Residents’ Knowledge, Attitudes, Beliefs, and Behavior Intentions For Quality Improvement Curriculum: The Results of A Pilot Evaluation


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Background:
Kaiser Permanente (KP), one of the largest not-for-profit health plans in the U.S., has a comprehensive performance improvement program that addresses quality, safety, and efficiency across its facilities. KP Santa Clara initiated a monthly QI curriculum for different levels of residents beginning in 2014. This monthly QI curriculum offers both lectures and resident-centered group QI activities, aiming to introduce KP’s unique QI tools by professional KP QI consultants.

Problem Identification:
There is growing emphasis on promoting resident involvement in Quality Improvement (QI) within the Accreditation Council for Graduate Medical Education. Many residency programs have already created numerous innovative approaches to incorporate QI education during residency training, aiming to increase residents’ awareness toward patient quality and safety issues.

However, it is difficult to increase the engagement in QI training given resident time constraints during work hours. We used the Theory of Planned Behavior (TPB) to model the relationship between norms, attitudes, and perceived behavioral control on resident intention to participate in QI curriculum.

Description:
The KP Santa Clara residency program wanted to understand the residents’ perspective toward the QI curriculum using a theory-based approach. We surveyed all levels of residents who are currently enrolled in KPSC Internal Medicine Residency Program in May 2017. The survey was designed to assess residents’ knowledge of and attitudes towards the monthly QI curriculum. The survey consisted of three parts: (1) demographic information (age, gender, race/ethnicity), (2) knowledge of QI (10 True/False questions), and (3) TPB constructs, i.e., attitudes, perceived behavior control, and norms towards monthly QI curriculum. The TPB construct questions consisted of 10 items, each rated on a 7-point-Likert-scale, ranging from “do not agree at all” to “completely agree.” The objective was to test the constructs of attitude, subjective norm, and perceived behavioral control that predict residents’ intent to participate in QI curriculum.

Results:
A total of 39 residents completed the survey (90.7% response rate). Most of the questions in the survey fit well into the TPB model. The developed questionnaires could explain 30.5% of the residents’ intention variance.

Limitations:
- Small sample size
- Response bias
- Survey validation
- No quantifiable data on the impact of having quality improvement training

Discussion:
Attitude and subjective norms have stronger association with residents’ intention toward QI training. The results may be useful in improving the design of QI curriculum and engaging residents in quality improvement initiatives in the future.