AiAMC
Alliance of Independent Academic Medical Centers

NATIONAL INITIATIVE X:

Micro Environment Approach: Understanding the Key Principles of a Thriving Clinical Learning Environment

Meeting One

DAY ONE

October 16 – 17, 2025

Omni Chicago Hotel, Chicago, IL

WELCOME!

NI X Meeting One

Optimizing the Clinical Learning Environment for the Future

Access to Meeting Materials

- All **Slides** and **Meeting Materials** are Available **on our Website:**
  - > www.aiamc.org
  - > Events (grey toolbar; top page)
  - > 2025 AIAMC National Initiative X Meeting One
  - > Meeting Materials Tab

VK

Wi-Fi Access:

- Wireless Internet In All Meeting Rooms:

  > Network: OMNIMEETING
  > Passcode: aiamcmtg1

VK

Agenda Overview

- 1:15 – 1:25 Personal Story
- 1:25 – 2:25 Start With the End in Mind: Presentation and Interactive Table-Top Exercises
- 2:25 – 2:30 Breakout Instructions
- 2:30 – 2:40 Break
- 2:40 - 5:00 Cohort Breakouts -Project Presentations
- 5:00 – 6:00 Reception

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Evaluation and CME Credit

- Evaluation Form – Please Complete Online Here:
  https://www.surveymonkey.com/r/NIXMtgOne
  (this link is also posted on the AIAMC website)

- All Presenters have completed a *Disclosure of Relevant Financial Relationships* and there were no conflicts reported

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Disclosure Statement:

- **Accreditation**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Ochsner Clinic Foundation and the AIAMC National Initiative. The Ochsner Clinic Foundation is accredited by the ACCME to provide continuing medical education for physicians.

- **Designation**

The Ochsner Clinic Foundation designates this live activity for a maximum of 8.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- **Disclosure**

The Ochsner Clinic Foundation relies upon everyone in control of content at all sponsored continuing medical education activities to provide information objectively and free from bias. In accordance with ACCME and institutional guidelines, the faculty for this continuing medical education activity has been asked to complete the CME Disclosure of Relevant Financial Relationships form. If anyone involved in control of content for the activity does disclose a relationship with an ineligible company, their materials have been peer reviewed to mitigate any potential bias.

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Meeting One Deliverables

- Assess and benchmark the current state of your clinical learning environment
- Identify appropriate sources of measurable data
- Apply learnings to complete team's Project Management Plan

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CIAQ Steering Committee

JP Orlando, EdD
St. Luke's University Health Network

Theresa Azevedo-Rousso, MPA
Kaiser Permanente
Northern CA
CIAQ Co- Chairman

Victor Kolade, MD
Guthrie Robert Packer Hospital
CIAQ Co- Chairman

Deborah Simpson, PhD
Aurora Health Care

Kelly Ussery-Kronhaus, MD, FAAFP
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Joy Walton, MD
OhioHealth Doctors Hospital

John Pamula, MD
Guthrie Robert Packer Hospital

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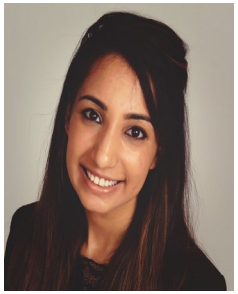
St. Luke's University Health Network



Nishita Jain, MD
Cedars-Sinai Medical Center

Allie Schlicher, PharmD
UnityPoint Des Moines

National Initiative VK

National Support: Advisory Council for NI X

AMA

American Hospital Association™

Advancing Health in America

AAMC

COMMUNITY

Intealth™

Advancing the Global Health Workforce

ACP American College of Physicians®

Leading Internal Medicine, Improving Lives

AACOM

American Association of Colleges of Osteopathic Medicine

ashp

National Initiative

NI X Framework

Timeline		Project Milestones	Project Team Goals
AUG 2025 thru SEPT 2025		Pre-Work/Background	Learn
OCT 2025	Meeting #1 Understanding the Key Principals Micro Environment Approach	Methods & Measurement	Gap Analysis - Design - Implement
NOV 2025 thru Mar 2026			
APRIL 2026	Meeting #2 Implementing a CLE project Meso Environment Approach		
APR 2025 thru SEPT 2026			
OCT 2026	Meeting #3 Supporting the CLE Project and Seeking Input from Others Macro Environment Approach	Implement – Measure Adjust - Sustain	Implement - Measure – Adjust
NOV 2026 thru MAR 2027			
APRIL 2027	Meeting #4 Celebrating Our Results Inspiring the Sustained Improvements in the CLE		Final report out

TAR

National Initiative X Teams

AdventHealth Orlando
Ascension St. Vincent Hospital
Atrium Health Carolinas Med Cent
Aurora Health Care
Baptist Health South Florida
Baystate Medical Center
Cleveland Clinic Akron General
Guthrie Robert Packer Hospital
Hackensack Meridian-Ocean MC
Hackensack Meridian - JFK
Henry Ford Rochester
Kaiser Permanente Northern CA
Mountain Area Health
Novant Health
Ochsner Health
OhioHealth Doctors Hospital
RWJ Barnabas Health Monmouth
St. Luke's University Health Network
TriHealth, Inc
UnityPoint Des Moines
Virginia Mason Medical Center

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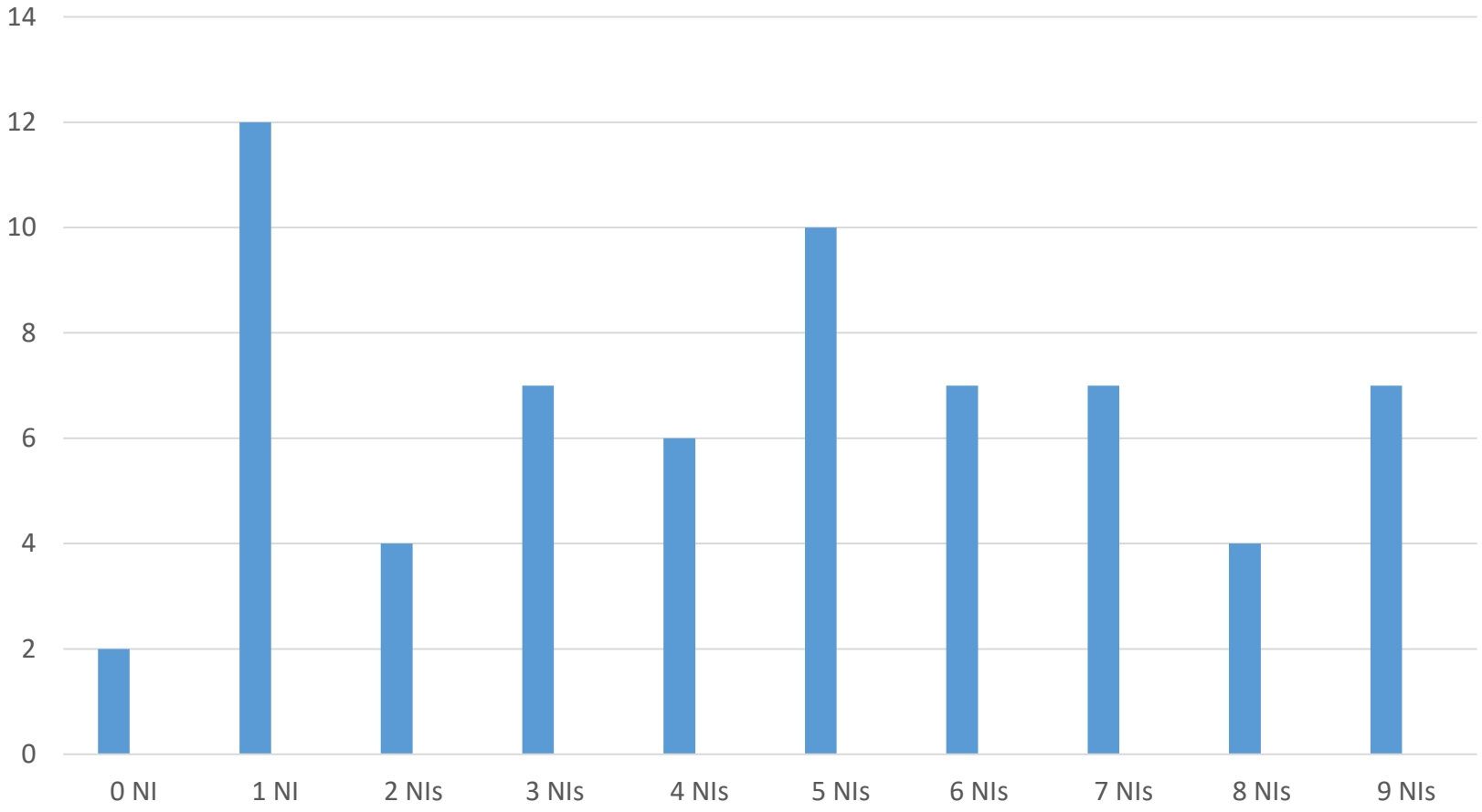
National Initiative

Past NI Experience



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Add TAR Slides here

National Initiative

Add DEBS slides Slides here

National Initiative

YouTube

Break

Instagram

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National Initiative

Gauguin DEB CARLA	Monet KELLY & JOY SAM & JODI	Renoir DANIA & THERESA JOHN & RANCE	Executive Boardroom VICTOR CATHERINE
Cleveland Clinic	Henry Ford Rochester Hospital	Mountain Area Health Education Center	Ascension St. Vincent Evansville
UnityPoint Des Moines	St. Lukes Univ Health Network • Pediatric & Neonatal Resuscitation • Rapid Response Simulation • Push Dose	Aurora Health Care (Greening the Future)	TriHealth
OhioHealth Doctors Hospital Precision Education Pilot	OhioHealth Doctors Hospital Community Care	Ochsner Health	Hackensack Meridian Health JFK
Baystate Health	Hackensack Meridian Health Ocean	St. Lukes Univ Health Network • Resident Clinics • Clinic to Curb	Novant Health
Kaiser Permanente	AdventHealth Orlando	Monmouth Medical Center	Baptist Health
Virginia Mason		Atrium Health	Guthrie Robert Packer Hospital • X + Y • Inbasket • Didactics
Aurora Health Care • Professionalism • AI			

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AiAMC
Alliance of Independent Academic Medical Centers

NATIONAL INITIATIVE X:

Micro Environment Approach: Understanding the Key Principles of a Thriving Clinical Learning Environment

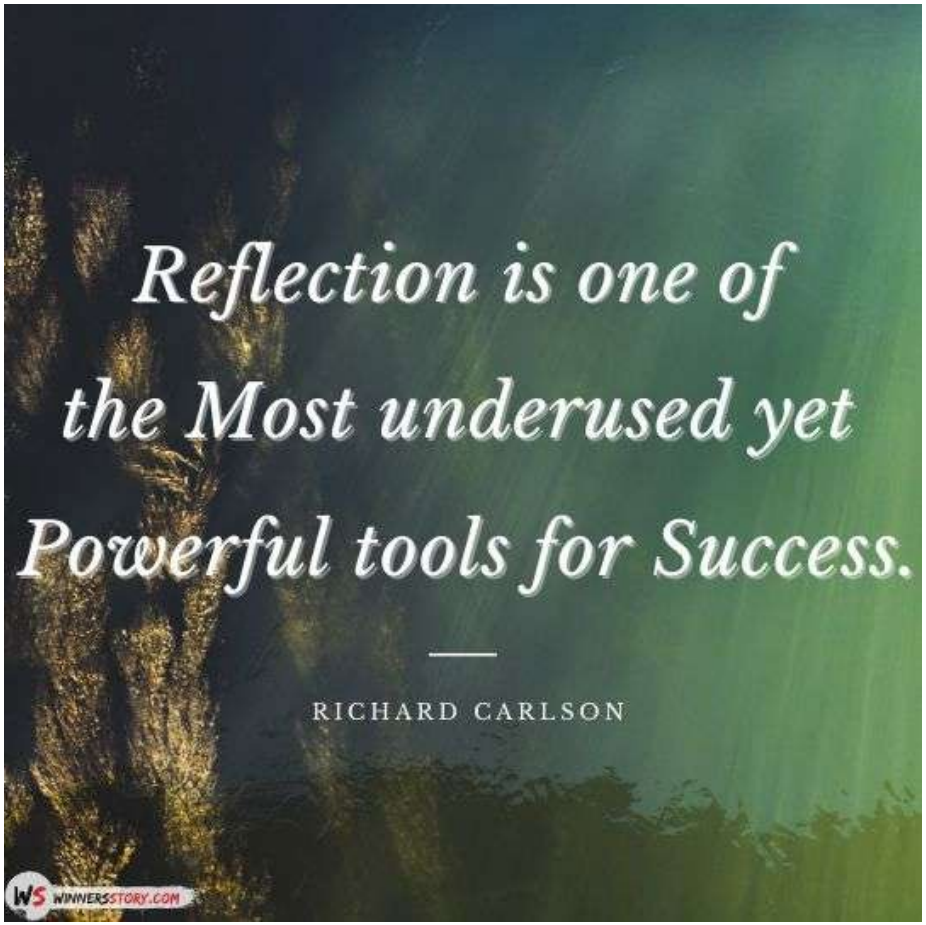
Meeting One

DAY TWO

October 16 – 17, 2025

Omni Chicago Hotel, Chicago, IL

Reflections on Day One



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Agenda Overview

- 8:00 – 8:15 Reflections on Day One
- 8:15 – 9:05 NAC Reactions to Project Presentations and The National View: Why This Work is Important
- 9:05 – 9:45 Data Management Presentation and Q & A
- 9:45 – 10:00 Break
- 10:00 – 10:25 Introduction of Project Management Plan
- 10:25 – 11:25 Institutional Team Working Time - Project Management Plan
- 11:30 – 11:45 Feedback and Q & A - Project Management Plan
- 11:45 – 12:00 Closing Remarks

