GAME Conference 2025

Connecting the World - Transforming CPD

Program Resources

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BLOCK II - Future Technologies in Medical Education

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BLOCK II - Future Technologies in Medical Education

2:00 pm – 3:30 pm

BLOCK II: Future Technologies in Medical Education

Facilitator – Aaron Johnson, PharmD

Interact with the Future - The Role of AI in Healthcare and MedEd Globally

1. Introductory Plenary - Matt Lewis, MPA
2. International stakeholder panel reaction with real examples from practice - Augmenting Outcomes with AI

   Brian McGowan, PhD, Sophie Peloquin, MMed Sc, Dean Beals, Andrew D. Bowser, ELS
3. Questions and examples from your practices – peer discussion

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BLOCK II - Future Technologies in Medical Education

Learning Objectives

After actively participating in these sessions, learners should be better able to:

- Examine the role of AI in global medical education and healthcare, including key applications and emerging trends
- Evaluate the potential of AI to augment CPD/CME outcomes evaluation
- Identify best practices for effective and responsible AI integration in CPD/CME

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BLOCK II: Future Technologies in Medical Education

Pre-Block Poll Questions

Scan the QR code, or join at menti.com use code

3323 4063

BLOCK II - Future Technologies in Medical Education

Interact with the Future - The Role of AI in Healthcare and MedEd Globally

Matt Lewis, MPA
Founder, CEO and
Chief Augmented Intelligence Officer
LLMental

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THE FUTURE IS NOW FOR HEALTHCARE AND MEDICAL EDUCATION

MATT LEWIS, FOUNDER, CEO AND CHIEF AUGMENTED INTELLIGENCE OFFICER

MADE WITH MIDJOURNEY + RUNWAY

AUGMENTED MENTAL WELLNESS IS

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ABOUT

MATT LEWIS

CO-FOUNDER, BOARD MEMBER, **FOUNDATION FOR ARTIFICIAL INTELLIGENCE AND HEALTH**

CO-CHAIR, **ISMPP ARTIFICIAL INTELLIGENCE TASK FORCE**, 2023-PRESENT

FORMER GLOBAL AI WORKSTREAM LEAD, **HEALTHCARE COMMUNICATIONS ASSOCIATION**

CEO, CHIEF AUGMENTED INTELLIGENCE OFFICER, FOUNDER, **LLMENTAL**

EXECUTIVE ADVISOR TO **GARTNER** ON ARTIFICIAL INTELLIGENCE

MEMBER, AI EXPERT, **TAYLOR AND FRANCIS**

ADVISOR AND SPEAKER FOR **OPENAI**'S EXECUTIVE FORUM EDITORIAL BOARD

FORMER CHIEF ARTIFICIAL AND AUGMENTED INTELLIGENCE OFFICER, **INIZIO MEDICAL** (2023-2024)

Plenary Goals and Objectives

Objectives:

1. Reintroduce AI as augmented intelligence.
2. Highlight generative AI's role in enhancing healthcare and medical education.
3. Discuss progress and challenges in adopting augmented intelligence in healthcare, focusing on skills improvement.
4. Outline topics for AI integration into the curriculum and practical use.
5. Present frameworks for responsible AI use in global medical education.

Augmented Medical Intelligence

Augmented Intelligence

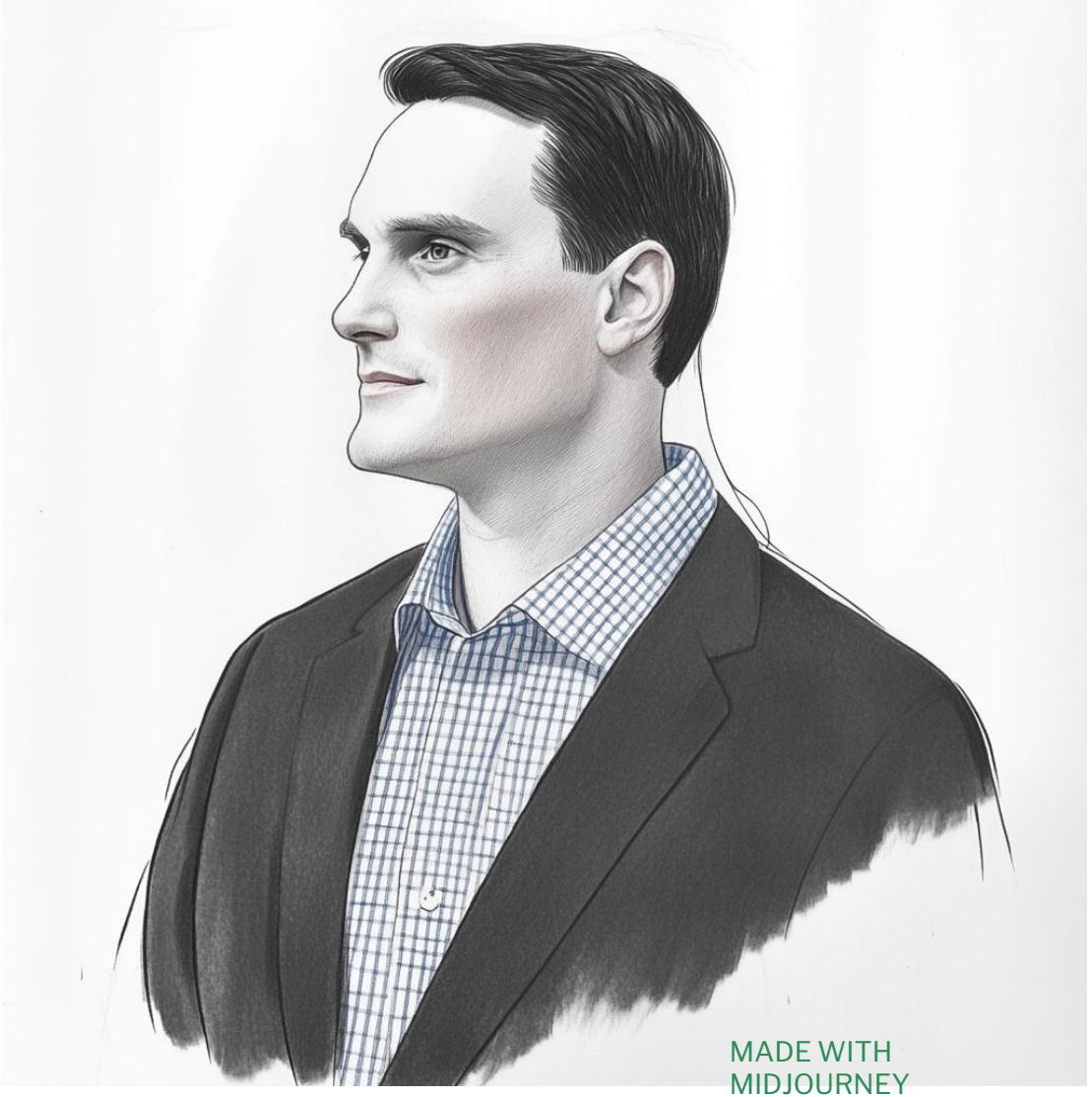
The Future is Now: Success and Stress with Augmenting Medical Intelligence

LLMental literacy

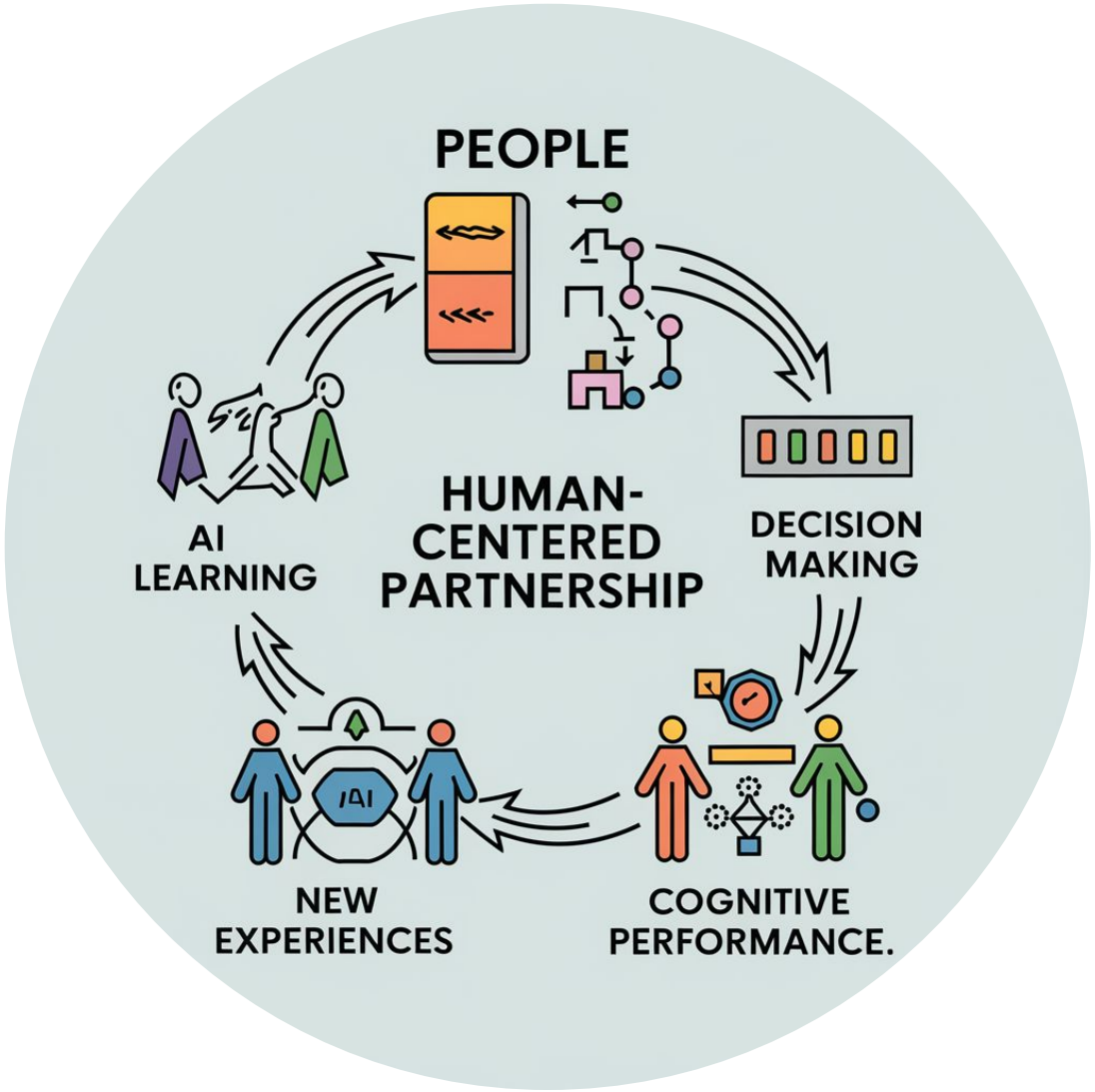
Augmedical education: 4Is Framework

"The potential for AI is enormous, but at the moment we're going to be limited more by our imaginations than the capability itself."
-Michael Hicks

