Creating a Resident Educational Experience How a Complex Project Can Enhance Leadership Skills



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ABSTRACT

Complex projects demand leaders who are skilled in multiple facets of change management. This year, we implemented a strategy designed to make the transformation work happening our 19-practice collaborative into an educationally valuable experience for students and residents. The scope and complexity of this project required leadership in several domains – creating a vision, planning a strategy, developing a communication plan, and empowering teams to act. Successful implementation of this plan should strengthen residents perception of the role of primary care in efficient health care delivery, and their understanding of the components of efficient primary care

Project Description

We developed and implemented a practice transformation curriculum for more than 450 residents at 6 Academic Medical Centers and in 5 different fields. This curriculum takes advantage of the unique environment of the Academic Innovations Collaborative (AIC) to teach residents QI principles and the basics of PCMH care and to cultivate in them the understanding that teamwork and patient-centeredness are crucial attributes for a physician, and that knowing how to systematically test and make improvements in practice is a skill as necessary as reading EKGs and looking up the best evidence.

Overarching Plan

- 1) Gather baseline information
- 2) Develop goals and objectives
- 3) Create a roll-out schedule
- 4) Implementation
- 5) Collect data on how sites are performing
- 6) Develop an evaluation plan

Project Status

- All sites have chosen an objective to focus on and submitted a plan to help their residents meet it
- Quarterly updates are collected from each site
- By July, all sites will submit a proposal to meet all the objectives for the next academic year

LEADERSHIPOPORTUNITIES

VISIONING

Developing a vision and making it embraceable by all stakeholders was key to explaining what we were trying to accomplish

STRATEGIC PLANNING

given the scope and complexity of the task and number of stakeholders, this project required significant strategic planning around how to create and implement

ACT

EMPOWERING TEAMS TO

by sitting with teams, asking for individual site accountability, by tracking resident completion rates, by being flexible with our expectations.

ENHANCED COMMUNICATION

One-on-one meetings, phone calls, site visits, writing formal explanatory documents, ensuring multiple opportunities for questions and explanation were crucial to getting buy-in

New Curriculum

	Objective	Example	Associated
		Experiences	ACGME
			Milestones
	Interns describe the role of primary care in health care delivery.	 Reading and discussion within residency didactics or at practice site Lecture Completion of online module 	
PGY 1	Interns describe the basic principles of a Patient-Centered Medical home	 Reading and discussion within residency didactics or at practice site Lecture Completion of online module 	
Ā	Interns describe the specific transformation work at their SIC site, and outline the process by which transformation is taking place, and can name members of the AIC transformation team	 Introduction by AIC-based faculty Attend an AIC team meeting Reading (initial AIC grant RFA) and discussion (what would you do?) 	
	Residents describe the principles of quality improvement	Residency-based didacticsIHI Open School module 102	
PGY 2	Residents can complete a quality improvement project in their clinical practices using PDSA cycles	 Residents complete a panel management project working with practice staff Residents and faculty together complete an ABIM or ABFM practice improvement module Residents take part in a group QI or practice improvement project Residents complete a QI elective that involves a hands-on project Residents have an active role in the AIC transformation team QI project planning sessions with Center faculty 	PBLI1: "Actively engages in self-improvement efforts and reflects upon the experience PBLI2: "Is able to lead a quality improvement project"
PGY3	Residents proactively coordinate and manage care of complex patients	 Residents identify a complex patient and develop a care plan using the EFFECT model (publication pending) Residents work with a complex care manager to design a care plan for several patients 	PC3 Aspirational: "manages unusual, rare, or complex disorders" PC2 Aspirational: "develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles" SBP1 Aspirational: "Effectively coordinates the activities of other team members to optimize care" SBP4 Target "appropriately utilizes available resources to coordinate care and ensures safe and effective care within and across delivery systems"
	Residents educate others, extend their impact, and solidify their learning by presenting their work	 Project presentations during residency didactics, AIC site team meetings, AIC learning session, or Center innovation conference. Project wrap-up session with Center Faculty 	and doroso delivery systems

Lessons Learned about Leadership

PLAN – big picture and details and schedules

COMMUNICATE THE PLAN – early and often

WORK WITH THE PREDOMINANT

CULTURE