

## Mentoring your Chief Resident in their Quality Improvement/Patient Safety Role

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## Goals for session

- Highlight chief resident roles that focus on quality improvement and patient safety
- Identify strategies to support and engage chief residents in the mentorship of quality improvement (QI)
- Identify strategies to support patient safety work including patient safety conferences, and curriculum expansion

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## Why?

- Why did you come to this Hot Topic?
- How is the role of a chief resident changed at your institution?
  - What are the current and evolving expectations for chief residents in safety and quality improvement?
- What barriers have you seen or foresee for implementation?

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## Chief Residents and QI/Safety

### CLEAR STRENGTHS!

- Respected by housestaff and faculty
  - Closer to the frontline
  - Considered “experts”
- Safe space
- Change agents
- Departmental perspective

### But don't forget...

- Idealistic
- Unaware of complexity
- No institutional memory
- New responsibility
- Conflict between role of advocate and supervisor

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## Chief Residents and Safety

- What are the common interfaces at which is this happening?

Topic	Example
Patient Safety Teaching	“Morbidity and Mortality”
	“Patient Safety Report”
	Didactic teaching
Error Reporting	Facilitating reporting
Error Analysis	Participating in RCA or review process
	Mentoring residents in hands on experiences:
	<ul style="list-style-type: none"> <li>• “Patient Safety Consult Service”</li> <li>• Resident RCA work</li> </ul>
Support of second victim	Meeting with involved trainees

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## Critical Training for CR

- Patient safety principles
- Skills training in root cause analysis
- Training in error reporting
  - Process
  - “Just the facts, ma’am”
- Resources and skills for second victim support
- Mentorship around how to present cases and foster discussion

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## Mentorship Model for M&M

### Medicine M&M at BIDMC

- Weekly, large group
- Goals
  - Teach medicine
  - Teach safety knowledge
  - Teach processes
  - Discuss what we can do better?
- Multidisciplinary consultants

### Goals for chief

- Present a clear timeline of case
- Synthesize the case for the audience
- “Just the facts!”
- Avoid political battles
- Give best guess at conclusion re: harm and preventability \*\*

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## Mentorship Tool for M&M

	Medical Knowledge	Systems Knowledge	Safety Content/Tools	The Delta	The Fix
What is it?	Every case has important lessons in medical knowledge - from the basic physiology and best practice to new tests or treatments	The local system has its own processes and standards and exploring an event is an opportunity to reteach these. Examples include protocols, or roles of individuals	Dissecting a case often requires tools to complete. In the discussion of the case, you can teach them to the audience.  Examples: fishbone diagrams, contributing factor analysis, mapping.	There is something to learn from every case. And one important question to ask is “Could we have done things differently?”	Action plans are an important part of the discussion of cases. It helps trainees see the benefit of reporting and investigating events as they occur.

How do we use it in Internal Medicine at BIDMC?

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## Chief Resident and Quality

- Patient safety is a subset of the larger issue of Quality of Care. (Wachter, Understanding Patient Safety)



- What are the common settings within which this is (or you foresee this) happening for your Chiefs?

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## Chief Resident and Quality

Quality Involvement	Examples of Involvement
Institutional	<ul style="list-style-type: none"> <li>Institutional Quality Specific Metrics: <i>Hand Hygiene Committee / Fall Prevention Committee / Medication Errors Committee</i></li> <li>Hospital Flow Committee</li> <li>Core Measures Workgroup</li> </ul>
Departmental	<ul style="list-style-type: none"> <li>Curriculum development/instruction in QI and Safety for residents/faculty</li> </ul>
Residency Program	<ul style="list-style-type: none"> <li>Mentor resident QI projects</li> <li>Patient Safety Conference/MandM</li> <li>Closed loop communication for event reports and quality improvements</li> <li>Curricular content delivery and instruction on use of QI tools</li> </ul>
Individual	<ul style="list-style-type: none"> <li>Scholarly activity for a specific interest area of QI</li> <li>High level QI education (ie: White Belt or CRQS)</li> <li>CV builder</li> </ul>

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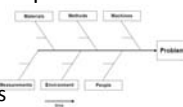
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## Critical Training for CR

- Introduction and involvement with process owners
- Quality Improvement Tools:
  - Fishbone Diagrams / Process Maps
- Understanding of Important Institutional Metrics:
  - Value based purchasing, Meaningful use, Length of Stay, Re-admissions, Pay for Performance




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## Mentorship tool for Quality Projects