Executive Director, Predictive Analytics Solutions, Novartis



MADE WITH MIDJOURNEY



Augmented Intelligence

Gartner defines (2015) Augmented Intelligence as a “design pattern for for a human-centered partnership model of people and artificial intelligence (AI) working together to enhance cognitive performance, including learning, decision making and new experiences”

Generative AI is the engine that powers Augmented Intelligence

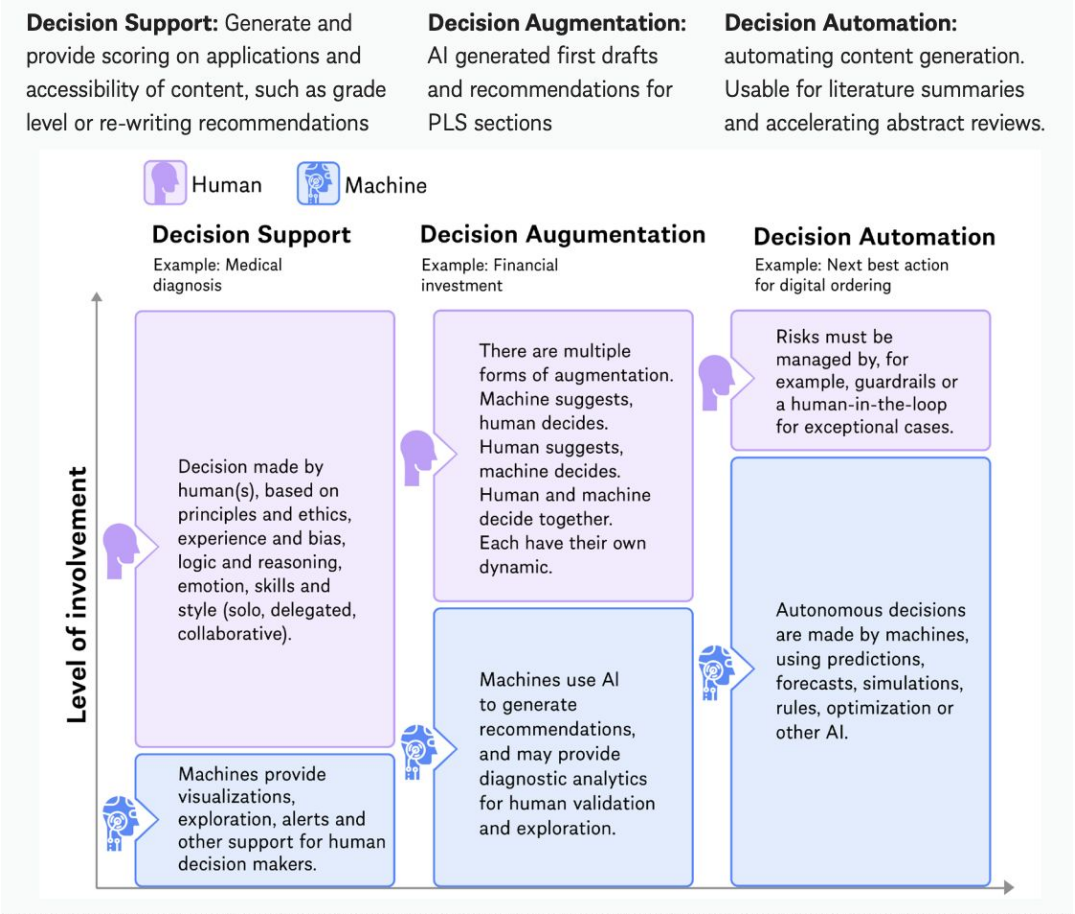
What’s so special about GenAI anyway?

Training: Appropriate Use of AI (3 levels of use)

ISMPP Position Statement says:

"all Medical Publications generated with AI require Medical Writer Oversight:

Decision Augmentation or Decision Support"



Example of AI generated medical content

Example only

Accelerate generation of numerous clinical reports created out of a trial (clinical study report, safety & efficiency claims, etc.) by synthesizing information from literature, protocol, clinical trial management systems, tables, listing, figures, notes and narratives etc.

Example: Automate the generation of a Clinical Study Report based on disparate data sources

Disparate Data Sources

- Existing literature
- Lab notebooks
- Clinical trial management system
- Tables, listing, and figures
- LIMS
- ...

Clinical Study Report

TABLE OF CONTENTS

Medical AI is surpassing Human, State-of-the-Art LLM, and FDA Benchmarks in tasks like SLRs.

