

Winner – APPD 2020 QI Project Award

WHO SPEAKS FIRST? PROMOTING SENIOR RESIDENT AUTONOMY ON FAMILY CENTERED ROUNDS: A QI INITIATIVE

Alexandra Kilinsky, DO, Rashi Kabra, MD, Timothy Brandt, MD, Dev Darshan Khalsa, MD, Nicole Leone, MD, Zucker School of Medicine at Hofstra/Northwell at Cohen Children's Medical Center, New Hyde Park, NY

Background: Graduated resident autonomy is fundamental as a trainee begins to transition to independent practice. Family Centered Rounds (FCR), the leading model of inpatient rounding in pediatrics, is an opportunity for trainees to demonstrate their competence in leading a healthcare team, which is included as an entrustable professional activity for all pediatric residents by the American Board of Pediatrics. At our institution, senior residents (SR) at baseline performed at a novice level based on the SREA-21, a validated tool that assesses SR autonomy during FCR in 4 domains. **Aim Statement:** Our aim was to increase the median percentage of SREA-21 domains where SR perform at a competent level from 38% to 75% within 6 months. **Interventions:** We used the Model for Improvement to identify key drivers and test proposed interventions using serial PDSA cycles. Interventions included: creation of unified inpatient SR expectations agreed upon by the division of pediatric hospital medicine, introduction of a hospitalist-SR pre-FCR huddle, auditing of FCR interruptions, and direct feedback to the hospitalist-SR dyad by the observer after FCR. Run charts were used to track both SR and hospitalist scores based on the SREA-21 tool. **Measures:** Researchers observed 4 FCR encounters weekly, and calculated SREA-21 domain scores based on actions promoting SR autonomy that were performed by the hospitalist-SR dyad. The primary outcome measure was the percentage of SREA-21 domains in which the SR achieved a competent score based on the tool. **Results:** Prior to our interventions, the median percentage of SREA-21 domains in which the SR performed at a competent level was 38%. After multiple PDSA cycles, there was special cause improvement with a desirable shift upward in the median to 75%, which correlated with the project's interventions and met our goal. The creation of unified SR expectations and the addition of a daily hospitalist-SR huddle had the strongest impact on SR autonomy. **Conclusions and Next Steps:** Using quality improvement methodology, we improved senior resident autonomy during FCR, as measured by the SREA-21 tool. Future interventions will be aimed at sustaining this improvement and evaluating the effect of this change on future independent practice, as well as resident well-being.

