

Resident perspectives of Firm Rounds

A qualitative study of a novel approach to the transition of patient care from night teams to day teams

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Background

- Handoffs of patients admitted to the hospital overnight between teams of medical residents often take place without the explicit involvement of the patient
- Changes in resident duty hour regulations have resulted in:
 - an increase in the number of patient handoffs;
 - greater challenges for attendings in terms of supervision of trainees;
 - reduced trainee availability for teaching opportunities

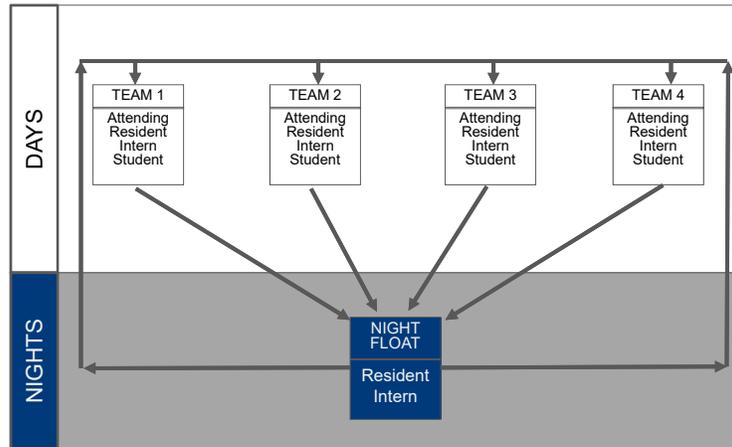
Bismilla Z *Pediatrics* 2011; Horwitz LI *BMJ Qual & Safety* 2012; McCoy CP *Mayo Clinic Proc* 2011; Desai SV *JAMA Int Med* 2013; Theobald C *Acad Med* 2013

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SLIDE 1

Previous Team Structure

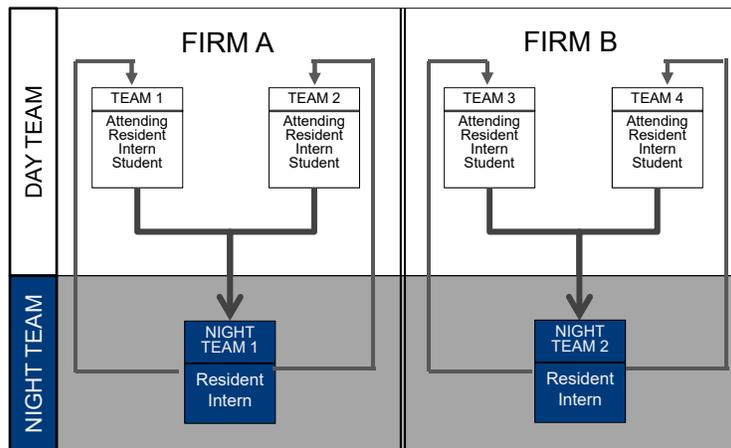
- Geographically localized 30 bed inpatient unit



Previous night-to-day transition

- *'Night float'* handoff of *'holdovers'* to day teams in a work room
- No routine introduction of the team to the patient and vice versa
- No routine corroboration of history and exam findings until later in the morning
- No formal educational component
- No attending presence

Firm Structure



New night-to-day transition: Firm Rounds

- Deliberate restructuring to design a transition of care rounds between night and day that enabled...
 - safe and effective handoffs;
 - encouraged bedside presentations and teaching by both housestaff and attendings;
 - and emphasized housestaff-led use of evidence-based medicine

New night-to-day transition: Firm Rounds



Warm handoff (face-to-face introductions of team members to patient by role)

Patient-centered presentation of history & physical, seated, at bedside

Discussion of a teaching point

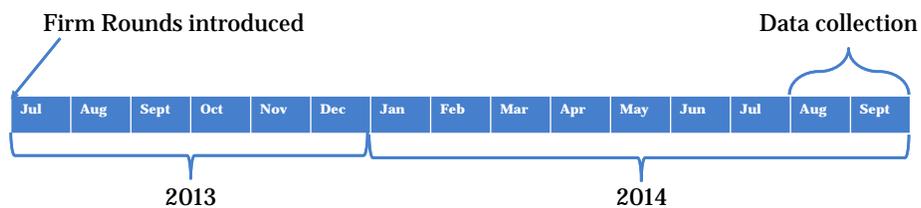
Study Aim

To assess residents' perceptions of the impact of Firm Rounds on patient care, education, and quality and safety.

