



## 2022 Poster Slam

Virginia “Ginny” Mohl, MD, PhD, Session Facilitator

Saturday, March 26<sup>th</sup>

AIAMC Annual Meeting 2022

# Poster Slam Format

Chose Just Three This Year (usually top 5)

- Presentation One: 10 Minutes (8 Minutes Presentation + 2 Minutes Q & A)
- Presentation Two: 10 Minutes (8 Minutes Presentation + 2 Minutes Q & A)
- Presentation Three: 20 Minutes, Including Q & A

# Identifying Hypertension Interventions for Vulnerable, Urban African American Primary Care Patients: Literature review and Patient Perspectives

Rebecca Nye MPH, Wilhelm Lehmann MD, MPH, Kjersti Knox MD, Bonnie Bobot MD, Deborah Simpson, PhD  
Aurora Health Care | Milwaukee, Wisconsin



| Family Medicine Residency Program MKE

# BACKGROUND

- HTN more prevalent in African Americans (51.7%) than whites (43.6%)
  - Young African Americans (18-44 yo), 30% HTN
- Increased prevalence is attributable to many factors
  - Structural racism, distrust of the health care system, access to care
- Urban Primary Care residency clinic
  - 10% disparity HTN control between young African Americans | white patients
- **AIM:** Identify interventions associated with improved HTN control in urban, vulnerable, young (18-50 yo) African American patients in a primary care (PC) residency program



# METHODS

## LITERATURE SEARCH

- To identify HTN interventions applicable to vulnerable urban AA populations
- Articles coded by publication year, article type, population studied, intervention, results, and barriers (spreadsheet)



## QUALITY IMPROVEMENT PATIENT DISCUSSIONS

- Random sample of AA patients (18-50 yo) with uncontrolled HTN in urban primary care clinic
  - Vetted by clinic staff as likely responsive to discussion with med student
- Contacted via phone to explore interventions most applicable to their care
  - Replacement after 3 unsuccessful contact attempts for this QI effort
- Open-ended + Likert scale items focused on:
  - Long-term effects of HTN
  - Barriers to HTN control
  - Interest in working with a PC physician to address HTN including use HBPM



# RESULTS: LIT SEARCH



- 49 articles identified spanning 1998-2021
- Interventions focused on HBPM coupled with education and/or lifestyle changes
  - Populations were rarely young adults under 50
  - HBPM + interventions typically multi-faceted (medication adjustment, diet/exercise, community health worker)
  - Difficult to determine effect of any one intervention
- Little/no long term sustained effects between treatment/control groups



# RESULTS: 9 PATIENTS' PERSPECTIVES



## • Uncontrolled HTN

- **Knowledge:** Variable yet limited re: HTN physiology and LT Effects
- **Barriers:** Typically, *DID NOT* include ability to exercise, access to healthy, affordable food or medications, safety, or housing
- **Responsibility:** Viewed HTN as a problem *THEY* needed to work on independently through diet, exercise, and taking medications

## • Concern & Interest in HTN (1=not really concerned to 4=very concerned)

- Concerned about their BP (mean 2.9, range 1.5-4.0)
- Very interested in working to lower their BP (mean 3.4, range 2-4)
- 44% had monitors; 50% were wrist cuffs
- 100% deemed HBPM a viable intervention

# PATIENT'S WORDS

"I didn't have high blood pressure until I had a heart attack at age 37...I have high blood pressure due to chronic pain."

**"Not sure."**

"[I] can't run like [I] used to. I used to be able to run four blocks, now I'm lucky if can run two blocks or even walk around the block."

**"I don't know."**

*Statements from clinic patients, when asked about what having high BP does to their health over time.*

# OUR CONCLUSIONS

- **HTN knowledge limited**
- **Self-reported barriers  $\neq$  Literature**
  - Yet their stated need to "work on" independently can guide our HTN QI intervention
- **HBPM**
  - Lit = use as tool to improve HTN control
  - 100% patient interest
- **Next Step for Young HTN AA**
  - Pair HBPM & pt education on HTN



