COPIC is proud to offer several programs specifically designed to help educate and prepare residents and APPs in training for a career in medicine. We are able to help residents and programs meet ACGME core competencies and introduce new perspectives on patient safety and risk management education.

**COPIC's Resident Rotation** is a three-day (Tuesday-Thursday) program that examines key aspects of patient safety and risk management that often affect liability claims. This is a case-based, educational experience that explores the integration of patient safety, error propagation and reduction, communication, systems, disclosure, medicolegal aspects, and the review of in-progress and closed case studies. (Please note, the Resident Rotation is a **virtual** program and updates/changes to this format will be communicated as appropriate.)

We look forward to an ongoing relationship and are honored to have the opportunity to participate in the education of your physicians and APPs.

Sincerely,

Gerald Zarlengo, M.D.
CEO/Chairman of the Board, COPIC Companies

*Enclosures:*
- *Rotation Details*
- *Frequently Asked Questions*
- *Dates/Scheduling*
- *ACGME Core Competency Framework*

Other programs COPIC provides for residents and APPs in training:

❖ **Practice Essentials Programs**—A one-day seminar designed to provide residents with a glimpse into life-after-residency. Topics include: assessing practice opportunities, financing and investment basics, contracts, business accounting, medical liability insurance, and rural practice opportunities.

❖ **COPIC Mock Trial Programs**—This three-hour program offers an in-depth look at courtroom proceedings during a medical liability trial. Each program presents an enactment of an actual trial, where attendees serve as jury members and put forth a verdict after hearing testimony. COPIC's Mock Trial programs are designed as an education tool for participants to learn and understand the chain of events from the time a lawsuit is filed.

## Details about COPIC's Resident Rotation Program:

- The Resident Rotation is offered the 1st and 3rd week of each month, excluding December and the week of Thanksgiving.

- Please provide two weeks' notice when scheduling a rotation. We can usually accommodate one week notification, but space is limited and cannot be guaranteed without advance notice.

- The Resident Rotation program is currently being hosted **remotely** via an online platform.

- This is an active, case-based experience; interaction is strongly encouraged. We offer an exploration of the integration of patient safety, error propagation and reduction, communication, systems, disclosure, medicolegal aspects, specialty specific risk areas, and in-progress and closed case studies.

- Residents meet with Physician Risk Managers, Underwriting team members, Claims Specialists, Practice Quality Nurses, Senior Management, members of the Legal department, and other COPIC team members who help in keeping patients safe and reducing provider risks around lawsuits.

- The rotation includes participation in a COPIC Claims meeting, a half-day event where in-progress claims are presented and discussed by COPIC's Board of Directors and physician risk managers. Residents may be called on to provide their insight regarding topics such as standard of care.

- The end of the rotation includes a formal case presentation of a closed malpractice claim, completion of an evaluation form, and a self-administered written quiz of medicolegal information.

- Academic credentials and potential research projects are coordinated by:
  Eric Zacharias, MD | (720) 858-6125 | ezacharias@copic.com
  Chief Medical Officer, COPIC
  Assistant Clinical Professor of Medicine, University of Colorado School of Medicine

- Scheduling and program administration:
  Cathi Pennetta | (720) 858-6228 | cpennetta@copic.com

## Frequently Asked Questions:

- **Why COPIC?**
  - » Uniformly positive feedback from past participants.
  - » Only program of its kind in the nation—residents will see cases in all stages of the litigation process.
  - » Case-based analysis and education with a database of specialty-specific claims.
  - » Helps residents and programs meet ACGME core competencies.
  - » Over 200 residents participate in the rotation at COPIC each year.

- **Who should attend?**
  We can accommodate residents, physician assistants, and nurse practitioners of any specialty. There is valuable general information for all providers, as well as specialty-specific information. COPIC strives for every participant to have an optimal learning experience.

- **Cost?**
  Zero. The cost of the resident program is absorbed by the COPIC Trust. COPIC's mission is to improve medicine in the communities we serve, and the program supports this through interactive education.

- **Benefits?**
  The purpose of participating in a rotation at COPIC is to provide knowledge and awareness of the factors which can lead to adverse patient outcomes and lawsuits, as well as the factors which can enhance patient safety and determine defensibility of a lawsuit. COPIC hopes this experience will provide transparency in the way a medical professional liability insurance company operates as well as educate providers on how they can minimize risks and optimize patient safety.