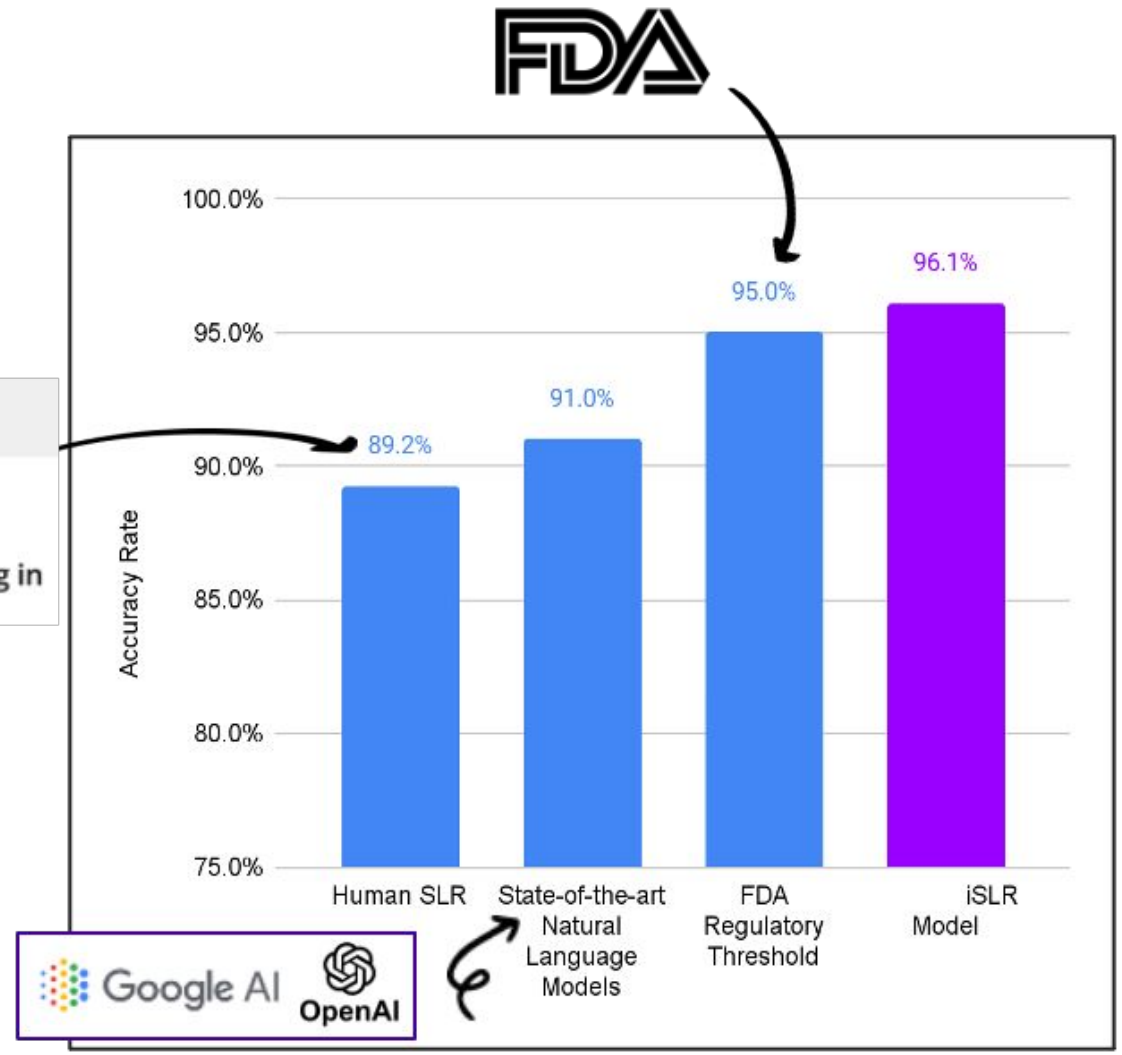
PLOS ONE

OPEN ACCESS PEER-REVIEWED

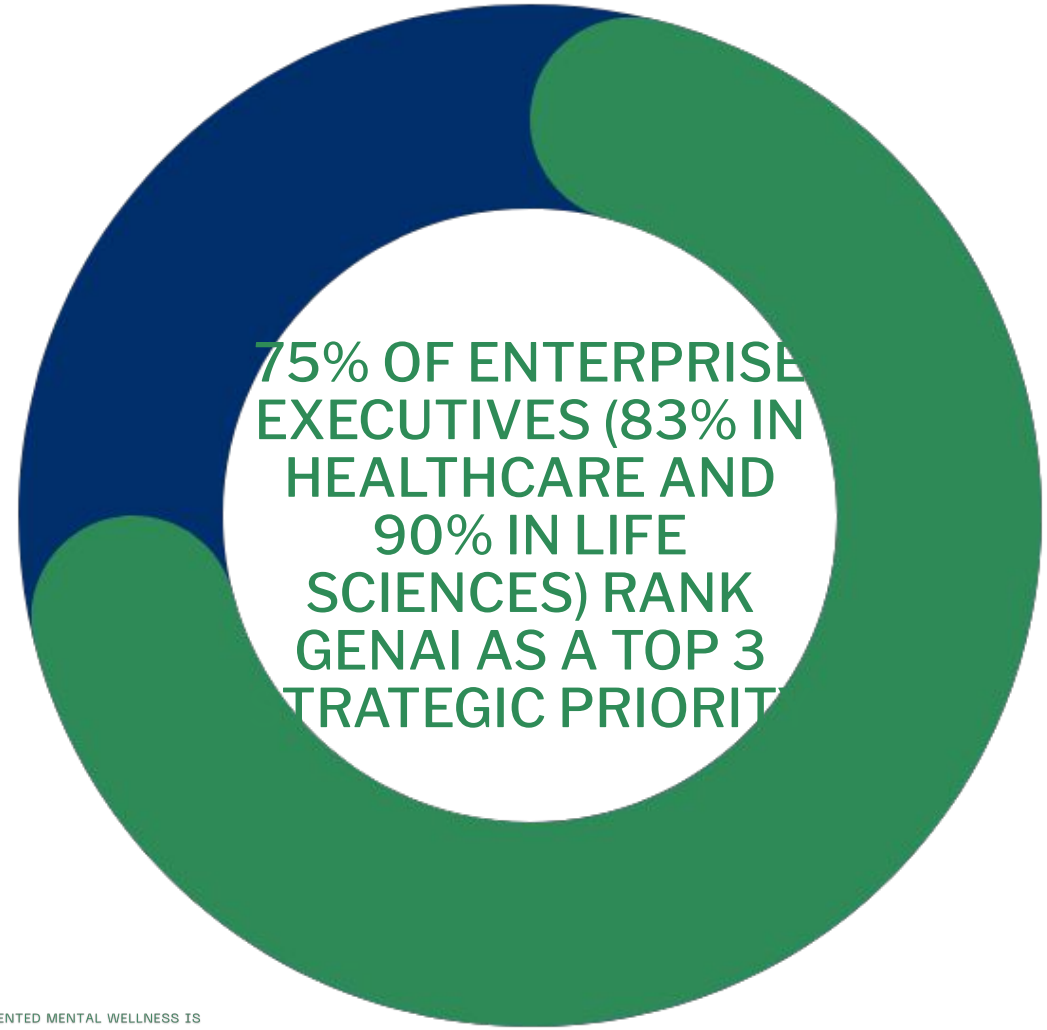
RESEARCH ARTICLE

Error rates of human reviewers during abstract screening in systematic reviews

Gemini Ultra	GPT-4
	API numbers calculated where reported numbers were missing
90.0%	86.4%
CoT@32*	5-shot** (reported)



GenAI in 2025: hype or hope?



BUT, ONLY 1/3 OF ENTERPRISE, 1/4 OF HEALTHCARE AND 1/5 OF LIFE SCIENCES EXECUTIVES ARE CURRENTLY SEEING SIGNIFICANT VALUE...

WHAT GENAI LEADERS GET RIGHT

(AND WHAT IT MEANS FOR CME/CPD?)

10%

In a modern enterprise, 10% of time, financial resources and effort should be spent on data science, algorithms and generative capability

20%

Twice that consideration should be put towards applying theory into practice, licensing, buying and building technology

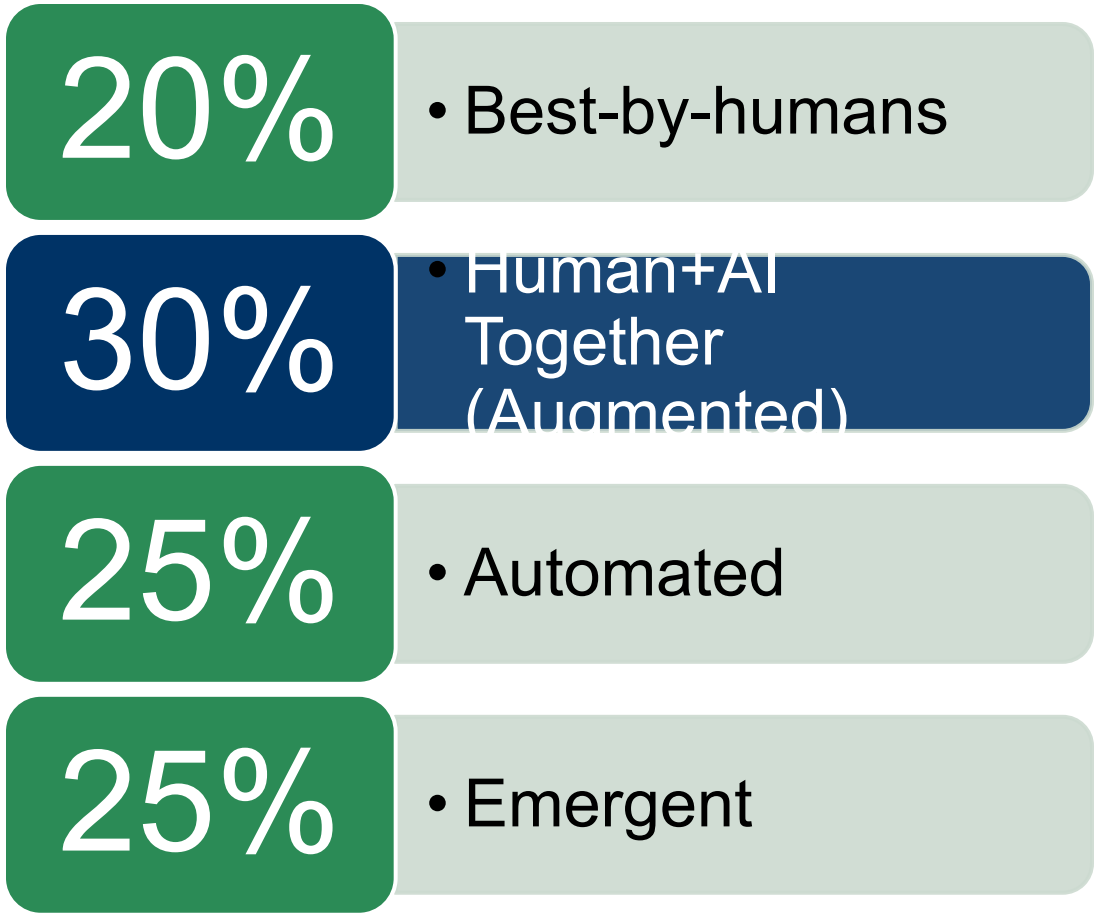
70%

The overwhelming majority of attention, spend, imagination, implementation and attention should be spent on people; the humans of AI for whom transformation is intended to be effective

MADE WITH MIDJOURNEY

"Adoption of generative artificial intelligence is not digital transformation in the traditional sense: it's human transformation"
-Conor Grennan

To juxtapose AI into professional work, experts recommend first doing a task analysis



SOURCE: Human + Machine, Updated and Expanded: Reimagining Work in the Age of AI

“As I’ve often said, the world's most precious resource is the persistent and passionate human mind”
-Peter Diamandis

How might the Global Medical Education community embrace augmented intelligence?

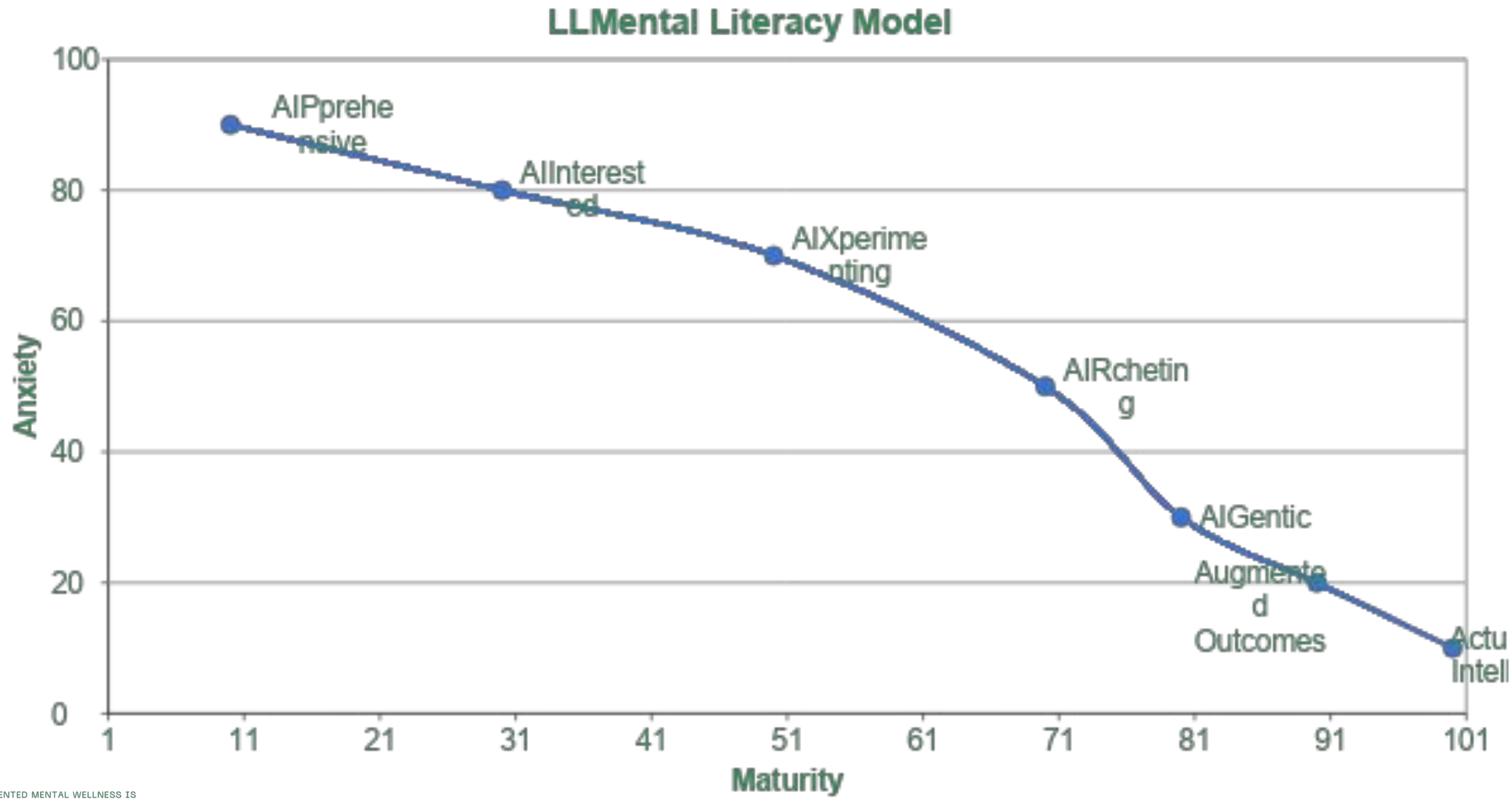
Augmented Medical Education

AI as Curriculum

- LLMental literacy
  - Digital Dexterity
  - Mental Wellness
  - Metacognition/Social Skills
  - Resilience
  - Meaning-making

AI as Copilot

- What areas of unmet (medical) need exist that can be improved vis a vis education?
- What tools and techniques can amplify and extend research, investment and learning?
- How can we augment our own capabilities in the medical education process?