# Reframing a JEDI Milestone for Faculty Self-Assessment

## Justice, Equity, Diversity, & Inclusion

D Simpson PhD, T La Fratta MBA, W Lehmann MD MPH, K Ouweneel MBA, C Nichols MD, T Frederick, M Robinson DO, J Hartlaub DNP, APNP, FNP-BC, J Bidwell MD  
Aurora Health Care | Milwaukee, Wisconsin

Academic Affairs | AIAMC NI VIII: JEDI | ACGME

# BACKGROUND

- **THE EVIDENCE IS CLEAR:** JEDI improves education, care for patients and the communities we serve
- **AS MEDICAL EDUCATORS LEADERS we are accountable**
  - Address structural “isms” in all forms
  - Faculty Development
- **A CONTINUOUS DATA DRIVEN APPROACH: Essential for JEDI**
  - 2021 ACGME annual res/fac surveys + equity and inclusion
  - Limited accessible data available
    - Developed/implemented a required JEDI specific milestone
    - No data on faculty self-reported competence



# METHODS

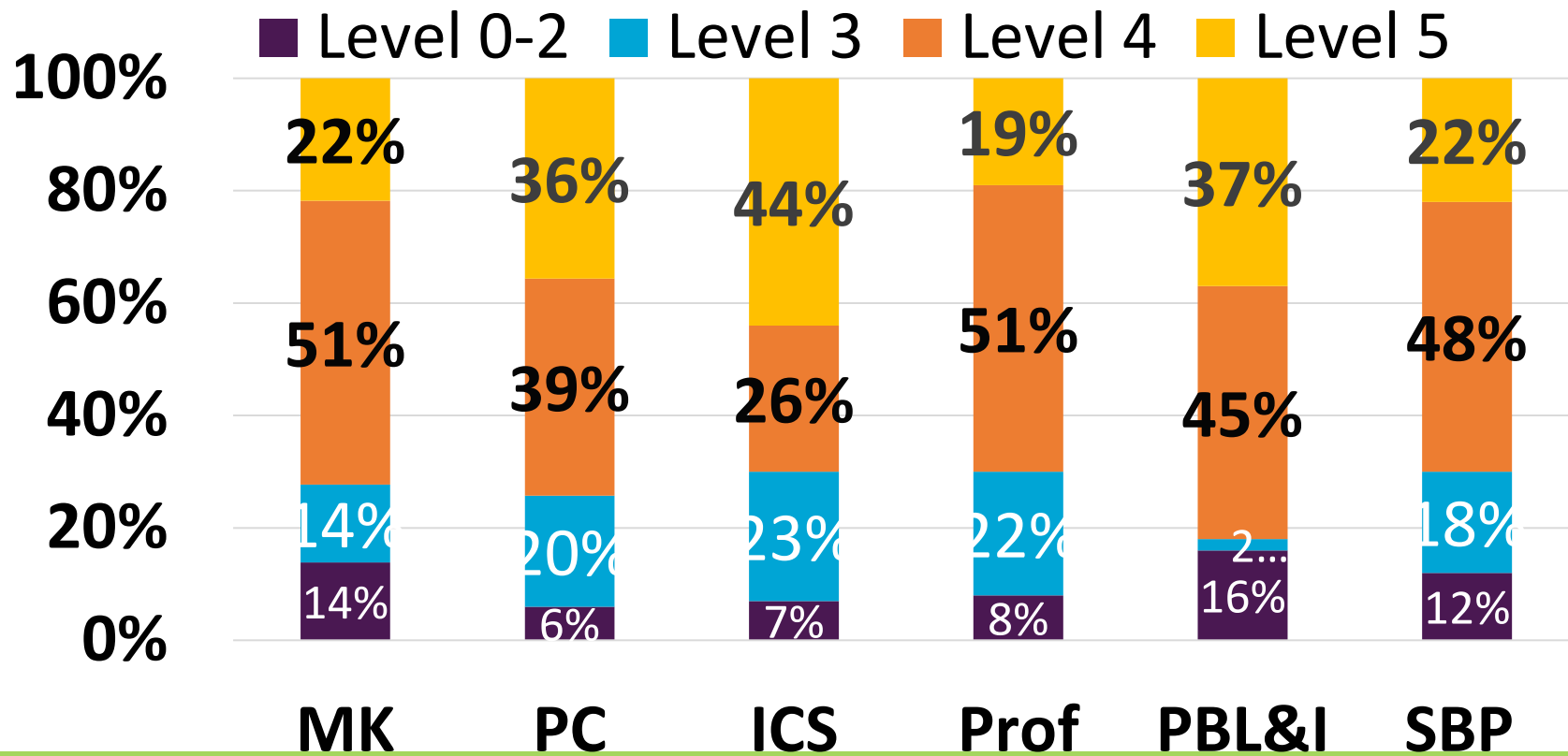
- **Needs assessment survey from JEDI milestone**
  - 6 competency domains
  - Annotated novice to proficient rating scale

