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Poster Title

Getting to the Root of It: A Study of Resident Teachers for Quality Improvement Curriculum

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Abstract

Both the ACGME and the ABIM have stressed quality and safety (QS) as important components of resident education. Examples of QS resident education curricula include role-playing, lectures, and root cause analyses (RCA) with some of the most successful initiatives involving peer-teaching and hands-on experiences. In this study, we designed a resident-led, faculty-sponsored, paired QS lecture-immersion curriculum on a General Internal Medicine teaching service at Yale-New Haven Hospital. First, the learners on service participated in an interactive seminar taught by a resident champion. Then, they visited a designated site (i.e. inpatient pharmacy or blood bank) for a 30-minute guided tour. Pre- and post-intervention survey instruments of Likert scale and open-ended questions were employed before the seminar, before the experiential activity, and after the experiential activity. Of the 20 learners enrolled in the first three months, 13 completed the pre-seminar survey, 11 completed the post-seminar survey, and five completed the post-activity survey. Prior to the survey, few learners endorsed sufficient QS experience and learners were ambivalent about the experience they had received. After the seminar, there was a significant (p -value < 0.05) percent increase in the number of correct answers for active versus latent errors (49.7%), a fishbone diagram (69.2%), and a forcing function (75.5%). There was no statistically significant difference in the self-rated ability to perform a RCA or familiarity with QS terminology nor QS insight provided by the experiential activity. In conclusion, resident-led, faculty-sponsored, paired lecture-immersion curricula show potential in effective student and housestaff education for QS principles. The results suggest a greater improvement in non-basic QS skills such as forcing functions, error classification and RCA compared to basic QS skills such as healthcare resource utilization and adverse events.

References

Morrison, E. H., et al. (2003). "A Pilot Randomized, Controlled Trial of a Longitudinal Residents-as-teachers Curriculum." *Academic Medicine* 78(7): 8.

Ogrinc, G., et al. (2003). "A Framework for Teaching Medical Students and Residents about Practice-based Learning and Improvement, Synthesized from a Literature Review." *Academic Medicine* 78(7): 9

Windish, D., et al. (2009). "Methodological Rigor of Quality Improvement Curricula for Physician Trainees: A Systematic Review and Recommendations for Change." *Academic Medicine* 84(12): 16