THE CHARTIS GROUP

BRIEFING

Accelerating Clinical Improvement:

Engaging Resident Teaching Teams at the Front Lines of Care

It is widely acknowledged that sustained clinical improvement depends on committed leadership and the active participation of front-line caregivers. Front-line engagement, however, is very challenging to create and maintain, particularly in prolonged performance improvement (PI) initiatives. The rigors of daily care delivery limit front-line physician bandwidth, and the misconception that administration's goals counter the clinician's, often creates disinterest.

Teaching hospitals and academic medical centers (AMCs) have a unique opportunity to bridge this gap. By leveraging resident training programs, greater engagement in PI efforts at the front lines of care is possible.

> *Expanding the scope of physician engagement gives residents the opportunity to champion and accelerate the transformation of clinical care during their training, and to continue serving as clinical improvement leaders in their subsequent attending roles.*

Today's resident has a distinct role and perspective that benefits improvement efforts and ultimately drives outcomes:

1) Residents extend physician activity beyond the attending's reach to the very front lines of clinical care;
2) Residents are challenged daily to deliver efficient and effective care throughout their three-plus years of training; and
3) Residents are on a steep learning trajectory at this early stage of their medical careers and are still receptive to change as they develop their practice patterns.

Making residents active, accountable participants in PI empowers them as champions for clinical transformation, accelerating sustainable change that they will carry forward as attendings and physician leaders.

Myths and Realities of Resident Teaching Teams

There are five long-held myths about teaching teams that have led some hospital executives to discount the importance of including them directly in improvement initiatives. Exposing and correcting these misconceptions is a critical first step to unleashing the power of resident engagement.

Myth #1: Teaching teams are inherently inefficient

Reality: The resident work environment is dynamic, includes regular team rotations, and can frequently result in inefficiencies. The most significant inefficiencies, however, are not an inherent trait of the model itself. They result from variations in care driven by physician autonomy occurring at multiple levels. Attendings define the direction of care (the "what"), while residents develop and execute the plan of care (the "how"), with significant autonomy occurring at each level as both attendings and residents navigate the complex channels of care delivery. In this training environment, residents are responsible for adapting their care approaches to attending practice autonomy on the "what", while also developing their own care delivery processes to address the "how". This directly impacts the quality and efficiency of care.

Opportunity: By shifting to more standardized, evidence-based processes, and empowering and assisting residents to develop care processes that follow leading practice, hospitals can transform their teaching teams, making them more efficient.

Myth #2: If hospital executives have the support of senior physician leadership, front-line physicians will follow suit

Reality: The physician culture of autonomy often results in a notably less-directive leadership style than many executives are accustomed to, which can hinder the design and implementation of performance improvement initiatives at the front lines of care. Even if the most senior physician leaders understand the need for change, they are often hesitant to hold attending and resident physicians accountable for adopting the desired changes.

Opportunity: Extending accountability for PI programs beyond the physician leader, and incorporating PI goals into the teaching teams' educational and care delivery processes is crucial to executing sustainable change.

Myth #3: Engaging the Residency Program Director is sufficient to affect change in how residents and attendings deliver care

Reality: While engagement of the Program Director is necessary, it is not sufficient. The Program Director is responsible for ACGME-guided residency program content and

structure; however, residency training continues to be an apprenticeship model with attendings, chief residents and residents defining the day-to-day clinical care processes.

Opportunity: In order to drive improvement at the front lines of care, PI training and evidence-based clinical practice must become a formal component of residency programs where Program Directors, front-line attendings and residents are responsible for PI impact and results.

Myth #4: Residents are primarily concerned with satisfying their attendings

Reality: Although residents want to earn the respect of their attendings, their primary aspiration is to provide the highest quality patient care. Residents are often frustrated by the need to accommodate attending practice variability and can be enlisted to support improvement efforts.

Opportunity: Engaging residents in a structured clinical care improvement process allows them to develop their initial practice patterns with the benefit of leading-practice input – experience they will leverage throughout their careers. Well organized initiatives will also compel attendings to align their care with best practices, creating a crucial accountability mechanism to reduce attending practice variability.