## Rotation Dates and Scheduling:

- January 2nd-4th†
- January 23rd-25th*
- February 6th-8th*
- February 20th-22nd*
- March 5th-7th*
- March 19th-21st*

- April 2nd-4th*
- April 16th-18th*
- May 7th-9th*
- May 21st-23rd*
- August 6th-8th*
- August 20th-22nd*

- September 3rd-5th†
- September 17th-19th*
- October 1st-3rd*
- October 15th-17th*
- November 5th-7th*
- November 19th-21st*

*Rotation includes Claims meeting on Tuesday from 8am-12pm*

†*Rotation includes Claims meeting on Wednesday from 8am-12pm*

To schedule, please contact **Cathi Pennetta at cpennetta@copic.com or (720) 858-6228**.

- Please provide each resident's name, program and level, contact phone/pager and email, and desired timeslot.
- Communicate any schedule conflicts the resident might have with clinical work concurrent with that timeslot.
- Indicate where and to whom summary evaluations should be sent, and if there are any particular needs or forms specific to a given department for evaluations.

# ACGME Core Competency Focused Framework and IOM Domains of Healthcare Quality Analysis

## Purpose and Content:

COPIC's Patient Safety and Risk Management team created the resident rotation as part of COPIC's mission of "Improving medicine in the communities we serve." Our physicians, lawyers, and insurance specialists have experience reviewing and intervening in thousands of adverse events across all medical specialties for the over 13,000 physicians we insure. Using a predominantly case-based, interactive approach that includes issues universal to all specialties as well those for specific specialties in attendance, the COPIC residency rotation teaches the principles of patient safety, optimization of quality of care, and improvement of the provider care-delivery experience.

1. Residents will participate in reviews of active claims. This generally includes presentations from mock plaintiff attorneys and the specific claim's defense attorney as well as discussion of the case by COPIC physicians. Residents are encouraged to actively participate in the discussions and vote in whether to support the medicine in the case. COPIC also uses our large data base of closed claims so residents can analyze real-world situations that led to patient harm and lawsuits and learn more about specific factors of importance including systems failures, communication issues, importance of informed consent and disclosure, issues around recognition and rescue of complications, key issues around medication errors, and many more areas of general and specialty-specific importance.

2. Underwriting specialists teach residents about the factors that are considered when decisions are made regarding the insuring of and the rates for coverage for physicians, procedures, and facilities.

3. Practice quality metrics are discussed with a specific focus on why these metrics are selected and the data that support their importance for patient safety and risk reduction. A goal of this is to clarify why certain systems and behaviors can improve quality of care and reduce adverse outcomes.

4. A patient safety advocate shares the experience of a patient and family when the quality of care results in patient harm. Residents discuss the many complex effects of adverse outcomes from the perspective of non-physicians.

5. Experts from COPIC's legal team present and discuss the many legal issues that residents will likely encounter when practicing. This includes the legal rules and anatomy of a lawsuit, care supervision and delegation laws, professional review purpose and protections, HIPPA, the impaired physician, minors and risk, telehealth, and medical board rules, among other topics.

6. Physician risk managers lead discussions with residents focused on topics which have proven key in quality of care and provider experience. The physicians use case studies to demonstrate successes and failures in these areas. Topics include: Informed Consent and Disclosure, Communication, Professionalism, Just Culture, Burnout and Wellness, CANDOR, Medical Informatics, Minors and Risk, Delegation and Supervision of Care with focus on collaboration with nurse practitioners and physician assistants, Handoffs and Systems Failures, and new timely and relevant topics.

What follows is an outline of how COPIC's resident rotation meets the Accreditation Council for Graduate Medical Education, ACGME, six areas of competency as well as the Institute of Medicine's, IOM, six domains of healthcare quality:

## Case Analysis and Discussion Format:

Cases are presented using a modified CU Medicine Morbidity and Mortality Format. The cases are analyzed using the Vanderbilt Healthcare Matrix (See sample Matrix). Emphasis is placed on the Accreditation Council for Graduate Medical Education, ACGME, six areas of competency with a focus on analyzing:

1. Systems-Based Practice
2. Interpersonal and Communication Skills
3. Professionalism
4. Medical Knowledge

Within each of these competencies, the Institute of Medicine's, IOM, six domains of healthcare quality are analyzed including care that is:

1. Safe
2. Timely
3. Effective
4. Efficient
5. Equitable
6. Patient-Centered

(See sample Matrix)