## Domain #5: Professionalism

- **LEVEL 0:** Not yet reached Level 1
- **LEVEL 1:** Role Implicit bias in health disparities
- **LEVEL 2:** Implicit biases in self, team, and health system affect clinical decision-making.
- **LEVEL 3:** Reconciles personal with professional role, strategies to mitigate own implicit biases... Accepts shared professional responsibility for eliminating health disparities & bias.
- **LEVEL 4:** Acts non-judgmentally and speaks up ... to address microaggressions ...
- **LEVEL 5:** Creates policies.. equitable outcomes

# RESULTS: % FACULTY X DOMAIN JEDI

70% RESPONSE RATE (126/179) ACROSS 16 GME PROGRAMS



# So WHAT? NOW WHAT?

- JEDI Competency Milestone = Faculty
  - Use gaps between < Level 3 & < Level 4 to target fac dev efforts
- Ex: Professionalism (30% < Level 4)
  - Upstander Training with scripting to support faculty to “speak up in the moment...”
  - Initial focus is microaggressions by patients
  - Align with system policies
- Repeat annually



# ACADEMIC AFFAIRS WIDE EFFORT INSPIRED BY THOSE CHANGED THE WORLD

- *Whenever 1 person stands up and says "wait a minute, this is wrong..." it helps other people to do the same* | Gloria Steinem
- *Do the best you can until you know better. Once you know better, do better* | Maya Angelou
- *Faith is taking the first step even when you don't see the whole staircase.* | Martin Luther King, Jr.
- *Real change, enduring change, happens one step at a time.* | Ruth Bader Ginsburg

# DASHBOARDING THE ROI FOR AIAMC PROGRAMMATIC INITIATIVES

Heather Z. Sankey, MD, MSMEI, Hania Janek PhD, MSMEI,  
Deborah Simpson PhD,  
Kimberly Pierce Burke MA,  
Virginia Mohl MD, PhD, Richard Vath, MAEd,  
Kevin Hinchey, MD, William John Yost MD, DVM,  
March 26, 2022



# BACKGROUND

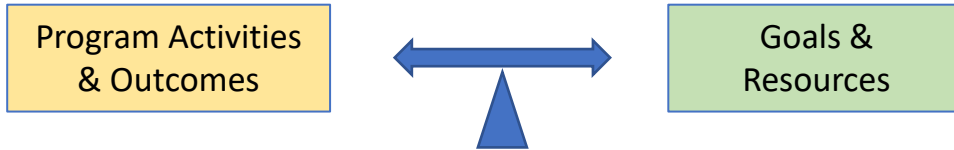
- The AIAMC has a large number of events that require time and energy from both staff and members, and always more ideas about new events.
- There was interest in a tool to help make decisions about which programs had the best ROI.
- In 2019, a Programming Committee was chartered as a subcommittee of the Board
  - The primary focus was to find a way to assess, measure, and track the success of our programming across a broad array of types: virtual webinars, annual conference, national initiative meetings, etc.





# AIMS STATEMENT

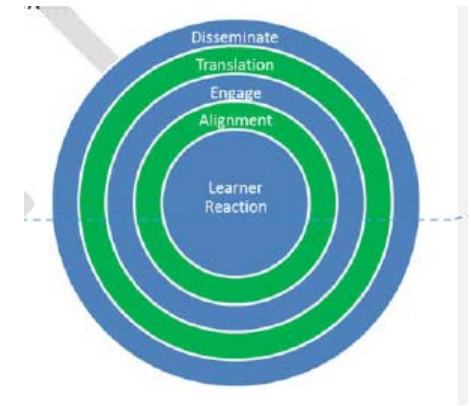
- Design a data dashboard that yields data to purposely maximize the alignment of AIAMC's program activities and outcomes with the AIAMC's goals and resources as we "reimagine health care learning that increases the value of membership."