Myth #5: Frequent resident rotation changes are an obstacle to performance improvement

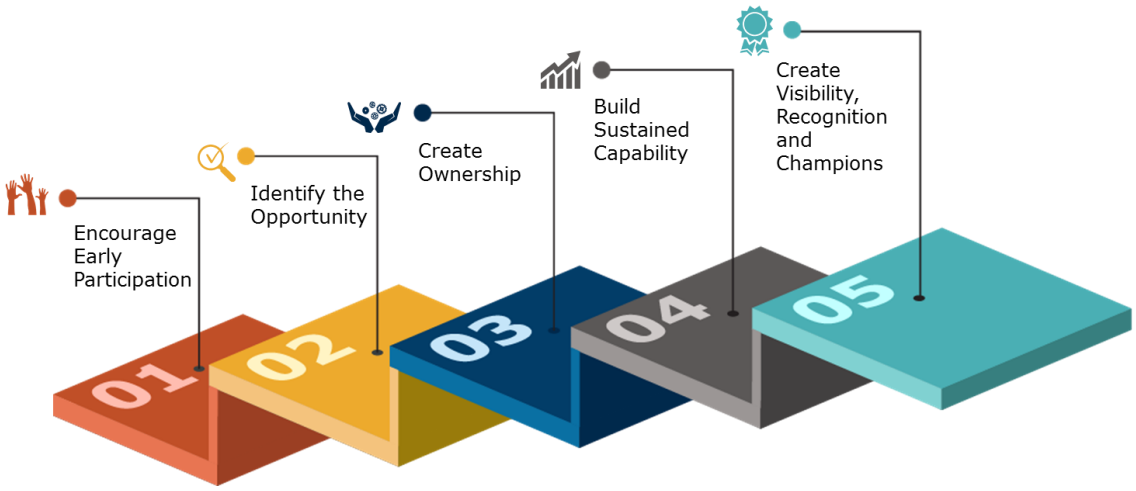
Reality: Sustainable clinical improvement is enabled through an iterative design and testing process that is responsive to clinicians. An improvement process that actively involves the teaching teams will accelerate the spread of improved care models across the organization. This can be achieved by anchoring the effort to the chief residents who have a consistent presence, timing initiatives with resident rotations and leveraging residents as agents of change as they progress through clinical services.

Opportunity: By recognizing the important role residents can play in PI efforts, teaching hospitals and AMCs will reinforce the development of clinical performance improvement skills in the early stages of a physician's career, leading to hardwired mindsets and approaches in the long-run.

Residents as Champions of Clinical Improvement

Integrating residents into clinical improvement initiatives—leveraging and aligning their front-line expertise and experience with senior leadership objectives—requires proactive planning and outreach. We have identified five key success factors to successfully engage residents as valued contributors and ongoing improvement champions:

Five Ways to Engage Residents in Clinical Improvement Initiatives



1. **Encourage Early Participation:** Include residents, especially chiefs and senior residents, in improvement initiatives from the beginning. This will avoid the inevitable rework required when process end-users are not involved in discovery and design.
2. **Identify the Opportunity:** Embed improvement experts with teaching teams to pinpoint inefficiencies, expose workarounds and solicit suggestions for improvement.
3. **Create Ownership:** Synthesize teaching team input into improvement designs that teams can react to, revise and implement. Provide structure and support so they can contribute meaningfully, while managing their primary clinical responsibilities.
4. **Build Sustained Capability:** Work with the residency Program Director to embed performance improvement into the teaching curriculum and empower chief residents as front line clinical leaders to build consistency across residency rotations. Use existing meetings and didactic sessions to build continuous performance improvement skills and to educate residents on improvement opportunities and initiatives.
5. **Create Visibility, Recognition and Champions:** Create opportunities for residents to share successes with their peers and with leadership, and to serve as ongoing champions. Leverage data and frequent measurement to enable transparency and identify exceptional performance.

Effectively engaging residents as champions of clinical improvement initiatives supports the ultimate success and sustainability of the improvement effort; the enhancement of residency training programs; and the professional development of the residents themselves.

Many of the myths that hinder effective utilization of residents in PI efforts are built off incomplete and inaccurate assumptions about teaching teams. It is important to challenge these myths and apply a structured improvement approach that reinforces accountability at

all levels, formally incorporates performance improvement training into residency training, engages teaching teams directly and develops resident champions. In doing so, leadership has an opportunity to extend physician engagement to the front lines of patient care and to harmonize the "top-down" – "bottom-up" contributions necessary for accelerated and sustained change.

About the Authors

Frederick van Pelt, MD, MBA
Associate Clinical Principal
617.650.4863
fvanpelt@chartis.com

Michael Shenk
Engagement Manager
216.392.2139
mshenk@chartis.com

About The Chartis Group

The Chartis Group is a national advisory services firm dedicated to the healthcare industry. We help our clients solve their most pressing issues, empowering first movers in their markets. Our tailored, custom solutions are built on an integrated thought leadership platform delivering the core disciplines needed to drive meaningful results and materially improve the delivery of care. www.chartis.com