LLMental Literacy Model
100
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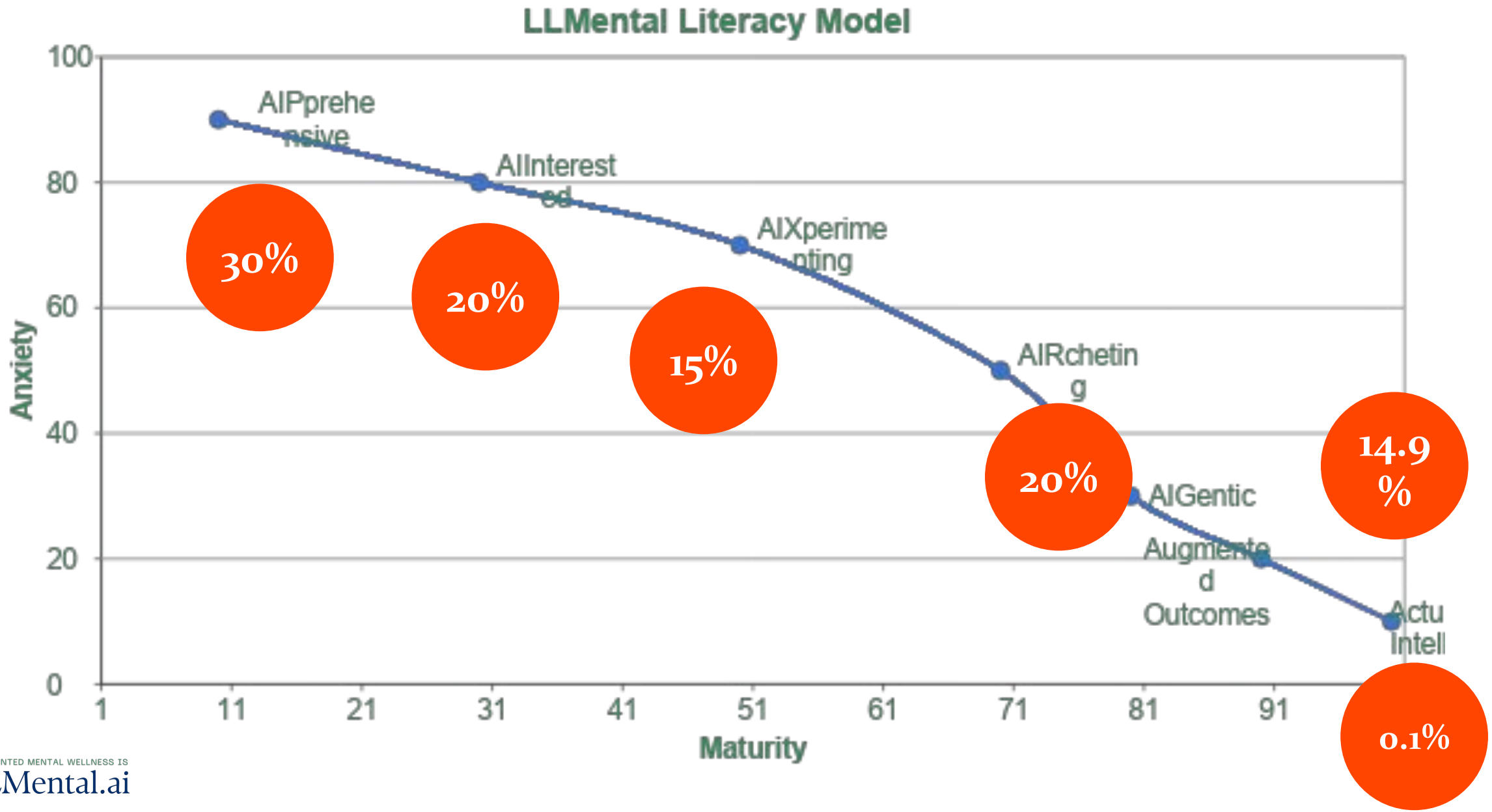
Maturity



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In healthcare, and in life sciences (both regulated industries), need to also consider compliance, governance and regulatory frameworks

TRUST

SAFETY

PRIVACY

ETHICS

EQUITY/ACCESS

INIZIO MEDICAL

Embracing Generative AI in Life Sciences:

Shifting Mindsets and Unlocking Potential

Imagine: 4 “I”s

Insight

Investment

Implementation

Impact

BLOCK II - Future Technologies in Medical Education

Brian McGowen

Sophie Peloquin

Dean Beals

Andrew Bowser

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🎲 AI: Adapt & Innovate – Peer Challenge Activity

🔍 Objective:
Connect with peers to reflect on real-world AI applications in medical education—and have fun doing it!

👥 Step 1: Quick Pair & Share (5 min)
- Find someone new in the room
- Answer:
  - What inspired you during the panel?
  - Coolest/weirdest AI use in medical education/healthcare?
  - If AI were your teammate, what role would it play?

🎯 Goal: Break the ice. Build connections. Start thinking!

💬 Backdrop for Today's Challenge:
"As AI reshapes clinical practice, how can we, as educators, support healthcare professionals in navigating both the technical and human shifts this brings?"

Use this lens to guide your reflections and build empathy into your ideas.

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🎲 AI Dice Game + Creative Pitch & Reflection

🎲 Step 2: Roll for Reflection (15 min)

Roll a die or randomly choose from the six below with your chosen partner. Answer one per person:

1. 📍 Local Lens – AI to improve outcomes where you work?
2. 🔁 Real Rewind – How could AI have improved a past program?
3. 📊 Data Dilemma – What learner data would help AI most? How do we use it ethically?
4. 🌍 Global Glitch – Challenges in global AI adoption?
5. ✨ Future Flash – Most common AI use in CME by 2030?
6. 🧠 Human Touch – What can AI never replace in medical education or clinical care—and how can we prepare learners for that balance?

📣 Step 3: 60-Second Table Pitch (5 min)

Pitch ONE AI innovation your table would build to improve global med ed outcomes.

🗳️ AI Superlatives Wall

- Most visionary AI idea
- Funniest AI fail
- Best/favorite quote from the panel
- Idea to try tomorrow

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3:30 pm – 4:00 pm **COFFEE BREAK & NETWORKING**

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Presentations from Accepted Abstracts

4:00 pm – 5:00 pm

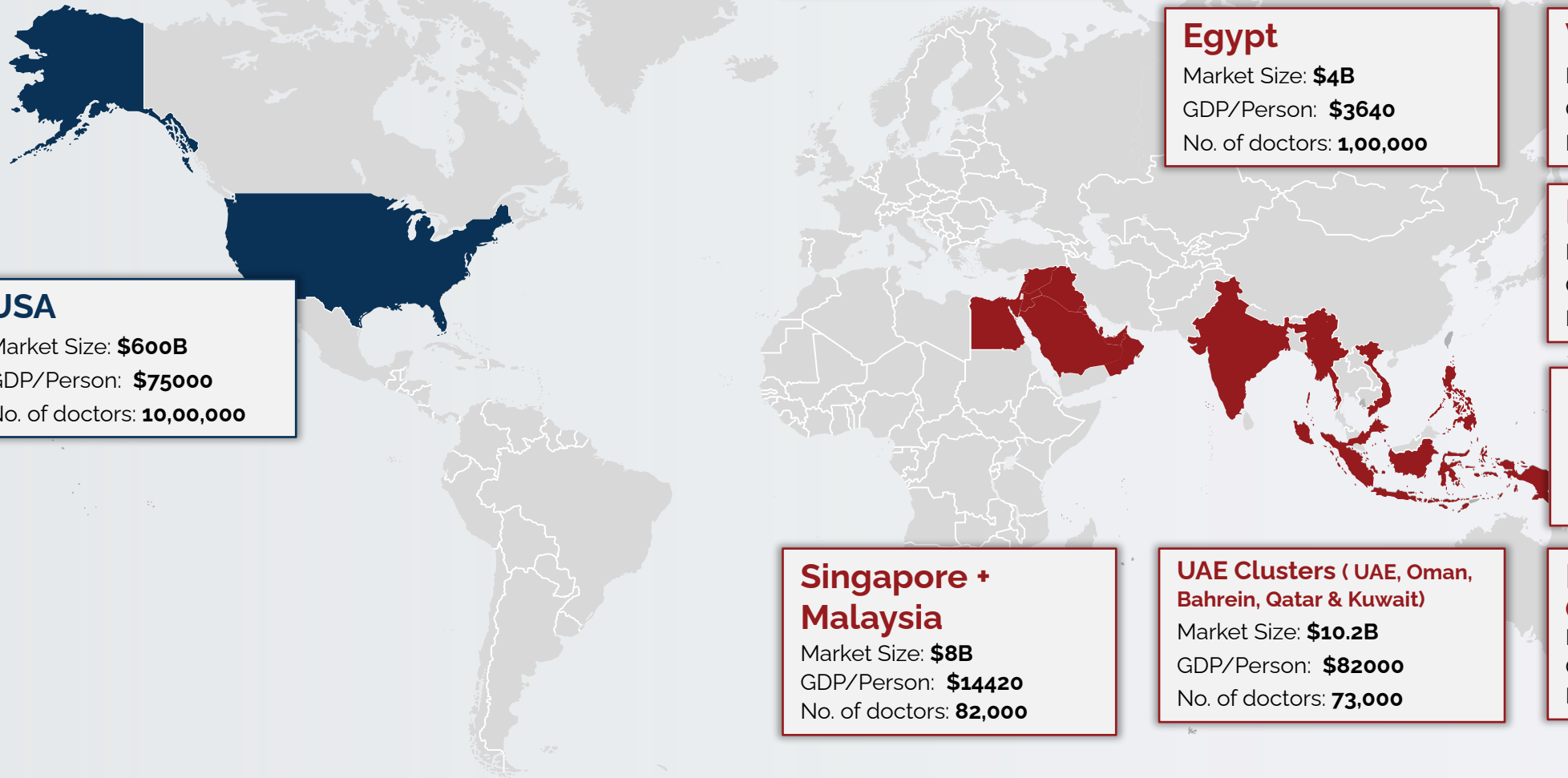
Strategies for developing & providing CPD in West & South-East Asian countries