# METHODS

## Five Steps:

1. Created a list of all existing activities with evaluation tools currently in use
2. Developed five evaluation impact levels informed by the Kirkpatrick Model of program evaluation
3. Performed a crosswalk between programs & levels
4. Determined specific metrics
5. Set levels for “red/yellow/green”



# 5 Levels of Impact

## 1. Learner/Participant

- A. Satisfaction Ratings
- B. Attendance + Repeat
- C. “Feeder” for Other Programs
- D. Change in behavior/personal Practice (ACCME)

## 2. Alignment with AIAMC Priorities and Accreditation Guidelines

- A. ACGME: CPR/CLER/SI
- B. Other Accrediting Organizations (Joint Commission, ACCME, Joint Accreditation CE) [Advocacy & Outreach]

## 3. Internal Engagement: Progressive Engagement of Individuals/Grps

- A. Within GME
- B. Connect to Key Leaders
- C. Application from Participating Members to Others *in* Organization (e.g., GME to C-Suite; to Nursing; to Other professions)

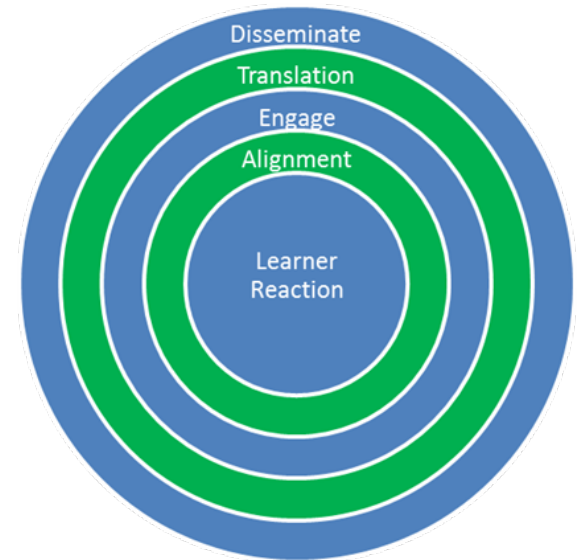
## 4. Translation to Action *within* our Own Systems: Sustain/Spread/Impact/Adoption

- A. Sustained: # Projects/strategies remain active 2-3 years post AIAMC activity Impact
- B. Impact: within Education Programs
- C. Impact: System Quality, Safety, Patient Experience, Well Being
- D. Spread/Adoption within own system

## 5. Dissemination > Our Member Organizations

- A. Impact on Other Organizations/Workgroups
- B. Partnership? Total number, retention of partners? i.e. NAC
- C. Spread/Adoption across Member Organizations
- D. Scholarship: # of publications; presentations in non AIAMC sponsored forums
- E. Referrals: Non-member organization become member organization

## Five Levels of Impact



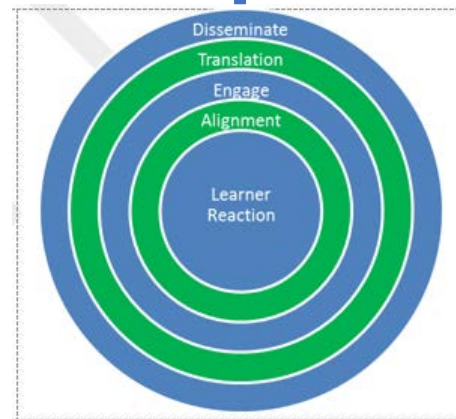
### AIAMC Program Dashboard will display:

- 5 levels of impact
- Utilize a Stoplight display approach (Red, Yellow, Green) as “rating”.

