REAL Solutions: Resident Engagement and Leadership

CDR Kristian E. Sanchack, MD, MHA, FAAFP
LCDR Dustin Smith DO, FAAFP
Naval Hospital Jacksonville, FL

MISSION: PROVIDE SAFE, HIGH QUALITY, PATIENT-CENTERED CARE TO ALL THOSE ENTRUSTED TO US THROUGH READINESS, OPERATIONAL SUPPORT, HEALTH PROMOTION AND PROFESSIONAL DEVELOPMENT

VISION: EXCEED EXPECTATIONS EVERYDAY

READINESS
SAVE LIVES WHEREVER OUR FORCES OPERATE – AT AND FROM THE SEA
1. ENSURE READY MEDICAL CAPABILITIES OF OUR OPERATIONAL UNITS AND PLATFORMS
2. ACHIEVE MAXIMUM FUTURE LIFE-SAVING CAPABILITIES AND SURVIVABILITY
3. PROVIDE A ROBUST, RELEVANT CLINICAL EXPERIENCE TO PRESERVE CLINICAL AND LIFE-SAVING SKILLS AND COMPETENCIES

HEALTH
PROVIDE THE BEST CARE OUR NATION CAN OFFER TO SAILORS, MARINES, AND THEIR FAMILIES TO KEEP THEM HEALTHY, READY, AND ON THE JOB
1. PROVIDE THE PATIENT WITH A FAMILY EXPERIENCE AND ENHANCE ACCESS
2. ELIMINATE PATIENT HARM
3. IMPROVE ACTIVE MANAGEMENT OF LIMITED DUTY POPULATION

PARTNERSHIPS
EXPAND AND STRENGTHEN OUR PARTNERSHIPS TO MAXIMIZE READINESS AND HEALTH
1. IDENTIFY AND REMOVE BARRIERS TO DEVELOPING PARTNERSHIPS
2. ENSURE PARTNERSHIPS ALIGN WITH OUR STRATEGIC PLAN

ACHIEVE HEALTHCARE EXCELLENCE • ENABLE READINESS, HEALTH, PARTNERSHIP • BE PROFESSIONAL IN EVERYTHING WE DO!
Disclaimer

- The views expressed in this article are those of the author(s) and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense or the United States Government.

- We have no financial conflicts of interest
At the end of the workshop you will be able to:
1. Create an “audible environment” for residents
2. Assign residents to high-level quality improvement and patient safety processes
3. Implement a resident leader who engages residents in scholarly activity

Outline of our time

• Why Bother?
• Learner Needs Assessment Review
• Overcoming Barriers
• Pro-Tips
• Gallery Walk of Best Practices
Why bother?

- Self-actualization
- Common Program requirements
- Clinical Learning Environment (Review)

Self-actualization

a continual process of becoming rather than a perfect state

- Embrace the unknown
- Accept flaws
- Prioritize; enjoy the journey and the destination
- Unconventional but not seeking to shock
- Motivated by growth
- Benevolence
- Humble
- Deliberate and make their own decisions
- Have a purpose
- Grateful
“The final test of their efforts will be not what they know but what they do. The purpose of medical education is to transmit the knowledge impart the skills and inculcate the values of the profession in an appropriately balanced and integrated manner.”


“…if you could just get through people’s heads that you don’t just treat the patient in front of you, you also treat the system.”

Common program requirements

• Practice-based Learning and Improvement

• (IV.A.5.c).(4) Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement. (Outcome)

Common program requirements

• Systems-based Practice

• IV.A.5.f).(4) Advocate for quality patient care and optimal patient care systems. (Outcome)

• IV.A.5.f).(5) Work in interprofessional teams to enhance patient safety and improve patient care quality. (Outcome)

• IV.A.5.f).(6) Participate in identifying system errors and implementing potential systems solutions. (Outcome)
Family Medicine Program Requirements

• IV.B. Residents’ Scholarly Activities

• IV.B.2. Residents should participate in scholarly activity. (Core)

• IV.B.2.a) Residents should complete two scholarly activities, at least one of which should be a quality improvement project. (Outcome)

• IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. (Detail)

AES Poll question: Did the CLER process increase your interest in this workshop

A. Yes
B. No
C. What is CLER?
D. Should it?
“Is it possible that residents, who are positioned near the bottom of the hierarchy in medicine hold the key to culture change in the teaching hospitals”

Myers J, Nash D, Graduate Medical Educations New Focus on Resident Engagement in Quality and Safety: Will it Transform the culture of Teaching Hospitals Acad Med. 2014;89:1328-1330

In terms of healthcare, the purpose of a hospital or clinic seeking to achieve HRO status is to make healthcare as safe for patients as possible

- Constantly improve patient safety and outcomes
- Monitor and measure performance on several different levels
- Put a positive spin on failure
- Encourage employees at all levels to participate in the process

http://www.readinessrounds.com/blog/2014/09/16/defining-buzzwords-high-reliability-organization/
Clinical Learning Environments Vary In:

- Approach and capacity to address patient safety
  - Resident engagement also varies greatly
- Implementation of GME relative to the organization’s strategic plan
- Invest in training faculty in healthcare quality, safety and system wide initiatives

CLER and Patient Safety

- Didactics occurred often
  - Experiential Learning and Participation was rare
- Residents and fellows:
  - lacked clarity on conditions/events that comprise patient safety events
  - How to actually report a patient safety event
  - Rarely participated in system based improvement or patient safety event reviews
CLER and Healthcare Quality

- Most residents fellows and faculty were aware of organizational priorities
- Many interviewed residents had limited knowledge of quality improvement concepts, methods and approaches used at their CLE
- Limited participation
- QI deemed as implementing what they were told

Learner Needs Assessment

- 116 responses
- Thank you!
What areas of resident engagement and leadership are you most interested in hearing about?

- Answered: 111  Skipped: 5

- Quality Improvement
- Patient Safety
- Healthcare Advocacy
- Research and Scholarly...
- Administrative Management...
- Teaching
- Social / Morale

What leadership positions exist for residents within your family medicine residency program?

- Answered: 116  Skipped: 0

- Chief Resident
- Watch / Call Scheduler
- Resident Research...
- Social
- Academic Curriculum
- Other (please specify)
What barriers to resident engagement exist at your program?

- Answered: 116  Skipped: 0
“None - my residents rock ... and rule the world :) (Surgeon General of State, State Academy grad was recently President, Grad is slated to be Med Staff president of the largest Medicare System in the US)”

AES Poll Question: How does your program overcome REAL barriers?

A. Scheduled Time
B. Mentor the process
C. Active Didactics
D. Financial Incentives
E. Resident Representation
Time

• It takes money to make money
• Commit to scheduling time for residents and faculty
  – Subsidize Faculty via sharing a quality faculty FTE
• The Parable of the Downstreamers by Donald Ardell


Interests

• Match the interests to the personality and capability
• Mentor and Guide

Lead by example: Our faculty engage in state leadership - they also invite residents and grads into this environment. Our faculty lead with national and regional presentations - residents/grads feel empowered to pursue fellowships and academic positions. Our faculty personally created a community medicine clinic. One of our grads is now the Medical Director and our residents rotate there. We do more but that's enough for the survey!
Rewards

- Recognition
- More Time!
- Conferences
- Financial
  - Daniel Pink “Drive”
    - Rudimentary Cognitive Skill
    - Autonomy, Mastery & Purpose

"A soldier will fight long and hard for a bit of colored ribbon." - Napoleon Bonaparte

“Pro Tips”

Use your cat to clean your floors and save on expensive store-bought cleaners.
“Pro Tips”

Resident Voice

- Resident Action Committee
  - Generally includes at least 1 elected resident per year group
  - PD or APD should attend their meetings
  - Can be used to address ACGME and Internal Surveys
- GMEC
- PEC
- Hospital Committees
  - Build into schedule for Strategic Committees
- Rotation Liaisons
Resident Voice Pitfall

