

**Patient Safety and Quality Improvement Resident Representative:  
A Peer-Led Approach to Increase Residents' Knowledge and Comfort with Root Cause Analyses**

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**Introduction:** Resident education about patient safety and quality improvement is important for their development as physicians and an ACGME common program requirement. In 2019, our psychiatry residency program created a new leadership role, the Patient Safety and Quality Improvement (PSQI) Resident Representative, to coordinate trainee involvement in quality and safety initiatives under the supervision of a faculty mentor. The PSQI Resident Representative's initial focus was to invite all interns to observe a root cause analysis (RCA) and provide education and support to residents participating in RCAs. Here, we present survey results assessing our residents' knowledge and comfort with RCAs before and after the creation of the PSQI Resident Representative role.

**Methodology:** Anonymous electronic surveys were sent to all psychiatry residents and child and adolescent psychiatry fellows at our institution in February 2018 and again in April 2021, approximately two years after the creation of the PSQI Resident Representative role. Resident knowledge and attitudes about RCAs were assessed using Likert scales and compared between years using unpaired two-tailed t-tests. This project was approved by our institution's Quality Improvement Review Committee.

**Results:** Survey results are summarized below.

| Survey Question  | Pre-PSQI Representative<br>(2018, n=36) | Post-PSQI Representative<br>(2021, n=26) | p-value     |
|--|---|--|-------------|
| "I am knowledgeable about what occurs at an RCA."                                    | 3.72                                    | 3.77                                     | 0.85        |
| "I feel comfortable participating in an RCA."  | 3.00                                    | 3.62                                     | <b>0.04</b> |
| "I feel there is transparency regarding what is discussed at RCA."                   | 2.81                                    | 3.31                                     | 0.13        |
| "I feel that clinical practice has been changed based on recommendations from RCAs." | 2.75                                    | 3.15                                     | 0.09        |
| "I am likely to refer my own case for an RCA."                                       | 2.55                                    | 3.27                                     | <b>0.02</b> |

**Notes:** 1 indicates "Strongly Disagree" and 5 indicates "Strongly Agree". Mean values are presented. Bold = p<0.05

**Conclusion:** The creation of the PSQI resident representative was associated with a statistically significant increase in resident comfort with RCAs and increased willingness to refer their own cases for RCA review. Given the positive response, the PSQI resident representative role has since expanded to include QI curriculum development and implementation, dissemination of information concerning patient safety events and outcomes to the residency program, and connection of trainees with faculty mentors for QI projects within the department.

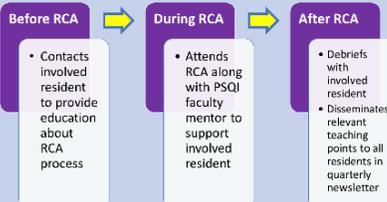
## Patient Safety & Quality Improvement Resident Representative: A Peer-Led Approach to Increase Residents' Knowledge & Comfort with Root Cause Analyses

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### INTRODUCTION

- Resident participation in root cause analyses (RCAs) or similar activities is an ACGME common program requirement<sup>1</sup>
- Survey data from 2018 suggested that residents at WPH were knowledgeable about RCAs but less comfortable participating in them
- The Patient Safety & Quality Improvement (PSQI) Resident Representative role was created in 2019 to provide peer support and education to WPH residents involved in RCAs

### PSQI RESIDENT REPRESENTATIVE ROLE

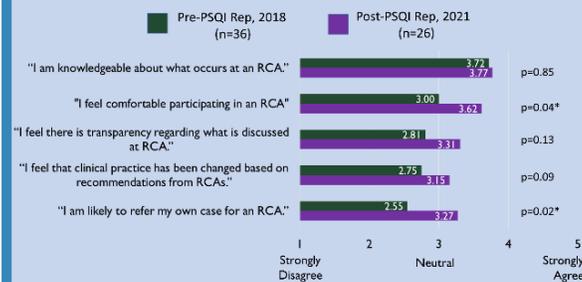


### METHODS

- Anonymously surveyed residents at our institution in 2018 & again in 2021, 2 years after the creation of PSQI representative role
- Response means were compared between years using unpaired two-tailed t-tests

### Was the creation of the PSQI Resident Rep associated with a change in trainee attitudes around RCAs?

#### RESULTS



#### Selected Qualitative Feedback

##### Pre-PSQI Rep (2018)

- "The only RCA in which I've participated was a trying experience that resulted in no clinical improvements"
- "My experience with RCA was absolutely terrible [...] I ended up crying and leaving."
- "Suggestion: "Have a resident member of the RCA team that reports regularly to house staff."
- "[...] it would be great to hear something like a [...] quarterly report of the changes made/implemented due to RCAs."

##### Post-PSQI Rep (2021)

- "I think this year there is an increased effort to make RCAs more accessible and less unknown than they were previously which I think is helpful for the WPH faculty, residents, and staff and for patient care."
- "Excellent communication on supporting residents pre-RCA. Had no idea I could refer my own case for RCA"
- "We could be better informed about what happens before the RCA begin."
- "I think it is important for every resident to be able to experience [an RCA]."

### DISCUSSION

- Creation of the PSQI resident representative role associated with a statistically significant increase in resident comfort with RCAs and increased willingness to refer their own cases for RCA review.
- Other psychiatric training programs have published QI curricula,<sup>2-4</sup> but to our knowledge, this is the first peer-led PSQI program for psychiatric residents
- Advantages:** Leadership experience for PSQI resident representative; responsive to resident needs

### GROWTH OF THE ROLE

- Authors quarterly PSQI resident newsletter
- Presents quarterly patient safety case conference
- Coordinates resident exposure to ongoing PSQI initiatives on inpatient clinical units
- Serves as "go-to" peer for residents with questions or concerns about safety and quality issues

### REFERENCES

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