

### Disclaimer:



These are “guidelines” meant to aid promotions committees in the overall appraisal of the body of work from a SIQIPS clinician in a standard fashion. The UBC Clinical Faculty framework for promotions still applies.

### What is the science of improvement?



...includes the interaction of systems thinking, understanding variation, psychology of change, and the theory of knowledge that are applied to improve the performance of processes, products, services, organizations, and communities. The proper application of this science requires rigor with an integration of a set of improvement methods and tools with knowledge of the subject matter to develop, test, implement and spread changes as a means of demonstrating impact.



...an applied science that emphasizes innovation, rapid-cycle testing in the field, and spread in order to generate learning about what changes, in which contexts, produce improvements. It is characterized by the combination of expert subject knowledge with improvement methods and tools and the ultimate demonstration of impact. It is multidisciplinary — drawing on clinical science, systems theory, psychology, statistics, and other fields.

### What are the different categories of work in SIQIPS?



#### Quality Improvement

A systematic and applied approach to solving a complex issue, through testing and learning, measuring as you go, and deeply involving those closest to the issue in the improvement process.

- Considered highly in the appraisal of the candidate for promotion.

Example: Decreased wait times to antibiotics in the ER in the setting of sepsis



#### Process Improvement or Systems Innovation

The process of understanding the needs of the population, customer, or service user, and looking at the evidence and best practice across the industry to ascertain what structures and processes we need to put in place to optimize outcomes.

- The individual may not actually be the one to carry out the next steps, but they have been paramount in understanding the underlying problem.
- Candidate should document work that attracts recognition and has a corresponding output (as per the “supported metrics” list provided).

Example: A new documented process supported by stakeholders to resolve CST order activation delays after admission to the ward.

### Categories of SIQIPS continued...



#### Quality Assurance

The process of occasionally checking that we are meeting a particular standard or threshold. This is usually about achieving standards and obtaining a simple binary response—OK or not OK. Audit, accreditation, and inspection are common mechanisms of assurance in healthcare.

- Large scale QA work (department or hospital-wide) should be considered in the appraisal of a CV for promotion. Ideally QA work turns into new QI initiatives.

Example: Handwashing audits



#### Quality Control

Incorporates good operational management, monitoring performance in real time within the team, taking action when needed to bring the system back into control, and escalating rapidly when we can't solve a problem.

- In view of promotion, QC work should form the basis of significant new SIQIPS initiatives/outputs with metrics.

Examples: Dashboard to track unit metrics (discharge, admission, specific morbidities etc) OR organization of a reports repository to promote data driven decision making by operational leaders at the program level

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***\*\*Work pertaining to equity, diversity and inclusion falls within the scope of SIQIPS promotion where programs, policies, advocacy work etc is accompanied with data that demonstrates effectiveness and impact as per the description above and supported metrics below.***

### The following supported metrics should be considered in SIQIPS promotion:

- Publications in peer reviewed-journals (utilizing SQUIRE or StaRI framework).
  - Abstracts
  - Conference presentations
  - Invited presentations
  - Grant funding
  - Patents/copyrights (could include new educational materials as part of SI/QI)
  - Award (organization, provincial level or higher)
  - Web or digital tool analytics (e.g.: number of hits or site visits)
  - Weblinks to operating procedures/guidelines within an institution
  - Large scale QA work (i.e. hospital wide QA efforts with demonstrated data).
  - Creating a novel interdisciplinary clinical service to address a gap in clinical care
  - Formal documentation from stakeholder site showing systems innovation that has been adopted (some examples would include; treatment protocols/Standard operating procedures (SOPs), Clinical practice guidelines (CPGs), order sets from disseminated sites etc.)
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### FAQS: FREQUENTLY ASKED QUESTIONS:

#### 1 For each led or co-led SIQIPS project, what should be clearly delineated in 9-1:2a(Quality Improvement and Safety)of the UBC CV?

