



Implementation of Hospital Based Clinical Performance Metrics Teaching Sessions for Medicine Residents on Duke General Medicine



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Abstract

We designed an educational curricula for Duke Medicine residents to improve their knowledge of clinical performance metrics. These sessions included topics of work culture, hospital throughput, patient satisfaction, readmissions, and infection control. These sessions were favorably received by the residents and allowed us to move forward in continued education for residents in these topics.

Background

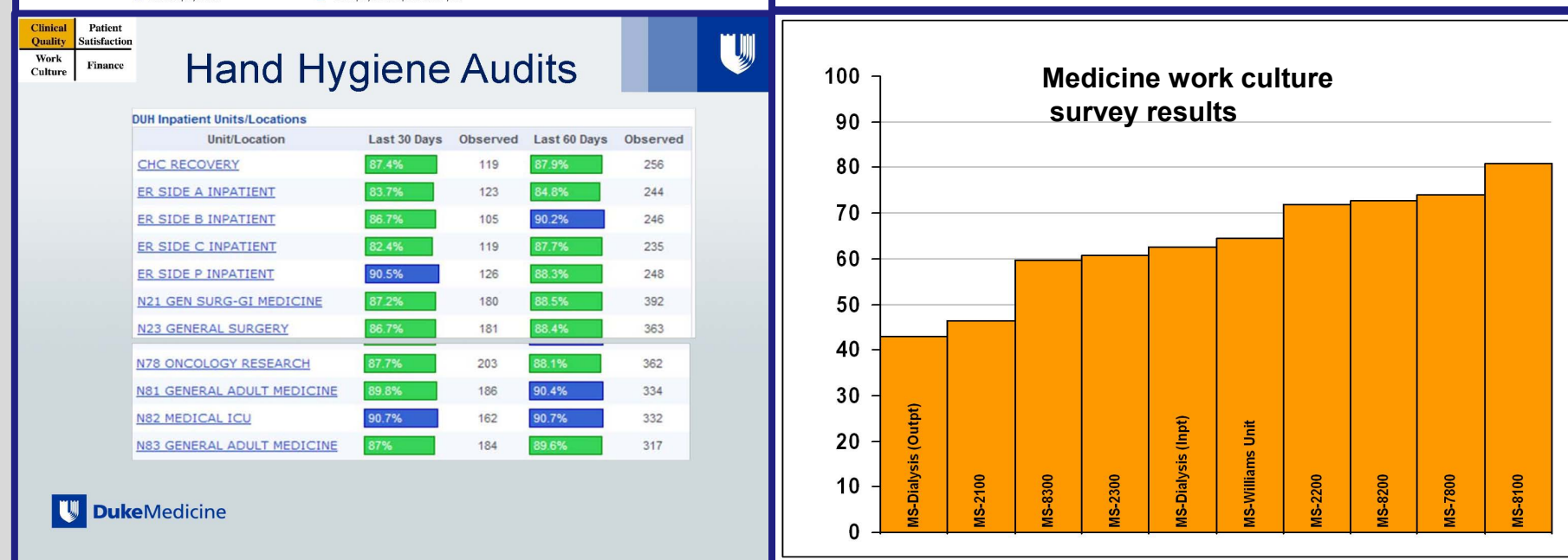
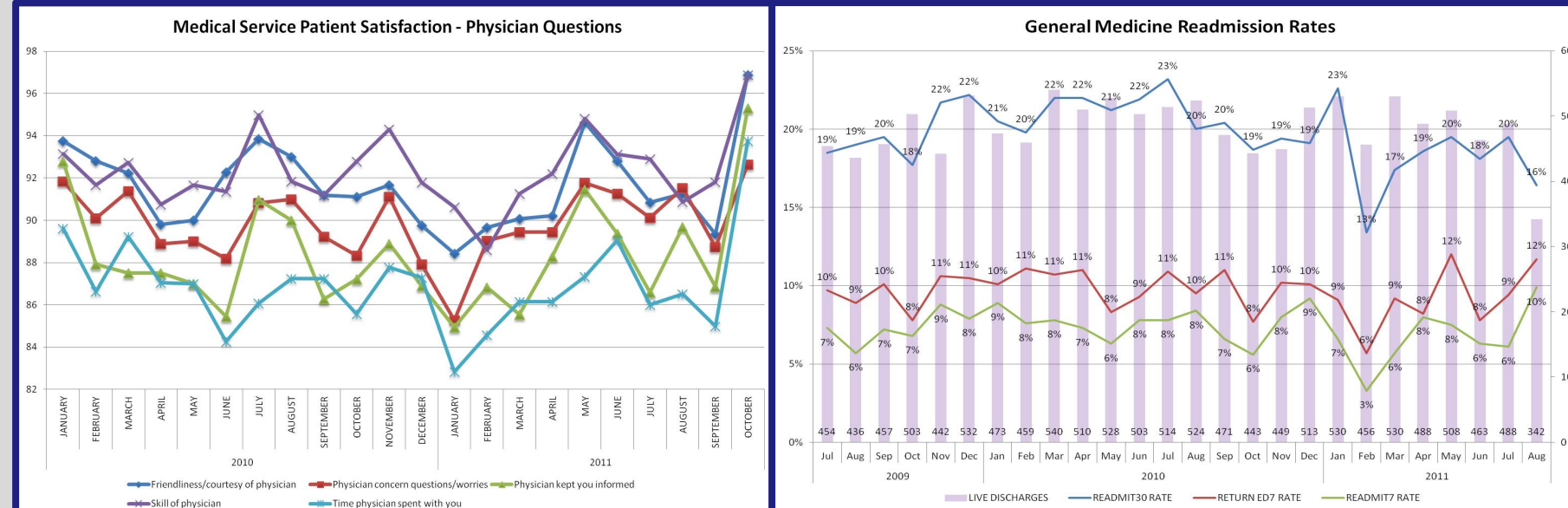
- Medicine residents have limited exposure to some of the common topics in quality improvement and clinical performance.
- One identified need in medicine resident education was promoting knowledge of how inpatient clinical performance is measured and how it incorporates into their daily practice.