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National Advisory Council
The National View: Why This Work is Important
Reactor Panel

- Cohort One: Carla DewBerry, Healthcare Attorney and Partner, K&L Gates Law Firm
- Cohort Two: Sam Calabrese, MBA, RPh, FASHP, CPEL, Vice President, Office of Accreditation Services, American Society of Health System Pharmacists and Jodi Langsfeld, EdD, Senior Vice President of Education and Research, The Arnold P. Gold Foundation
- Cohort Three: John Andrews, MD, Group Vice President, Medical Education, American Medical Association and Rance McClain, DO, Sr. VP of Medical Education, American Association of Colleges of Osteopathic Medicine
- Cohort Four: Catherine Apaloo, MD, FACP, Designated Institutional Official and Internal Medicine Program Director at Piedmont Healthcare, American College of Physicians and recently named Sr. Vice President and Chief IMG Experience Officer, Intealth

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PERMANENTE MEDICINE®
The Permanente Medical Group

Crafting Data-Driven Investigations in Clinical Learning Environments

Presenter:

Juleon Rabbani, DrPH
Director, Biostatistical Consulting Unit (BSCU)
Kaiser Permanente Northern California Division of Research

KAISER PERMANENTE®

Learning Objectives

After this session, learners will be able to:

- Recognize different types of data commonly collected in health care settings
- Describe epidemiologic reasoning and how it is related to desired level of evidence
- Evaluate feasibility and the resources needed for different types of investigations

Biostatistical Consulting Unit (BSCU)

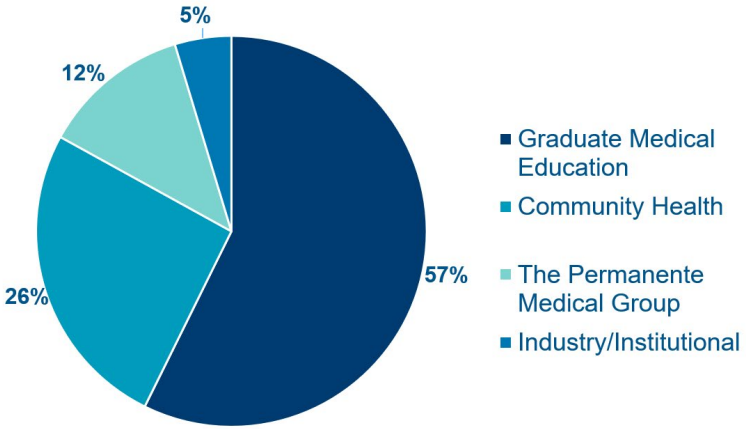
- Founded in 2004 in response to growing:
  - Research interests in our medical centers
  - Programming and biostatistical needs
- 32 staff (23 programmer analysts)

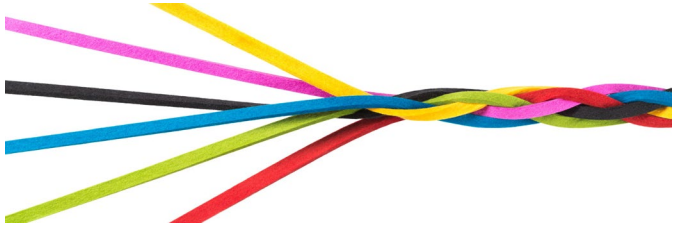
BSCU consultation services at-a-glance:

- Study design
- Statistical methods
- Feasibility data
- Sample size and power calculations
- IRB application development and refinement
- Data collection and management
- Data analyses
- Assistance with preparation of abstracts, presentations, manuscripts (co-authors)

2024 BSCU Research Sponsors

- Kaiser Foundation Hospitals (KFH)
  - Graduate Medical Education (GME)
  - Community Health (CH)
- The Permanente Medical Group (TPMG)
- Industry and Institutional Funding
  - Bayer AG, Physician Researcher Program, other foundation grants





Medical Education Physician Research Leads

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Greater Southern Alameda Area

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UCSF

Gary Grinberg, MD
Bariatric Surgery
Sacramento

Joan Lo, MD
Internal Medicine
Oakland

Choon Hwa (Anne) Goh, MD, MPH
Internal Medicine
San Francisco

Seema Pursnani, MD, MPH
Internal Medicine
Santa Clara

Melinda Bowlby, DPM
Podiatric Surgery
Santa Clara

Matthew Hirschtritt, MD, MPH
Psychiatry
Oakland

Samuel Ridout, MD, PhD
Psychiatry
San Jose

Andrew Ambrosy, MD
Cardiovascular Disease
San Francisco

Cynthia Mendez-Kohlieber, MD
Community Medicine & Public Health
Sacramento

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Emergency Medicine
Central Valley

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San Francisco

Eve Zaritsky, MD
Obstetrics-Gynecology
Oakland

Maryl Sackeim, MD
Obstetrics-Gynecology
San Francisco

Nareg Roubinian, MD, MPH
Pulmonary & Critical Care Medicine
Oakland

Caitlin Painter, DO
Urogynecology & Reconstructive Pelvic Surgery
Oakland/UCSF

Robert Chang, MD
Vascular Surgery
UCSF

Vira Fomenko, MD
Family Medicine
San Jose

Julia Shaver, MD
Family Medicine
Santa Rosa

Kirsten Winnie, MD
Family Medicine
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Nikhil Joshi , MD
Obstetrics-Gynecology
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Tracy Lieu, MD, MPH
Program Advisor
Regional

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Gastroenterology
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General Surgery
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Lisa Yang, MD
General Surgery
Oakland/UCSF

Nardine Riegels, MD
Patient Safety
Oakland

Naomi Adler, MD
Patient Safety
Oakland

Kristie Manning, MD
Pediatric Hospital Medicine
Oakland

Christine Garcia, MD
Gynecologic Oncology
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Raymond Liu, MD
Hematology Oncology
San Francisco

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Nirmala Ramalingam, MPP

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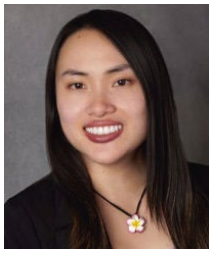
Aida Shirazi, R.Ph, MS., Ph.D.

Santa Clara

Cynthia Triplett, MPH, MA

Napa Solano



Kat Dang, MS, MAS

GME Research Project Managers (RPMs)

San Jose

Brooke Harris, PhD

Santa Rosa

Shannon McDermott, PhD

Medical center-based researchers who support local GME research and quality improvement initiatives

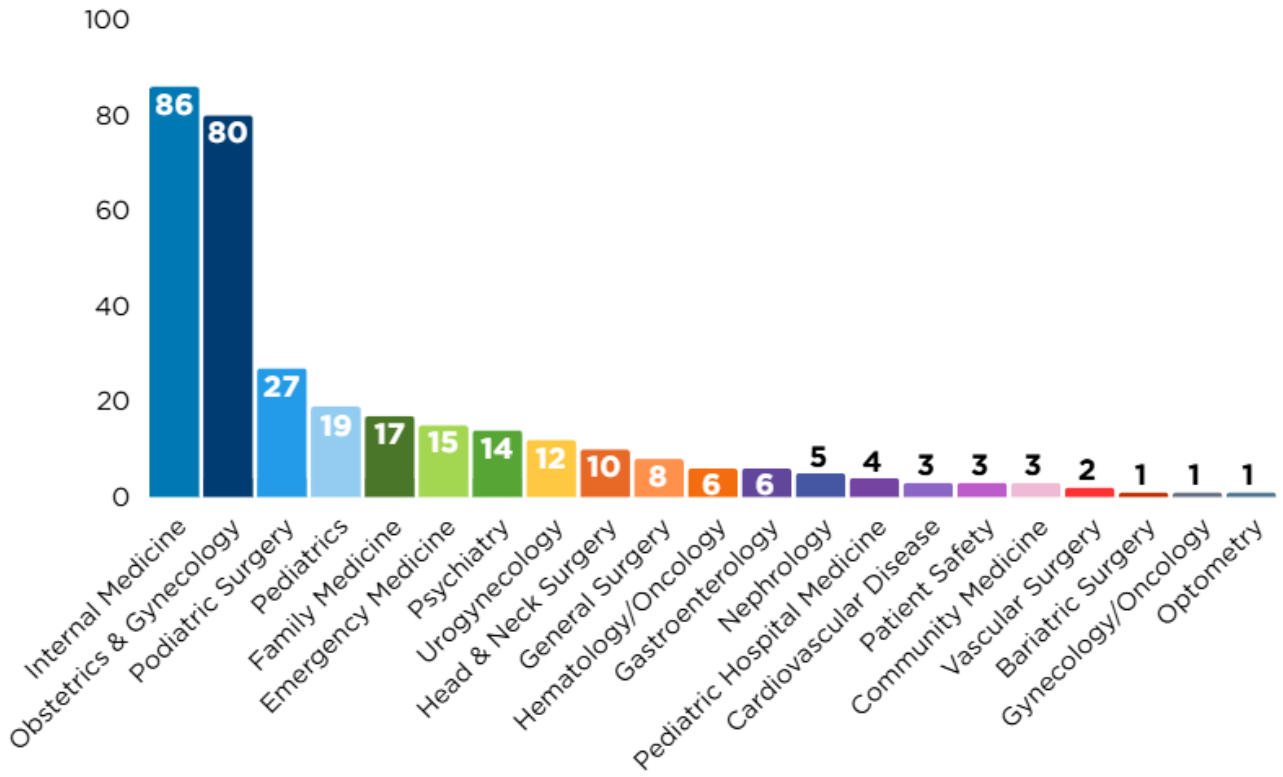
Sacramento

Stacie Lloyd, PhD

Modesto

Lorlelei Lee-Haynes, MPH

Recent* Medical Education-led Studies (N=323)

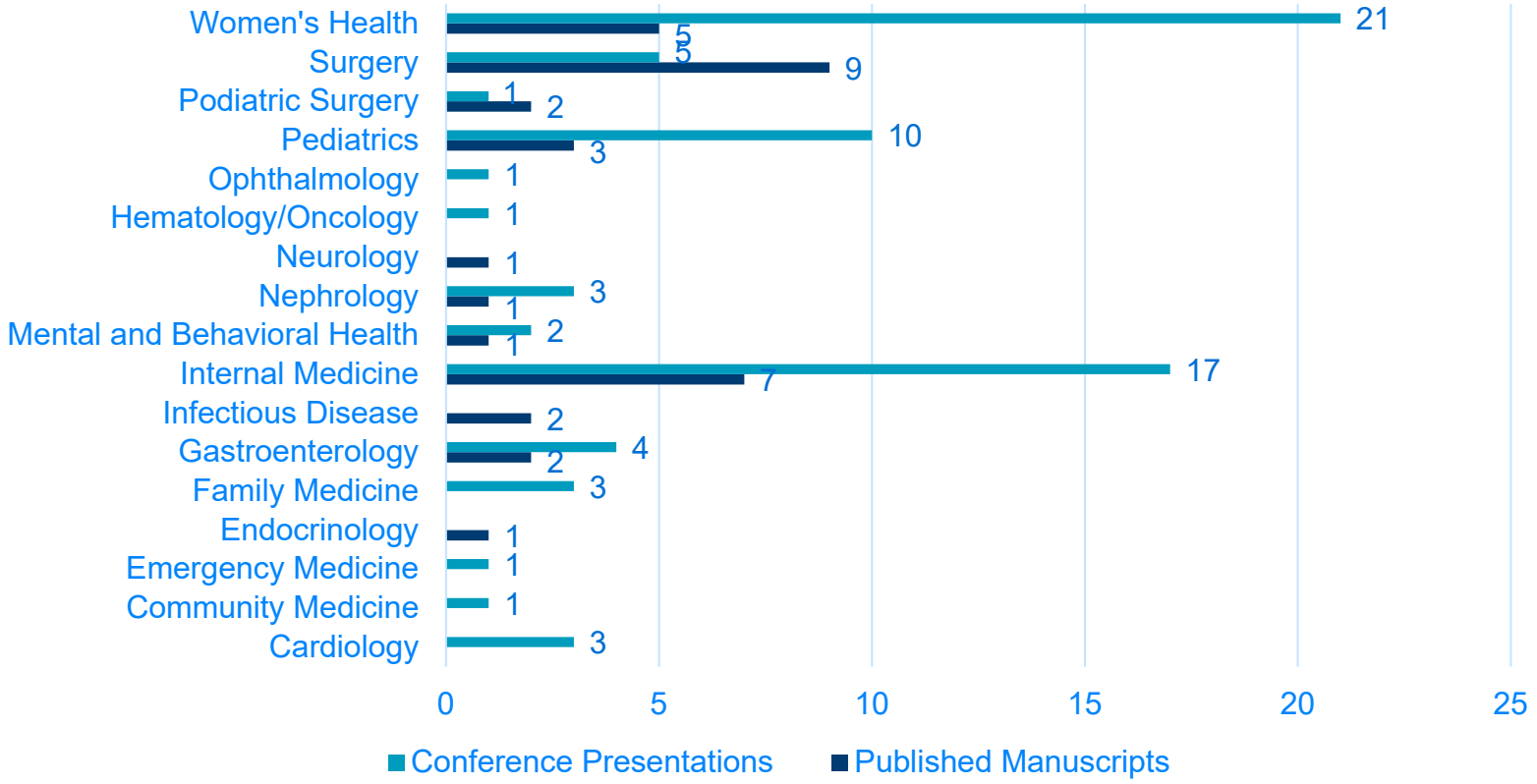


*Jan 2024 - Oct 10, 2025

Scholarly Outcomes by Clinical Specialty

In 2024, the BSCU supported **107 scholarly outcomes**:

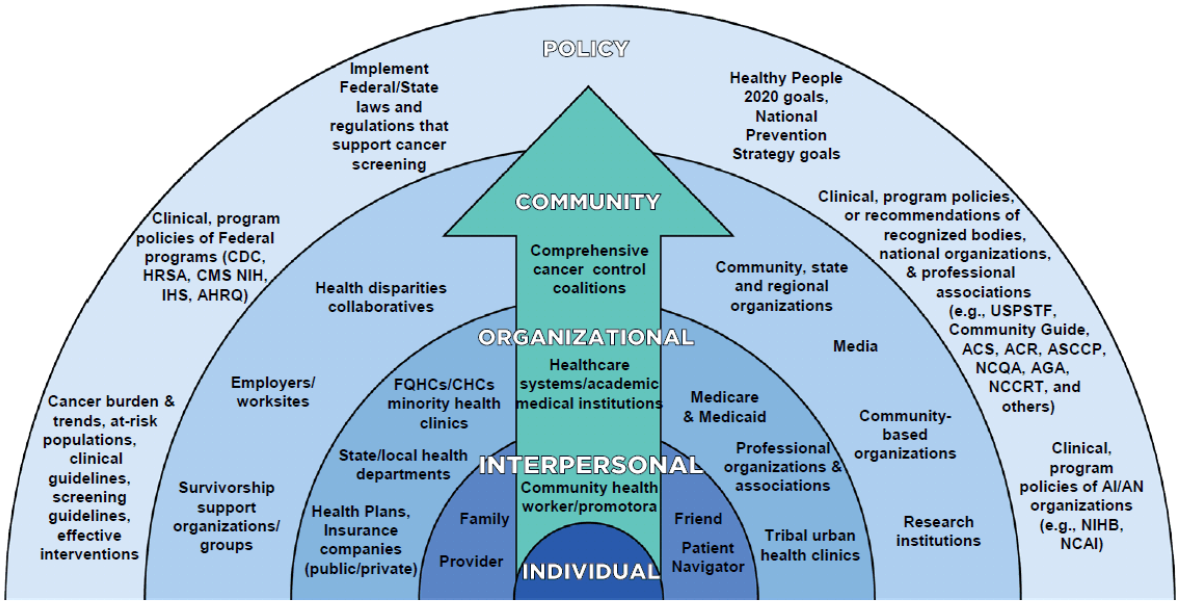
- **34 Published Manuscripts**
- **73 Conference Presentations**



PERMANENTE MEDICINE®
The Permanente Medical Group

Understanding Data

Levels of Data (socio-ecological)



*Some groups may fit within multiple levels of this model.

The CDC Colorectal Cancer Control Program's (CRCCP's) multi-level approach to colorectal cancer prevention

- Outcomes are influenced by factors at **multiple levels**, from genetic to societal
- There are important **interactions** between and within levels
- Change at higher levels **(society)** can cause change at lower levels **(behavior)** and vice versa **(reciprocal determinism)**

Choosing a Level and Scope of Intervention & Investigation

- Suggest limiting to 2 levels:
  - One level: Individual (resident's attitudes) & Individual (resident's clinical competency)
  - Two Levels: Individual (resident's attitudes) & Interpersonal (attending's behavior)
- It takes an entire body of knowledge to address all levels
- Critics can be unrealistic
  - If you don't solve economic inequality, your intervention is trivial
- Thinking at multiple levels will broaden your intervention & investigation options

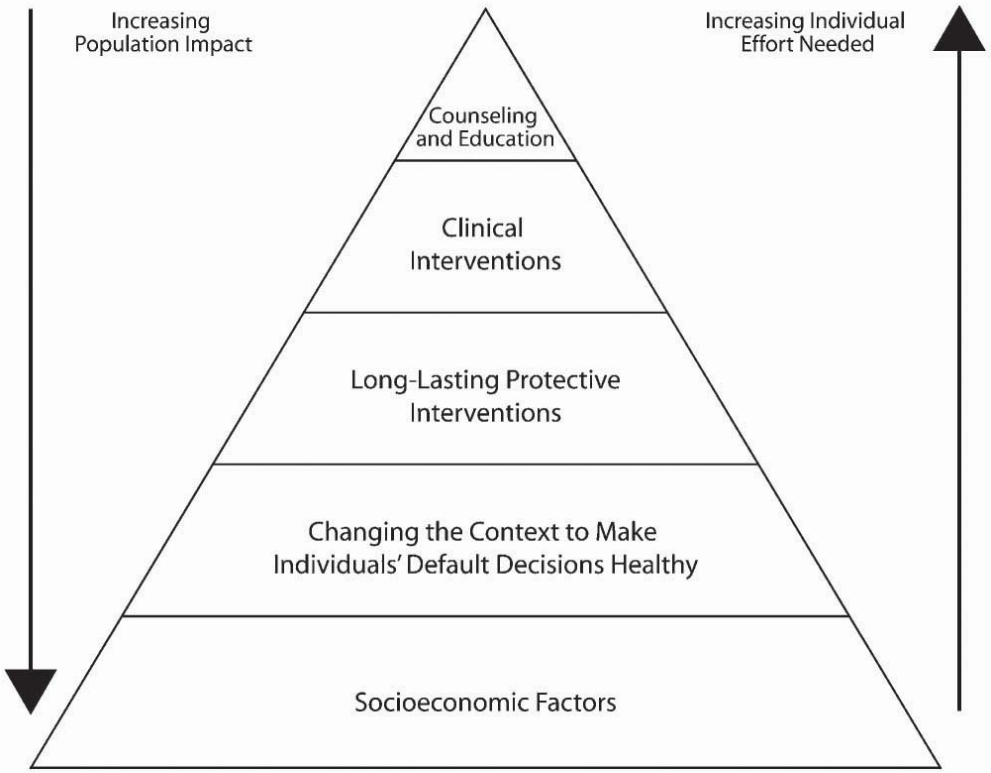
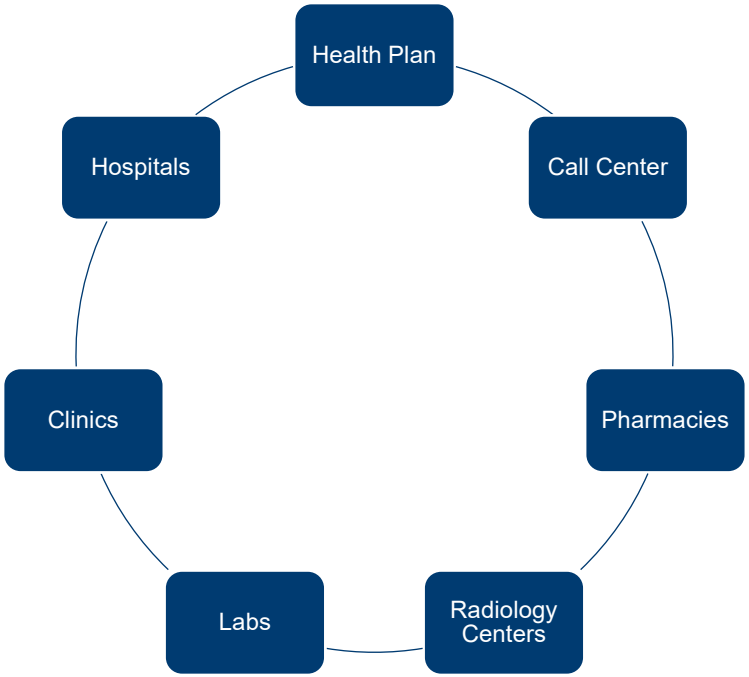


FIGURE 1—The health impact pyramid.

Frieden, 2010

Types of Health Care Data

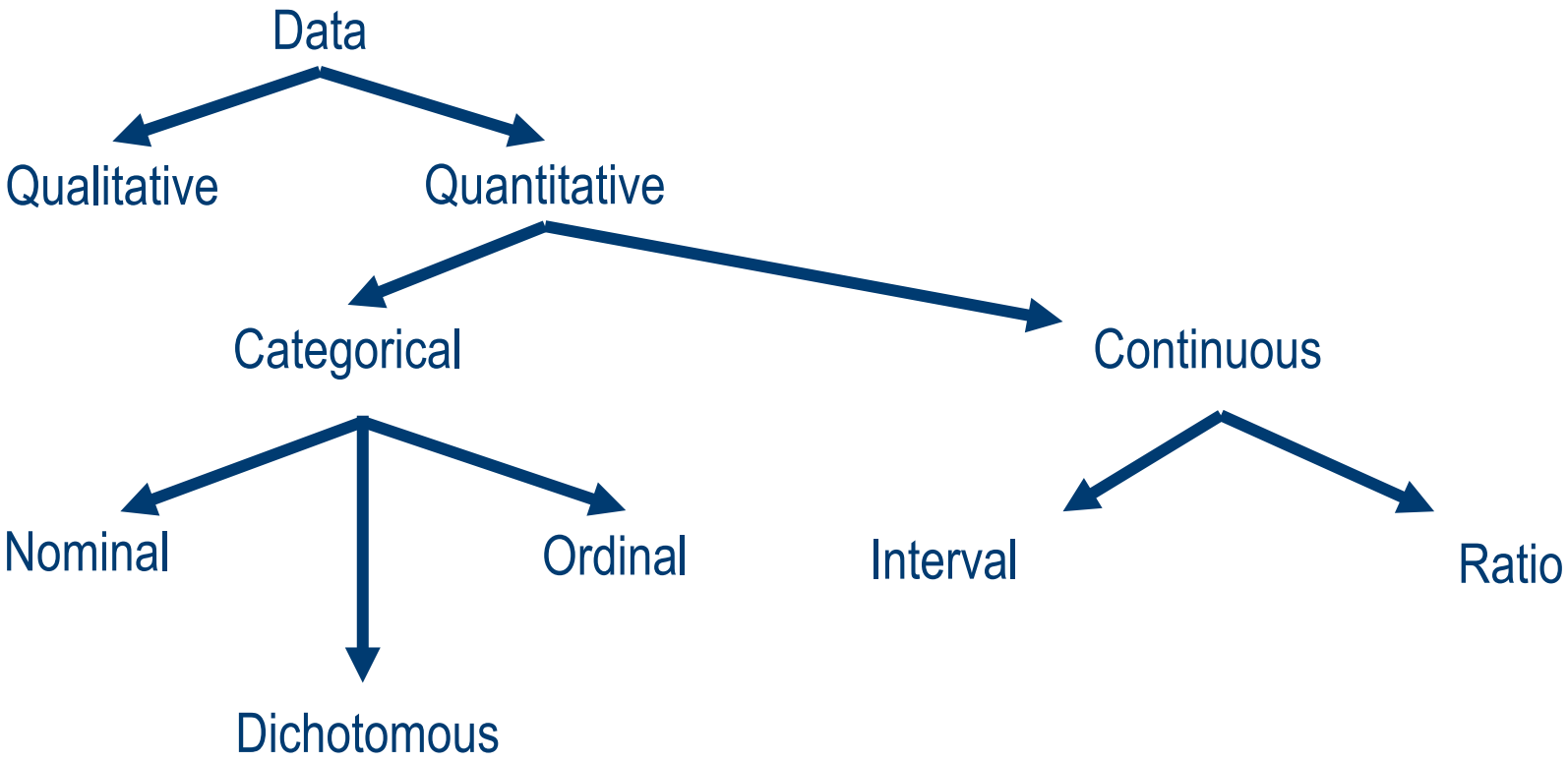
- Patient-level (more common in research vs QI)
  - Medical records (diagnoses, procedures, labs, pharmacy, radiology)
  - Patient demographics
  - Patient satisfaction
  - Utilization (visits, calls)
  - Costs (copays, premiums)
  - Health insurance (type of insurance, public vs commercial)
- Provider-level (residents, fellows, faculty)
  - Administrative (human resource data on employees)
  - Behaviors
  - Facilitators/barriers associated with behaviors (psychosocial, environmental, structural, legal)
  - Clinical learning environment:
    - Training activities
    - Clinical competency



Why Understanding Data Matters

The type of data you have, along with how it is distributed and varied, will dictate how you analyze and interpret your data

Types of Data



Qualitative Data

- Words (scripts, interviews)
- Pictures
- Videos

Qualitative research asks:

- *"What is X?"*
- *"How does X vary in different circumstances?"*
- And *"Why?"*

Rather than *"How many X's are there?"*

Qualitative Methods

Common designs:

- Focus groups
- Surveys
- Interviews
- Nominal group process
- Delphi Technique
- Community forum
- Participant observation
- Photovoice
- Video ethnography

Gathers ideas and themes about:

- Knowledge/Beliefs
- Attitudes
- Practices
- Priorities
- Available resources
- Program preferences
- Distribution outlets
- Choice of language

Quantitative Data

- Data that can be quantified:
  - **Discrete** = counts (whole numbers).
  - **Categorical** = labels you can sort into groups.
  - **Continuous** = measurements (can include decimals).
    - **Interval** = equal spacing, no true zero.
    - **Ratio** = equal spacing, with a true zero.