- **The type of work:** see above.
- **Aim statement:** A clear statement of what will improve, in what time frame, and in what setting.
- **Spread:** A successful change idea that has been implemented at another site.
  - May initially occur at the level of a division/program (microsystem), and then spread beyond the original setting e.g., Hospital (mesosystem), Regional/Provincial/National (macrosystem).
- **Scale-up:** Building infrastructure (across the meso/macrosystem) to support implementation.
- **Dissemination:** Evidence of sharing the work (abstracts, awards, reports, publications, conference presentations, invitations to present/consult to outside programs, tools implemented in other programs, website development with educational resources).
  - In SIQIPS science, it is acceptable to present the same work in different settings to support dissemination and promote context-based adaptations.

#### 2 Is publication a fair metric for SIQIPS?

- Publication remains a highly regarded metric for SIQIPS impact; however, the output of work may be demonstrated in other ways as well that are equally meritorious. SIQIPS can be particularly challenging due to the complex nature of health care and the involvement of multiple stakeholders. It is recognized that activities, such as chairing of a provincial Ministry of Health task force for the development of new services, may be synergistic with the candidate's academic work and not just examples of 'service'. Thus, the CV for a candidate focused on SIQIPS work may weave together evidence of impact beyond traditional metrics such as publications and grants, including some committee work, invited presentations and documentation attesting to interest in the emulation of the candidate's SIQIPS work at other institutions.

#### 3 Do clinicians doing work in SIQIPS have to demonstrate national and international reach before considering promotion to clinical associate and clinical professor?

- SIQIPS work has the chief goal of impacting healthcare delivery. Most Canadian health care is provincially organized and delivered by Provincial Ministries of Health, and there can be specific barriers to uptake that differ from clinical and biomedical research. For example, the implementation of a home dialysis program or novel model of care for patients with opiate use disorder face different political and logistic barriers across different provinces. **Therefore, evidence of dissemination and impact at the provincial level for some SIQIPS projects may appropriately satisfy the criterion of widespread impact and can be considered equivalent to that of the national or international level for other forms of scholarship.**

**FAQ: NOTES:**

- SIQIPS clinicians attending/chairing Quality meetings, or involved in ongoing QI education without an identifiable improvement initiative (intentional change and measurement) will be requested to capture these activities under Section 10 of the UBC CV (Service to the university) or other sections as deemed appropriate by the candidate depending on the nature of the contribution.
- At the Professor level, the aim is to have implemented a change beyond the faculty member's local site (at least provincial level). That being said, knowing the inherent challenges in implementing local solutions to broader sites where the political, logistical or jurisdictional issues may be different, candidates are encouraged to provide narrative in their CV if they have implemented multiple SIQIPS projects repeatedly in a single centre where there has been great impact.

**RANK CRITERIA:**

## 1 Clinical Associate Professor

- Formal training in QI methodology (ie Diploma or masters-level course with action learning project eg: PQI or BCPSQC quality academy)
- Demonstrated substantive impact for each project or initiative (as lead/co-lead and/or grant primary/co-primary applicant) utilizing any of the supported metrics above for each SIQIPS initiative.
- Enrolment in the BCCHRI theme relevant to quality work
- Supervision of a post-graduate level trainee (residents/fellows) in SIQIPS projects

## 2 Clinical Professor

- Demonstrated substantive impact for each project or initiative (as lead/co-lead and grant primary/co-primary applicant) utilizing any of the supported metrics above for each SIQIPS initiative.
- Mentorship of SIQIPS practitioners [SIQIPS Clinicians].
- At Clinical Professor rank, a physician should have spread at least one initiative beyond their local site (microsystem and mesosystem- provincial level and beyond).
- At the Clinical Professor rank, a national or international presence in SIQIPS work is highly regarded. This could be in the form of SIQIPS project leadership and spread (as above), committee work, QI Networks, collaboration and/or joint SIQIPS initiatives to name a few.

**YOUR FEEDBACK IS IMPORTANT!!**

Understanding the impact of this work and continuous improvement to ensure it continues to meet the need is paramount to the success of this promotions initiative. Please take a brief moment (less than 5 minutes) to complete our survey by either clicking this link or the QR code below:

<https://surveys.vch.ca/Survey.aspx?s=590880f442474f6490ea7bea567f5131>