Vaibhav Srivastava, M Pharm, PGDBA

Strategies for **Developing and Providing CPD in West & South-East Asian Countries**

Vaibhav Srivastava
Founder & MD
Insignia Learning Pvt. Ltd. India
Insignia Learning FZC, UAE

Region (W & S-E Asia) Vs USA Comparing sponsored market size, GDP& cluster definition



USA
Market Size: **$600B**
GDP/Person: **$75000**
No. of doctors: **10,00,000**

INDIA
Market Size: **$22B**
GDP/Person: **$2940**
No. of doctors: **13,00,000**

Saudi Arabia
Market Size: **$11B**
GDP/Person: **$32094**
No. of doctors: **72,000**

Thailand
Market Size: **$4B**
GDP/Person: **$7771**
No. of doctors: **80,000**

Egypt
Market Size: **$4B**
GDP/Person: **$3640**
No. of doctors: **1,00,000**

Vietnam
Market Size: **$5B**
GDP/Person: **$4990**
No. of doctors: **1,30,000**

Indonesia
Market Size: **$3B**
GDP/Person: **$5250**
No. of doctors: **3,00,000**

Phillipines
Market Size: **$4B**
GDP/Person: **$4440**
No. of doctors: **1,50,000**

Singapore + Malaysia
Market Size: **$8B**
GDP/Person: **$14420**
No. of doctors: **82,000**

UAE Clusters (UAE, Oman, Bahrein, Qatar & Kuwait)
Market Size: **$10.2B**
GDP/Person: **$82000**
No. of doctors: **73,000**

Lebanon Cluster (Lebanon, Syria, Iraq, Jordan)
Market Size: **$9.5B**
GDP/Person: **$3015**
No. of doctors: **1,30,000**

Comparison: Western World vs. LMICs

CME Culture in Different Regions

Self-funded vs Industry sponsored

Practice Environment Differences

Incentivization towards CME-CPD

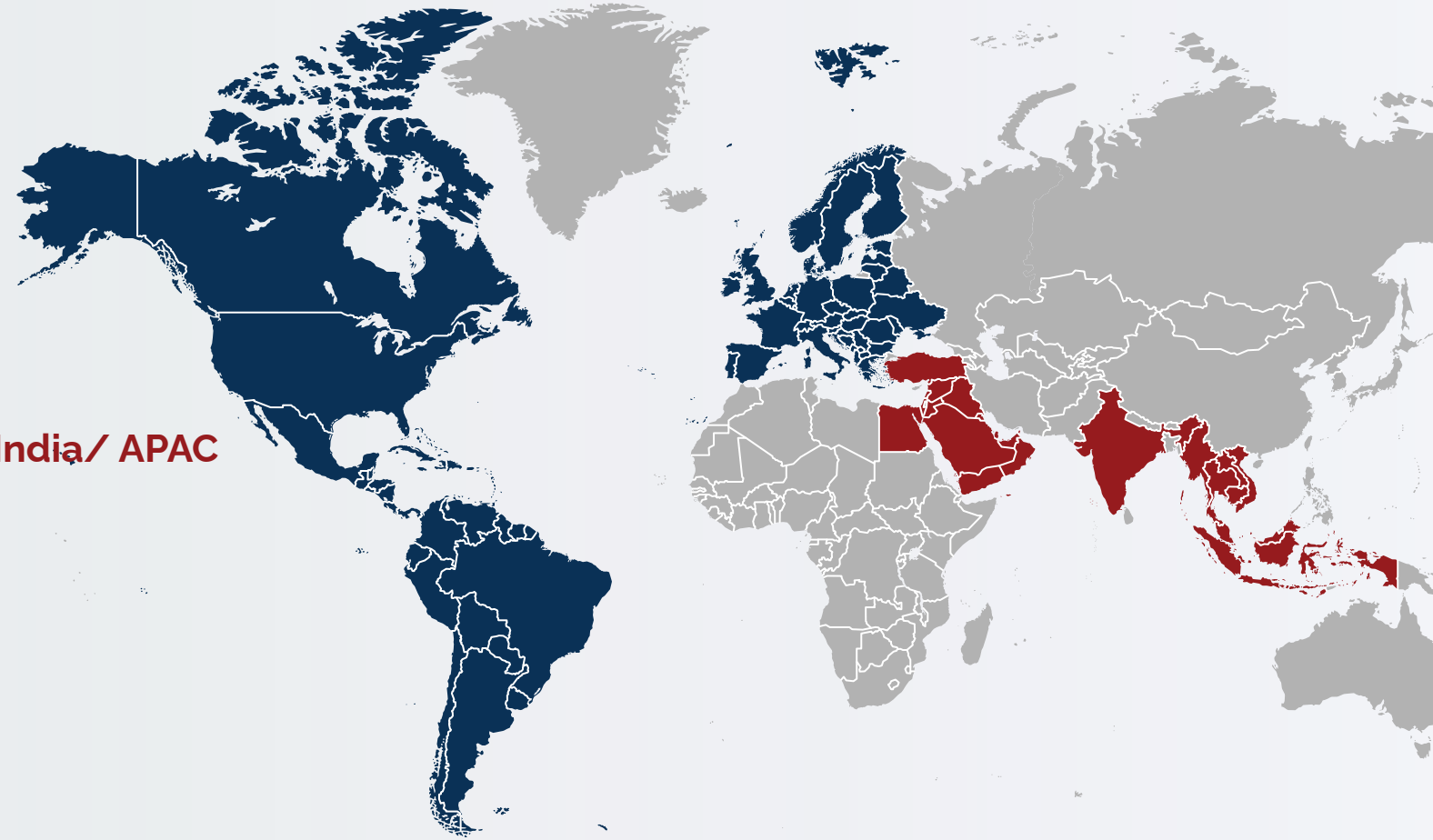
Addressing Affordability Challenges in India/ APAC

Impacting Resources

Managing Learner Cost in Middle East

Low Learners' numbers

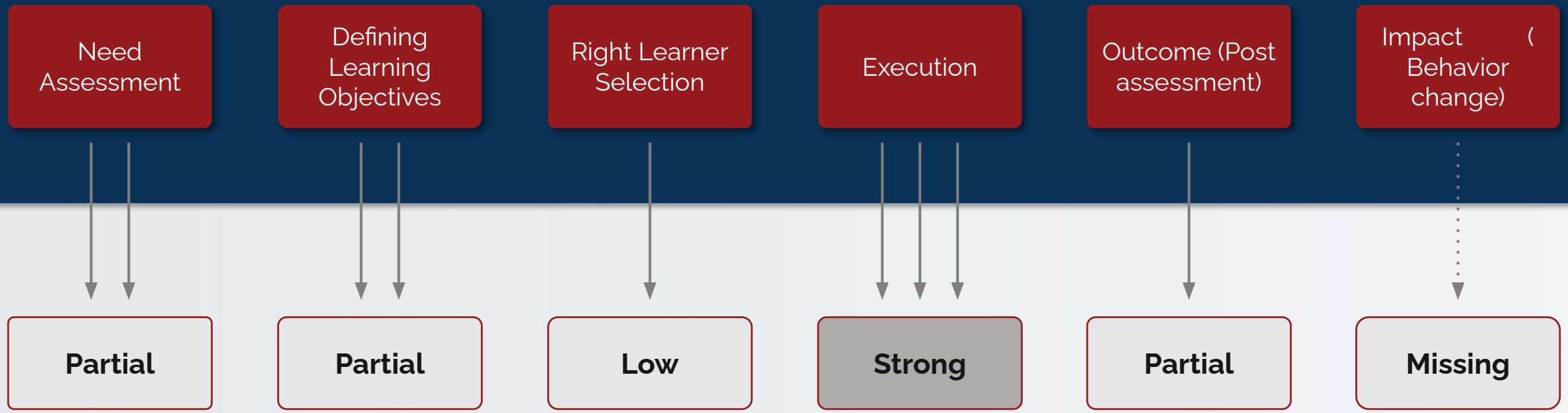
Western World vs. India, Middle East & APAC



Learners (HCPs) expect Industry to fund their CME-CPD Needs while Industry funds HCPs CME-CPD needs as their marketing engagement tools for better Rx (Business)

Established CME-CPD Ecosystem Provider/Activity based Accreditation System in USA/Europe

Pro: Grant Model, Self/Employer funded, Well defined Time line



Establishing CME-CPD Ecosystem
Provider plus Activity based Accreditation System in India partially
Activity based accreditation in Middle East