# 3. CROSSWALK BETWEEN PROGRAMS & LEVELS

LET'S CONSIDER OUR PROGRAMS – AIAMC PROGRAMMING COMMITTEE

PROGRAMS ↓	IMPACTS* →	Learner Reaction	Alignment AIAMC w ...	Internal Engage	Translate to Action w/In	Dissemination	Eval - Feasible 1=Easy 0 =	Eval Pa off (1=Low 0.4 =	Comments
<b>ESTABLISHED PROGRAMS</b>									
1. National Initiatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	?	?	<input type="checkbox"/>			<ul style="list-style-type: none"> <li>Quality/Safety align with CLER focus areas, institutional goals, well-being, communications?</li> <li>Engage: % of (fill in the blank) are still engaged, active partners still engaged in past NI projects?</li> <li>Dissemination: Webinar speakers invited to present at home institution; NI Final Report Downloads from AIAMC website?</li> </ul>
A. Fall Workshops		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		?	?			
B. National Advisory Committee as "Resource"									
C. Webinars									
D. Meetings 1-4		<input checked="" type="checkbox"/>							
E.									
2. Annual Meeting		<input checked="" type="checkbox"/>		?	?	?			<ul style="list-style-type: none"> <li>3-6 Post Mtg Follow Survey: Ideas informed future projects</li> <li>Dissemination: Posters-Sessions → published/presented non AIAMC forum – consider level of detail - granularity</li> </ul>
3. CEO Forum / Assessment									
4.									
<b>NEW PROGRAMS</b>									
5. Webinars for General Webinars (+ recruitment tool)									
6. Co-sponsor Educational Programs with other organizations (AHA, IHI, Quality Scholars, Nexus, NICLE, NAM-Clinician Resilience, AMA Reimaging Residency)									
7. New programming for ACGME SI Programs (eg, per BoD Outreach & Advocacy - new programs with initial accreditation – perhaps DIO mentorship, application of CLER pathways)									
8. Leadership Development (Program Director?, NI-VII? Program? Administrative?)									
9. Develop Handbooks									
A. Preparation to participate in NI									
B. Training in Innovate Interdisciplinary Education									



# 4. DETERMINED SPECIFIC METRICS FOR EACH IMPACT LEVEL



AIAMC PROGRAMMING COMMITTEE 5 LEVELS OF IMPACT  
REQUIRED AND EXAMPLES DATA STRATEGIES BY IMPACT LEVEL & METHOD

#1: Learner/Participant Reaction	#2: Alignment w AIAMC Priorities	#3 Internal Engagement	#4 Translation to Action	#5 Dissemination > AIAMC Member Orgs
<p>Have you participated/attended prior "_____" (insert activity name eg, annual program meeting, NI's, etc)? <b>S</b></p> <ul style="list-style-type: none"> <li>• 0 prior attendance (1<sup>st</sup> mtg)</li> <li>• 1 prior</li> <li>• 2 prior</li> <li>• 3 or more prior</li> </ul>	<p>As result of this activity, rate your ability to address specific accrediting requirements (eg, ACGME, ACCME, JC)? <b>S</b></p> <ul style="list-style-type: none"> <li>• High</li> <li>• Moderate</li> <li>• Low</li> <li>• None</li> </ul>	<p>Describe a topic/area/idea that emerged during this activity that you plan to address in your organizations and what if any additional resources would you need? <b>S or I</b> (Comment box)</p>	<p>Aspects of our project have impacted and/or been adopted/adapted by: <b>S</b></p> <ul style="list-style-type: none"> <li>• Another GME/Physician education program</li> <li>• Other professions educators</li> <li>• System quality, Safety, Pt Experience and/or Well-being Leaders</li> <li>• Across the system</li> <li>• Not Yet</li> </ul> <p>Please give example/details (Box)</p>	<p>Did you bring another bring another colleague from another program/office in your organization (or outside)? <b>S</b></p> <ul style="list-style-type: none"> <li>• Yes from within my org</li> <li>• Yes from outside my org</li> <li>• No</li> </ul>
<p>How likely are you, as a result of participation /attending this activity are you to participate in another AIAMC activity? <b>S</b></p> <ul style="list-style-type: none"> <li>• Very UNlikely</li> <li>• Somewhat Unlikely</li> <li>• Somewhat Likely</li> <li>• Very Likely</li> </ul>	<p>Did this activity align/meet the AIAMC's Priorities (Check all that apply)? <b>S</b></p> <ul style="list-style-type: none"> <li>• List AIAMC strategic priorities</li> </ul>	<p>Promoting connections amongst AIAMC member organizations/people is an AIAMC priority. How many new, strong connections did you make with someone from ANOTHER organization at this meeting? <b>S or I</b></p> <ul style="list-style-type: none"> <li>• 0</li> <li>• 1</li> <li>• 2</li> <li>• 3</li> </ul>	<p>What is your highest role in your organization? <b>S or registration</b></p> <ul style="list-style-type: none"> <li>• Trainee (student, resident, fellow)</li> <li>• Faculty</li> <li>• Education Leader/Director (Program, Unit)</li> <li>• DIO / Leader Academic Affairs/Educ</li> <li>• Staff: Quality, Safety, Pt Safety, Unit</li> </ul>	<p># of Publications, Abstracts, Presentations at non-AIAMC hosted forums collected via post-NI survey <b>S</b>, report, librarian search</p>