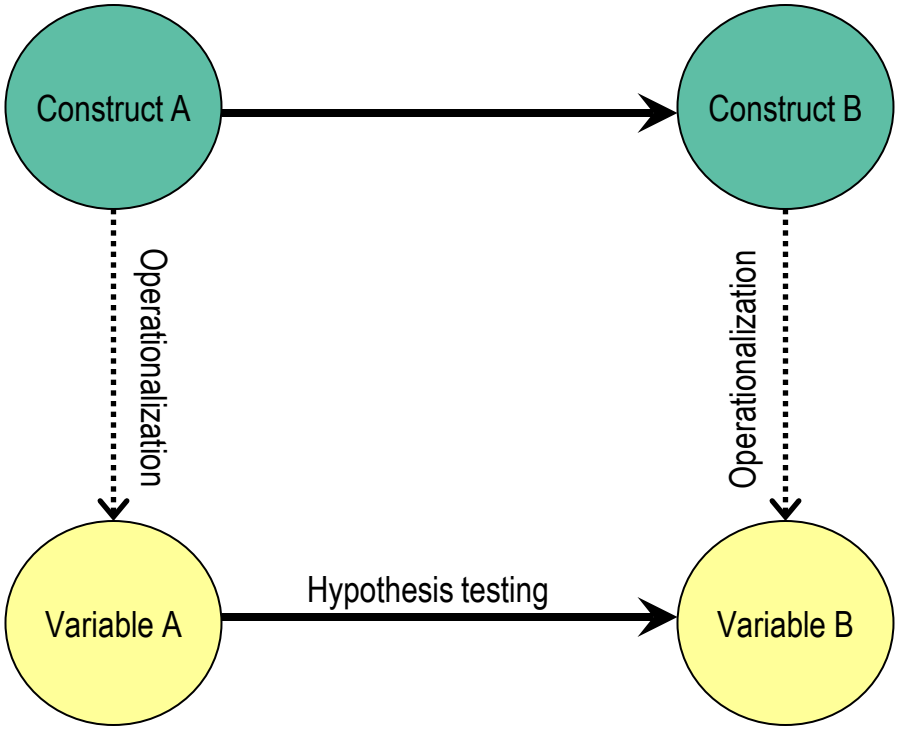
Quantitative research asks:

- **Descriptive Questions** *(What is happening with X?)*
- **Comparative Questions** *(Is there a difference between X and Y?)*
- **Relationship Questions** *(Is there a connection between X and Y?)*
- **Causal/Experimental Questions** *(Does X cause Y?)*

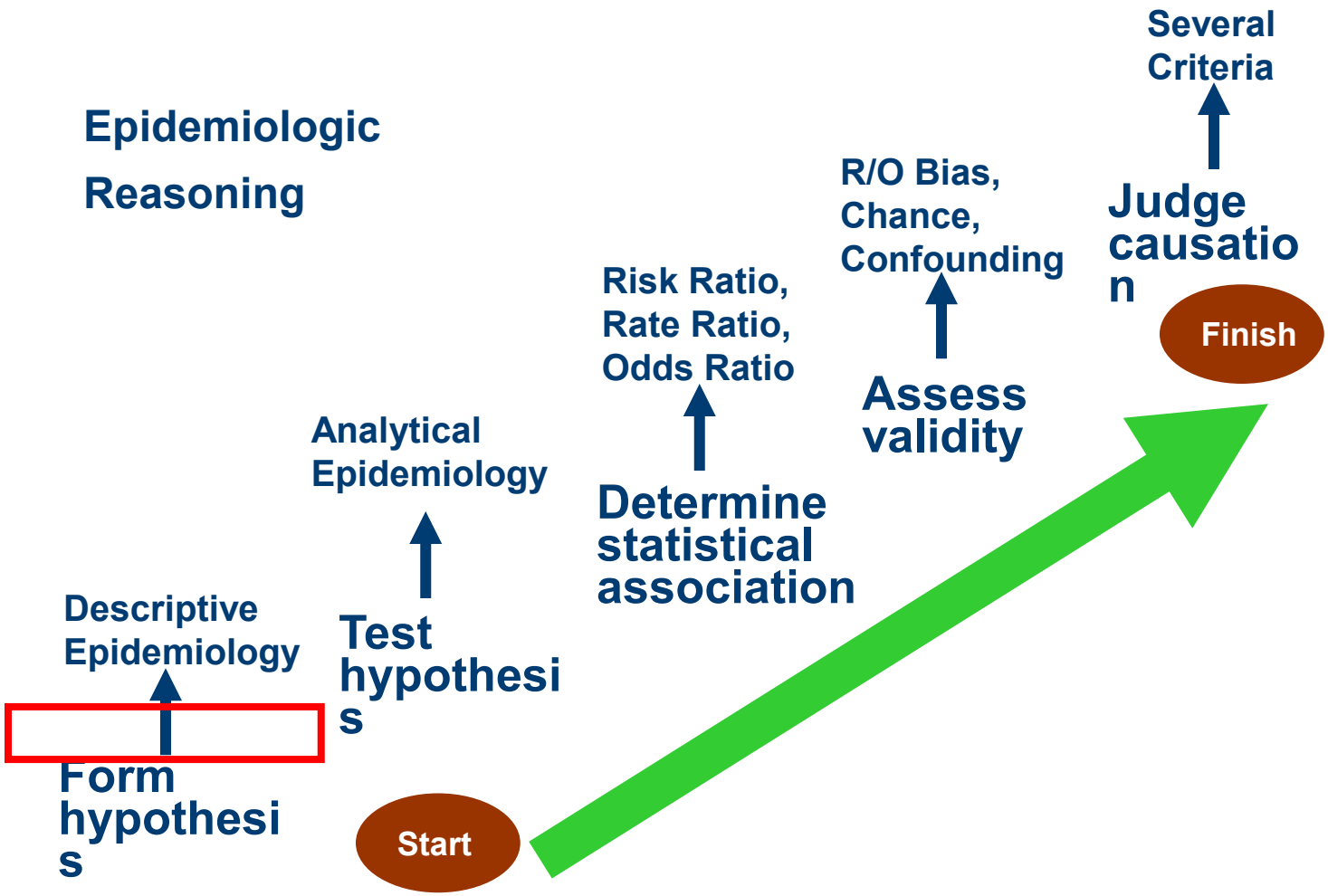
Rather than *"What is X?"*

Clinical Learning Environment Example

- Broad Question: How are knowledge and wellbeing related to clinical competency among residents?
- Operationalize factors and outcomes of interest
- Factors affecting clinical competency:
  - Knowledge → # professional development sessions attended
  - Well-being → mental health score (PHQ9)
- Outcome of interest
  - Clinical Competency -> medical knowledge score cutoffs (low vs high score)
- Operationalized question: How are number of professional development sessions attended and PHQ9 scores related to resident clinical competency in medical knowledge?



Understanding Level of Evidence

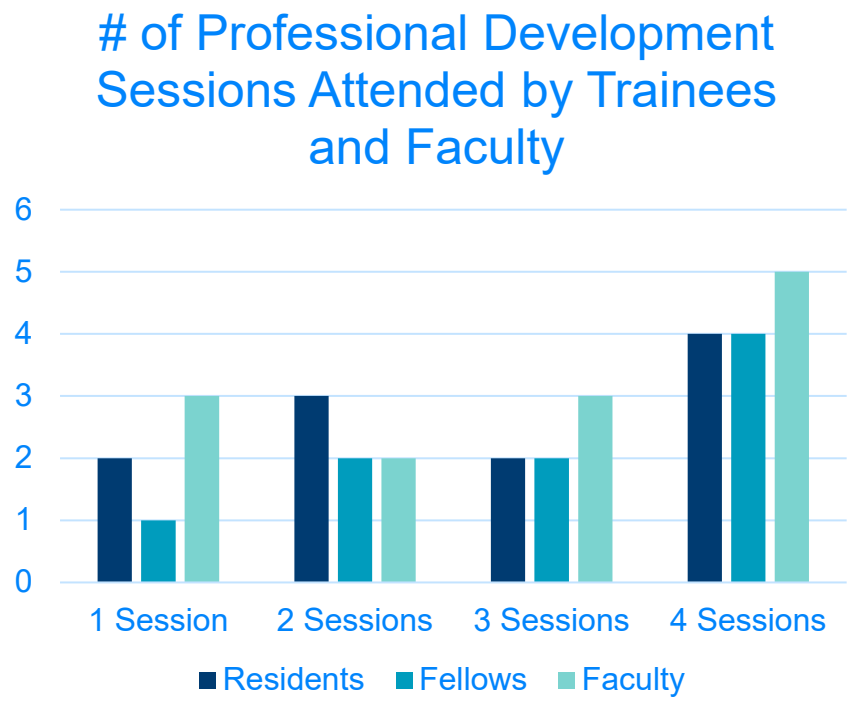


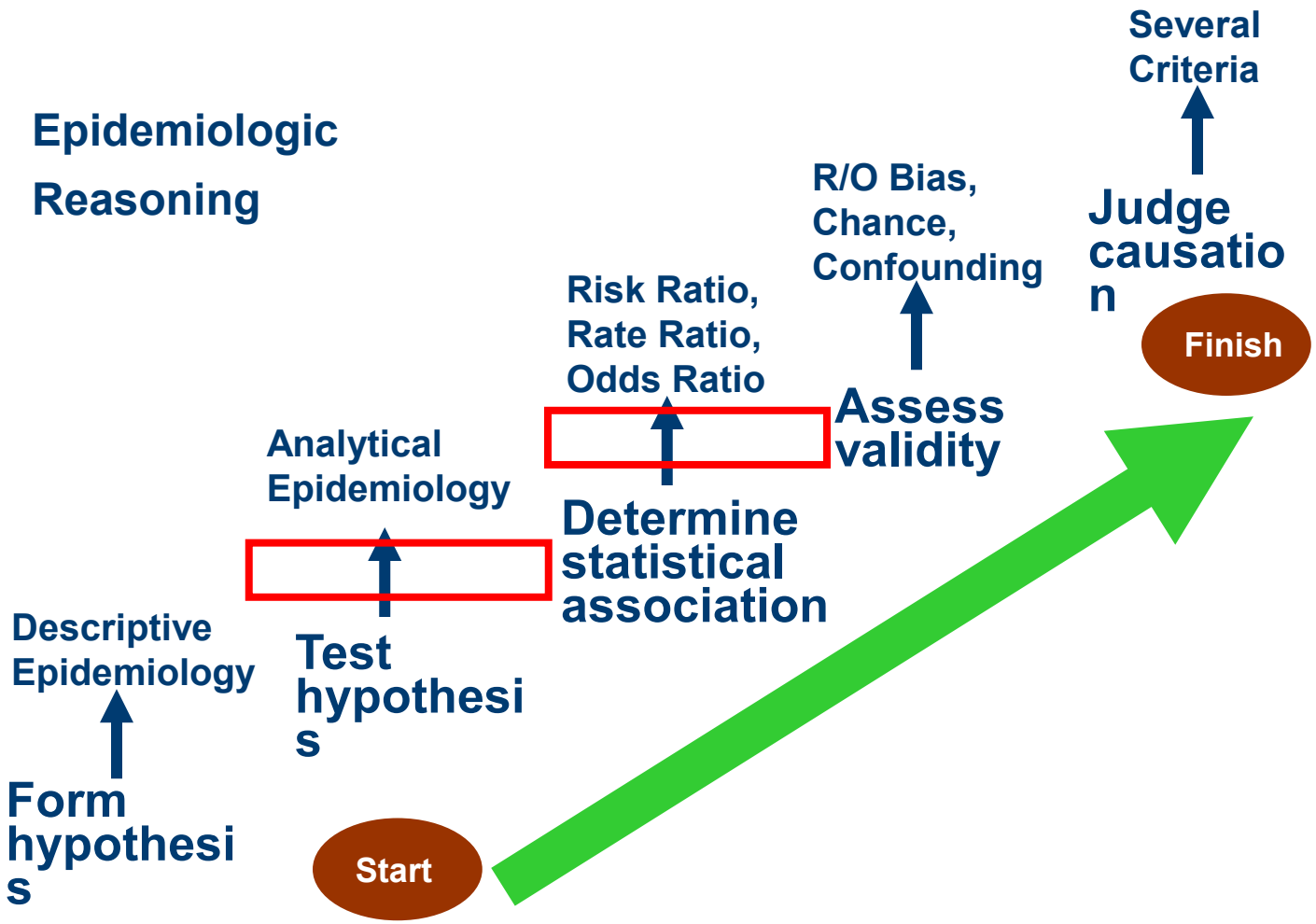
Descriptive Statistics (Univariate Analysis)