## Learning Objectives:

The COPIC residency rotation is a way for residents to learn a quality improvement methodology to help fulfill their specific ACGME core competencies. They actively apply them along with the IOM's six domains of healthcare quality to analyze cases. The goal is to help improve attendees' future patient care skills. Core competencies emphasized in the rotation are:

### 1. Medical Knowledge (MK)

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

### 2. Communication

2A. Interpersonal and Communication Skills (ICS)

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

a. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

b. Communicate effectively with physicians, other health professionals, and health related agencies.

c. Work effectively as a member or leader of a healthcare team or other professional group; act in a consultative role to other physicians and health professionals; and,

d. Maintain comprehensive, timely, and legible medical records, if applicable.

2B. Communication around adverse events

Additionally, attendees will learn disclosure with special emphasis on Agency Healthcare Research and Quality, AHRQ, CANDOR principles of:

a. Open, honest conversations after adverse outcome

b. Investigation and learning from what happened

c. Addressing needs of patient, family, and provider

d. Dissemination of lessons learned to improve outcomes and care in the future

### 3. Professionalism (P)

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Demonstrating:

a. Compassion, integrity, and respect for others.

b. Responsiveness to patient needs that supersedes self-interest.

c. Respect for patient privacy and autonomy.

d. Accountability to patients, society, and the profession; and,

e. Sensitivity and responsiveness to a diverse patient population, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

### 4. Systems-Based Practice (SBP)

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Expectations include learning how to:

a. Work effectively in various health care delivery settings and systems relevant to their clinical specialty.

b. Coordinate patient care within the healthcare system relevant to their clinical specialty.

c. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.

d. Advocate for quality patient care and optimal patient care systems.

e. Work in interprofessional teams to enhance patient safety and improve patient care quality; and

f. Participate in identifying system errors and implementing potential systems solutions.

Lastly, the IOM's six domains for health care quality will be included in the process of case analyses as to whether care was:

1. Safe: Avoiding harm to patients from the care that is intended to help them.

2. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

3. Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

4. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.

5. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

6. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

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COPIC®

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| Healthcare Matrix: Care of Patient(s) with…. | | | | | | |
|---|---|---|---|---|---|---|
| AIMS / Competencies | SAFE[1] | TIMELY[2] | EFFECTIVE[3] | EFFICIENT[4] | EQUITABLE[5] | PATIENT-CENTERED[6] |
| **Assessment of Care** | | | | | | |
| **PATIENT CARE[7]** (Overall Assessment) Yes/No | | | | | | |
| **MEDICAL KNOWLEDGE and SKILLS[8]** (What must we know?) | | | | | | |
| **INTERPERSONAL AND COMMUNICATION SKILLS[9]** (What must we say?) | | | | | | |
| **PROFESSIONALISM[10]** (How must we behave?) | | | | | | |
| **SYSTEM-BASED PRACTICE[11]** (What is the process? On whom do we depend? Who depends on us?) | | | | | | |
| **Improvement** | | | | | | |
| **PRACTICE-BASED LEARNING AND IMPROVESMENT[12]** (What have we learned? What will we improve?) | | | | | | |
| **Information Technology** | | | | | | |

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**STEEEP Principles as outlined in the Institute of Medicine report:** _Crossing the Quality Chasm: A New Health System for the 21st Century_

[1] **Safe:** Avoiding injuries to patients from the care that is intended to help them.

[2] **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.

[3] **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).

[4] **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.

[5] **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

[6] **Patient-Centered:** Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.

**ACGME Core Competencies**

[7] **Patient care:** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

[8] **Medical Knowledge:** about established and evolving biomedical, clinical, and cognate sciences (e.g. epidemiological and social-behavioral) and the application of this knowledge to patient care.

[9] **Interpersonal and communication skills:** that result in effective information exchange and teaming with patients, their families and other health professionals.

[10] **Professionalism:** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

[11] **System-based practice:** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

[12] **Practice-based learning and improvement:** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.

**Use the matrix to close the patient care loop: Resident learning, Case presentations, and M&M conference**

- Start with diagnosis as basis for assessment
- Identify issues of care related to Aims and Competencies
- Identify lessons learned and improvement needed
- Complete action plan for improvements with accountabilities and timeline

Quinn, D, and Bingham, J (2007) Linking Outcomes of Care and the AGME Core Competencies: A Matrix Solution.

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