Primary Care Practice Facilitation Curriculum

Module 1: Instructor's Guide to Using the PCPF Curriculum

PCMH

IMPROVING PRIMARY CARE

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Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850
www.ahrq.gov/

Prepared by:

Mathematica Policy Research
Princeton, NJ

Primary Author

Jesse Crosson, Ph.D., Mathematica Policy Research

Contributing Author

Vanessa Nguyen, M.P.H., LA Net Community Health Resource Network

Series Editors

Jesse Crosson, Ph.D., Mathematica Policy Research
Robert J. McNellis, M.P.H., P.A., Agency for Health Research and Quality
Janice L. Genevro, Ph.D., Agency for Healthcare Research and Quality

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Module 1. Instructor's Guide to Using the Primary Care Practice Facilitator Curriculum

The Primary Care Practice Facilitation (PCPF) curriculum is designed to help build a number of core competencies in new practice facilitators (PF) working with primary care practices. The curriculum also may be useful for training more experienced PFs in particular competencies that they have not yet mastered.

This module is composed of two parts:

1. *Overview of Core Competencies of Primary Care Practice Facilitation.* This section provides an overview of the core competencies addressed in the curriculum's 32 modules and includes a matrix showing where to find each competency in the curriculum. Instructors may wish to present all modules to their students or use the competency matrix to target or prioritize certain modules, depending on the needs of their learners.

2. *Incorporating Adult Learning Methods.* This section provides an overview of the general principles of adult learning, tips on applying these principles to training PFs, approaches for assessing adult learners and providing feedback, and references for additional information on adult learning. More information on how to incorporate adult learning principles when adapting the PCPF curriculum for online use is provided near the end of this module.

Overview of Core Competencies of Primary Care Practice Facilitation

Primary care PFs need to develop a number of core competencies to work effectively with primary care practices and help them engage in continuous quality improvement, become patient-centered medical homes (PCMH), and fundamentally transform the way they provide care. To identify PCPF core competencies, we engaged in a thorough review process (see box below) and compiled a list of widely accepted competencies needed by facilitators. Our technical expert panel members also contributed their "real world" experiences training practice facilitator. For example, competencies developed by programs like the North Carolina AHEC Practice Support program and HealthTeamWorks to train their facilitators were important resources in this process.

The PCPF core competencies identified here build on prior work funded by the Agency for Healthcare Research and Quality (AHRQ). The *AHRQ 2010 Consensus Meeting on Practice Facilitation for Primary Care Improvement* (Knox 2010) developed a list of competency areas needed by PCPFs; this included a mix of content mastery (including knowledge of primary care practice, diffusion of innovations theory, and organizational change) and applied skills (such as quality improvement methods, use of health information technologies, and communication). A subsequent guide, *Developing and Running a Primary Care Practice Facilitation Program* (Knox et al. 2011), refined these core competencies to focus on interpersonal skills, generating and using data, and quality improvement or change management methods. Building on these prior resources, the 2013 *Practice Facilitation Handbook* (Knox and Brach 2013) added practice assessment and health information technology optimization to the list of core competencies and began the process of creating instructional resources to support these competencies.

In preparing the PCPF curriculum presented here, we examined these prior resources as well as the practice facilitation resources offered by 21 different PCPF training programs or organizations in the United States. We then documented 11 commonly identified PCPF competencies as well as some areas that, while not commonly identified, are nonetheless important to PCPF.

For purposes of this curriculum, PCPF competencies are grouped into four distinct domains of knowledge and skill that are needed for supporting primary care practice transformation:

1. **Foundational knowledge**—familiarity with key topics important for improving and redesigning primary care, including:

    - organizational change processes,
    - the goals of QI for improving patient care,
    - the principles of the PCMH and the logic through which it intends to affect health care outcomes,
    - strategies for diffusion of innovations and organizational learning,
    - familiarity with the changing primary care practice environment (including regulatory and policy changes),
    - knowledge of health systems and the local primary care market,
    - understanding of payment models and their relationship to care delivery, and
    - knowledge of culturally and linguistically competent care delivery.

2. **General skills**—competence in applying foundational knowledge to various transformation tasks, including:

    - QI methods (for example, understanding of plan-do-study-act cycles);
    - organizational assessment (for example, assessing practice readiness for change);

- change management; and
- people, project, and meeting management.

3. **Specialized skills**—competence in the use of specific techniques to support change, including:

   - data collection and analysis to inform QI,
   - use of information technology systems, and
   - work process engineering methods.

4. **Professional skills, knowledge, and commitment,** including:

   - competence in the use of effective communication techniques;
   - interpersonal and facilitative skills;
   - skills in establishing trust with practice staff members;
   - knowledge of practice facilitation as a profession and as a national community of practice; and
   - commitment to self-evaluation, lifelong learning, and transparency.

