

The Reading Health System, Reading, PA

Resident-Led Education in Process Improvement

Background: QI leads to better patient care, and residents need QI training to be successful in future practice. Many of our physicians never received training in QI and no mechanism currently exists within the institution for support of QI learning. Our team's goal was to create a train-the-trainer model in which residents receive additional training in QI and teach that material to our ambulatory offices. The train-the-trainer model is a cost-effective method of harnessing available resources to provide education across the institution.

Methods: The team sought to develop a train-the-trainer supplementary curriculum for primary care residents in leadership and education, create a QI curriculum for physicians and staff at the ambulatory offices, train physicians and staff via 5 1-hour sessions, engage physicians and staff in project selection and implementation, enable residents' ongoing project support, provide data to QI department for analysis, and report findings to hospital leadership.

Results: Evaluation measures included (1) a case-study analysis of the train-the-trainer model to examine the feasibility and efficacy of our program; (2) participant surveys, before and after the intervention, abstracted from the AIAMC NI III; and (3) presurvey and postsurvey documents to assess participant understanding of process improvement. Other process and outcome measures were specific to trainee-selected projects. Barriers included obtaining buy-in from administration, physicians, and staff and limited resident availability due to other responsibilities and scheduling conflicts.

Conclusions: Next steps will include implementation of the educational sessions for the physicians and staff of the primary care office, project rollout and assessment, and completion of qualitative analysis resident perspectives. After a follow-up survey of office staff, final project metrics will be reported to administrative leadership. The curriculum will be modified based upon findings, and the program will be repeated in 2 practices. Graduating residents who join the staff will assume leadership positions in PI.

FINAL WORK PLAN – The Reading Health System

Overall Goal for NI III/Elevator Speech	Our team's goal was to create a train-the-trainer model in which residents receive additional training in QI and then teach that material to ambulatory offices at Reading Health Physician Network.
Needs Statement	This goal is important because (1) residents need QI training to be successful in future practice, (2) residents will learn leadership skills, (3) many physicians in the Reading Health Physician Network never received training in QI and no mechanism exists within the group for support of QI learning, and (4) QI leads to better patient care.
Vision Statement	In March 2013, we will see the outcomes of our success by integrating the project into our first office.
Measures	As an educational assessment, we used a qualitative study—"A Case Study Analysis of the Train-the-Trainer Model for Medical Residents"—to examine the feasibility and efficacy of our train-the-trainer program as an educational method for residents. For project assessment, we used (1) a pre- and postintervention survey abstracted from the AIAMC NI III pre- and postsurvey document to assess participant understanding of QI/PI, and (2) process/outcomes measures specific to projects selected by the offices.
Success Factors	We were inspired by the enthusiasm of the residents to develop the QI project.
Barriers	Barriers included the following: (1) getting buy-in from administration, physicians, and office staff that we addressed by multiple meetings, CME credit, and providing meals; (2) limited resident availability secondary to other commitments that we addressed by utilizing resident admin time for QI meetings; and (3) implementation of a new EHR within the Reading Health System.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	You will go nowhere unless the stakeholders are part of the development process and see this as part of their lives and not an add-on.