- Distribution (normal, skewed)
- Central Tendency (mean, median)
- Variability (standard deviation, variance)

Clinical Learning Environment Example (descriptive)

- Question: How many trainees and faculty have attended at least four professional development sessions on medical knowledge?
  - # of trainees/faculty who attended sessions
  - Distribution of session attendance among trainees and faculty

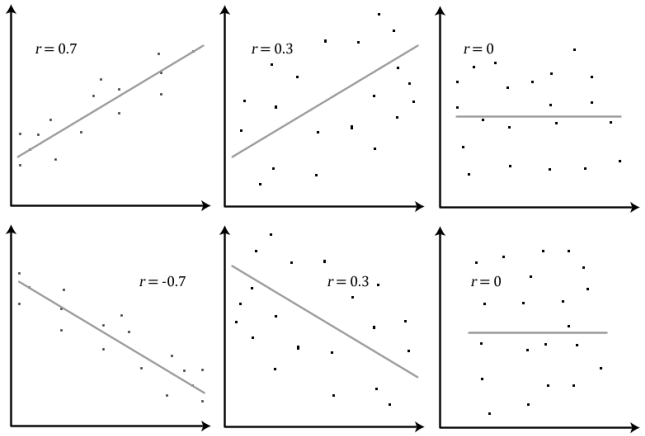




Bivariate Analysis

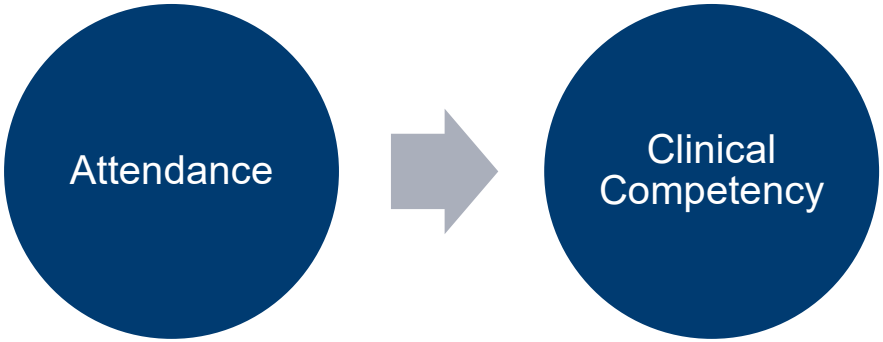
- The simultaneous analysis of two variables
- Explores relationship
- Determines:
  - Whether an association exists
  - Strength of this association
  - If there are differences between the variables
  - The significance of these differences
- Chi-square, t-test, correlation tests

	DISEASE		
RISK FACTOR		+	-
	+	a	b
	-	c	d

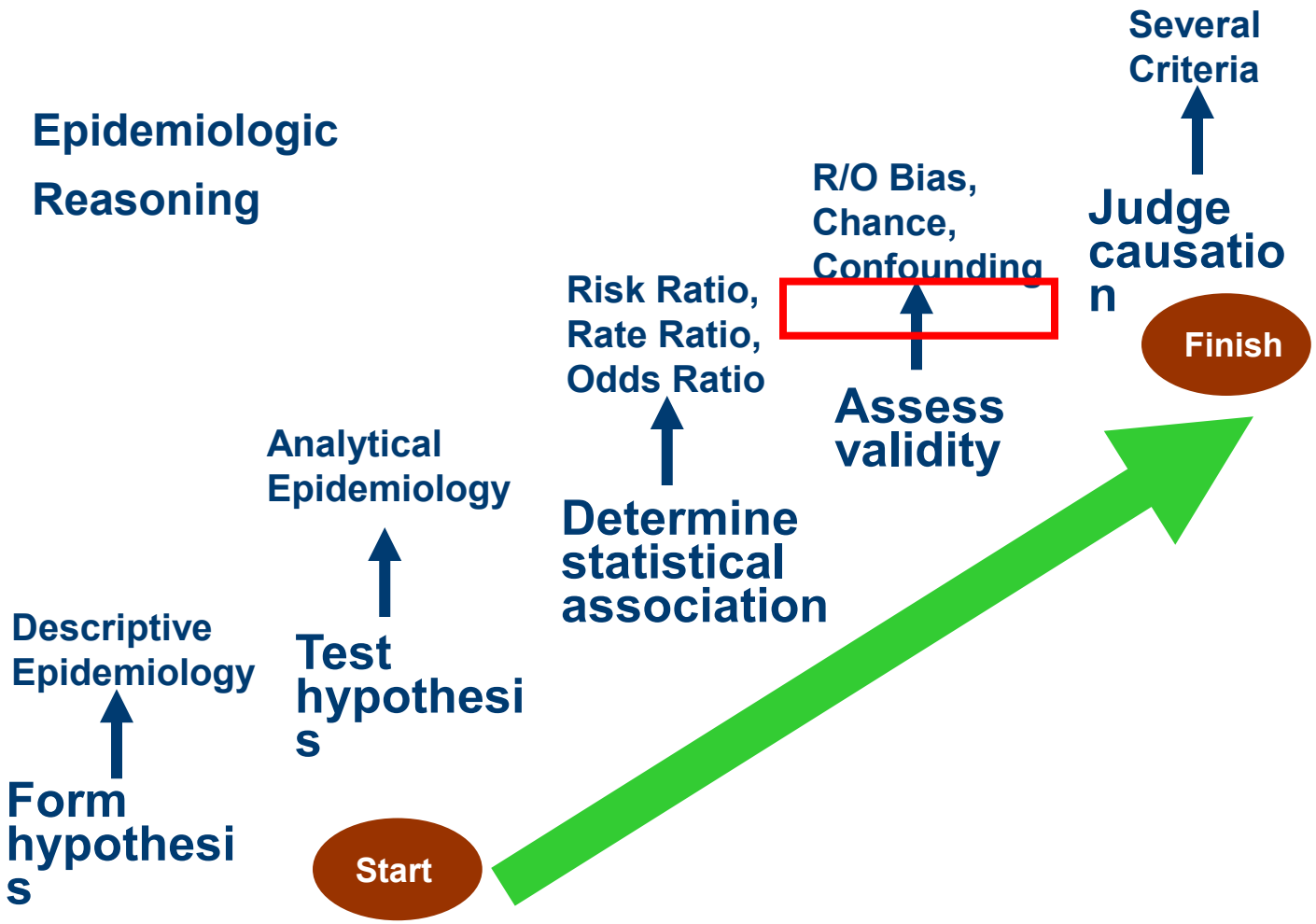


Clinical Learning Environment Example (bivariate)

- Question: Is there *a relationship* between residents who have attended at least three professional development sessions and having a high clinical competency score?
  - Two variables:
    - Attended at least 3 session (y/n)
    - High medical knowledge competency score (y/n)
  - Analysis: Chi-square (comparing two categorical variables) or Fischer exact test (if small cell counts); simple logistic regression



Example interpretation: We found that residents who attended at least 3 professional development sessions had 2.5 greater odds of having high medical knowledge competency.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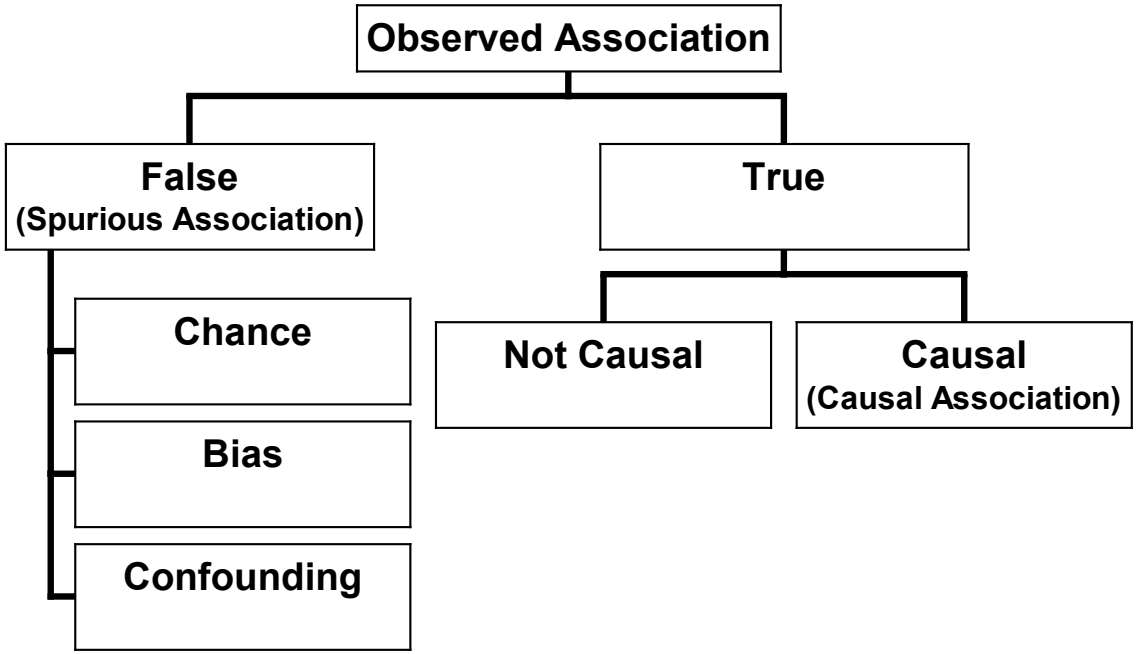
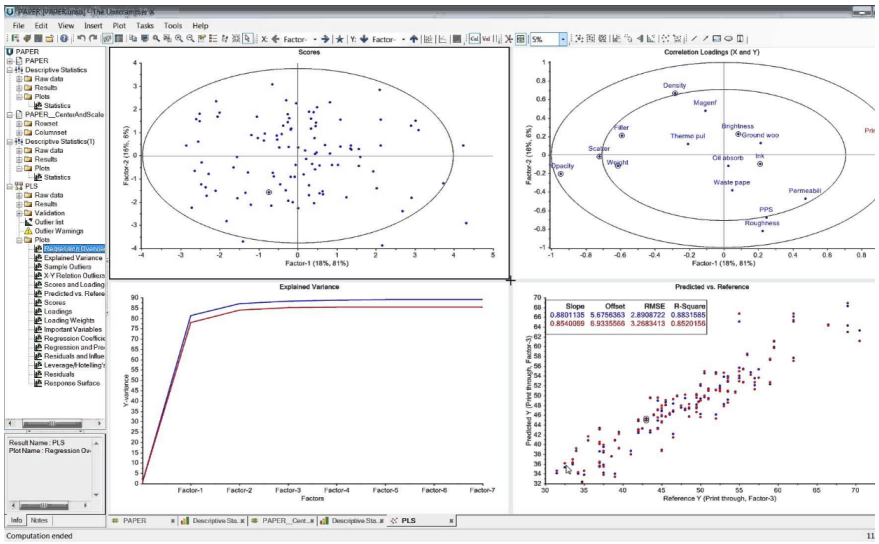
Associations and Threats to Validity



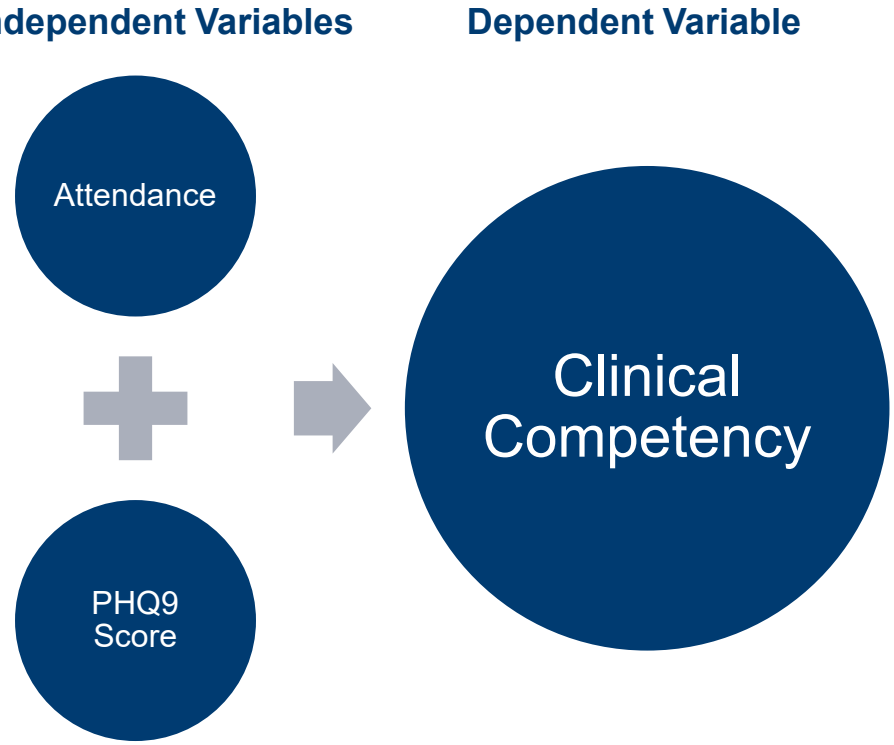
Multivariable Analysis

- The simultaneous analysis of several variables
- Creates predictive models that can help us understand causality
- Used to control for confounding factors and uncover interactions
- ANOVA, multiple linear/logistic/Cox Hazards models