# 5. SET LEVELS FOR “RED/YELLOW/GREEN”

- Painstakingly went through previous evaluation results and defined each color for each metric

NI-VI: Well Being		NI-VI Mtg Evals				NI-VI Mtg Evals (1=Str Dis, 5=Strong Agree)				
<ul style="list-style-type: none"> <li>• 34 Teams started Fall 2017</li> <li>• 100% (34) Final Poster</li> <li>• 94% Final Project Report <sup>c</sup></li> </ul>	Mtg # →	#1	#2	#3	#4	Mtg # →	#1	#2	#3	#4
	# Responses	29	24	28	26	Mean / Range				
	Yes: My admin approach &/or practice outcomes will be improved <95%	100%	96%	96%	92%	CLER Priorities= Objectives <4.59	4.53 4.4-6	4.4 4.4-4	4.5 4.2-6	4.6 4.5-7
	Yes: This was valuable use of my time.	100%	96%	96%	96%	Recommend this conf to others <4.4	4.6	4.5	4.7	4.7
	Mean: Bi-mo teleconferences (2 Qs: valuable /positive impact on progress) <4.59	x	x	x	4.1					
Mean Bi-mo	x	x	x	3.95						

#3 INTERNAL ENGAGEMENT	#4 TRANSLATION TO ACTION
<p><b>7% (1/15) of Programs Reported Part 2 Proceedings<sup>a</sup></b>            Note: Limited comments in final reports            [Green ≥ 75%; Yellow &lt; 75%; Red &lt;50%]</p>	<p><b>20% (3/15) Programs achieved (Part 2 Proceedings)<sup>b</sup></b>            Note: Limited comments in final reports            [Green ≥ 75%; Yellow &lt; 75%; Red &lt;50%]</p>

# DASHBOARD



Evaluation results All Activities			
5 point Likert Scale (1=Strongly Disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly Agree)			
	Original Evaluation Form	Original Evaluation Form	
Column1	AIAMC Member Best Practices Supporting Inclusion July 2, 2020	AIAMC/Partner Series July 16, 2020 Physician Diversity	AIAMC Member Best Practices Building a Culture of Respect August 6, 2020
TIME of Day (all times Eastern Time)	1:00 PM	1:00 PM	1:00 PM
Q1. Number of Attendees and Number of Responses	Registrants - 25 Attendees - 15 Responses - 4 Response Rate - 27%	Registrants - 48 Attendees - 34 Responses - 12 Response Rate - 35%	Registrants - 24 Attendees - 14 Responses - 5 Response Rate - 36%
Response Rate	27.0%	35.0%	36.0%
Q2. Have you participated/attended prior (specific event - webinars, annual program, meeting, national initiative, etc.)?	N/A	N/A	
First webinar			0%
1 prior webinar			0%
2 prior webinars			60%
3 or more prior webinars			40%
Q3. Have you participated/attended prior AIAMC activities (annual meeting, national initiatives, webinars, etc.)?	N/A	N/A	
First activity			20.0%
1 prior event			0.0%
2 prior events			20.0%
3 or more prior events			60.0%
Q4. The speaker(s) was effective in presenting the material (quality, expertise, delivery). 5-point Likert Scale	4.8	4.2	4.8
Q5. This activity was a valuable use of my time. 5-point Likert Scale	4.8	4.1	4.4
Q6. As a result of this activity, rate your ability to address specific accreditation requirements (e.g. ACGME, ACCME, JCI)?	N/A	N/A	3.0

