



Symposium on Educational Excellence 2023

Quality improvement resident huddle redesign

Scott Warner, MD

Internal Medicine, OHSU/VA Hospital, Portland, OR., United States

Keywords

Assessment of learning, Classroom/didactic teaching, Clinical teaching, Skill-building

Abstract

Quality improvement and the principles behind continuous self-evaluation are key for any healthcare system. Utilizing quality and performance metrics can standardize practice and help develop future therapeutic approaches (1). The ability to align the standards of practice with the nuances of a healthcare system allow for improving patient care. The importance of quality improvement principles continues to be highlighted within internal medicine residency training programs and is noted by the American College of Graduate Medical Education (ACGME) as a required competency (2). Within the internal medicine residency program at Oregon Health & Science University (OHSU), there is a longitudinal quality improvement curriculum built into the first year of residency training, however engagement in quality improvement and patient safety initiatives following this year remains low. On the Veterans Administration (VA) medical ward rotation, a resident huddle is used for bi-directional communication and has been shown as an effective and efficient communication tool across multiple specialties, we aimed to reformat the inpatient resident huddle to highlight quality improvement education(3).

The current state analysis of OHSU's internal medicine residency program and ACGME required competencies regarding quality improvement principles showed lapses in resident engagement through the second- and third-year residency years. We aim to redesign resident huddle to continue these quality improvement educational directives through the later years of residency as well as provide metrics and discrete individualized data that will be heavily utilized as an independently practicing physician after residency completion. We plan to utilize David Kern's six-step approach for curriculum development to guide the creation of the new course program(4). We will first perform a needs assessment of the internal medicine residents on their VA wards rotation through in person interview, anonymous surveys, and utilizing prior resident perception surveys towards the prior iteration of resident huddle. In addition to resident perception and opinion data, we will also assess the current knowledge base pertaining to quality improvement and health systems science principles through formal assessment.

We then aim to develop a 3-week iterative curriculum that focuses on resident performance metrics, the application of these metrics using quality improvement principles, and emphasis in engaging in quality improvement projects with local mentors. The curriculum will be delivered to residents rotating on the VA ward during the resident huddle sessions that occur during a weekly basis. The newly formatted resident huddles will then be evaluated by focus group, written feedback, and follow up knowledge assessments to gauge resident opinion and learning effectiveness of the curriculum implementation. The aims are to provide ongoing formal education regarding quality improvement principles, instill habits of systematically analyzing practice using quality improvement methods, and provide residents with tools essential to engage in quality improvement projects after graduation from internal medicine residency. .

Learning Objectives

1. Investigate the utility of quality improvement education in improving resident performance on the VA ward service
2. Examine the efficacy of resident huddle medium to improve internal medicine residents systems-based practice
3. Assess resident perceptions and knowledge regarding quality improvement principles prior to independent practice

References:

Califf, R. M., Peterson, E. D., Gibbons, R. J., Garson, A., Brindis, R. G., Beller, G. A., & Smith, S. C.,(2002). Integrating quality into the cycle of therapeutic development. *Journal of the American College of Cardiology*, 40(11), 1895-901.

American College of Graduate Medical Education . ACGME Program Requirements for Graduate Medical Education in Internal Medicine https://www.acgme.org/globalassets/pfassets/programrequirements/140_internalmedicine_2022v4.pdf.

McCain N, Ferguson T, Barry Hultquist T, et al. Influencing a culture of quality and safety through huddles. *J Nurs Care Qual*. Epub 2022 Aug 19.

Thomas, P. A., Kern, D. E., Hughes, M. T., & Chen, B. Y. (Eds.). (2016). *Curriculum development for medical education: A six-step approach* (3rd ed.). Johns Hopkins University Press.