The PCPF curriculum offers a series of modules for developing the competencies across each of these four domains (Table 1.1).

Table 1.1. Competencies addressed in the PCPF curriculum

Module Number	Module Title	Foundational Knowledge	General Skills	Specialized Skills	Professional Skills
2	PF as a Resource for Practice Improvement	Organizational change, spreading successful innovations across differing practice settings			
3	The Primary Care Landscape	Primary care environments			
4	An Introduction to Practice Organization and Management	Primary care environments			
5	Special Considerations When Working With Safety Net Practices	Primary care environments		Coaching skills for working with safety net practices	
6	An Overview of the Facilitation Process	Facilitation process and purpose			
7	Professionalism for Practice Facilitators				Professionalism, commitment to continuous learning
8	Approaches to Quality Improvement		QI methods, change management		
9	Using Appreciative Inquiry with Practices			QI methods, practice assessment	
10	Mapping and Redesigning Workflow			QI methods, change management	
11	Using Root Cause Analysis to Help Practices Understand and Improve Their Performance and Outcomes			QI methods, change management	

12	An Introduction to Assessing Practices: Issues to Consider		Practice assessment		
13	Measuring and Benchmarking Clinical Performance			Practice assessment	
14	Collecting Performance Data Using Chart Audits and Electronic Data Extraction			Practice assessment	
15	Preparing and Presenting Performance Data			Preparing and presenting performance data	
16	Academic Detailing as a Quality Improvement Tool			Academic detailing	Cultural competency
17	Introducing a Practice to Facilitation	Facilitation process and purpose			Professionalism, cultural competency
18	Assessing Practice Readiness for Change		QI methods, practice assessment		
19	Conducting a Kickoff Meeting		Meeting management		
20	Creating Quality Improvement Teams and QI Plans		QI methods		Cultural competency
21	Working With and Supporting Practice Leaders	Organizational change Organizational cultures	Leadership coaching		Cultural competency
22	Running Effective Meetings and Creating Capacity for Practices to Run Effective Meetings		Meeting management, change management, leadership coaching		

23	Documenting Your Work with Practices				Professionalism
24	Introduction to the Care Model	The Care Model			
25	The Patient-Centered Medical Home: Principles and Recognition Processes	Principles of the PCMH			
26	An Introduction to Electronic Health Records and Meaningful Use	Primary care environments	Use of information systems		
27	Helping Practices Optimize EHRs for Patient-Centered Medical Home Transformation and Quality Improvement	PCMH and electronic health record systems to support PCMH		Optimizing electronic health record systems to support PCMH	Cultural competency
28	Using the AHRQ Care Model Toolkit with Practices		QI methods		
29	Implementing Care Teams		QI methods		Cultural Competency
30	Building Teams in Primary Care		Meeting management, leadership coaching, QI methods Change management		
31	Facilitating Panel Management		Change management	Facilitating panel management	
32	Improving Self-Management Support and Engaging Patients in Care and Practice Improvement Topics	Primary care environments		Patient engagement	Professionalism

As a whole, the PCPF curriculum is intended to build the competencies that many consider necessary for effective practice facilitation. These competencies, however, need to be combined with the following professional standards:

- **Transparency**—to clearly communicate the facilitator's own interests in the change process (for example, who employs them and the objectives of the employer) to the practice members he or she is working with

- **Self-evaluation**—use of critical self-reflection to support ongoing development of skills to identify and address knowledge gaps and the need for new techniques

- **Commitment to continuous learning**—to continue to develop skills and adapt to changes in the primary care landscape or policy environment by pursuing self-directed learning

- **Commitment to quality improvement**—to spread knowledge and best practices within the primary care community to improve population health

Incorporating Adult Learning Concepts as You Teach this Curriculum

In teaching these core competencies to PFs, the PCPF curriculum is designed to support the use of established adult learning principles. These instructional principles are based on the knowledge that adult learners are internally motivated and self-directed, bring life experience and prior knowledge to learning, are goal oriented, seek information relevant to the work they plan to do, want practical applications for learning, and want to be treated as equals. While the PCPF curriculum incorporates various elements of adult learning principles, it is nonetheless critical for you, as the instructor, to consider and use these elements as you teach this curriculum.

The four key principles of adult learning (Knowles, 1984) suggest that instruction must be relevant and useful to learners, should be problem centered and action oriented, should incorporate the experiences of learners, and should include opportunities for performance feedback.

Instruction must be relevant and useful to learners. Adult learners are motivated to learn primarily by the knowledge that what they are learning will be useful to them in their work. Each of the modules in the PCPF curriculum has an instructor's guide that includes specific learning objectives to ensure the usefulness of the content. Sharing learning objectives with your learners is one way to make sure that they understand the purpose of the content you are teaching and allows an opportunity for you to underscore how the content may be useful to them.

