

# Interdepartmental collaboration between Internal medicine and General surgery to develop and deliver a curriculum in Patient safety and quality to first year surgical residents

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## Introduction

- Surgical residents are interested in learning and acquiring tools to provide high quality, cost effective care that will be necessary to their future practice.
- Patients expect surgeons to provide high quality care and regulatory organizations like ACGME are mandating the incorporation of the core concepts of quality and safety training into the residency curriculum.

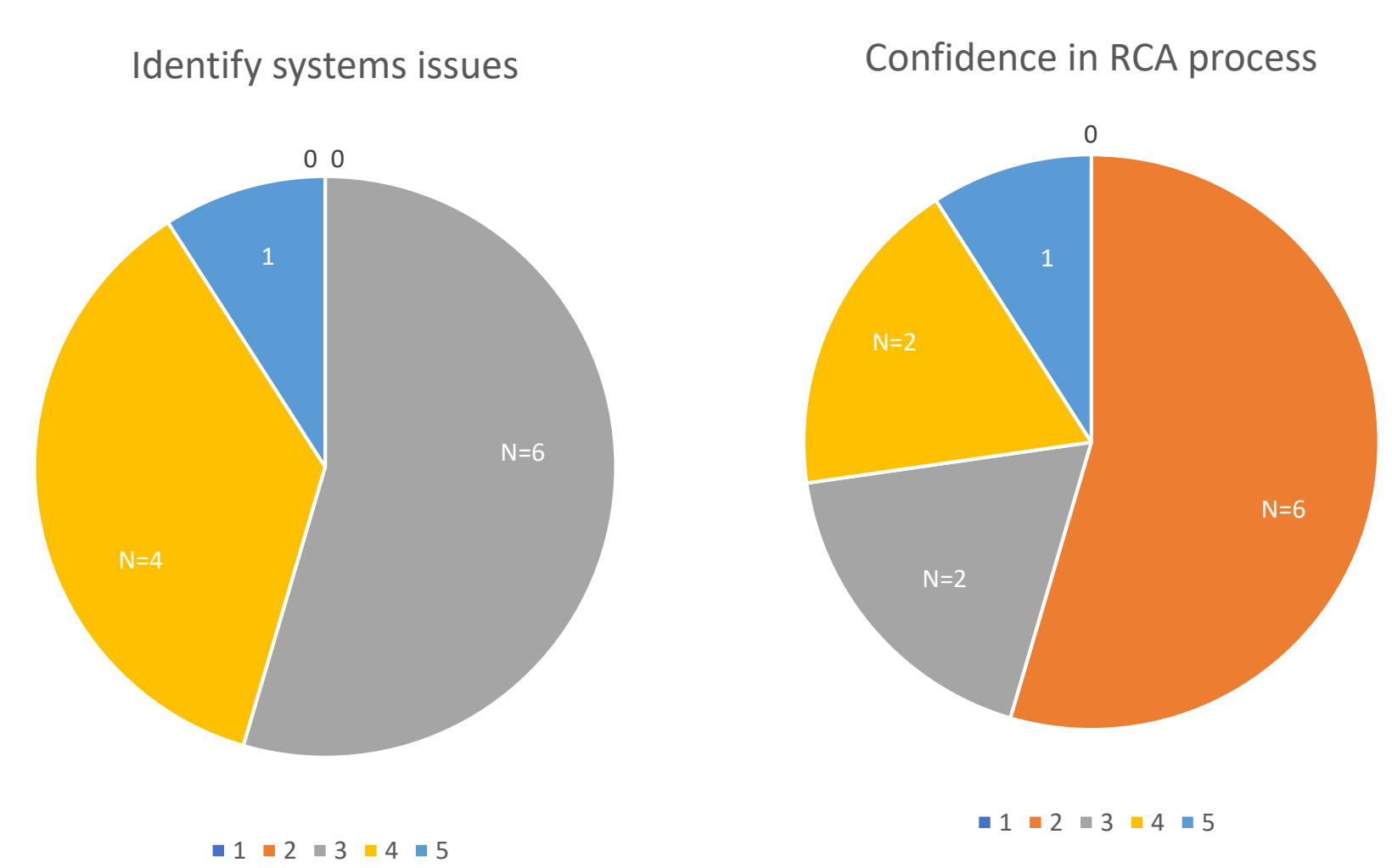
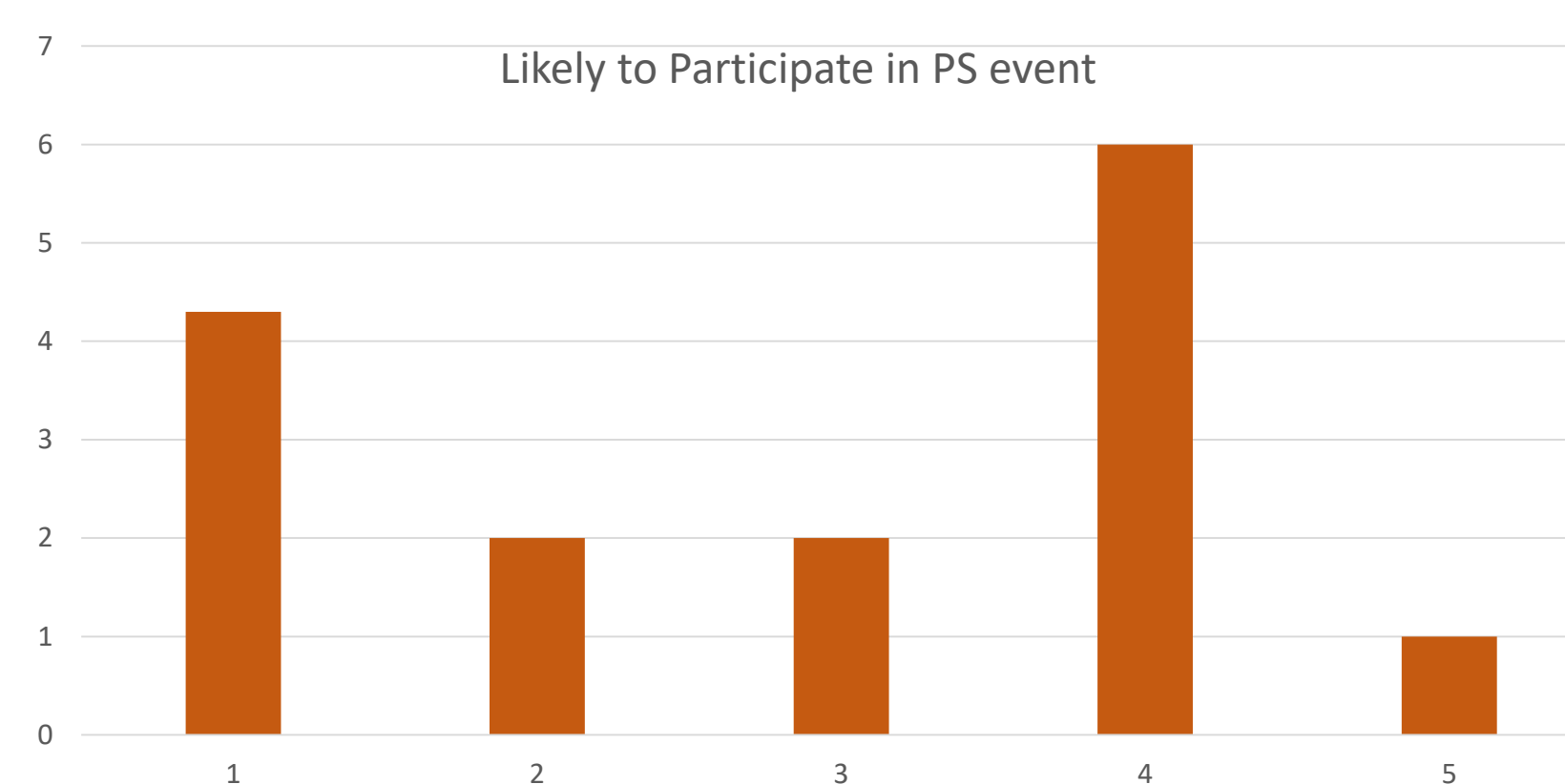
## Materials & Methods