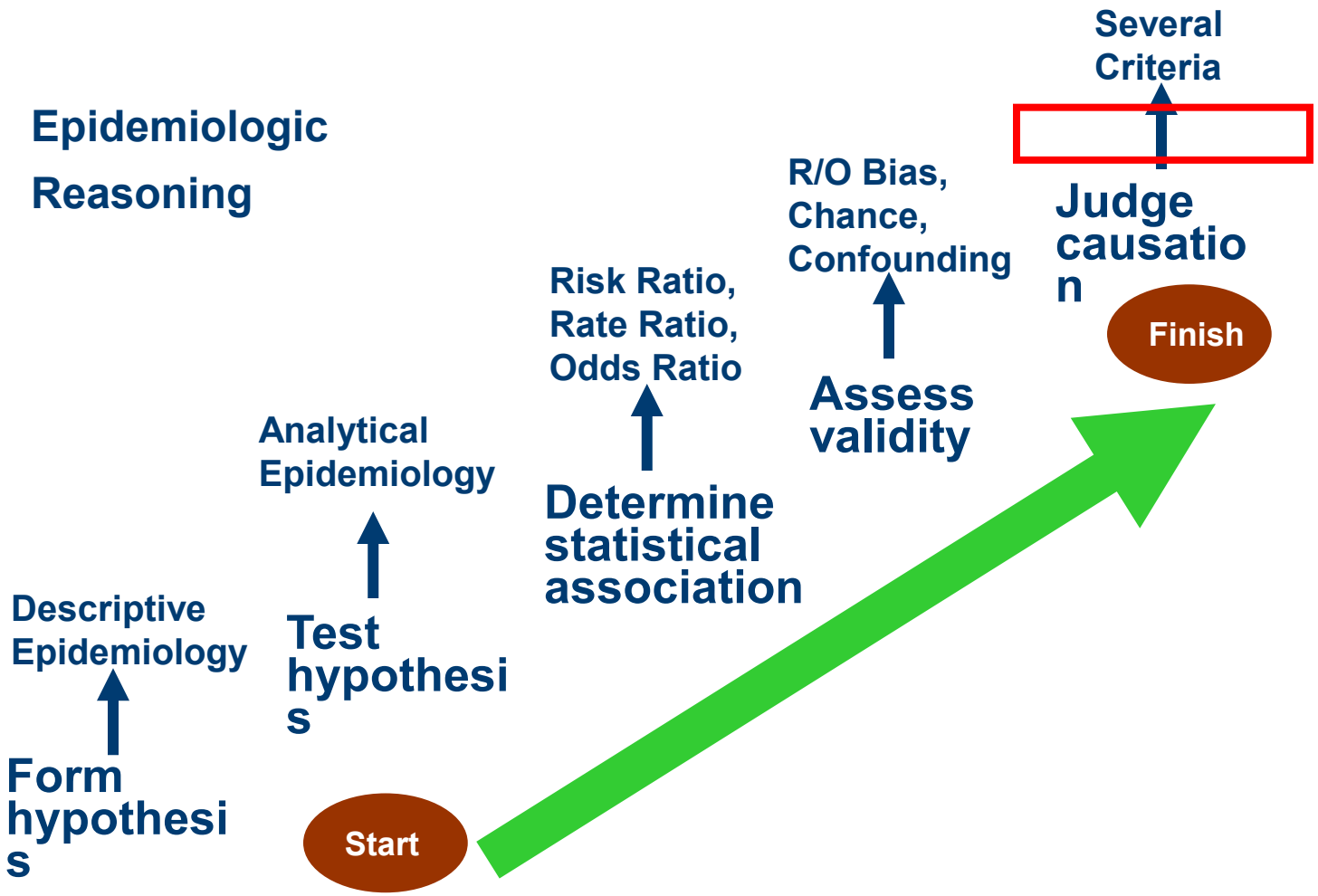


Clinical Learning Environment Example (multivariable)

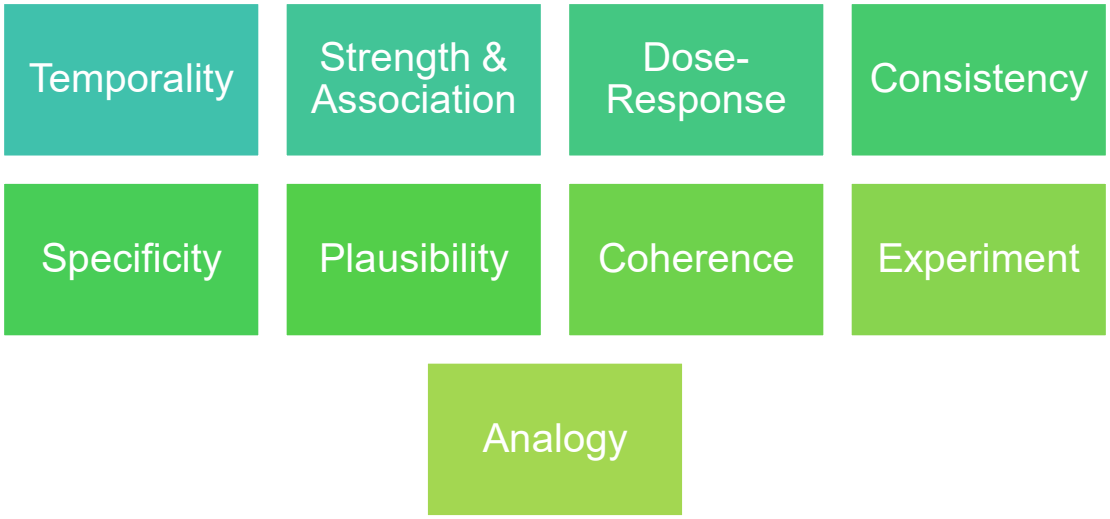
- Question: Is there *a relationship* between residents who have attended at least three professional development sessions and having a high clinical competency score, *after adjusting for resident well-being*?
  - Three variables:
    - Attended at least 3 session (y/n) – primary predictor
    - PHQ9 score (low/high) - covariate
    - High medical knowledge competency score (y/n)
  - Analysis: Multivariable logistic regression

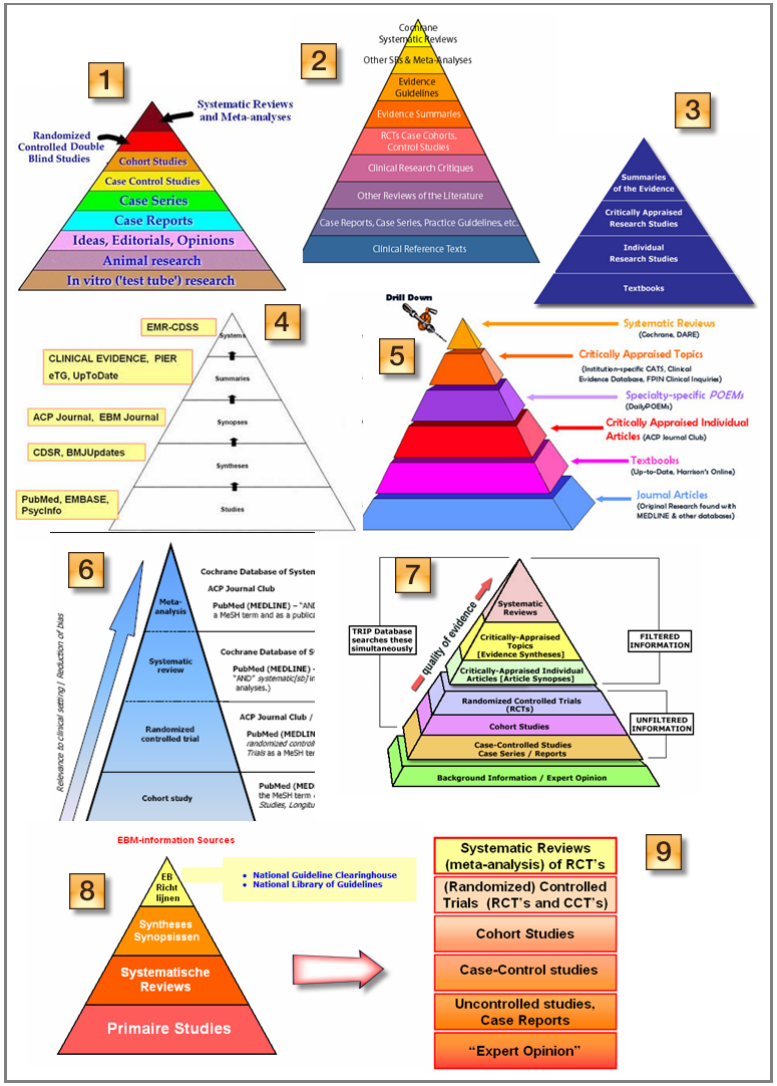


Example interpretation: We found that residents who attended at least 3 professional development sessions had 1.5 greater odds of having high medical knowledge competency, *after adjusting for mental health score.*



Hill's Criteria for Causality (1965)





Evidence Pyramids:

hierarchy of the quality/utility of evidence from top to bottom of each pyramid

http://laikaspoetnik.wordpress.com/2008/09/

Choosing Appropriate Statistical Tests

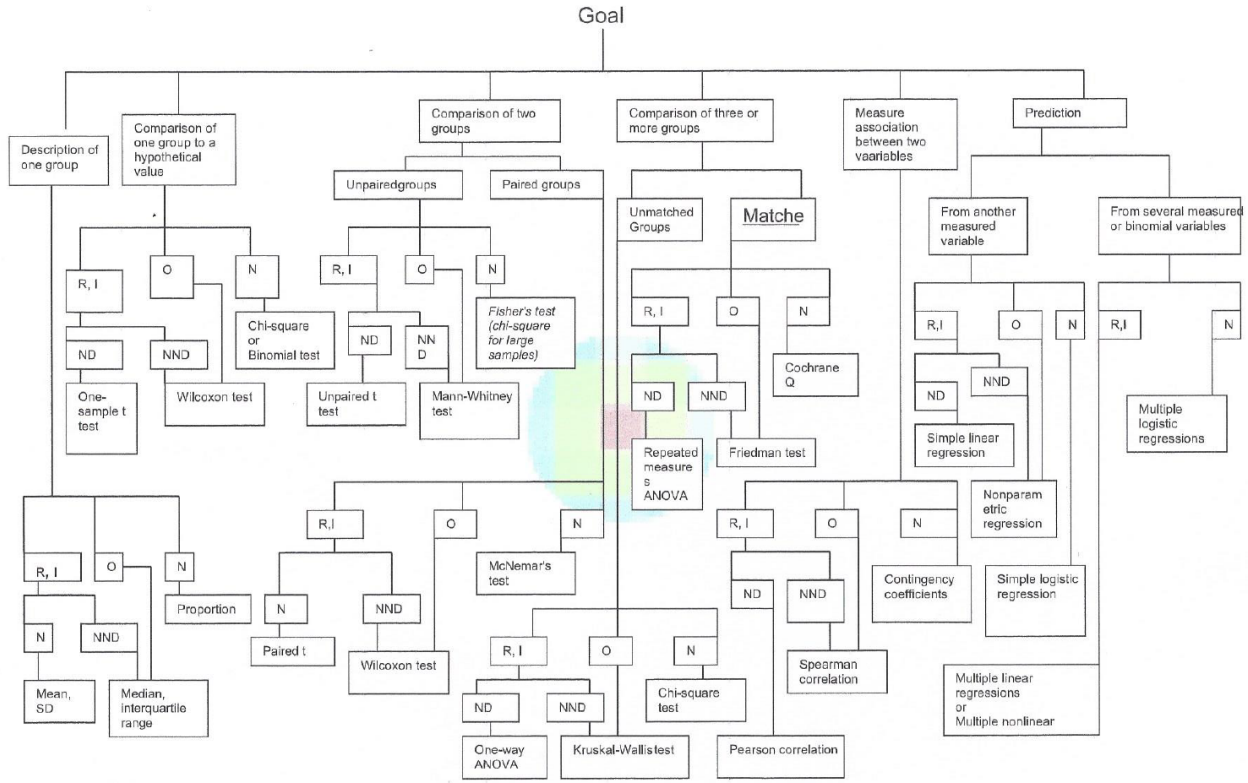


Figure 1: Flow chart for selection of appropriate statistical tests

Karan J. How to select appropriate statistical test.? *J Pharm Negative Results.* 2010;1:61–3. [Google Scholar]

