

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

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?

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

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"> • “Patient Safety Consult Service” • Resident RCA work
Support of second victim	Meeting with involved trainees

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

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 **

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?

Chief Resident and Quality

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

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graph LR
    S[Structure] --> P[Process]
    P --> O[Outcome]
    
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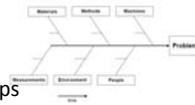
- What are the common settings within which this is (or you foresee this) happening for your Chiefs?

Chief Resident and Quality

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

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



Mentorship tool for Quality Projects

Trainee Work	Project Mentor Tips
1. Improvement Opportunity 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
2. National/Global Background 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?
3. References 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?
4. Current Process/Local Background 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
