

Saint Francis Hospital and Medical Center, Hartford, CT

Effects of Formalized Healthcare Delivery Science Curriculum on Scholarly Activity in an Obstetrics and Gynecology Residency Program

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Background: Our Department of Obstetrics and Gynecology instituted a healthcare delivery science curriculum focusing on QI and research with the goal of improving the quality and quantity of research initiatives among faculty and residents. Desired outcomes included increased resident and faculty confidence to conduct or oversee QI/PI and research projects, as well as increased resident ability to accomplish essential communication tasks during clinical encounters.

Methods: Our curriculum consists of 20 hours of protected resident time during the academic year. Topics include fundamentals of healthcare delivery science, principles of QI, research design and statistical analysis, and teamwork and communication. The lectures are attended by PGY2-PGY4 residents; 15-minute postlecture work sessions focus on different areas for each year of residency. QI and research staff guide residents through project coordination.

Results: We measured progress via completion of the first iteration of the resident curriculum, completion of a QI/PI project by PGY2 residents, and completion of research projects by PGY3 and PGY4 residents. Our pre- and postintervention measure was a survey of residents and faculty concerning QI/PI knowledge and skills. A communication assessment tool provided systematic feedback to residents on patient perspectives. We also compared residents' scholarly activity pre- and postintervention; preintervention, 75% of residents were engaged in independent research projects and 0 grants were obtained, compared to 91% engagement and 3 grants obtained postintervention. We have observed more coherence, greater resident-faculty interaction, and better integration of GME and QI/PI. Barriers included time constraints, resident-staff skepticism, and organizational challenges.

Conclusions: Next year, we plan to split topics by PGY cohorts, engage more faculty in the initiative, and incorporate both resident and faculty feedback before beginning the next curricular cycle.

FINAL WORK PLAN – Saint Francis Hospital and Medical Center

Overall Goal for NI III/Elevator Speech	Our team's goal was to create a healthcare delivery science curriculum that incorporates QI/PI, research, and communication.
Needs Statement	This goal was important because residents need a foundation for future practice. Faculty need to become more familiar with these concepts and skills. ACGME requires integration of QI/PI into residency programs—this emphasis will be highlighted via CLER.
Vision Statement	In March 2013, we will see the outcomes of our success through increased resident and faculty confidence in their ability to conduct and/or oversee QI/PI and research projects. Residents will have enhanced ability to accomplish essential communication tasks during clinical encounters with patients and healthcare teams.
Measures	We determined the success of meeting our goal by measuring (1) the completion of the first iteration of the resident curriculum with distribution of all slide decks to faculty, (2) completion of a QI/PI project by PGY2 residents, and (3) completion of research projects by PGY3 and PGY4 residents. We are comparing key markers of scholarly activity within our resident staff (ie, number of residents engaged in active research, progress, grants, presentations, publications) for the 2 years prior to implementing the formalized curriculum compared to the first year and second years after implementation. To date, we can assess only progress and grants.
Success Factors	The most successful component of our work was working together to develop the curriculum (Drs Crowell, Makoul, Roland, and Shlansky, with support from Ashley Negrini, Beth Grieg, Dottie Wakefield, and Lauren Tiberio). We were inspired by the residents' ability to engage in the process when given appropriate guidance.

Barriers	The need to provide the entire curriculum to all PGY2, PGY3, and PGY4 residents was a barrier, somewhat diluting the discussion. Next year, we plan to overcome this by offering the communication component to PGY1s, the QI/PI component to PGY2s, and the research component to PGY3s; we plan to develop a leadership component for PGY4s. This will require more faculty involvement. We plan to debrief with faculty to engage them in the process and will incorporate both resident and faculty feedback before beginning the next curricular cycle.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Engage a broad group of faculty early on, but be sure there is a core group to take responsibility for moving ahead. On a related note, you cannot do this well without a strong coordinator.

Scott & White Healthcare and Texas A&M Health Science Center College of Medicine, Temple, TX The Results of a House Staff Quality Council (HSQC) in its Inaugural Year

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Background: Residents and fellows perform a large portion of the hands-on patient care in tertiary referral centers. As frontline providers, they are well suited to identify quality and patient safety issues. As payment reform shifts hospitals to a fee-for-value-type system with reimbursement contingent on quality outcomes, preventive health, and patient satisfaction, house staff must be intimately involved in identifying and solving care delivery problems related to quality, outcomes, and patient safety. Many challenges exist in integrating house staff into the QI infrastructure; these challenges may ideally be managed by the development of a house staff quality council (HSQC).

Methods: Residents and fellows at Scott & White Memorial Hospital interested in participating in a quality council submitted an application, curriculum vitae, and letter of support from their program director. Twelve residents and fellows were selected based on their prior QI experience and/or their interest in quality and safety initiatives.

Results: In only 1 year, our HSQC initiated 3 quality projects and began development of a fourth project.

Conclusion: Academic medical centers should consider establishing HSQCs to align institutional quality goals with residency training and medical education.

FINAL WORK PLAN – Scott & White Healthcare and Texas A&M Health Science Center College of Medicine

Overall Goal for NI III/Elevator Speech	The goal was to develop a sustainable house staff-directed and -led QI/PS educational model that jointly serves to improve knowledge and delivery of evidence-based care and best practices to effect improved patient outcomes.
Needs Statement	This goal was important because we want to improve patient care, safety, and outcomes and enhance house staff engagement in quality.
Vision Statement	In March 2013, we will see the outcomes of our success by (1) improving the culture of education and professional development in QI and PS and (2) achieving benchmarks for key measures associated with QI projects. The HSQC's mission is to improve patient care and safety by engaging the house staff in QI. In the council's vision, house staff will provide the highest quality patient care and eliminate avoidable patient harm.