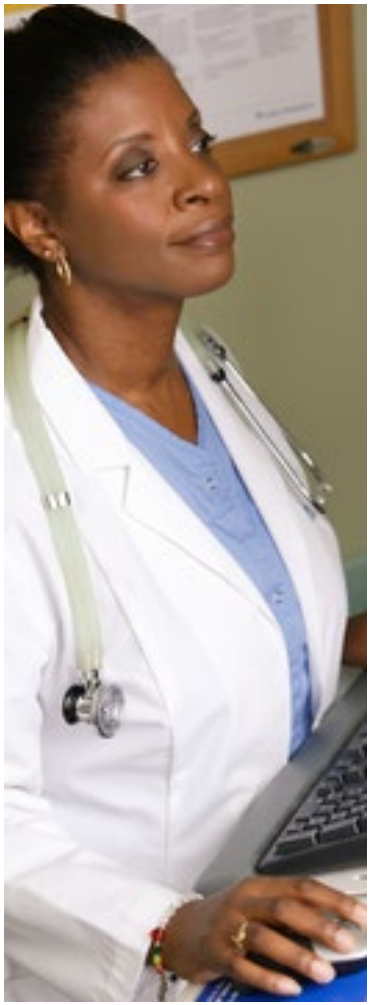
Resources for conducting analysis in Excel (step by step)

- Descriptive analysis: https://www.excel-easy.com/examples/descriptive-statistics.html
- Bivariate analysis:
  - 2 categorical variables (chi-square): https://researchguides.library.vanderbilt.edu/c.php?g=156859&p=1171766
  - 2 continuous variables (correlation test): https://www.excel-easy.com/examples/correlation.html
  - 1 categorical and 1 continuous (t-test): https://statisticsbyjim.com/hypothesis-testing/t-tests-excel/
- Multivariable analysis: suggest working with someone with at least masters-level statistics/epidemiology background

Feasibility & Resources

Support

- **Funding/Institutional Support**
  - Protected time for scholarly activity
  - Research staff funding
  - Conference fees and travel
  - Paper fees and medical editor
- **Clinicians**
  - Subject-matter knowledge
  - Can chart review, if needed
- **Methods experts**
  - Research (investigator) vs quality improvement (improvement advisor)
  - Quantitative (biostatistician) vs Qualitative (focus group researcher)
  - Data extraction (programmer)
  - Regulatory oversight (compliance/IRB)



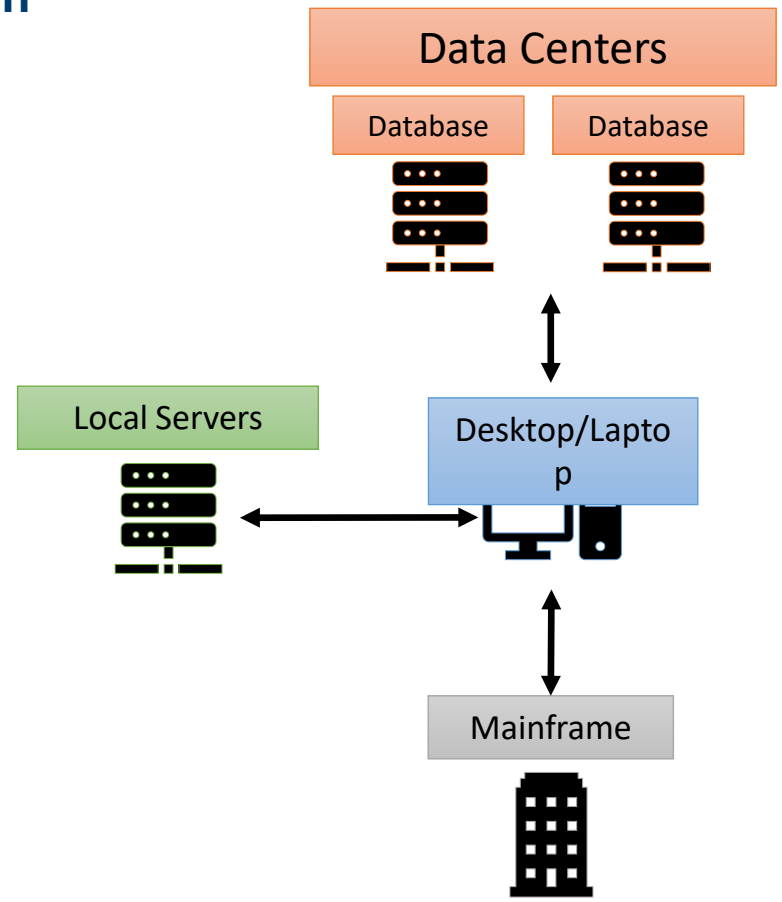
Consider Level of Methodology Support Needed

Past graduates of DOR's Programmer Analyst training program

	Research	Quality Improvement
Design	• Traditional study designs (cross sectional, cohort, case-control), pre/post • Typically, observational	• LEAN, Six Sigma • PDSA cycles, pre/post intervention • Typically, observational and prospective
Analytical Scope	• Descriptive • Bivariate and multivariate modeling • Analytical trends over time • Likely several power calculations	• Descriptive • Bivariate comparison • Descriptive trends over time (run charts) • Likely no power calculations • Process/root cause maps

Accessing Electronic Medical Records can be Complex

- May require sophisticated programming skills to pull and manage data
  - KPNC analyst training program – 6 months to initially learn databases and how to pull it
- Software commonly used to communicate with our databases:
  - Oracle SQL Developer
  - SAS SQL
  - R studio
- No programmer to pull data?
  - Chart review
  - Prospective



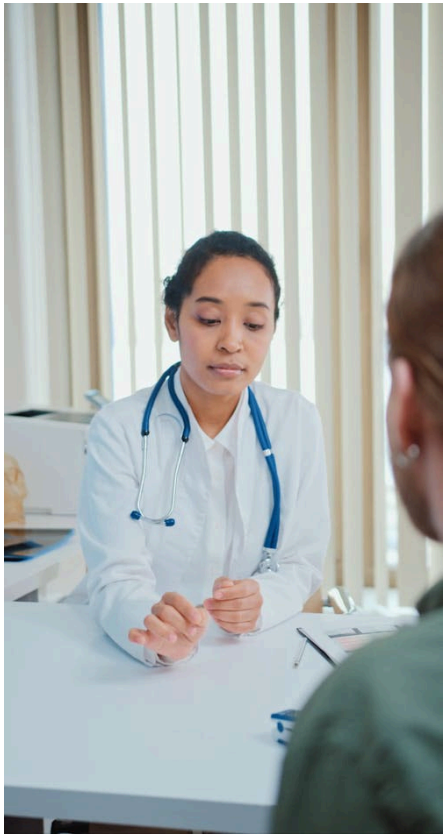
*Slide adapted from DOR Programmer Analyst Group training slides (July 2020)

Chart Reviewing can be Complex

- If no programmer to identify cohort, may require large # of charts for inclusion/exclusion
- If timelines are short, consider time for chart review and feasibility (resident rotations)
- If multiple chart reviewers, need to consider interrater reliability, typically need an analyst to conduct, takes time
- Keep chart review simple
- Use a structured data collection tool (DCT)

Prospective Methods

- Need to consider:
  - Recruitment (how you recruit can bias sample)
  - Informed consent (if research)
  - Incentives to increase response rate
  - Data collectors (surveyors, focus group facilitators)



Additional Support & Considerations

- **Local Support Staff**
  - Research project managers, research faculty
- **Compliance and Approvals**
  - Institutional Review Board (IRB) or Research Determination Office (RDO)
- **Leadership**
  - Local research chair, chief of dept, physician-in-chief, area manager, executives, legal
- **Presentation/Paper**
  - Medical editor if writing needs extra support
  - Programming/analysis in response to peer reviewers

Key Takeaways

Key Takeaways

- Operationalize big ideas into analyzable variables
- Understanding the type of data collected will inform appropriate approaches to analysis
- Your type of analysis will inform your investigation's level of evidence
- Be realistic with the resources and support available to you


AGE-RELATED RISK OF METACHRONOUS ADVANCED NEOPLASIA FOLLOWING COLONOSCOPY IN PATIENTS AGED 40-49 VS. 50-59 YEARS.
GME ALUMNI SPOTLIGHT!
VICTORIA FORT, MD, MPH, FAAP
Class of 2023
Patient Safety and Quality Improvement Fellowship
Current position: Pediatrician, Kaiser Permanente Berkeley Medical Offices
Comparative safety and efficacy of P2Y12 inhibitors for patients with acute coronary syndrome undergoing percutaneous coronary intervention.
What is the optimal route and duration of antibiotic treatment for uncomplicated streptococcal bloodstream infections?
RESEARCHER SPOTLIGHT
EVE ZARITSKY, MD
WHICH SOCIODEMOGRAPHIC FACTORS IMPACT INCIDENCE AND SEVERITY OF ALLERGIC FUNGAL RHINOSINUSITIS?
What is the risk of gastric cancer or small intestinal cancer in patients with Lynch syndrome?
Do different ethnic and racial groups have varying HbA1C thresholds indicative of future major cardiovascular events?
Have sIgE testing rates changed for infants in recent years?
How significantly have colectomy rates declined among patients with nonmalignant colorectal polyps?
Occurrence of post-operative complications following FDA-approved epithelium-off corneal cross-linking.
Are serum creatine kinase levels indicative of acute kidney injury among patients with exertional rhabdomyolysis?
GME ALUMNI SPOTLIGHT
JENNIFER W.H. WONG, MD
ATTN: KPNC Graduate Medical Education (GME) Community
The BSCU has a new online portal to request research support!
Available August 26, 2024
Which demographic, clinical, and radiographic characteristics pose risk factors for secondary revision surgery following Lapidus bunionectomy?
How long should stable ovarian masses be monitored on ultrasound?
Sociodemographic and clinical characteristics of lung cancer patients who never smoked.
How do demographic characteristics impact the likelihood that patients with obstructive sleep apnea receive nasal surgery?
Are there disparities in post-operative outcomes for thoracic surgery patients based on race or ethnicity?
To fix or not to fix bucket handle meniscus tears? Which surgical technique leads to fewer future surgeries?
Do comorbidities such as pain disorders or psychiatric illness influence patients' likelihood of treating obstructive sleep apnea with surgery?
Emergency care patient outcomes among febrile infants administered lumbar puncture versus intravenous antibiotics.
Which patient- and procedure-specific risk factors are linked with removal or revision of radial head arthroplasty?
How well does the American Academy of Pediatrics Clinical Practice Guideline detect invasive bacterial infection in febrile infants in lieu of conventional inflammatory markers?
RESEARCHER SPOTLIGHT
JEFFREY VELOTTA, MD, FACS
Incidence study confirms the relationship between hydroxychloroquine dose and retinopathy.
Does Eastern Cooperative Oncology Group Performance Status (ECOG-PS) predict adverse outcomes in cancer patients?
Does pelvic organ prolapse diagnosis and treatment differ based on patient's socioeconomic status within an integrated healthcare system?
Are outcomes different for Retropubic or Transobturator Midurethral Slings with Colpocleisis?
HOW DO CERTAIN FOODS IMPACT THE SEVERITY OF FOOD PROTEIN-INDUCED ENTEROCOLITIS SYNDROME (FPIES)?
Predictive power of daily chest x-rays versus abnormal clinical findings for detecting post-op complications following VATS and RATS lobectomies.
How does adenotonsillectomy impact the level of healthcare utilized by children with obstructive sleep apnea?
The oxytocin decision support checklist and maternal oxytocin usage and maternal and neonatal clinical outcomes.
In women treated for Ductal Carcinoma In-Situ, new study shows the importance of screening mammograms and patient reported symptoms to detect a recurrence or new breast cancer.
Do urinary tract infection rates differ between gender-diverse people assigned female at birth on testosterone and cisgender women?
Do intensive outpatient programs reduce utilization of inpatient psychiatric and mental health-related urgent care among patients with posttraumatic stress disorder?
How do D1 and D2 lymphadenectomy survival outcomes differ in patients with Siewert II gastroesophageal junction cancer?
Follow us @kpbscu
Do automated electronic medical record prompts increase diagnosis rates for nicotine replacement therapy during patients' hospital visits?
Does adjuvant immunotherapy prolong survival of patients with esophageal cancer?
What are the predictors and long-term outcomes of rapid antiretroviral therapy for patients with newly diagnosed HIV?

Break

YouTube

Instagram

National Initiative

AIAMC Resources for Success: Project Management Plan, Milestones, Roadmap, and NI X Timeline

Kimberly Pierce Burke, MA
Executive Director, AIAMC

National Initiative

Project Management Plan

- This document was designed to plan and manage your project. Meet with your team before year's end to complete.

