

## **PROPS (Pediatric Rounds Observational Peer Study)**

### Background

The pediatric hospitalist division also identified some key areas through an internal survey for areas of improvement within the division including: Improving our ability/variability to provide autonomy for the residents, Balancing education and patient management, Teaching self learning and problem solving, Improving your ability to teach to different learners (student, interns, residents), and stimulating learners to problem solve.

### Specific Aim

The primary aim of this QI project is to utilize a peer direct observation form to create/enhance optimal educational experiences on FCR with a focus on:

- Empowerment of the senior resident
- Creating an optimal learning environment
- Clinical decision making
- Maintaining patient centered care
- Opportunity for mutual mentoring between hospitalist faculty identifying areas of variation
- Reinforce key patient satisfaction concepts
- Direct observation of residents with attending modeling

### Measures

Measurable Outcomes include:

1. >80% of attendings will complete 6 direct peer observations of FCR and also be observed 3 times while leading FCR over a 12 month period. The observer and faculty being observed will review the PROPS checklist after the observation occurs. The observer will return to the project leaders the observation comment form and this will count for a completed observation.
2. We have 4 specific areas where we have some baseline data from previous observations (appendix 1). We will track these 4 specific areas on the comment sheet with % occurrence (see attachment #1). 80% of the comment forms will have always (100%) marked for 2 out of the 4 areas.
3. >80% of attendings will attend at least 6 PDSA meetings in a 12 month period. This will be recorded at division meetings. We will discuss the comments at these meetings and improvement strategies.
4. 80% of attendings will show improved confidence in their FCR rating after the training session and feedback from the direct observations – studied through survey results (attachment #2)

### Sampling

The data will be submitted to the project leaders monthly to quarterly.

## Interventions

The main intervention will be an educational quality improvement 3 hour session that will include an interactive curriculum to train/reinforce 17 members of the Pediatric Hospitalist Division at KMCWC/University of Hawaii in key concepts for creating optimal educational experiences on FCR with a focus on:

- empowerment of the senior resident
- creating an optimal learning environment
- clinical decision making
- maintaining patient centered care
- Opportunity for mutual mentoring between hospitalist faculty
- Reinforce key patient satisfaction concepts
- Direct observation of residents and attending modeling

We will use the following tools and activities to accomplish this aim.

1. Key concepts from the "Rounding like a Ninja" (meded portal site)
2. A standardized direct observation checklist (revised for KMCWC from the Mutual Mentoring Program at Austin, Tx). The PROPS checklist
3. Direct peer observations of FCR (utilizing the PROPS checklist) with written and verbal feedback.
4. Monthly educational quality improvement meetings to review the process/tool and share best practices.

## Physician Participation

1. Each physician will participate in the 3 hour educational Quality improvement intervention/teaching session and implement the changes in their daily practice.
2. Each physician will directly observe at least 6 other division members during FCR ( for at least one hour) and provide a completed checklist and feedback to the observed member. A completed comment section by the observer will be given to the study leaders ( signed by both the observer and faculty being observed). Each physician will be observed at least 1-3 times by other division members and will be given direct feedback. They will provide direct patient care during the observations.
3. Complete the surveys that will occur at baseline and 12 months later.

## Meetings

1. Participate in monthly QI/PDSA meetings for at least 6 months where the process/tool will be reviewed.

Project leaders: Lora Bergert and Jennifer DiRocco

Anticipated start date:4/15/2014

Anticipated end date:12/1/2015

A full report will be submitted at the end of the project.