UNIVERSITY OF CALGARY

Alberta Children's Hospital

Administration, Patient Safety and Quality Improvement
ROTATION DESCRIPTION AND EXPECTATIONS (RDE)
PEM Subspecialty Residency Program - University of Calgary

ROTATION DESCRIPTION

Rotation Structure

Residents will participate in administrative, patient safety, and quality improvement activities longitudinally throughout their program. They will be given 2 weeks of protected time in their second year to complete the requirements of this rotation, though many of the activities will run throughout the 2-year curriculum. The total time commitment for these activities will be no less than the equivalent of a two-week block of training (approximately 80hrs).

During the 2 weeks of protected time in second year, residents may choose to complete the components below or replace PEM shifts from other blocks where administrative, patient safety, or QI activities were scheduled.

The following components will be elements of this longitudinal rotation:

1) 4-6 month term of lead resident

2) Prepare and present Patient Safety Rounds once per year under the guidance of the Physician Safety Lead.

3) Academic Half Day sessions:
   - Introduction to Patient Safety (Dr. Monfries)
   - Leadership, career planning, personal professional practice and career (Dr. Stang)

4) ED - QI-Co-learning project (trial):
   - Fellows will participate in a group project with their peers and attendings, aimed at identifying a problem, assessing for gaps, understanding root causes, selecting relevant measures, and designing an intervention that directly addresses the identified root cause. Each team will complete at least one PDSA (Plan-Do-Study-Act) cycle per year to evaluate their intervention.
   - Dedicated times throughout the year will be set aside for group work and coaching, with support from QI leaders Dr. Maki, Dr. Principi, and Dr. Thull-Freedman.
5) Practice OSCE – twice yearly
   - Stations focusing on non medical-expert roles related to communication, leadership, and safety.

6) Over the course of training, consider attendance at administrative meetings relevant to PEM. Options are outlined in the google doc “PEM Committee Opportunities”. https://docs.google.com/spreadsheets/d/1KMgPN9H1MJ-PBnT7bEoCBLjiKW3EMJ-ljvGdGDR74KQ/edit?usp=sharing
Note: If you are interested, it is important to commit to multiple consecutive meetings longitudinally over one year for any given committee so as to get the best longitudinal experience with the work of a committee.

PEM Lead Resident Role

Background Literature
The lead resident role can involve many different tasks and activities, with significant variability noted in published literature across residency programs.[1] Based on a cursory literature review, learner concerns with the lead resident role often revolve around overall workload and amount of time spent on administrative tasks such as scheduling.[2] As expected, most lead residents are motivated to pursue the role of lead to develop leadership skills, but also for teaching and clinical skill development, as well as administrative skill development.[2] Unfortunately, while the lead role can enhance a resident’s interest in leadership activities, it does have the potential to discourage future involvement in leadership positions.[3]

The lead resident role itself is a complicated leadership role. From the perspective of organizational psychology, the lead resident role involves four distinct directions of leadership tasks - as the lead resident is in a position of overseeing certain aspects of learner education, working with their fellow residents, responding to the overall needs of the program, as well as collaborating with other leaders (such as program directors and administrators from other Residency Programs).[3] While this complex role can provide for an engaging and fulsome leadership experience, it can also highlight certain challenges.

In a review of the leadership and management needs of lead residents across multiple programs at the University of Saskatchewan, some challenges specifically encountered by lead residents include suboptimal management skills, poor communication, and uncertainty around role.[5]

The lead resident duties are outlined as follows:
- Oversee the creation of the learner ED block schedules
- Respond to learner emails and scheduling requests
- Primary contact for academic round presentations
- Address interest in our program from residents
- Help organize CaRMS
- Coordinate year end awards and evaluations
- First contact for resident concerns
- Run the program Instagram account

Please read the PEM Lead Fellow Manual
https://docs.google.com/document/d/1sGOzOlIqUPp3FXxDjaekUq_jbcY3MXqwHHMIjBAKvOk/edit?usp=sharing for the latest up-to-date information on PEM Lead Fellow Duties and Responsibilities

References
1. *Hafner JW, Gardner JC, Boston WS, Aldag JC. The chief resident role in emergency medicine residency programs. West J Emerg Med. 2010;11(2):120-125.*
2. *Dabrow SM, Harris EJ, Maldonado LA, Gereige RS. Two perspectives on the educational and administrative roles of the pediatric chief resident. J Grad Med Educ. 2011;3(1):17-20. doi:10.4300/JGME-D-10-00039.1*
3. *Biese K, Leacock BW, Osmond CR, Hobgood CD. Engaging senior residents as leaders: a novel structure for multiple chief roles. J Grad Med Educ. 2011;3(2):236-238. doi:10.4300/JGME-D-10-00045.1*
4. *Berg DN, Huot SJ. Middle manager role of the chief medical resident: an organizational psychologist's perspective. J Gen Intern Med. 2007;22(12):1771-1774. doi:10.1007/s11606-007-0425-8*
5. *Anurag Saxena, Avni Garg & Loni Desanghere (2015) Common pitfalls in the chief resident role: impact on effective leadership practices, International Journal of Leadership in Education, 18:3, 386-393. doi: 10.1080/13603124.2014.962102*

Rotation length

Residents will be given two weeks of dedicated time in their residency to focus on completing the above tasks but also as credit for administrative, patient safety, and QI work that they have engaged in throughout their residency. Vacation requests will follow the PEM Vacation and Education and Leave Policy. (https://docs.google.com/document/d/1pQddx9VLT74sny263koOMLAg_MWns9Au/edit?usp=sharing&ouid=100114742872973660072&rtpof=true&sd=true).

Assessment

1) At the completion of the resident's lead resident role, an administration ITAR focusing on scheduling related duties called "Administration -Scheduling" should be forwarded to ACH PEM Residency Site Lead (Dr. Nick Monfries) on One45.
2) Following their second-year QI rounds rounds presentation, the resident should meet briefly with Patient Safety Lead (Dr Nick Monfries) to receive feedback on their assignment. The rounds will be evaluated by the audience in attendance, collated, and sent to the program director for review.
3) In the final months of each resident's training, the program director, in collaboration with the ACH PEM Residency Site Lead and the Patient Safety Lead (Dr Monfries) will complete a final rotation ITAR for this rotation.

EPAs

The following EPAs have been mapped to this rotation and can be obtained:
**Refers to EPAs that must be prioritized on this rotation, very likely to occur*

CORE	**11**	Managing Emotionally Charged Interactions with Patients, Families and/or Other Health Care Professionals
CORE	**14**	Delivering Scholarly Teaching in a Formal Setting

ROTATION EXPECTATIONS (PEM Competencies 2023)

Medical Expert

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety
   - 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
   - 5.2. Adopt strategies that promote patient safety and address human and system factors

Leader

1. Contribute to the improvement of health care delivery in teams, organizations, and systems
   - 1.1. Apply the science of quality improvement to systems of patient care
     - 1.1.1. Apply quality improvement methodologies to identify and address gaps in patient care
   - 1.2. Contribute to a culture that promotes patient safety
   - 1.3. Analyze patient safety incidents to enhance systems of care
3. Demonstrate leadership in health care systems
   - 3.1. Demonstrate leadership skills to enhance health care
     - 3.1.1. Apply knowledge of leadership and management principles
   - 3.1.2. Apply knowledge of the administration of hospitals and clinical programs

Health Advocate

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner
   - 2.1. Work with a community or population to identify the determinants of health that affect them
   - 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities

Professional

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care
   - 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
   - 2.2. Demonstrate a commitment to patient safety and quality improvement