

MPOG QI for Learners Meeting Minutes

Thursday, February 20th, 2025 2-3pm EST via Zoom

Attendance:

Greg Balfanz, University of North Carolina	Kunal Karamchandani, UT-Southwestern
Nicole Barrios, MPOG Coordinating Center	Eva Lu-Boettcher, University of Wisconsin
Mara Bollini, Washington University	Fatima Msheik, American University of Beirut
Kate Buehler, MPOG Coordinating Center	Katie O'Connor, Johns Hopkins
Matt Caldwell, University of Michigan	Bethany Pennington, Washington University
Krassmir Denchev, Trinity Health Oakland	Nirav Shah, MPOG Coordinating Center
Tony Edelman, MPOG Coordinating Center	Lida Shaygan, UT-Southwestern
Tariq Esmail, University Health Network – Toronto	Meridith Wade, MPOG Coordinating Center
Kim Finch, Henry Ford Health System	Lara Zisblatt, University of Michigan

Agenda & Notes

1. Introductions
2. Overview of MPOG MOCA Part IV program
3. Discussion
 - a. ***How is MPOG data currently used within your organization to assist learners?***
 - i. Tariq Esmail (UHN): MPOG Provider Feedback emails not yet activated for residents yet but did engage educators. Clinical Encounter Assessments (CEA) are required and certain competencies have to be met with EPAs. Not all sites that residents go to are on MPOG yet. Would be nice if MPOG could assist with generating case logs to help identify the types of experience the resident has or has not had.
 - ii. Kunal Karamchandani (UT Southwestern): Besides just reviewing cases - should add something more, like literature review. Could also trend a metric over the course of their residency to see if they are improving. Of note, not all of our sites where residents practice are on MPOG either.
 - iii. Lara Zisblatt (UM): We provide them with data separate from MPOG provider feedback emails because we want measure feedback outside of those selected for review for the rest of the site. Performance is high on some of the measures across faculty or CRNAs but is highly variable across resident performance. Also, we like to evaluate data for a 3-month period rather than the last one month since residents are floating across a wide variety of sites and want to get a clear picture of their performance over time. Also offer a talk about ASPIRE to help guide their review of the data.

1. Eva Lu-Boettcher (UWiscnsin): How has this translated to the ACGME process?
 2. Lara Zisblatt (UM): If you complete the process, we consider that completion for this ACGME milestone.
- b. ***Any interest in offering a similar (MOCA-like) program to other learners?***
- i. Tariq Esmail (UHN): Don't know that the time lag would work well for residents in the self-reflective practice. Would be more useful to have more real-time feedback. Not sure if the individual case review without guidance would be all that helpful either.
 - ii. Greg Belfanz (UNC): I don't think our residents would get a great deal out of it. Think they would need more assistance similar to what Lara was describing to really understand what they are looking at and why its important/valuable.
- c. ***What is needed to meet current needs of residents/SRNAs?***
- i. Lara Zisblatt (UM): There are milestones for practice-based learning for residents. Goal would be for residents to become comfortable with reviewing feedback and taking what they can from it and not feel negatively about it. Treat it as an opportunity to learn only.
 - ii. Bethany Pennington (WashU): Looking for additional ways to engage our learners in QI. Not a mandated interaction with the MPOG measures for learners. In reviewing the ACGME requirements, were wondering how we could use MPOG to engage our learners more and meet ACGME requirements. Benefit in engaging learners is that we believe it will also engage our faculty members in additional QI.
 - iii. Matt Caldwell (UM): Ability to target specific evaluation based on specific experiences within MPOG. One limitation is the time delay with MPOG data being available for review.
 - iv. Eva Lu-Boettcher (UWiscnsin): Would be helpful to build a PBLI program around MPOG data with a built-in feedback system. Each program could use that to build into a PBLI locally. Our residency director is interested in that type of program to be offered.
 - v. Mara Bollini (WashU): Think one of the components that would be most helpful would be the discussion between the resident and the program director on a 6-month basis to identify opportunities for improvement and highlight that practice-based learning behavior. Data to support these resident check-ins would be helpful.
- d. ***FAER Grant In-progress at UMichigan - Matt Caldwell***
- i. Single center study to be published in April in A&A
 - ii. Multiple center study to be starting soon
 - iii. Impetus for study:
 1. Lack of knowledge around what our residents are currently experiencing in the OR
 2. In US, want adequate depth of experience and evaluate this based on time logs. Unsure what they have learned at the end of residency though
 3. Could be large variability in what residents experience in their residency
 - iv. Evaluated 5-6 resident classes in single-center study and found quite a bit of variability in experience

4. Next Steps

- A. Identify the list of MPOG QI Measures that are education-focused
- B. Create additional phenotypes for relevant 'experiences' for residents (massive transfusion, for example)
 - a. Allow these filters within QIRT for department leaders to utilize to track experience 'needs'
 - b. Allow residents to use these filters within their individual dashboard to assess progress/opportunities
- C. Identify process for assigning certain measures to residents at different times throughout residency that would be different/separate from the measures selected for the overall department - could auto-assign measures at certain points in their residency.
 - a. Need a view for department leaders to track performance for learners (residents but perhaps also SRNAs)
- D. Coordinating Center to discuss these next steps and schedule follow-up meeting to review progress with this workgroup (within next couple months)