Some ways to ensure that your instruction is relevant include:
- identifying and discussing practical applications of the knowledge, skills, or techniques you are covering
- having learners play a key role in identifying what aspects of the curriculum will most clearly and directly address their own gaps in knowledge and skill

- conducting a needs assessment of each learner to tailor instruction to the learners' immediate needs

Instruction should be problem centered and action oriented. Adult learners are task oriented and focused on solving real-world problems. For this reason, the PCPF curriculum is organized around helping PFs develop the knowledge and skills they will need and can then directly apply to their work with primary care practices.

Some ways to ensure that your instruction is problem centered and action oriented:
- use the problem-centered simulated cases presented in many of the modules so that PCPF trainees can try out new skills before they use them in the field
- create your own simulated cases and in-class exercises focused on solving problems commonly encountered in PCPF work

Instruction should incorporate the experiences of your learners. Adult learners bring a wealth of past experiences that can inform their work as facilitators. Bringing this experience into the instructional setting will benefit other learners and make sessions more engaging for everyone. Therefore, these experiences can be an important resource for enriching your instruction. In some cases, however, prior experience, beliefs, and attitudes can lead to incorrect assumptions about what is needed in PCPF work or about how to approach a specific issue. Discussion of these prior experiences, beliefs, and attitudes is an essential part of developing the self-evaluation skills of those you are training.

Some ways to ensure that your instruction incorporates the prior experiences of your learners:
- Leave adequate time to discuss how their prior experiences apply to working with primary care practices.
- Have experienced facilitators (either from among those you are training or from outside the group being trained) work with you to develop simulated cases and in-class problem-solving exercises directly from their prior experiences.

Guidance on Assessment and Evaluation of Learners

Instruction should include opportunities for performance feedback. Adult learners want feedback on the practical application of the new skills that they are developing or on old skills they are working to enhance. Creating opportunities for performance feedback in the classroom reinforces the need for ongoing professional development and self-evaluation.

Each module includes suggested exercises that will allow formative assessment (i.e., progression of learning) of learners before, during or after the session. These exercises can be adapted to the needs of the program, instructor or the learner. While a summative assessment (e.g., at completion of learning) tool is not provided, each module includes learning objectives to guide development of such tools as needed by the program. In addition, the core competencies provide a blueprint for evaluation of new PF performance in the practice setting.

Some ways to ensure that your instruction creates opportunities for performance feedback:

- Provide direct observation of your learners as they work with primary care practices, followed by specific, objective, and improvement-focused feedback.
- Create opportunities for PF trainees to report back on their experiences, using new skills in practice, and then self-evaluate their work.

For additional resources on adult learning, see the list of references and resources at the end of this module.

Considerations in Using the PCPF Curriculum for Online Instruction

The content of this curriculum is designed for use in both in-person classrooms and in online or virtual classrooms. In some cases, using the content of the modules will require modification for use in a virtual classroom. For information from some exemplar online training programs, review the resources in the text box below. To determine what modifications you need to make to use of a specific module in a virtual setting, you should review the suggested exercises and activities detailed at the beginning of each module and consider how to accommodate your audience. Before you consider modifying any content, there are three things you should review: (1) the learning objectives from the module and your comfort level in teaching its content, (2) the expectations of learners for the training, and (3) the functions and limitations of your web platform.

> **Case Studies of Exemplary Primary Care Practice Facilitation Training Programs**
> http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfcasestudies/index.html
>
> **Training Program Summary: Millard Fillmore College Practice Facilitator Certificate Program**
> http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfcasestudies/fillmore.html

Hands-on activities and group exercises work well for adult learning, but are difficult to conduct in a virtual environment. Some activities may require the trainer to use multimedia, such as video presentations, chat box features, electronic surveying, etc. and shift from lecture to hands-on activities in a single training session. As a trainer, you need to have some comfort level with technology, or at the very least have technical support at your disposal. Become familiar with piloting virtual classrooms through mock sessions with a colleague. You will also need to adapt your virtual training based on the technology available to you and your learners. Some computer systems may not be compatible with specific software programs. Always ask learners to test run a system prior to the day of the session in efforts to avoid any technical difficulties during training and consider technological learning curves for the student. The box below contains an example of how to adapt a specific module (Module 4) for on-line learning environments.

