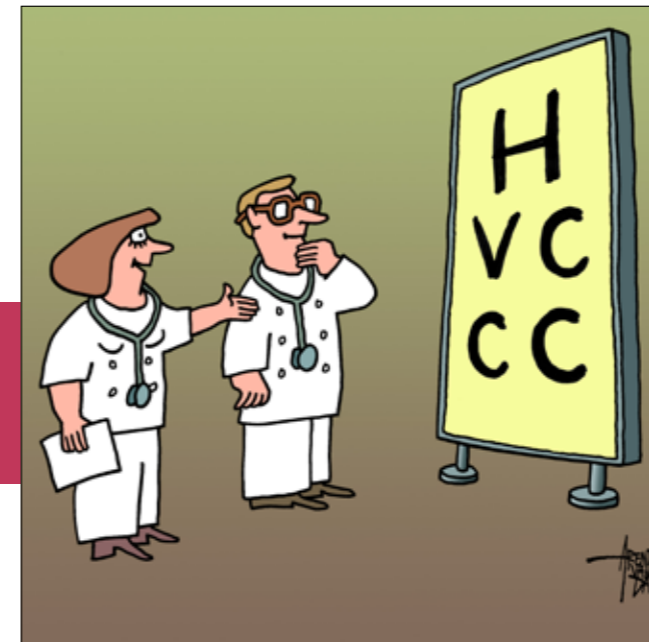


Score: 1= no focus/2= limited focus/3= broad focus/4= best practice

2. De vakgroep als stimulerende omgeving	Examples	Values			
		1	2	3	4
Supervisors are role models for providing HVC	<ul style="list-style-type: none"> There are staff members who are role models with regard to HVC, e.g. illustrated by their open discussing of considerations, choices, cost, etc. Staff members are actively involved in clinical audits or quality improvement projects 				
Own examples	Add own examples:				
Residents receive feedback on delivery of HVC	<ul style="list-style-type: none"> Involvement in delivering effective care is a key topic during ongoing discussions Residents is critically questioned by staff members/supervisors The Residents keeps referrals that addresses the effectiveness of care It is a permanent part of the feedback on out patient clinic, discussions, ... (indicatiebespreking, etc) 				
Own examples					

Score: 1= no focus/2= limited focus/3= broad focus/4= best practice

3. Training plan	Examples	Values			
		1	2	3	4
Local and/or regional training plan	<ul style="list-style-type: none"> The local (or regional) training plan contains a separate section on training in HVC with concrete actions 				



Check the status of your training program

Background

Increasing costs of health care are a cause of concern to patients, governments, health economists, and the medical profession around the world. Medical practice is dynamic and continually changes with evidence and experience. Increasing costs of health care are not necessarily accompanied by a higher quality of care, but rather related to a large measure of health system „waste“ that does not benefit patients but does add costs. The identification and reduction of low-value medical practices has the potential to drive safer, high-quality patient care and guide appropriate decisions in resource-limited situations. Therefore, medical specialist should be committed to quality improvement and harm reduction in both the inpatient and ambulatory setting.

High-value, cost-conscious care refers to care that aims to assess the benefits, harms, and costs of interventions and consequently to provide care that adds value.

This quickscan is a tool, it aims to provide program directors/clinical teachers to determine the extent that a training program includes information/training about High Value Cost Conscience Care (HVCCC). It is up to you as program director to determine what is or is not relevant for your specialty. To meet accreditation standards, it is important to specify how you deal with this topic in your training program.

How to use the quickscan

This quickscan is divided into three levels of training: the direct learning environment, the department as a stimulating environment, and the local training plan. At all three levels, there may be explicit training in HVC. In the subitems, the three factors listed are those identified from a systematic review (Stammen et al. [1]) to be essential for training in HVC : acquiring knowledge, reflection, and a supportive learning environment.

Tip: Before you get started with this quickscan, we recommend that you read the national training plan of your specialty on the topic of HVCCC. There may already be examples and/or clues on how to incorporate this theme into your local training (e.g. integrated in certain EPAs, curricula that have been developed, learning goals).

Score each item from 1 to 4

- 1 = There is no focus on HVCCC.
- 2 = Limited focus on HVCCC (ad hoc / incidental).
- 3 = Broad focus on the subject: structural and demonstrable focus in both daily work and training.
- 4 = Best practice: part of your program or daily routine in training residents in HVCCC can serve as a best practice.

The above score is subjective as the quickscan is intended to be formative. It gives you and your training program committee insight to the extent to which attention is being paid to this topic at the time of evaluation. In addition, you can obtain ideas on how to shape or implement HVCCC in your training.

Score: 1= no focus/2= limited focus/3= broad focus/4= best practice

1. 1. Direct learning environment of the residents	Examples	Values			
		1	2	3	4
Residents are actively involved in providing HVC	<ul style="list-style-type: none"> Residents are involved in organizational/departmental discussions regarding HVC 				
Own examples					
Residents are specifically trained in HVC	<ul style="list-style-type: none"> Teaching sessions dedicated to HVC Residents participate in HVC training offered at an institutional or national level Residents take part in online courses/e-learning on HVC Residents pursue dedicated training in HVC such as course-work (masters level) 				
Own examples	Add own examples:				
There is a possibility for residents to specialize in HVC	<ul style="list-style-type: none"> take part in a specific rotation dedicated to HVC. extensive education in the form of multiple masters-level courses in the field of HVC 				
Own examples	Add own examples:				

Score: 1= no focus/2= limited focus/3= broad focus/4= best practice

2. The department as a stimulating environment	Examples	Values			
		1	2	3	4
At the level of daily work and during general training moments (ward rounds, Multi-disciplinary rounds, out-patient clinic, etc.) there is attention to HVC	<ul style="list-style-type: none"> In discussions and decision making reflection takes place on whether providing HVC (Management) information is available about quality of care and costs HVC Projects on HVC are structurally implemented, and the results discussed Medical diagnostic and treatment plans are, from a HVC perspective, evidence based, whenever possible Residents receive feedback on their performance (e.g. during consultation, ward rounds, outpatient clinic) related to HVC. There is avoidance of unnecessary medication Costs are often discussed in detail 				
Own examples	Add own examples:				
At your department level there is attention to HVC	<ul style="list-style-type: none"> There is open discussion in the department between its members when care is not performed according to HVC principles Feedback is available based on quality measurement and patient satisfaction Guidelines are used in clinical decision making Benchmarking takes place: own outcomes are compared with other similar groups There is adequate collaboration (Collaboration between primary and tertiary care) Working as a team member: insight in - and use of everyone's specific qualities when organizing tasks The topic of HVC is part of the group/staff meeting HVC is hospital policy Ethical dilemmas are part of discussions, regarding prescribing medication, making difficult choices including costs of treatment specific attention is paid to ensure continuity of care 				
Own examples					