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Implementation of a Resident Huddle on Inpatient Wards

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Keywords

Medical education; Curriculum innovation; Quality improvement

Abstract

By the end of this session, the audience will be able to:

- Understand how to implement a semi-structured resident huddle on inpatient wards
- Recognize the importance of residents reviewing their practice data
- Choose some resident-level hospital metrics that can help residents understand the importance of quality improvement in the inpatient setting

Research Innovation/Goal

OHSU internal medicine residents have limited exposure to their practice data, an ACGME requirement and an important part of resident education. On inpatient rotations, residents do not have a structured activity in which they can compare their own practice to evidence-based guidelines. In order to address this gap, we developed a structured resident huddle. Our goal is to use resident huddle to: 1) show inpatient medicine teams, 2) give residents an opportunity to create targeted goals to improve their practice based on identified evidence-based metrics, 3) deliver educational didactics to provide clinical context to these metrics.

Methods

We collaborated with hospital quality improvement leaders to isolate hospital quality metrics that are applicable to medical trainees. These included updated Advanced Care Planning orders for every patient, % time that the patients had blood sugars in target range, etc. We designed a structured

resident huddle around these metrics. Each week on service out of a three-week block, internal medicine residents who rotated on inpatient wards at OHSU participated in resident huddle. We will plan to assess our intervention using pre and post assessments regarding learners' views on the learning experience, changes in our learners' attitudes and perceptions, and acquisition of knowledge. We will compare the assessment data to resident groups who were on Internal Medicine rotations prior to this educational intervention. We will assess behavioral change and potential improvements in quality of patient care by following our performance data over time.

Impact

Implementing this huddle will directly benefit residents. Metrics-based evaluation will inevitably be a part of the residents' future careers as outpatient or inpatient physicians. This intervention will also have an impact on the Internal Medicine residency program, which is evaluated on whether it provides residents the opportunity to review their practice data through the ACGME survey yearly. Notably, in the evaluations of OHSU GME by the CLER committee from previous years, lack of resident exposure to practice data and lack of participation in quality improvement projects has been one noted area of weakness.

Diversity, Equity, and Inclusion

We hope to incorporate tangible metrics that address inequities in patient care. For example, now that OHSU has introduced the interpreter dotphrase, we could analyze how often patients who speak a primary language other than English, or who use ASL, have an interpreter used during the visit. Our hope is to also be able to track metrics based on patient factors such as self-reported race or gender identity (ex. How often are female patients discharging with GDMT vs male patients).

Possible Applications

Resident huddle will provide an example of a structured curriculum innovation that serves to involve residents in quality improvement. This can be adapted in many ways- by other specialties, by grouping residents by PGY

level, etc. Similar to huddles conducted by other multi-disciplinary groups in the hospital, resident huddle could become a standard element of practice to achieve greater alignment to evidence-based guidelines.