Adapting Module 4: "An Introduction to Practice Organization and Management" for Online Use

Module 4 is intended to provide new PFs with an introduction to practice structure and administration. After thoroughly reading the module, accessing its resources, and becoming familiar with its exercises, your next step is to decide on a method for delivering the planned group exercise for the module. The options are to assign the activity prior to the training session or to work with the group as a whole during the session. In this example, the module requires learners to construct a *vision map* to assess areas where they believe clinic staff can affect quality improvement (see Module 4 instructor's guide). The exercise asks learners to break into groups of three to complete this exercise. Instead, you can request that each participant conduct this activity with a colleague, or alone, prior to the session. On the day of the training session, learners should come to the online session prepared to discuss the results of this activity. Prior to the session, you should confirm that your web platform allows learners to share their screens, or you could have learners send results to you in advance and assemble them prior to the online training.

A virtual environment can make it difficult to assess learner understanding. The inability to read and express body language or facial expressions—as one would in person—can further lead to misinterpretations or gaps in awareness. To avoid this, think through effective ways to probe your audience and gain feedback from your learners. Many platforms have polls, surveys, and chat functions that will allow for frequent check-ins to ensure learners understand the information communicated. Some questions you might ask the group throughout the training:

- Does anyone have any questions?
- Can anyone think of their own example and share with the group?
- [Name], what are your thoughts on this subject?
- I've just reviewed the outline for this training, are there any particular components the group would like to focus on for today's session?
- What is your experience with this?
- What is your understanding of the term "[term]"?

When conducting virtual trainings, gauge participants' vested interest and reach out to each of the learners prior to the session to make sure they are comfortable with participating (Mittleman, Briggs, and Nunamaker 2000). Trainers can expect to deal with several virtual-classroom specific issues, such as: participant feedback, attendance, team building, unpredictable networks, and time differences. Here are some exemplary practices used by instructors to address virtual training barriers:

- Send your training schedule in advance and ensure that all students have the materials needed for their participation.
- Speak concisely and clearly throughout.
- When possible, always show your face on screen in the virtual room.
- Remind participants about etiquette and virtual room features (i.e. silence cell phones/pagers and use of chat box function).
- Always start with the program outline and introductions.
- Be sure to welcome attendees who arrive late, or ask them to introduce themselves.
- Do not monopolize discussions; use this opportunity to explore others' experiences and importantly, ensure you offer enough time for others to respond to content.
- Continue to engage those who participate regularly and encourage those have not commented.
- Call on learners by name.
- Provide explicit feedback, proactively check in with participants every 10–15 minutes or when appropriate, and utilize back channels (such as a chat box).
- Use names and remind participants who is attending.
- Use collaboration tools as needed and use process support tools to focus group attention on specific information (for example, using shared screens).
- Engage in a dialogue rather than giving a summary, start dialogue with someone you know, and shift focus among the participants.
- Ensure that you have clearly defined terms.

Selecting a Platform. To launch a virtual training, you will need a video conferencing platform. If you do not already have access, you will need to select one and become comfortable using its features. There are a number of excellent platforms you can use online. The minimum requirements needed to deliver a virtual training session are: audio, video and screen share, and chat box features. Ideally, select a platform that includes virtual breakout rooms for small work groups.

Here are some ways to use a video conferencing platform during training:

- Have each user share a webcam feed for a more personalized experience.
- Alternate screen share between yourself and users.
- Download documents to share for view (some platforms distribute documents to the group after the session).
- Use chat boxes to distribute survey links and as an opportunity for participants to write comments/questions.
- Take control over participant's keyboard and cursor when granted permission (this may be helpful when demonstrating training activity on a learner's computer for a more personalized experience).

- Record the training session to keep on file or post for others to view.

Building Connections With Students. The relationships formed between instructors and learners are affected by their ability to connect and effectively communicate with each other. Interactions between learners and instructors can be difficult even in person, and a virtual setting is no different. Providing consistent check-ins and responding to chat box messages are helpful approaches in making connections with learners. Mittleman et al. (2000) suggest that instructors check-in with learners every 10–15 minutes by asking them questions like "Tom, are you with us? Do you agree with the items just discussed?" Not only does this engage learners, but it also reminds them that the training is intended to be interactive.

Also, be mindful of the chat box. Scan for messages as they are sent, especially since messages can be sent sporadically throughout the session. Read comments and questions as they are sent. When reading these messages, be sure to read them aloud. Note that some learners may send you private messages meant for you alone, and in other cases they may be sent to the entire group. Either way, you will want to share relevant comments and questions. For those that send you a private message, you might state, "*Someone* just posted a comment that reads. . . ." In using the term "someone," you get the learners to focus on the subject and not so much the individual. After reading a message, further engage learners and ask for their reactions or understanding of the remark. This level of engagement will aid your efforts in building connections with learners.

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Resources

Global Learning Partners. Downloadable Resources. Available at
https://www.globallearningpartners.com/resources/shareable-resources/