improvement concepts such as measurement, making change, health care as a system, and collaboration.


This approach to teaching population-based health concepts uses a case study and information about patient group demographics, clinical characteristics, and utilization patterns.


Practice-based learning and improvement is taught to residents during M&M morning reports, chart self-audits, and portfolios. Systems-based practice is taught during multidisciplinary rounds and quality assessment-systems improvement exercises.

Assessment


This study indicates that an electronic diary can provide valid evidence of reflection on practice and the ability to articulate learning needs.
This article provides an example of a portfolio entry that demonstrates reflection and practice analysis, and personal learning points generated from a difficult patient encounter.

The writers discuss development and validation of a 19-item, self-administered questionnaire that assesses physician lifelong learning.

A physician self-evaluation process that uses patient, peer, and self ratings to aid development of a personal improvement plan is described in this article.

The process used to examine the reliability of a checklist to assess audit projects (projects that demonstrate the ability to analyze and improve a specific component of one’s own practice) is described.

This review describes four methods that have been used to assess some or all steps of practice-based learning and improvement.

In this study, the effects of resident involvement in an improvement project were measured by changes in patient care processes (i.e., immunization rates) discerned from review of medical records.

Changes in residents’ preventive care performance were measured by scores derived from chart audits completed by the residents’ peers.