Cons: Sponsored Model, Sponsored Learner, Stringent timeline & tight funding

Western World vs LMICs

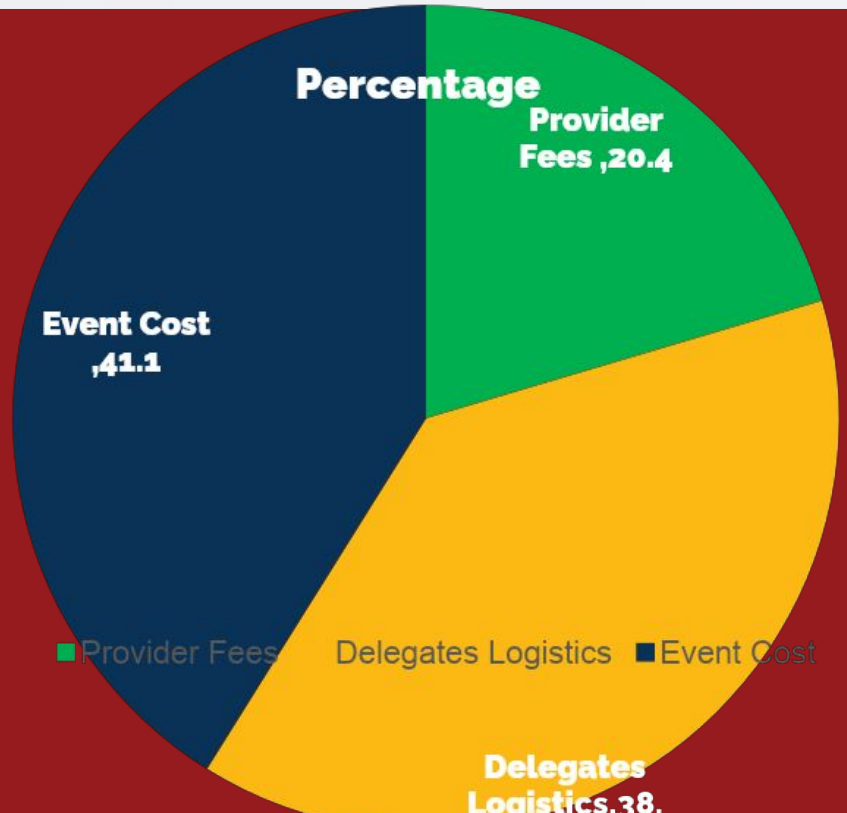
Western World	IDEAL CME – CPD	LMICs
$ 3000	**Need Gap Assessment –** Secondary & Primary Survey	$ 500
$ 1000	**Developing Learning Objectives & Outcomes**	$ 500
$ 10000	**Education Model –** Online, Virtual, Live, Blended	$ 2000
$ 5000	**Content / Expert to address the above Need Gap**	$ 2000
$ 1000	**Post Assessment to measure desired outcomes & behavior changes**	NIL
$ 20,000	*Hypothetical Analysis created for comparative understanding	**$ 5,000**

A Cost Matrix Example

- 900 learners
- live residential symposia
- 2 cities (450 learners/cities)
- one night stay
- delivered by 4 International
- 15 regional speakers

Total Cost : US$ 636,000

- Provider Fees (Society / Int speaker travel/ IL PM /opportunity/marketing cost)
- Delegates Logistic : Travel/ One night stay
- Event Cost : Conference hall / All Meals / Stage & AV/ Cocktail Dinner / Local Taxi



Cost effective education model

Integrating Resources from Leading Medical Societies

Leveraging content from renowned medical societies/established providers to maintain the educational standard.

Ensuring Alignment with Local Needs (70%)

Balancing global knowledge with local needs to ensure practicality and relevance.

Mapping Relevant Content from Renowned CPD Providers

Identifying and aligning with reputable CPD providers known for their accurate and high-quality content.

Ensuring Practical Correlations (30%)

Incorporating local case studies and real-world applications for enhanced learner engagement.

70% (Clinical evidence , guidelines , differential diagnosis, patient care)

30% (Local perspective gaps & learning)

IME & Life-Long Learning : Where this region stands ?

The Independent Medical Education (IME) model faces challenges in India for several reasons:

Funding and Resources:
Limited financial support

Commercialization:
Medical education is often driven by profit motives, with pharmaceutical companies influencing educational content, reducing the independence of such programs.

Cultural Barriers:
Traditional, rote-based learning in medical schools makes it harder to adopt new, interactive learning models.

Limited Digital Access:
Many doctors, especially in rural areas, lack reliable internet access, hindering participation in digital IME programs.

Fragmented Healthcare System

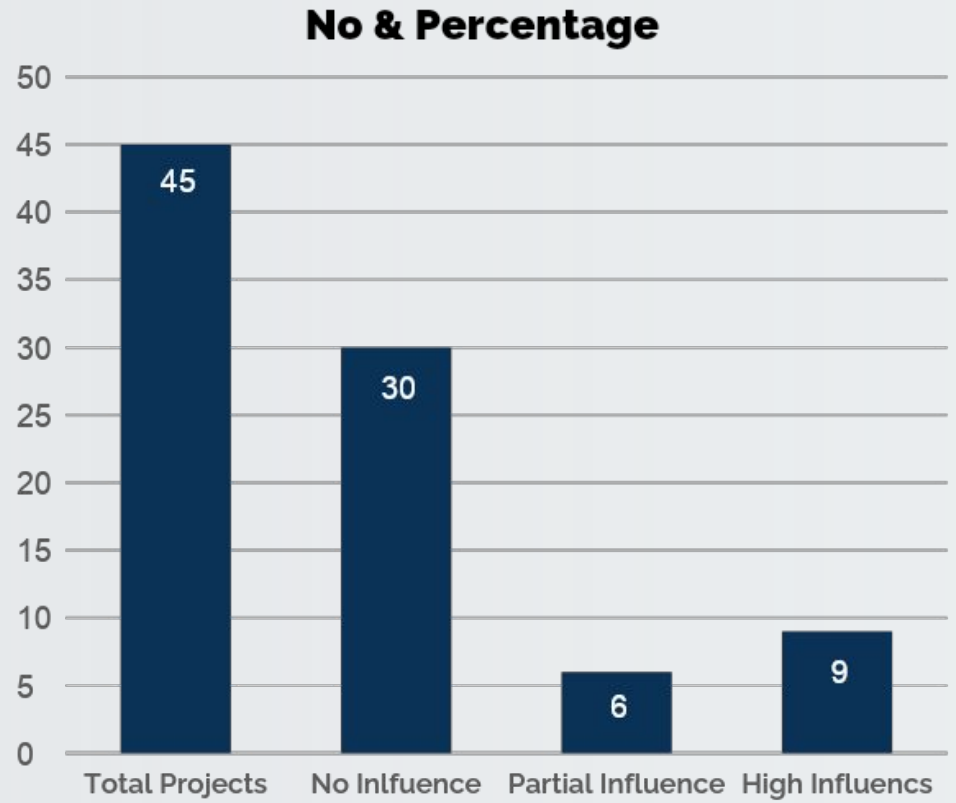
Lack of Support
There is limited enthusiasm among medical professionals for independent education, with many preferring traditional methods.

Focus on Short-Term Learning
The emphasis on mandatory CME rather than long-term, independent education limits the growth of IME

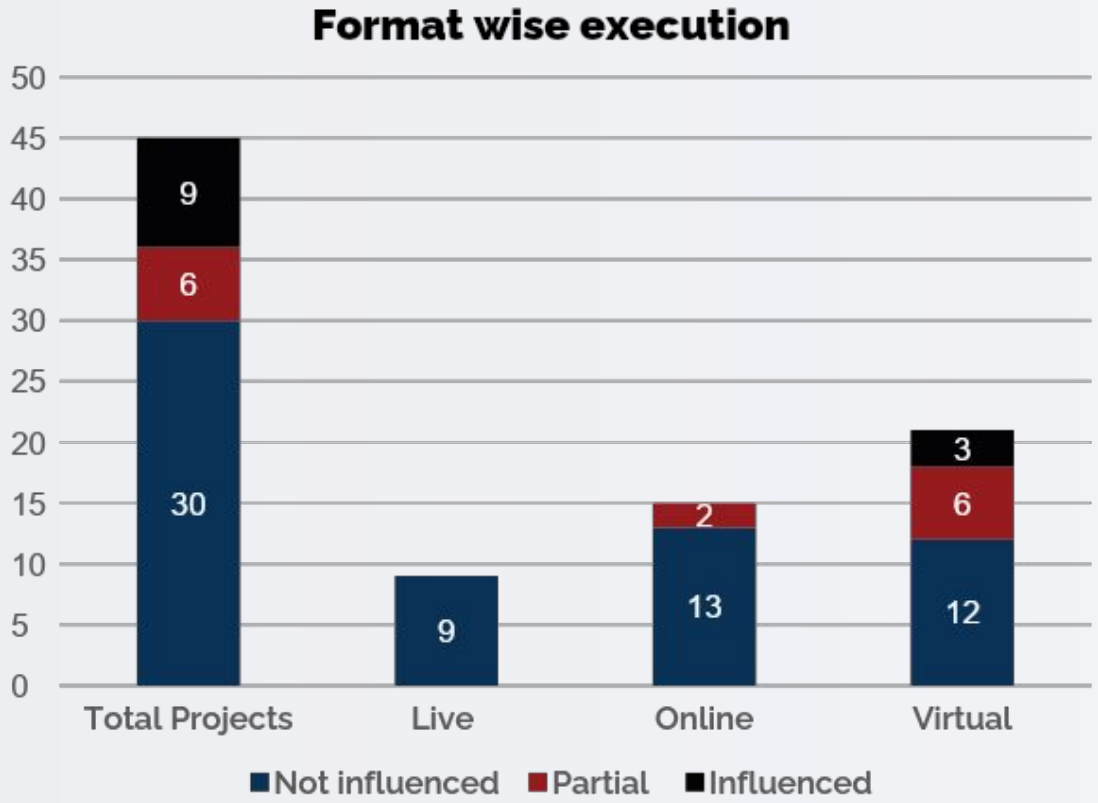
For IME to work in India, changes in funding, regulation, infrastructure, and cultural attitudes toward continuous learning are needed.

Sponsor (Industry) influence on CME-CPD :

A Case study of 45 need-based education projects executed in India between April'24-Dec'24



- 45 Projects / sponsored by 16 companies (8-8 from MNC & Indian branded generic companies
- 67% (30 project) executed with NO sponsor influence
- 13% partial & 20% with high influence (mostly from MNCs)



- Live education projects from branded generic companies have no content influence
- Online education : 20% partially influenced executed
- Virtual (Webinar) based education : 15% we faced high resistance from sponsors got executed

Few Real Case Studies

Virtual Connect with Live Interpretation

An educational initiative (webinar) to delve into the latest trends, discoveries, management options in ever-evolving Respiratory Oncology landscape.

Key Highlights:

- Bridged the global expertise with Vietnamese insights, addressing key knowledge gaps in the management of **“Non-Small Cell Lung Cancer”**.
- **Live Interpretation from English to Vietnamese,** tailored for local audience (For CHEST session and Q&A).
- Real time Q&A session involving CHEST Expert, regional expert and complimented by involvement of an additional Oncologist
- **Rave Reviews:** All the participants loved the sessions and were eager to attend similar programs in the near future.

Average View Time of the Webinar : More than 47 minutes!