Trainee Work	Project Mentor Tips
<b>1. Improvement Opportunity</b> What is the general topic on which you want to work? From as broad as cardiology, inpatient, ambulatory or specific like heart failure, peripheral vascular disease, hand hygiene in the dialysis unit	What are you interested in as a career? Is there a process or situation that is particularly frustrating to you? What about it bothers you the most? Stay away from people or groups such as CT surgeons or nursing, focus on what about the process is problematic to the learner
<b>2. National/Global Background</b> Summarize the literature, problem, measures used in other studies and prior successful interventions	What do we currently know about this problem? Why did you select it? What are the current clinical guidelines for the condition that you are considering a project around?
<b>3. References</b> As you take notes, save the reference and a brief description regarding study design and conclusion- this will make the preparation of your manuscript much easier	What type of research have you found? Is anyone else doing/have done this same work? Can the resident use the search tools? Does the library offer a tutorial in using Ovid/Pubmed?
<b>4. Current Process/Local Background</b> What is the current process and who is involved? Observe the work flow and/or interview people who can help you better understand the current process. Complete a Fishbone diagram of contributing factors and make a process flow map related to your process.	How can you make this area of improvement relevant and important to the hospital and stakeholders? What are the current hospital initiatives? Who do you ask to figure this out? Where is the current process breaking down? Can you think of a smaller piece of this process that you could work on? (DVT prophylaxis hospital wide vs. DVT prophylaxis on academic service patients hospitalized for heart failure) Can you make it count twice? **Think about scale and time for project

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## Mentorship tool for Quality Projects

<p><b>5. Build your team</b>          Whom will you involve to help with this project to get input, ideas, guidance? Think of system leadership, faculty mentor, clinical/technical experts, and day to day residents.</p>	<p>Is there someone in the hospital doing this work? Can you get the resident some time with the CMO or clinic director or nursing supervisor? Are there resources in place (is someone already collecting this data?) that the resident may not even know exists?</p>
<p><b>NEXT STEPS</b></p>	<p><b>NEXT STEPS</b></p>
<p><b>6. Intervention</b>          What change can we make that will result in improvement?  <b>7. Measures</b>          How will we know a change is implemented?</p>	<p>Literature review should help guide this in addition to discussion with other stake holders in the process. Encourage the resident to look at the process from a different perspective (nursing, scrub). See <a href="#">Measurement Learning Tool</a> as a worksheet for the resident. Additionally can ask:</p> <ul style="list-style-type: none"> <li>• What are you trying to measure?</li> <li>• What specific measure did you select for this purpose?</li> <li>• How are you defining the measure?</li> <li>• What's your baseline measurement?</li> <li>• What are your targets or goals for this measure?</li> <li>• What's your data collection plan?</li> </ul>
<p><b>8. Write an AIM Statement</b>          What are we trying to accomplish?          in the SMART format (Specific, measurable, achievable, relevant and time-based)</p>	<p>Is the AIM statement specific enough? Is the scope realistic? 3 W/ys 3 Hows</p>
<p><b>9. Which of the 6 AIMS for health care quality will you project address?</b>          10. Timeline          What will you complete before our next meeting?          What do you still need to collect to get started?</p>	<p>Safe, Timely, Effective, Efficient, Patient-Centered, Equitable</p> <p>When are we meeting again? When will you have your first PDSA cycle completed? Where can they present their project? What are the deadlines for submission to APCP? SHM? Quality and Safety Day?</p>

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## Mentorship tool for Quality Projects

Measurement Planning Form	Measure 1
<p>Description</p> <p>Type (balancing, process, outcome, structure)</p> <p>Outcome: How is the system performing? What is the result?</p> <p>Process: Are the parts/steps in the system performing reliably and as planned?</p> <p>Balancing: Did the changes we made to improve one part of the system mess up other parts of the system?</p>	<p>outcome: advanced directives in place</p>
<p>Why is this measure needed? (check the relevance and necessity)</p> <p>Source- Is someone already collecting it?</p>	<p>improve pt/physician communication re: wishes of care at the end of life</p> <p>no</p>
<p>Operational definition (exactly which diagnosis, patient group, time period, etc)</p> <p>If your measure is a percent or rate, specify the numerator and the denominator. If it is an average, identify the calculation for deriving the average. If it is a score (such as a patient satisfaction score), describe how the score is derived. When measuring such characteristics as "accurate" "complete," "timely," describe the specific criteria you're using to define each characteristic.</p>	<p>ESLD in patients admitted to Good Sam 3/2015</p>
<p>Data collection and sampling plan and timeline</p> <p>Who is responsible for collecting the data?</p> <p>How often will the data be collected (e.g., hourly, daily, weekly or monthly)?</p> <p>What will be the method of sampling? (e.g. 2-30 charts per month. 2-3 from each floor)</p> <p>What are the specific data sources?</p> <p>How will these data be collected (e.g., manually, by using a log, or by an automated system)?</p>	<p>patient interview during 3/2015 with goal of 10-20 patients</p>
<p>How will you display the results?</p> <p>Run chart (time on X axis, variable on y, line for median and line for goal) vs table vs pie chart, etc.</p>	<p>table</p>

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