Methods

Invited all 47 Yale Primary Care (YPC) residents who were in the program during the first year of Firm Rounds to participate in qualitative research study

Goal: 20 participants



Methods

- 2 medical student interviewers
- Interview guide
 - Semi-structured interviews by phone/in person
- Interviews lasted approximately 20 minutes

Methods

- Each interview began with:
“Tell me about your experience on Firm Rounds”
- Additional questions regarding educational and logistical aspects of Firm Rounds, i.e.:
“How have you felt about preparing and discussing clinical questions on Firm Rounds?”
“Tell me about your experience presenting in front of the patient/family.”
- Each interview ended with opportunity for resident to voice overall impressions and recommend changes to Firm Rounds

Methods

- Interviews were audio recorded and professionally transcribed
- Initial codes were developed after reading of all transcripts
- Three independent reviewers/coders
- Thematic analysis using Nvivo software

Results

Study population:
20 current and recently graduated YPC residents

Emergent themes

- 1. Firm Rounds provides a defined space in the work day for collaborative education**
- 2. Firm Rounds brings thoughtfulness to patient handoffs**
- 3. Residents struggled with the structure of Firm Rounds**

1. Firm Rounds provides a defined space in the work day for collaborative education

"Both the day and the night team as well as the attending partake in sharing clinical pearls and knowledge about the literature based on how it's relevant to the patient who we're discussing...An opportunity to discuss cases and examine patients together at the bedside...The patients teach us...and we can teach the patients in a larger group setting where [many] providers are in one place."

"I think it's a good opportunity for the [night] intern and resident to work together in developing relevant clinical questions and looking through the literature to find the answers to them. I just really enjoyed doing it."

2. Firm Rounds brings thoughtfulness to patient handoffs

"In terms of [an] approach to handoffs, the culture that you can't just sit down in front of a computer and describe what you think happened and say, 'All right, goodbye, I'm going home to sleep now.' [This] gives us a culture of go[ing] back to the bedside....Talk to your colleagues. Talk to the patient."

"It's a way for people to get to know the patients a little better, a better handoff. I think it takes people through the thought process...That's pretty important. That's probably the main thing that rarely gets communicated, which is the thought."

3. Residents struggled with the structure of Firm Rounds

"I do worry whether or not when we have too many providers in the room...You can literally go into a room with 12 other people and it feels like 12...people versus the patient. Particularly in a small crowded room I wonder...whether...that is intimidating to the patients. Not that we're actually asking very sensitive questions, we're just relaying their story in front of them but I wonder if it's...the proper environment to do it."

"If you're the non-accepting team, it would be like 'I need to do my own work' ...while I'm listening [to the presentation]...but often, I found [Firm Rounds to be] very educational and the work got done and everything was safe. Might have been a little bit more pressure right afterwards...but usually that time was well worth it."

Discussion

- This study identified perceived strengths and limitations of Firm Rounds by residents in our teaching program.
- Firm Rounds is generally appreciated by trainees and is seen as positively impacting education, patient handoffs, and thoughtful conversation about patient care.

Discussion

Built on a foundation of explicit attention to ACGME priorities

safe, effective patient care,

training excellence,

and resident well-being,

Firm Rounds can serve as a model for other residency programs seeking to effect multi-level change.

Current and Future Directions

- Findings of this and patient perspectives study have led us to explore and make modifications in Firm Rounds
- Cultural permanence- successfully implemented in 2nd institution



Thank you

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