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Implementation of a Multi-Pronged Approach to Improve Education in Quality Improvement (QI) and to Increase Resident Involvement in QI Work

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Implementation of a Multi-Pronged Approach to Improve Education in Quality Improvement (QI) and to Increase Resident Involvement in QI Work

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Background

• 2009 Review of Quality Improvement (QI) curricula – many inadequately addressed QI objectives, relatively weak research quality

• Many barriers in residency QI education
  • Already full GME curriculum, lack of time
  • Low attendance
  • Patient care demands
  • Lack of knowledge about QI efforts with both resident and faculty members
  • Need for faculty development on QI
  • Diversity of residency career goals
Background

• QI and Patient Safety (PS) → Residency milestones of each of the ACGME subspecialties

• Clinical Learning Environment Review (CLER)
  • Variability in:
    • Approaches and capacities for addressing patient care and healthcare quality
    • Degree in trainee engagement
    • Education, training, integration of faculty members and program directors
Research Question

• To evaluate a multi-tiered approach to QI and PS training in a pediatrics residency as demonstrated by improved resident involvement.
Intervention

• 2013-2014:
  • Specific resident interest tracts
  • Departmental Pediatric QI Grand Rounds

• 2014-2015:
  • Increased number of didactic sessions
  • Resident Group Practice Practice-Improvement Project – provided individualized practice data

• 2016-2017:
  • PGY-1 small group workshop
  • Brainstorm and develop own QI project ideas based on own personal experiences
Results – QI Grand Rounds

- Resident Participants
- Number of Poster Presentations
- Number of Oral Presentations

Years:
- 2013-2014
- 2014-2015
- 2015-2016
- 2016-2017
Results – ACGME Survey – “Yes”

- 2012-2013
- 2013-2014
- 2014-2015
- 2015-2016
- 2016-2017

图表表示了各年份参与QI活动和提供关于实践习惯的数据的比例。
Results

• ACGME survey results
  • Reporting at one point in time, stage of project and degree of involvement
  • Survey fatigue
  • Recall of receiving performance improvement data, etc.

• How to improve?
  • Be more explicit in presentation of information, include in e-mail communications
  • More structured didactics/requirements/deadlines in personalized tracts
Conclusions

• Active involvement
• Residents in all levels of training
• Participate in high-interest projects within self-designated tracts

• Limitations:
  • Pediatric residency – single institution
  • Resident involvement
Next Steps

• Demonstrate sustained and continued resident involvement
• Resident knowledge of QI and PS concepts
• Long-term system and patient safety outcomes
References


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Questions?