

A Pilot Interdisciplinary Quality and Safety Rotation for Internal Medicine Residents

Kacie J. Saulters, MD, Internal Medicine Residency Program Director, Bethlehem Teklu, MD, PGY3 Internal Medicine Hospitalist; Ingrid Connerney, DrPH, RN, Chief Quality Officer

Learning Objectives

Describe how to integrate the principles of patient safety and quality improvement into residency education.
Discuss an interdisciplinary approach to resident education in patient safety and quality improvement.

Problem

Residency training programs must incorporate patient safety and quality improvement in curricula; however, this curricula often lacks intersectionality with institutional patient safety, healthcare quality, or teaming activities. In addition, residency programs may not have faculty expertise in these areas:

Goal

To overcome barriers to resident education and ensure compliance with ACGME's regulatory requirements and help residents appreciate the interdisciplinary nature of quality and safety

Changes Implemented

We created a two-week elective rotation in Patient Safety and Quality Improvement structured around residency regulatory requirements and institutional priorities.

Non-physician leaders served as mentors and educators to promote teaming. Curricula consisted of:

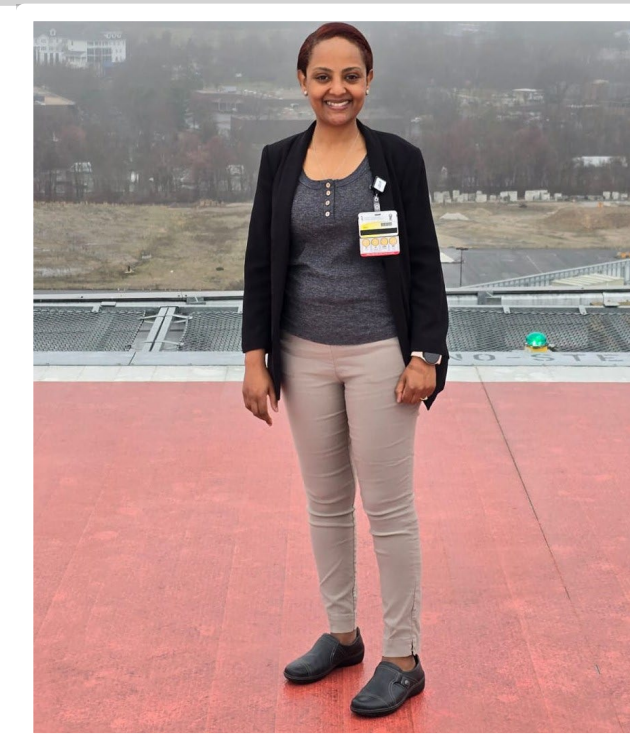
- Self-directed learning - NDNQI and IHI modules
- Experiential learning – RCA performance, shadowing
- Interviews - between residents and institutional directors using pre-defined prompts and learner-identified questions
- Institutional meeting attendance

Weekly Calendar Sample week 1

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 AM		Resident morning report	Perinatal Continuous Quality Improvement monthly meeting (Webex)		Resident morning report
8 AM					
8:30 AM	Safety huddle (Webex)	Safety huddle (Webex)	Safety huddle (Webex)	Safety huddle (Webex)	Safety huddle (Webex)
9 AM	Review of Quality and Safety rotation with Chief Quality Officer, Exec office	Intro to RCA process with Director Quality & Safety (in person)		HRO rounds on units with executives	
9:30 AM					
10 AM	Monthly Quality Dep Staff mtg (Webex)				Root Cause Analysis - Specimen collection Issues (Webex)
10:30 AM				Clinical Documentation improvement - meet with educator	
11 AM		Daily review of incidences reported last 24 hours w Risk & Safety Webex			
11:30 AM			Safety event review with Quality, Risk, nursing and physicians (Webex)		
12 PM					
12:30 PM					
1 PM	Meet with RN Manager and learn about RN/MD collaboration in ICU		Infection Prevention Committee (Webex)	Residency Conference	CaseMix mtg with finance, executives, CMO, case management (Webex)
1:30 PM					
2 PM					
2:30 PM	Meet and round with Director of Security and Director of Emergency Management	Qual Exec mtg (Webex)	CLABSI RCA (Webex)		Rotation check-in w. Chief Quality Officer (Webex)
3 PM					
3:30 PM					
4 PM					



Second year resident Kene with UM Cap CEO during the hospital Leadership Forum



Third year resident Tirsit visits the hospital heli-pad during experiential work with security department

Outcomes

- ✓ To date, eight residents have completed the elective. The rotation has completed pilot phase and been adopted as an ongoing elective.
- ✓ Residents report ability to identify system obstacles to care, barriers experienced by the interdisciplinary team and need for interdisciplinary solutions.
- ✓ Residents also gained a window into organizational successes and plans for sustained improvement.

Lessons Learned

- Interdisciplinary collaboration and leveraging non-physician experts are effective strategies in overcoming barriers to resident education in patient quality and safety. By integrating these experts into the curriculum, the program not only met regulatory requirements but also fostered a positive culture of interdisciplinary teamwork.
- The structured approach, including self-directed and experiential learning components, proved successful in equipping residents with skills in quality improvement and patient safety.
- Importantly, the sustainability of the program was ensured by minimal burden on residency faculty and was given positive feedback from both residents and institutional leaders, highlighting the value of such initiatives in enhancing resident education and promoting ongoing improvements in healthcare quality.

KEY TAKEAWAYS

Leveraging interdisciplinary leaders placed minimal burden on the residency faculty, ensuring the sustainability of this rotation.

SPEAKER CONTACT INFORMATION

Bethlehem Teklu, MD, Hospitalist University of Maryland Capital Region HealthBethlehem.Teklu1@gmail.com



No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.