Regional Challenges:

Rigid Approval Process

Obtaining program approval from the Ministry of Health for foreign participation in seminars.

Program in association with regional hospital

Language Preference

Vietnamese is the predominant language for educational program

Budget Constraints

Restricted financial resources compared to other regions

Live & Meta-Physical HCP Educational Masterclass

An educational initiative on Myasthenia Gravis (MG) aiming to improve its differential diagnosis & management for Saudi Arabia Neurologist

- **Need gap analysis** followed by **steering committee** of Boston & local faculty to structure the program defining the learning outcomes.
- **Live in-person** conference on theoretical aspects of MG followed by two **meta-physical connects on case-based learning** with a blend of Boston & local faculty delivering talks, cases, panel discussion and Q & A session.
- This masterclass focussed on different clinical aspects of MG spreading awareness amongst Saudi neurologists to understand MG in totality

BU Chobanian & Avedisian School of Medicine

3	3	15	21
Events	Boston faculty	Local faculty	Sessions

12	70+
Hrs. of total learning	Learners per event

Hybrid Meeting

An initiative of bringing from therapy leaders in orthopaedics-AAOS to India through a hybrid virtual series format

- Tips & Tricks on Surgical techniques cases derived from Hands-on skills workshop conducted at the ***AAOS OLC, Chicago*** as live broadcasted to the surgeons in India.
- 4 times in year ,workshops cover different topics in orthopaedic surgery through cases, surgical demonstrations and discussions.
- This hybrid virtual series is broadcasted live to 48 centers in India .
- More than 60% attendees (out of 900+ regular) attended more than 20 edition of these workshops

AAOS
American Academy of Orthopaedic Surgeons
Your Source for Lifelong Orthopaedic Learning

7
Years

85
Hrs. of learning

1000+
Learners per meeting every year

Virtual Connect

BREAKING CLINICAL INERTIA IN VTE MANAGEMENT:
A Masterclass program covering different aspects of VTE

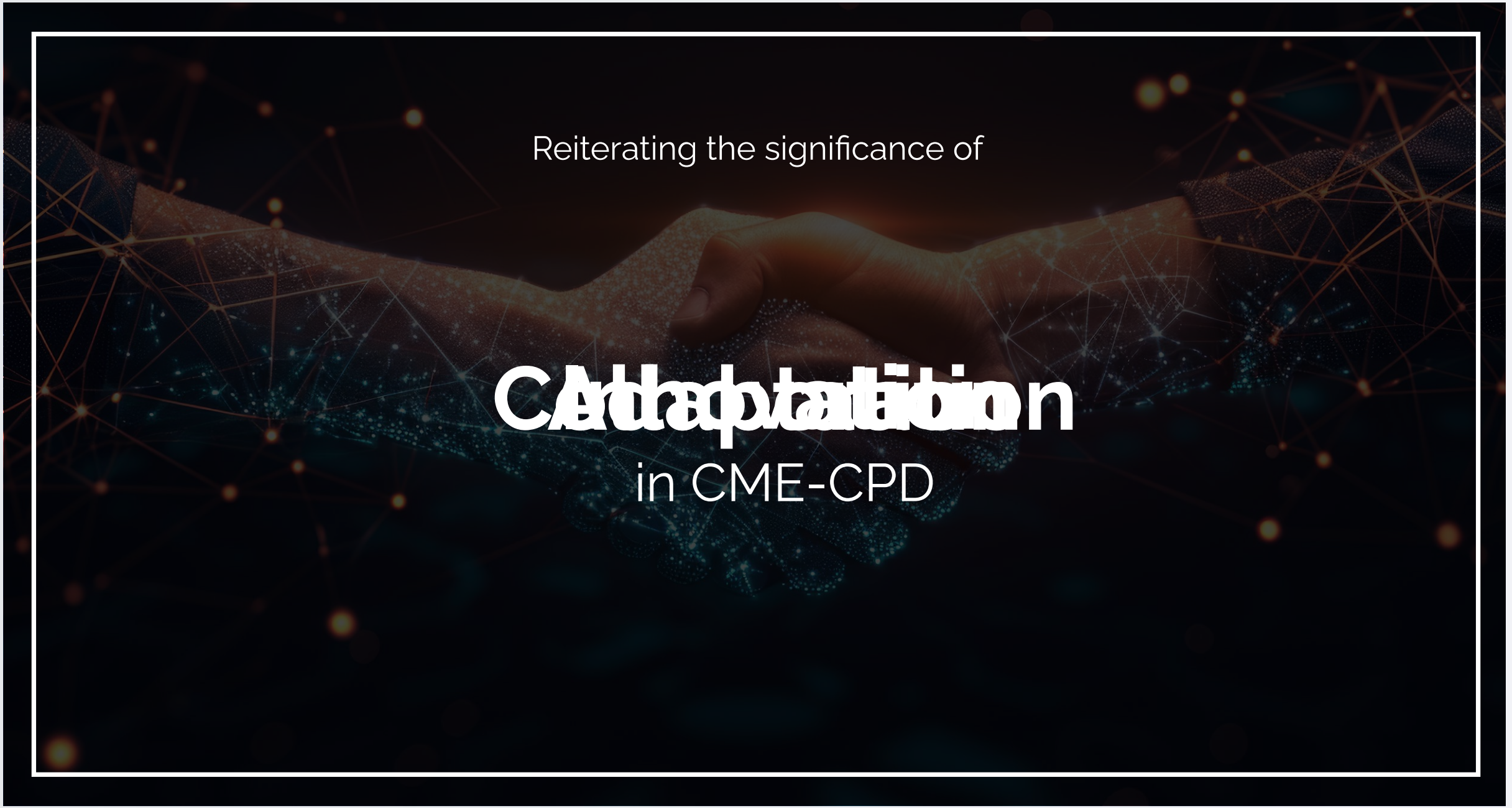
- A thoughtfully developed knowledge-exchange & learning program (webinar series + e-courses) on VTE from CHEST.
- **PURPOSE**

  A need-based web program to update senior practitioners on VTE through sessions by renowned CHEST & Indian faculties
- **TOPICS COVERED**
  - VTE Management in Medically-ill Hospitalized Settings
  - Cancer-associated Thrombosis (CAT)
  - VTE Management in Surgical Patients

Format

Pre-assessment → Webinar (live then archive)

Certificate ← Post-assessment ← E-Module


Reiterating the significance of
Collaboration
in CME-CPD

Let’s Do Business!

Insignia Learning Thanks You
For Sharing Your Valuable Time

VAIBHAV SRIVASTAVA
Managing Director
Insignia Learning Pvt. Ltd. Insignia Learning FZC, UAE

Presentations from Accepted Abstracts

4:00 pm – 5:00 pm

Performance Improvement and Quality Improvement: What should we know and why should we talk about it?

Sophie, Peloquin, MMed Sc

End-of-Day 1 Session Evaluation

Performance Improvement and Quality Improvement:

What should we know and why should we talk about it?

Sophie Peloquin, MMedSc

Vice President, Strategy and Performance, ***AXDEV Group***

CO-AUTHORS: SUZANNE MURRAY, PATRICE LAZURE, MONICA AUGUSTYNIAK

AXDEV
Mind before matter™

Disclosure

- Co-authors Suzanne Murray, Sophie Peloquin, Monica Augustyniak and Patrice Lazure are from AXDEV Group Inc.
- AXDEV (28 years) has developed and deployed PI/QI research and interventions, in collaboration with health systems and industry on a global scale
- Consultant for Specialty Societies, Associations, Ministries of Health, and Industry.
- Permissions were obtained by collaborators to present PI-QI real-world cases
- No other COI to disclose

Session Objectives

At the end of this session, you will be able to:

- Describe the difference between PI and QI
- Describe basics of Implementation research
- Apply some basic key steps to deploy PI/QI

Live Needs Assessment - Global Perspectives

Why do we need PI and QI initiatives in Healthcare ?

Why do we need PI and QI?

- CME and CPD have been focused on the **transfer of knowledge and supporting development of competencies** for healthcare professionals.

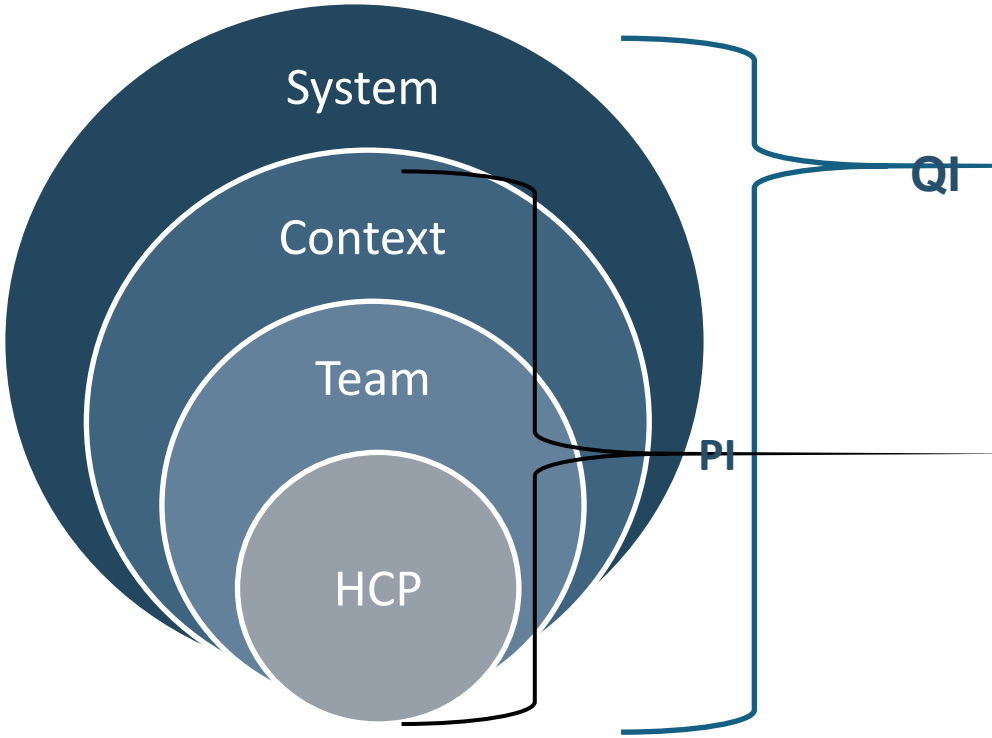
- Impact of CME and CPD in clinical practice is **limited, in absence of supportive team-based and system-based changes**

  Context matters.

