Resident Idea System: A Novel Tool to Engage Trainees in Quality Improvement at the Institutional Level

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DESCRIPTION OF THE PROBLEM

With the recent introduction of the new accreditation system for graduate medical education, the integration of trainees into institutional efforts related to patient safety and quality improvement has become important. As part of the Clinical Learning Environment Review process, site visitors specifically focus on how institutions are engaging trainees in these initiatives [1,2]. Recently, many departments have developed didactic curricula in quality improvement and safety [3-6]. Multiple studies have demonstrated the value of involving trainees in quality improvement [7-10]. Trainees are often on the front lines in academic departments and thus are a great resource for ideas regarding system improvements. However, trainee involvement in quality improvement is not universal, and trainee ideas often go unheard because of the lack of a structured means of communication with administrators.

WHAT WAS DONE

To create a sustainable mode of communication between residents and administrators, to educate residents about the management of an academic department, and to increase resident participation in quality improvement, the resident quality improvement director and chair of the Department of Radiology joined forces with a senior department administrator to establish the Resident Idea System. On the basis of idea systems promoted in the business management environment [11] and systems successfully implemented by technologists in the MRI and ultrasound sections at this institution, the aim of the Resident Idea System was to provide a platform for residents to report problems and proposed solutions, receive feedback about ideas, and participate in implementing changes.

This project was deemed to have exempt status by the institutional review board. The Resident Idea System was implemented by an organizing committee, which comprised the resident quality improvement director, a senior department administrator, and resident representatives from postgraduate years 2 to 5, including one chief resident. Committee members were selected by the department chair and program directors and served until graduation. This team designed an online dashboard with which residents securely

enter ideas under one of the following categories: daily workflow, on-call/weekend workflow, patient safety, resident safety, IT, and other (Fig. 1). Ideas related to education remain within the realm of the chief residents and program directors. Each submission includes a description of the problem, initial action taken to address the problem, and recommendations for proposed change. All current radiology residents may submit ideas. Committee members are notified electronically when an idea is submitted. Any member of the committee may review the submission and approve it for posting on the electronic dashboard, which is accessible to all residents. The resident quality improvement director ensures that all submissions have been reviewed and approved for posting before the next committee meeting. Any submissions with inappropriate language are not approved for posting.

Once posted, submissions receive a status: submission pending, initial report approved for posting, in progress, or complete. Every time the status of a submission is changed, the submitting resident is notified electronically. The committee meets every 5 weeks to review ideas and determine the appropriate action

Radiology Adjunct Portal

QA, QC, Safety
Resident Idea Dashboard

Description	Focus	Campus	Initial Action Taken	Initial Suggestions	Status	Resolution To Date
There is air constantly blowing in the Name conference room right next to where the lecturer stands, and because of this the lecturer can barely hear residents when they are asking questions or taking cases. Every lecturer without fail comments on this, and it is very distracting for them.	[Other] education/lectures	West		Talk to Housekeeping/whoever about getting this turned off	Complete	Diffusers have been added to minimize noise, overall volume much improved.
Difficulty finding phone numbers	IT	Multiple	Name's phone guide and Name's Contacts page on Portal	The two resources should be combined into a single online phone database that is searchable to allow residents to more easily find and use relevant numbers including scanner numbers and reading rooms.	Complete	added entries into the portal phone directory to redirect to current contact page and preexisting phone tree. Updated all phone entires on contact page and restructured individual pages. Printed individual reading room layouts with relevant numbers for each reading room. Still to do: create searchable master page, potentially advertise updated contacts page to hospital at large (or just radiology dept?) Will plan to do a write up on new phone list for radical views
Confusion regarding how to order second opinion CT reads	Daily workflow	Multiple	Telling each ED resident individually. I vaguely remember this being discussed at a prior meeting, but double-checked OMR and there is no prompt to contact radiology when ordering a second opinion read.	Add text to OMR order page for second opinion studies to instruct clinicians to call radiologist/file room/someone to discuss second read order.	Complete	Confirming placement of policy in OMR with Name In queue for placement Duplicate idea

⇐ [1] 2 [3] [4] [5] [6] [7] [8] ⇒

Fig 1. Screenshot of the Resident Idea System online dashboard.