- **Failure to act** on ANY of the resident based suggestions / recommendations / requests, you will have made things worse
- “**Close the loop** on issues brought forward by the group to inform how the issues was addressed” - (LNA response)

Quality Improvement and Patient Safety

- **Key People on Key Committees**
  - (Schedule time: Repetition is the key to adult learning)
  - Better no one than the wrong one (LNA response)
- **Faculty Mentors for QI projects**
  - Healthcare Leadership engagement
  - Subsidize cost?
- **Population health curriculum**
  - Resident Liaisons
Quality Improvement and Patient Safety

• Mandatory Patient Safety Reports
  – Helps as a milestone for CCC as well
  – Ensure some form of feedback on PS reports periodically
• Ensure a resident representative on all Patient Safety Investigations
  – Experiential Learning
• Group Practice Improvement Modules via Didactics
• Year Group initiated CPI projects

Cycling alone is hard!
Teamwork makes it much easier!
Scholarly Activity

- Resident Research Coordinator
  - Someone that will be persistent and well organized
- Case Report Workshop
- Team-based Projects
  - Start small: Case reports / posters
  - Build: Chapters, Review articles, IRBs, Grant
  - Success breeds more success!
- Scholarly Points System (Competition)

Table 2: Scholarly Point System

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of an IRB-approved research project or a publishable well-conducted process improvement project journal</td>
<td>10</td>
</tr>
<tr>
<td>Acceptance of a manuscript describing a case report, clinical review, or research project in a peer-reviewed medical journal</td>
<td>8</td>
</tr>
<tr>
<td>Acceptance for publication of an FPIN Clinical Inquiry</td>
<td>7</td>
</tr>
<tr>
<td>Submission, acceptance, and presentation of a podium or poster presentation at a regional, national, or international medical conference for a case report or original research</td>
<td>6</td>
</tr>
<tr>
<td>Acceptance for publication of an FPIN Help Desk Answer or EMedRef</td>
<td>5</td>
</tr>
<tr>
<td>Submission without acceptance of a manuscript describing a case report, clinical review, or research project in a peer-reviewed medical journal</td>
<td>5</td>
</tr>
<tr>
<td>Acceptance for publication of a letter to the editor in a peer-reviewed journal</td>
<td>3</td>
</tr>
<tr>
<td>Being recognized at a local, regional, national, or international conference</td>
<td>3</td>
</tr>
<tr>
<td>Publications for lay public such as newspaper or magazine articles on medical topics</td>
<td>2</td>
</tr>
<tr>
<td>Presentation of scholarly activity at the JFMIRP Annual Academic Scholarship Day</td>
<td>2</td>
</tr>
<tr>
<td>Presentation of a Grand Rounds/TIMM conference to the hospital staff</td>
<td>1</td>
</tr>
<tr>
<td>Submission without acceptance of a presentation at a regional, national, or international conference</td>
<td>1</td>
</tr>
<tr>
<td>Presentation of case at Tumor Board</td>
<td>1</td>
</tr>
<tr>
<td>Completion of CITI/IRB training</td>
<td>1</td>
</tr>
</tbody>
</table>

Just do something…

“Now, practically even better news than that of short assignments is the idea of shitty first drafts. All good writers write them. This is how they end up with good second drafts and terrific third drafts.”

Gallery Walk

- What best practices have you observed
- 3 easels each with a topic!
- Post your best ideas and rotate every 5 min.

- Be prepared to share!

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).
Social Q & A

Please…

Complete the session evaluation.

Thank you.
THANK YOU!

CDR Kristian E. Sanchack, Program Director
LCDR Dustin Smith, Assistant Program Director
Naval Hospital Jacksonville Family Medicine Residency Program
kristian.e.sanchack.mil@mail.mil

GET CONNECTED!
www.med.navy.mil/sites/NavalHospitalJax

AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA
Disclaimer

• I am a military service member. This work was prepared as part of my official duties. Title 17 U.S.C. 105 provides that “Copyright protection under this title is not available for any work of the United States Government.” Title 17 U.S.C. 101 defines United States Government work as a work prepared by a military service member or employee of the United States Government as part of that person's official duties.