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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

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- 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

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- 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

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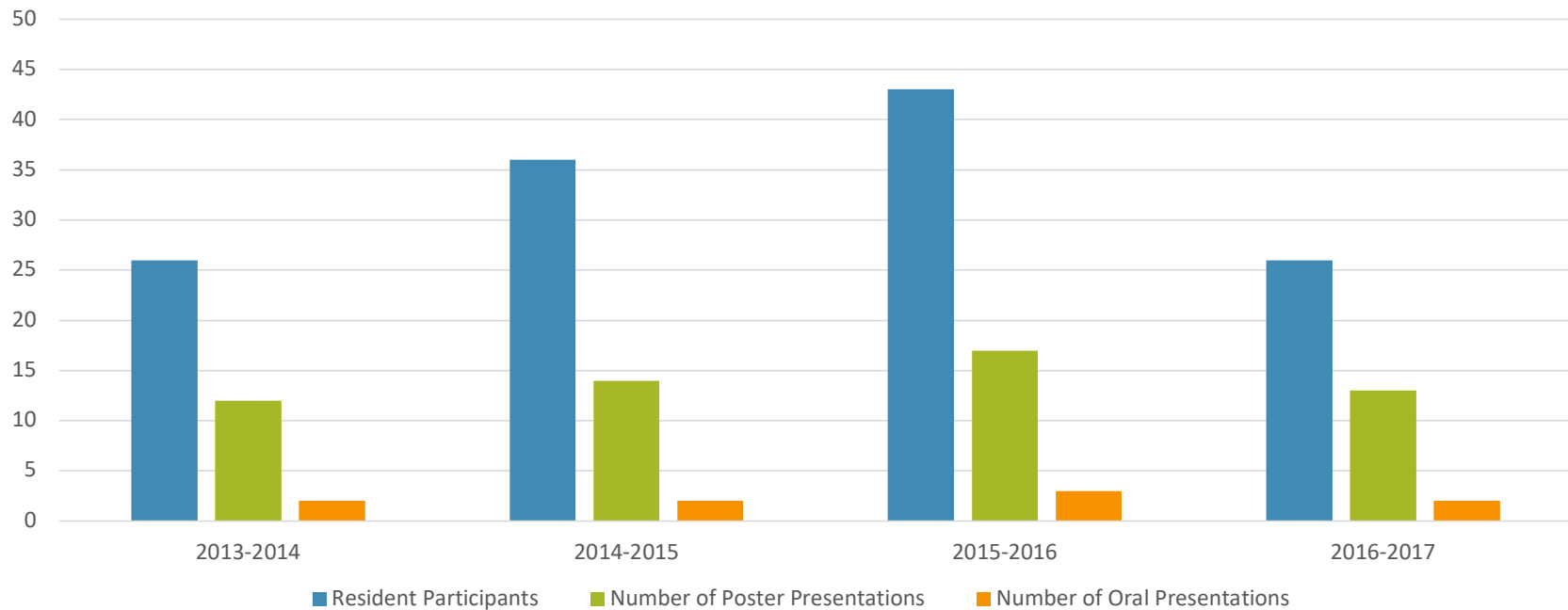
- To evaluate a multi-tiered approach to QI and PS training in a pediatrics residency as demonstrated by improved resident involvement.

# Intervention

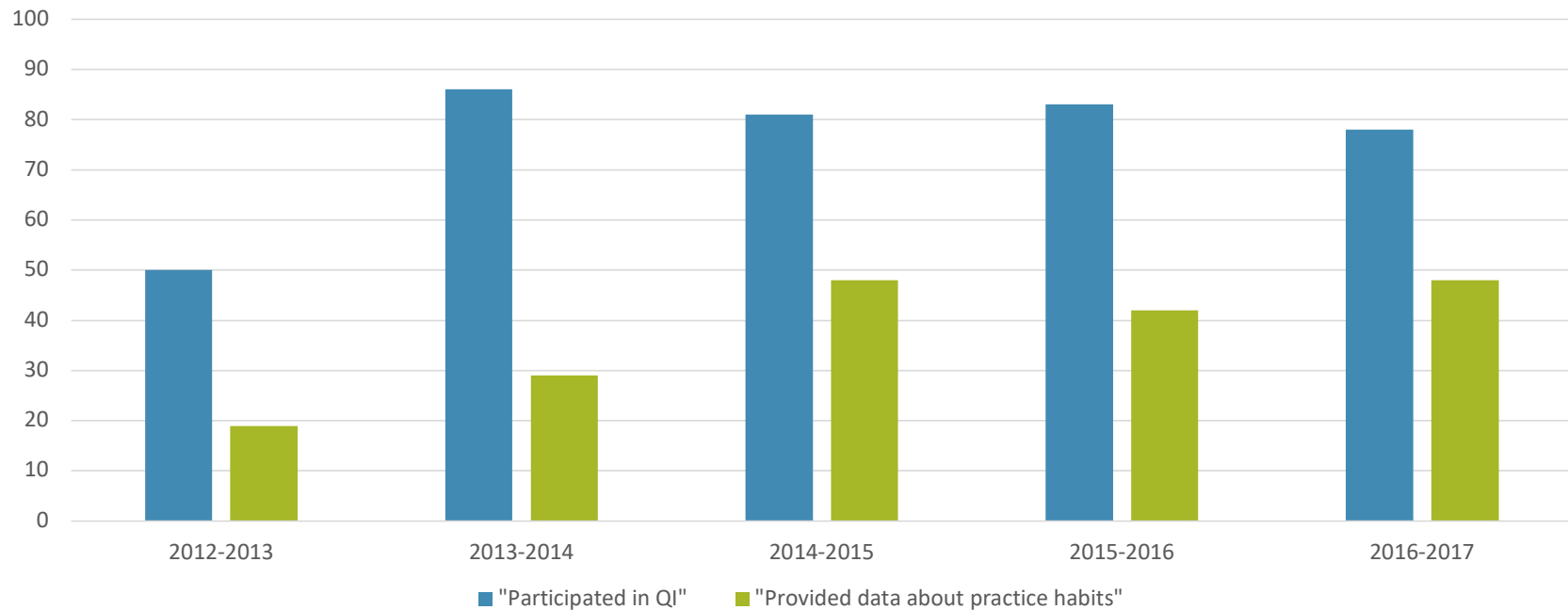
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- 2013-2014:
  - Specific resident interest tracts
  - Departmental Pediatric QI Grand Rounds
- 2014-2015:
  - Increased number of didactic sessions
  - Resident Group Practice Practice-Improvement Project – provided individualized practice data
- 2016-2017:
  - PGY-1 small group workshop
  - Brainstorm and develop own QI project ideas based on own personal experiences

# Results – QI Grand Rounds



# Results – ACGME Survey – “Yes”





# Results

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- 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

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- 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

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- 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?

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