Interventions

- We designed teaching sessions for medicine residents to improve understanding of how clinical performance is measured and acted upon in hospitals and health systems and specifically at Duke. The goals for these presentations were:
 - To define for residents common clinical performance measurements and review quality improvement strategies that could impact the measurements
 - To align the presentations with Duke University Health System clinical care priorities
 - To present the information in a small amount of time in an efficient manner so as not to interfere with resident report or clinical work

- Duke hospital medicine partnered with the Duke internal medicine residency program to design a series of weekly short educational sessions focused on clinical performance metrics. A fixed group of hospital medicine faculty developed the curricula and educational materials to present to the third year (Senior) residents and engage them in discussion.
- These topics included: Work culture, hospital throughput and discharge efficiencies, patient satisfaction, readmissions, and infection control. These educational sessions were integrated into existing resident case conferences on a rotating basis. The performance metric data was shown via powerpoint presentation and followed by a hospitalist-led discussion.
- The effectiveness of the teaching sessions was evaluated with an anonymous cross-sectional survey of the Duke third year Senior residents who had participated in the weekly educational sessions from July 2011-June 2012.

Teaching Session



Example screenshots of data discussed with residents during teaching sessions; patient satisfaction scores (Press Ganey), 30 day readmission rates, hand hygiene data, work culture survey scores

Results

- From July 2011-June 2012, 51 residents participated in the clinical performance review sessions. Surveys were sent to all learners of which 28 (55%) responded.
- Overall the residents rated the presentations very highly in the affect on increasing their knowledge of the topics. The highest scored presentation was on work culture (Likert score 4.15/5) and the lowest scoring presentation was hospital throughput and discharge efficiencies (Likert scale 3.73/5). Residents indicated that we met our three educational goals (89.3%-96.4% answering “yes”). 89.7% of residents indicated these sessions were of educational value to them.
- Many residents commented on the positive learning experience:

“Interesting, valuable, and time efficient.”

“These sessions expose us to the quality of our service and allow us to gain insight to how we may improve patient satisfaction.”

“I enjoyed exposure to systems based issues that are not frequently addressed at other parts of the curriculum.”

“Appreciated understanding what factors go into readmissions at the service level.”

“Would be great to have this (data) at a housestaff level.”

“Presenters were enthusiastic and interested in teaching.”

Next steps

- ACGME core competencies include requirements for residents to develop skills in “Practice-based learning and improvement” and “Systems based practice”. We feel that these didactic sessions helped our residents meet some of the requirements for these specific competencies. These sessions focused on health system quality and safety issues and emphasized feedback from objective data sources and self-improvement.
- Because of the high level of satisfaction with these educational sessions, we have expanded the course in scope and topics.
- Residents gave specific feedback for future topics including glycemic control, coding and billing, and unintended consequences of performance metrics.
- We continue to investigate methods for providing resident/team specific performance metric feedback and are hopeful for this capability with a new electronic health record in 2013.
- These sessions have served as a tool to educate residents in quality improvement and as a valuable means to engage residents in local performance improvement efforts.