IMPLEMENTATION REQUIRES **TIME AND SUPPORT**

Performance Improvement (PI) and Quality Improvement (QI)

- PI and QI are often used interchangeably, although they refer to **two distinct but complementary approaches.**
- PI places more emphasis upon **human performance** while QI focuses on **processes and systems.**
- Both aim for **change beyond cognitive outcomes** (learning) – Behavior changes at individual, team (PI) or system levels (QI)
- Together they contribute to **Healthcare Improvement.**



Bornstein T. Quality Improvement and Performance Improvement: Different Means to the Same End? Retrieved at https://v2020eresource.org/content/files/quality_improvement.pdf

Implementation Research – The science behind PI-QI

- "***Implementation research is the scientific inquiry into questions concerning implementation***"
  - the act of **carrying an intention into effect**, which in health research can be policies, programs or individual practices (collectively called interventions)
- Seeks to understand and work within **"real-world" conditions** and **settings (naturalistic)**
- **Context plays a central role**

  (social, cultural, economic, political, legal, and physical environment, such as institutional settings)

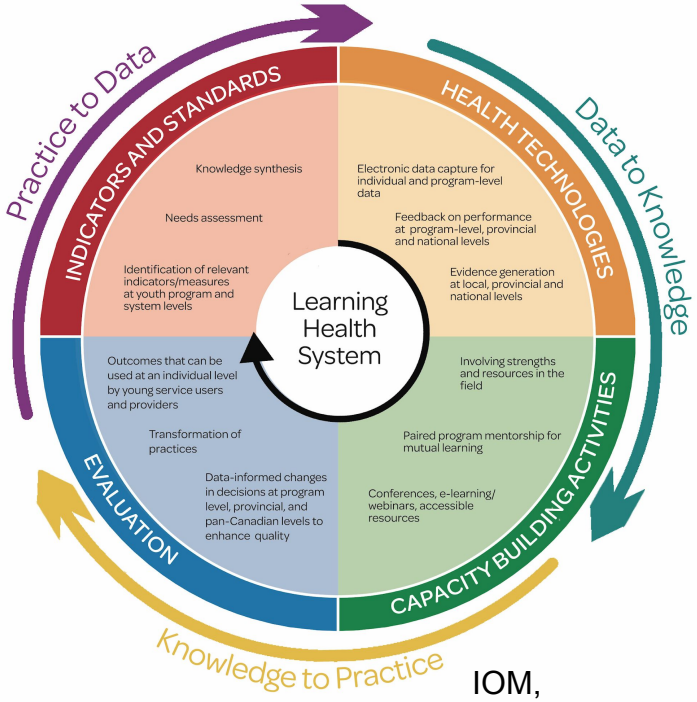
Peters D H, Adam T, Alonge O, Agyepong I A, Tran N. Implementation research: what it is and how to do it *BMJ* 2013; 347 :f6753 https://doi.org/10.1136/bmj.f6753

Building capacity for PI-QI within health systems

- PI and QI initiatives can support institutions migrating towards *Learning Health Systems* Model

"Learning health systems imply that an organization is using its own data from service users, EHR, employees (providers) to learn about how they can improve practice".

- **QI collaboratives across sites** in a Health System can support the required <u>cultural shift</u> and capacity building required to adopt the LHS mindset.



IOM, 2007

Institute of Medicine (US) Roundtable on Evidence-Based Medicine. The Learning Healthcare System: Workshop Summary. Olsen L, Aisner D, McGinnis JM, editors. Washington (DC): National Academies Press (US); 2007. PMID: 21452449.

Building capacity for PI-QI within health systems

QI Collaboratives: *multifaceted interventions in which teams from multiple sites come together to make improvements around a common goal*.

- **Focus on a target topic** (identified from a need assessment / system diagnostic)
- **Bring together clinical, educational experts and QI experts**
- **Involve multiprofessional teams from multiple sites** willing to improve care, share and participate
- **Follow a model for improvement** (small scale setting) to advance reinvention and learning by doing.
- **Involves a series of structured activities** (can include education, interdisciplinary workshop for protocol development and process review discussion)

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available at ihi.org)

Knight AW, Tam CWM, Dennis S, Fraser J, Pond D. The role of quality improvement collaboratives in general practice: a qualitative systematic review. BMJ Open Qual. 2022 May;11(2):e001800. doi: 10.1136/bmjoq-2021-001800. PMID: 35589275; PMCID: PMC9121486.

Live Needs Assessment – Global Perspectives

What are key factors to successful and sustainable PI-QI?

Important points to consider for success & sustainability (1/3)

1. Assess **knowledge, readiness to engage, and past experiences** with PI and QI (varies at HCP and Institution levels)

2. Ensure **Buy-in at HCP and Administration levels**, given time & resource commitments
   - Worth investing time to educate Health Systems and local teams on how to operationalize PI/QI

3. Establish clear **roles & responsibilities** at project onset

4. Secure **sustained leadership capacity** (local champion is key!)

Robinson TE, et al. *Aust Health Rev.* 2017;41(3):291–296.

Important points to consider for success & sustainability (3/3)

5. Establish **strategies to reduce burden** on HCPs (already overworked workforce) and sustain engagement

6. Develop a **protocol for PI/QI** including clarification and validation of data requirements (especially for EHR)

7. Plan for **sustainability**/ broader dissemination from the onset

Robinson TE, et al. *Aust Health Rev.* 2017;41(3):291–296.

Renker-Darby A, Ameratunga S, Jones P, Grey C, Harwood M, Peiris-John R, Tenbensel T, Wells S, Selak V. Physicians' perspectives on clinical indicators: systematic review and thematic synthesis. Int J Qual Health Care. 2024 Sep 3;36(3):mzae082. doi: 10.1093/intqhc/mzae082. PMID: 39126155; PMCID: PMC11369353.

Real-World case examples of QICs

Case 1. Evidence-based Capacity Development for PI/QI Education in Chronic Illness in Dubai

A collaborative effort:

دبي الصحية DUBAI HEALTH

Pfizer

AXDEV Mind before matter™

Project aims and desired outcomes:

1. Pioneer an **evidence-based model for performance enhancement and quality improvement,** using Diabetes as an example

2. Facilitate the **widespread adoption of best practices while bolstering capacity development in patient care for chronic illnesses**

3. **Measure the impact of a multi-site intervention in community clinics in Dubai,** to inform best practices **for re-organizing care for chronic illnesses** in low- and middle-income countries

Case 1. Evidence-based Capacity Development for PI/QI Education in Chronic Illness in Dubai

Step 1. Contextual Scan

Identify local needs and challenges (+System diagnostics)

- 4 sites from the larger Dubai Health
- Current state perspectives from providers, staff / administrators
- Interviews and Surveys
- Common gaps (and **identification of best practices**)

Step 2. Demonstration Project

Plan and implement tailored interventions

- Engage 3 sites in interventions
- Review baseline data (current state)
- Interdisciplinary workshops (action planning)
- Education on identified needs (webinars, simulation-based learning)

Measure impact and engage in continuous improvement

- Longitudinal data collection (tracking selected metrics ie. performance indicators)
- Mixed-methods evaluation including patient perspectives (clinical data / EHR, surveys, interviews)
- Process assessment along outcomes and impact assessment

Case 1. Evidence-based Capacity Development for PI/QI Education in Chronic Illness in Dubai

Step 3. Scaling of the intervention for sustainability

- Twelve (12) institutions from Low- and Middle- Income countries (LMIC) selected from a Request for Application
- Participants will engage in a Community of Practice, Learning and Innovation (CoP-L-I) on PI-QI
- Champions from the Dubai Demonstration project become Faculty, alongside QI experts, to share their experience, and support institutions in LMIC in implementing similar initiatives around chronic illness care in their settings.

Case 2. Improving molecular testing in lung and thyroid

A collaborative effort:

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

MD Anderson Cancer Network
A program of MD Anderson Cancer Center

Banner MD Anderson Cancer Center
Making Cancer History®

BAPTIST MD Anderson Cancer Center
Making Cancer History®

AXDEV

STO | Society for Translational Oncology®

Dr. Vivek Subbiah,
Sarah Cannon Research Institute (SCRI)

Aim:

✔ Improve the delivery of personalized care for patients with lung and thyroid cancers

Objectives:

- ✔ Identify patients who would benefit from **molecular testing earlier in lines of treatment**
- ✔ Identify and order timely & appropriate tests for patients to **avoid delays in initiating treatment**
- ✔ **Accurately interpret and communicate test results** to patients to promote shared decision-making in treatment selection
- ✔ **Improve workflow** to facilitate timely molecular test ordering and reporting
- ✔ **Increase number of appropriate tests ordered** in a timely manner at institutional or departmental levels

Case 2. Improving molecular testing in lung and thyroid

Two (2) distinct sites
Functioning differently

Site 1

- ✔ Streamlined patient scheduling for timely molecular testing
- ✔ Established direct line of communication between medical oncologists and pathologists for molecular testing

Both sites:

- ✔ **Increased molecular testing** of eligible patients
- ✔ **Improved documentation** of molecular tests performed
- ✔ **Increased advocacy** for molecular testing among multi-disciplinary team members

Site 2

- ✔ Reduced delays in molecular testing informing treatment decisions

Note: Ongoing plans for broadening the multi-disciplinary approach to molecular testing by involving nurse navigators and information technologists

Summary

- PI and QI can best support improvement in patient care by considering **the context of care** and addressing **human factors and processes at the team and system levels**

- The specifics of a PI or QI initiative are determined following a thorough understanding of local realities (**System diagnostics and needs assessment**)

- **Implementation Research** can help us understand how to best achieve successful and **sustainable** PI-QI

- Properly designed and deployed **QI collaboratives** contribute to **building local capacity** for PI and QI, support a cultural shift at an institution level, both **essential factors to achieve sustainable change in Healthcare**

Comments?

Reactions?

Questions?

End of Day 1 Evaluation

Scan the QR code, or join at menti.com use code

1403 4053

Day 1 Wrap Up

GAME
Global Alliance for Medical Education

5:00 pm – 6:00 pm **Networking Reception – meet your colleagues and experts**

GAME
Global Alliance for Medical Education