- Teams will review and revise their Project Management Plans at on-site meeting two (April 2026) and virtual meeting three (October 2026).

- Prior to our fourth and final meeting (April 2027), teams will submit their final Project Management Plans, and these – along with your final posters -- will become the *Final Proceedings of National Initiative X*

KPB

National Initiative

Project Management Plan

Project Management Plan (PMP)

Teams will begin completion of the PMP at Meeting One and will have the opportunity to review/revise it throughout the 18-month Initiative and at meetings two and three. The collective data from all the teams' completed project management plans will be invaluable as we share and learn from this collaborative experience. Your final PMP is due prior to Meeting Four in April 2027.

Team: _____ **Project Title:** _____

I.	Vision Statement (markers of success by April 2027;	
II.	Team Objectives ('needs statement,' project requirements, project assumptions, stakeholders, etc.)	
III.	Team Members & Accountability (list of final team members as reported to Mindi after meeting one and who is accountable for what)	

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Project Management Plan

IV.	Necessary Resources (staff, finances, etc.)	
V.	Measurement/Data Collection Plan	
VI.	Stakeholder Communication Plan (may be helpful to draft a flow chart of team members & senior management	
VII.	Potential Challenges (engagement, budget, time, skills gaps, etc.	
VIII.	Opportunities for Scholarly Activity (potential publications, conference presentations, etc.)	
IX.	Markers (project phases, progress checks, schedule, etc.; Refer to *NI X Roadmap to 2027*)	

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Project Management Plan

Sections X thru XV to be completed first quarter 2027 for "Final Proceedings" booklet:

X.	Success Factors	*The most successful part of our work was....* *We were inspired by....*
XI.	Barriers	*The largest barrier encountered was....* *We worked to overcome this by....*
XII	Surprises	*What surprised you and why?*
XIII.	Lessons Learned	*What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful?*
XIV.	Expectations Versus Results	*On a scale of 1 to 10 (with "1" meaning nothing and "10" meaning everything), how much of what you set out to do was your team able to accomplish and how were your results the same or different from your expectations?* *1 2 3 4 5 6 7 8 9 10*
XV.	Sustainability and Next Steps	What does your CEO need to know to help keep your work sustainable?

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Milestone Touchpoints

- Cohort Facilitators regularly report each team's progress to CIAQ. To quickly view the progress of *all* teams, we have developed a roadmap. The roadmap includes milestones and a timeline.

- Over the 18-month initiative, team leaders will be asked for progress updates on a quarterly basis during your bi-monthly cohort meetings. We will ask questions which are based upon the milestones and enter your responses on the roadmap. Entering green for a completed milestone, yellow for in-progress, and red for not yet started.

- We know and completely understand that teams will progress at different rates. If we see a lot of red, we know that additional help – such as a didactic webinar – may be needed. And you can see who is green when your team would benefit from networking.

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NI X Milestones

Timeline		Project Team Goal	Project Milestones
		Learn	**Pre-work/Background**
07/2025 - 09/2025			Required Readings
			Complete Toolkits 1 and 2
10/16 - 10/17 2026	**Mtg #1 -Micro Environment Approach Understanding the key principles of a thriving clinical learning environment**		**Measurement**
Nov 2025 thru Mar 2026			Identify data, its sources and collection plan, analyze baseline data
			Define improvement goal and measures of success
		Gap analysis - design - implement	**Methods**
			List of potential solutions (short-term and long term fixes); prioritize solutions; action planning
			Evaluate and choose implementation methodology (e.g. Kern's for curriculum/program development, PDSA for process improvement project)
			IRB submission
			Prepare poster for Meeting Two (April 17-18)
4/17 - 4/18 2026	**Mtg #2 - Meso Environment Approach Implementing a clinical learning environment project**		Assess and plan for potential resource needs
Apr 2026 thru Sep 2026			Reassess data needed, collection method, and plan during implementation
			Action plan implementation timeline -implement
		Implement - measure - adjust	**Implement - Measure - Adjust - Sustain**
			Prepare poster for Meeting Three (Oct 9)
			Interpret results (process measures, structural measures); data presentation plan
10/9/2026	**Mtg #3 - Macro Environment Approach Supporting the clinical learning environment project and seeking input from others**		Revise implementation based upon ongoing data analysis
Nov 2026 thru Mar 2026			Interpret results (process measures, structural measures); data presentation plan
			Revise implementation based upon ongoing data analysis
			Project sustainability; path forward
			Complete Final Project Management Plan and Final Poster for NI X Proceedings Booklet

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NI X Roadmap to 2027

NI X- Roadmap to 2027

Project Milestones	Advent Health Orlando	Ascension St. Vincent	Aurora (Professionalism)	Aurora (FM)	Aurora (Planetary Health, Sustainability & MedEd)	Baptist Health	Baystate	Carolinas Medical Center	Cleveland Clinic	Guthrie (Effective Handoffs)	Guthrie (Examining Metrics)	Guthrie (IM CLE)	Hackensack (JFK)	Hackensack Ocean MC	Henry Ford Rochester Hospital	Kaiser Permanente	Mountain Area Health Education Center	Novant Health	Ochsner Health	OhioHealth (Precision Education Pilot)	OhioHealth (Community Care)	M Me
Pre-work/Background																						
Complete required readings (Note- Additional suggested readings)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Complete Toolkits 1 and 2	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Measurement																						
Identify data, its sources and collection plan, analyze baseline data																						
Define improvement goal and measures of success																						
Methods																						
List of potential solutions (short-term and long term fixes); prioritize solutions; action planning																						
Evaluate and choose implementation methodology (e.g. Kern's for curriculum/program development, PDSA for process improvement project)																						
IRB submission																						

Milestone report +

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NEW to NI X:

- While the roadmap gives you a sense of “what’s due when”, we heard from NI VIII participants that having a master schedule presented at the very beginning of the Initiative would be helpful.

- So, we created the *NI X Timeline* document. There may be slight tweaks along the way, but this timeline should give you an accurate long-view from the beginning.

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National Initiative

National Initiative X Timeline

July 2025	Source
Provide availability for bi-monthly team zoom meetings	Excel Spreadsheet & instructions will be emailed to Team Leaders
Attend NI X **Kick Off Webinar** via zoom **July 31st 12 – 1 pm ET**	Zoom link is below and calendar invite will be emailed in advance https://us06web.zoom.us/j/88309768402?pwd=3UvgZYHRqYjdun4Fpx6fZMAb8VnaC9.1
August 2025	**Source**
Meeting One Registration opens	Registration details will be announced via email
September 2025	**Source**
Bi- monthly cohort zoom meetings commence	Date TBD and zoom link will be emailed in advance
Tool Kits 1 & 2 are due before **September 5th**	Instructions will be provided in advance via email
Register for Meeting One and make hotel accommodations	Registration details will be announced via email. $275 Per Registration (one person per INSTITUTION may register at the $0 rate) Link to make hotel accommodations will be on the AIAMC website and emailed in advance. Please be sure to utilize the designated hotel and room block provided by the AIAMC. We are contractually obligated to fill a required number of rooms and respectfully ask that you not reserve elsewhere
Prepare for project presentation at Meeting One	
On line Registration for Meeting One closes (cost of registration will increase 20%)	Will be discussed during bi-monthly cohort meeting and instructions provided in advance
October 2025	**Source**
Meeting One October 16-17th Omni Chicago Hotel Chicago, IL	Registration details will be announced via email and on the website
All team members to complete required readings prior to Meeting One	
Be prepared to present your project, describe challenges and identify areas which guidance is needed	Instructions will be provided in advance via email and in the September cohort meetings
Attendees to complete evaluation on Meeting One	
November 2025 HAPPY THANKSGIVING!	**Source**
Bi-monthly cohort meeting via zoom Final team rosters should be finalized and will be requested	Meeting Agenda will be provided in advance Instructions will be provided in advance

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National Initiative

National Initiative X Timeline

December 2026 HAPPY HOLIDAYS!	
January 2026	
Bi-monthly cohort meeting via zoom Milestones with Mindi	Meeting Agenda will be provided in advance Teams will answer questions regarding progress/milestones
February 2026	**Source**
Registration for Meeting Two Begin working on Poster for Meeting Two. Exact due date is in March and TBD	Formal registration details will be announced via email. $275 Per Registration (one person per INSTITUTION may register at the $0 rate) Link to make hotel accommodations will be on the AIAMC website and emailed in advance. Please be sure to utilize the designated hotel and room block provided by the AIAMC. We are contractually obligated to fill a required number of rooms and respectfully ask that you not reserve elsewhere
March 2026	**Source**
Bi-monthly cohort meeting via zoom On-line Registration for Meeting Two closes (cost of registration will increase 20%) Posters Due (electronic & on-site) exact due date TBD	Meeting agenda will be provided in advance Registration details and preparation for Meeting Two will be discussed during bi-monthly team meeting and instructions will be provided via email in advance
April 2026	**Source**
Meeting Two April 17-18th Omni La Costa Resort & Spa in Carlsbad, CA Attendees to complete evaluation on Meeting Two	Registration details will be announced via email. $275 Per Registration (one person per INSTITUTION may register at the $0 rate) Link to make hotel accommodations will be on the AIAMC website and emailed in advance. Please be sure to utilize the designated hotel and room block provided by the AIAMC. We are contractually obligated to fill a required number of rooms and respectfully ask that you not reserve elsewhere Instructions will be provided in advance via email
May 2026	**Source**
Bi-monthly cohort meeting via zoom Milestones with Mindi	Meeting agenda will be provided in advance Teams will answer questions regarding progress/milestones
June 2026 Happy Onboarding & Graduations!	**Source**
July 2026	**Source**
Bi-monthly cohort meeting via zoom	Meeting agenda will be provided in advance
August 2026	**Source**
Meeting Three Registration Opens	
September 2026	**Source**
Bi-monthly cohort meeting via zoom Milestones with Mindi	Meeting agenda will be provided in advance Teams will answer questions regarding progress/milestones

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National Initiative X Timeline

On line Registration for Meeting Three closes (cost of registration will increase 20%) Meeting Three Poster (electronic only) Exact due date TBD.	Registration details will be announced via email Instructions will be provided in advance via email
October 2026	**Source**
Meeting Three is virtual on October 9th via zoom Virtual poster presentations Attendees to complete evaluation on Meeting Three	Meeting Agenda will be provided in advance Instructions will be provided in advance via email
November 2026 HAPPY THANKSGIVING!	**Source**
Bi-monthly cohort meeting via zoom	Meeting agenda will be provided in advance
December 2026 HAPPY HOLIDAYS!	**Source**
January 2027	**Source**
Bi-monthly cohort meeting via zoom Final report on Milestones with Mindi	Meeting agenda will be provided in advance Teams will answer questions regarding progress/milestones
February 2027	**Source**
Teams to be finishing up their Final Project Management Plan and Final Posters due in March, exact due date TBD Meeting Four Registration Opens (Meeting Four commitments include a staffed poster display & attendance at the annual awards dinner $90.) Registration and hotel accommodations for Meeting Four	Registration details will be announced via email. $275 Per Registration (one person per INSTITUTION may register at the $0 rate) Link to make hotel accommodations will be on the AIAMC website and emailed in advance. Please be sure to utilize the designated hotel and room block provided by the AIAMC. We are contractually obligated to fill a required number of rooms and respectfully ask that you not reserve elsewhere
March 2027	**Source**
Final Poster (on-site & electronically) Final Project Management Plan Capstone Presentation Exact due date TBD. Final Project Management Plan and poster will be included in electronic Final Proceedings Booklet. One team member to present capstone presentation during breakout session. Online Registration for Meeting Four closes (cost of registration will increase 20%)	Instructions will be provided in advance via email
April 2027 Celebrating Our Results!	**Source**
Meeting Four April 9-10th at the Loews Ventana Canyon Resort in Tucson, AZ	

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Feedback and Q & A
Project Management Plan

Victor O. Kolade, MD

Core Faculty, Internal Medicine Residency, The Guthrie Clinic; Professor of Medicine & Regional Clerkship Director for Internal Medicine

NI X Co- Chairman

National Initiative

VK

Meeting One Wrap-Up

Theresa Azevedo Rousso, MPA

Regional Senior Director and Designated Institutional Official, Kaiser Permanente Northern California

NI X Co- Chairman

TAR & VK

National Initiative

Leadership and Support

Theresa Azevedo-Rousso, MPA
CIAQ Co- Chairman
Kaiser Permanente
Northern CA

Victor Kolade, MD
CIAQ Co- Chairman
Guthrie Robert Packer Hospital

Mindi Apicella
AIAMC
Administrative Coordinator

Kimberly Pierce Burke, MA
AIAMC
Executive Director

TAR and VK

Questions ?

National Initiative

National Initiative X Meeting Two

April 17 – 18, 2026

Omni La Costa Resort and Spa – Carlsbad, CA

TAR and VK

National Initiative

Please share your feedback!

https://www.surveymonkey.com/r/NIXMtgOne