

Quality improvement educational initiative proves to be a model program for surgical residents

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Researchers at Northwestern University Feinberg School of Medicine, Chicago, have developed a novel graduate medical education initiative that enables surgical residents to hone their skills in quality improvement (QI). Surgical trainees who completed the year-long educational program found the QI training to be beneficial, and more importantly, believe it put them in a position to lead QI initiatives in the future. The report appears in the June issue of the *Journal of the American College of Surgeons*.

Today, there is little question that quality measurement and QI in health care has become of great importance, yet formal resident training programs that blend both the theory and practice of QI training remain scarce.

"Clearly, quality improvement is becoming a bigger part of life for our physicians, so we need a way to formally introduce residents to the concepts of QI taking into account formal training in theory and a practical experience so they can implement a process improvement or a quality improvement initiative on their own," said senior author Karl Bilimoria, MD, MS, assistant professor of surgery and director of the [surgical outcomes](#) and quality improvement center at Northwestern University's Feinberg School of Medicine.

To bridge this gap, Dr. Bilimoria and his colleagues developed a

12-month curriculum, the Northwestern Surgical Resident [Quality Improvement Educational Initiative](#), that teaches surgical residents the fundamentals of QI theory and then pairs them with process improvement and clinical mentors who can offer guidance as they design and lead their own hands-on QI projects. The aim is to harness residents' perspectives on surgical health care to help improve patient safety and quality throughout hospital systems.

The program teaches residents to ask pointed questions about [health care quality](#) issues: What is wrong with the current process? What do we want to achieve? What new processes will we deliver in order to achieve our goals? It also gives them the tools to implement solutions. "Residents always have suggestions about what could be improved, and this program gives them a constructive way to put those suggestions into play," Dr. Bilimoria said.

For the program, surgical trainees undergo eight hours of instruction in QI methodology at the start of their third year. This process entails instruction in Define, Measure, Analyze, Improve, Control (DMAIC) phases. After they complete the training, [surgical residents](#) design an independent project that involves analyzing data at both pre- and postintervention phases. Examples of projects include improving on-time operating room starts, reducing operating room turnover time, improving communication between surgery staff and staff in other hospitals service areas, and adherence to sepsis protocols.

During the first three years of the program, which began in 2008, 17 residents completed the curriculum. A total of seven QI projects were developed, with 57 percent completing all DMAIC phases. Additionally, the residents completed an anonymous survey about their experience. The results indicated that 65 percent of the busy residents found the experience to be a good use of their time, and 70 percent believed the program made them well equipped to lead similar initiatives in the

future.

"The most important result is that we have put together a formal framework that is effective and that other residency programs can use this blueprint in order to implement a similar [quality improvement](#) initiative at their hospital," Dr. Bilimoria said. "We want to expand this program to other departments within our own hospital and other surgery departments at other hospitals, and we hope that we can train all [surgical residents](#) around the country in a similar way so that they are well prepared to lead these sorts of initiatives once they are done with their training. As a result, when they are at a different hospital in the future, they can be the clinical leadership for a similar project going forward," he concluded.

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