Overall

Time of Day

Attendance

# Attendees

Q2

Q3

Q4

Q5

Q6

Q8

Q9

Q10

Q12

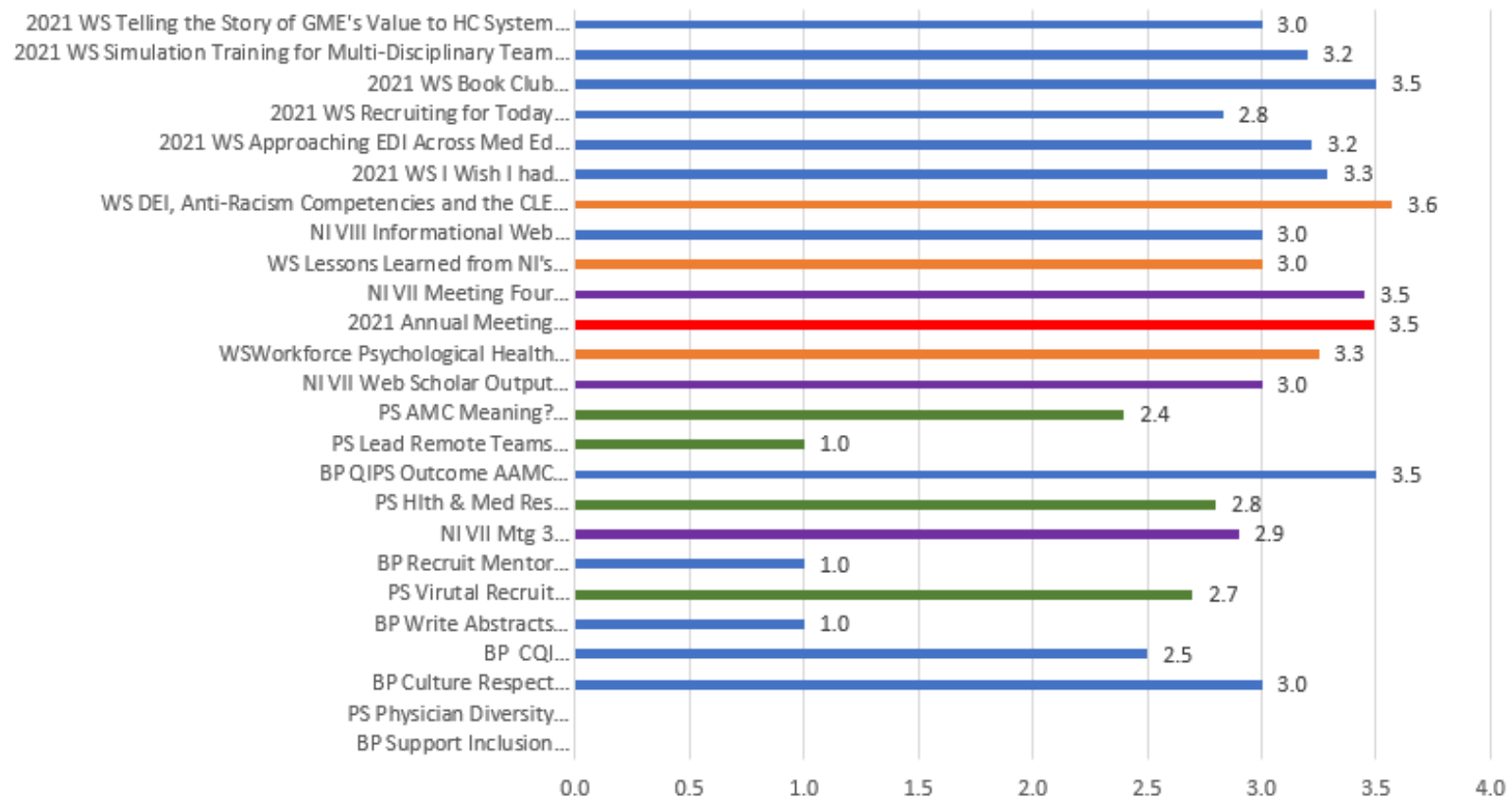
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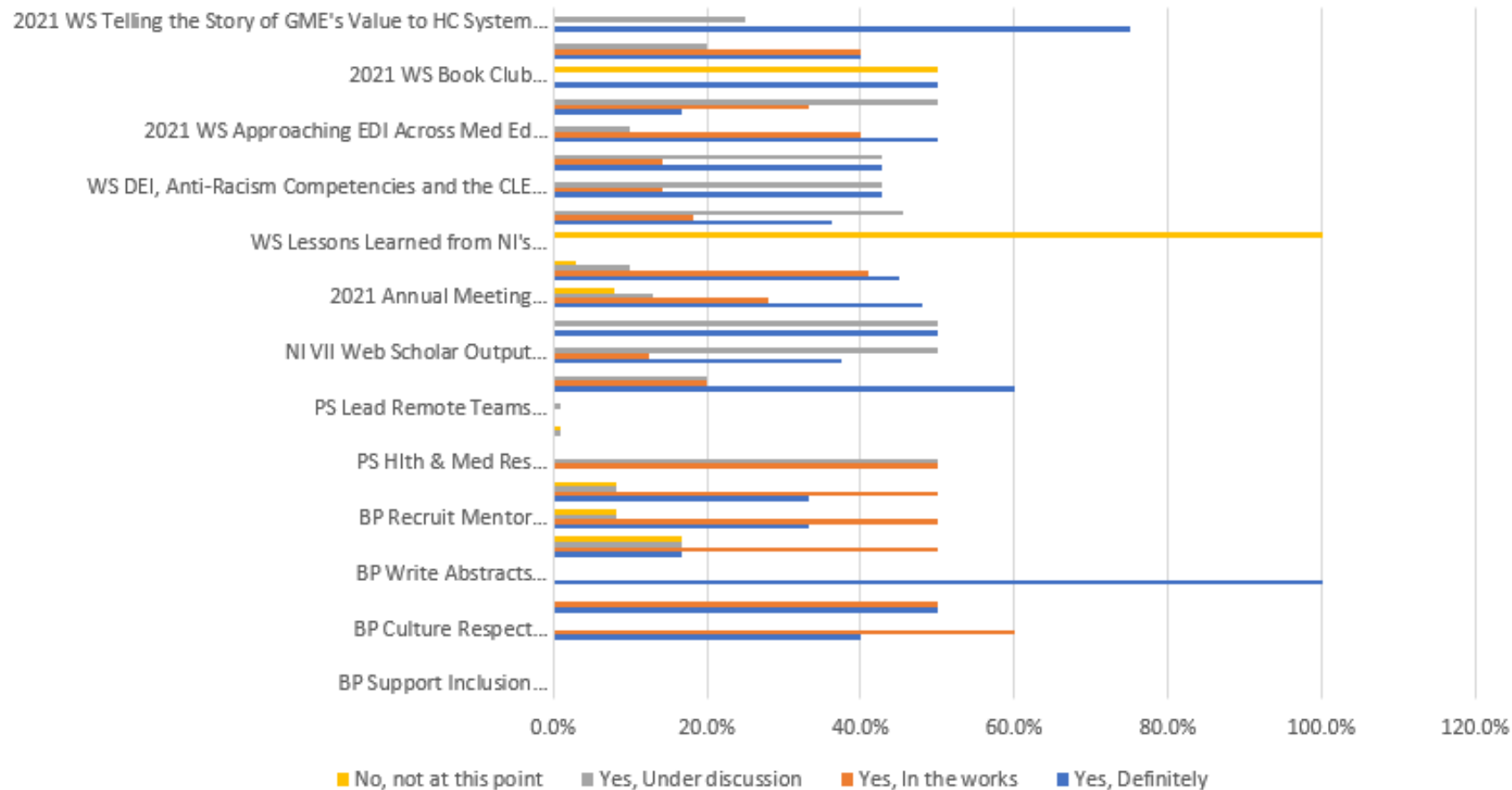
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**Q6. As a result of this activity, rate your ability to address specific accrediting requirements?  
(4-point Likert scale)**





## Q8. I plan to collaborate with other entities within our system on this topic/area/idea



# RESULTS



Dashboard & metrics fully initiated in early 2021 across all AIAMC programming



Dashboard is reviewed monthly by the Program Committee for formative & summative recommendations to activity leaders



Report and recommendations to Board at least annually regarding program ROI

# QUESTIONS?