- The surgical residency program at IU school of medicine was committed to creating, designing and implementing a set of skills necessary for surgeons to lead and conduct successful quality improvement initiatives.
- The ACGME principles of practice based learning, systems based practice, professionalism and interpersonal communications form an integral part of the curricula.
- We obtained administrative support from the chief quality officer.
- Availability of faculty with expertise and interest in quality and safety science in the surgical department was limited. The subject matter expertise was provided by the Internal medicine hospitalist with expertise in QI methods.
- The co-creators of the curriculum met and designed the quality and safety curriculum aimed at instructing first year surgical residents.
- Time availability for learners is limited as a result of competing clinical responsibilities and educational demands.
- The delivery of the curriculum was by two didactic lectures and two interactive sessions during scheduled conference with mandatory attendance.
- A survey testing changes in knowledge, attitudes and practices will be administered to the surgical residents at the end of the second lecture

## Results

- 11 First year residents
- No prior experience in Patient safety or quality improvement
- 8 Female and 3 Male residents
- All 11 residents felt that it was their responsibility to prevent harm in patients.
- Barriers limiting participation in Patient safety activities was time and lack of knowledge for residents.

## Results



## Discussion

- Health professionals tend to work in silos. Literature suggests that traditionally medical schools have been characterized by a lack of healthy collaborative relationships among departments with resident training localized to departments rather than institutions, (1)
- An intense didactic curriculum and competing pressures of the operating theater does not leave time for surgical faculty to provide didactics in patient safety and quality. Interprofessional education provides a platform to share skills and knowledge .Literature has shown that interdisciplinary collaboration is useful in resident education.(2,3) We describe a method of interdepartmental collaboration by establishing partnerships and curriculum building to deliver education to surgical trainees.
- Systems Based Practice requires residents to demonstrate an understanding of the larger health care system and ability to use resources to properly care for patients and can be a challenging concept.(4)The curriculum emphasizes understanding and applying systems-based thinking and complexity.

## Discussion

- The strengths of the initiative is that it was centered around core values of mutual learning, transfer of knowledge, collegiality, The involved staff contributed collectively and felt a strong commitment to each other as well as to the goals of the project. This is consistent with other studies involving interdepartmental collaboration. (5)
- The limitation of such an initiative is time pressures on the educators to balance clinical duties and education. Further evaluation of the curriculum is necessary to confirm effective delivery of educational principles

## Summary

Interdepartmental collaboration between general medicine and general surgery is useful in delivering quality and safety training to surgical residents

## Conclusions

- Surgical residents need to understand how to provide patient centered care, work across interdisciplinary teams and apply of quality improvement concepts.
- Interprofessional collaboration allows sharing of expertise and perspectives to create a common goal of providing high quality safe care to our patients.
- Partnering with hospital QI experts can reduce the burden on core faculty, improve understanding, shared values and respect for the roles of other healthcare professionals

## References

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