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Continuous Quality Improvement for Psychiatry Residency Didactic Curricula

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The field of psychiatry is rapidly evolving, and residency didactic curricula must also evolve in order to remain up-to-date and relevant to the learner. However, ensuring continuous revision of educational content can be a significant challenge for residency programs. Curriculum revision is a complex process that requires input from faculty for planning, implementation, and monitoring, as well as feedback from learners themselves [1]. It can be difficult to obtain consistent and meaningful feedback about each didactic and to interpret the feedback to inform curriculum changes. Administrative resources for gathering and interpreting feedback are scarce, resident comments may be overly reactionary in the immediate post-didactic period, and faculty may be resistant to suggested changes. In the absence of specific constructive feedback, didactic instructors may deliver the same session year after year. Though the importance of ongoing curricular revision has been emphasized [2, 3], to our knowledge, there are no models described in the literature to guide residency programs in systematically reviewing and revising a psychiatry didactic curriculum on an ongoing basis to ensure high-quality teaching and up-to-date content.

At the Massachusetts General Hospital (MGH)/McLean Hospital Adult Psychiatry Residency, a large program with two primary teaching campuses, the entire didactic curriculum (defined as any formal scheduled teaching, discussion-based lessons, or experiential learning-based seminars) was systematically revised in 2012 [4]. Following the launch of the new curriculum, program leadership developed a process for ongoing review and improvement of the didactic content and teaching methodologies in the curriculum. This educational case report provides a description of a novel continuous quality improvement (CQI) process for residency didactic curricula that engages residents as key participants in the process. CQI processes are systematic approaches to improving quality, often using the plan-do-study-act cycle, by identifying quality improvement opportunities (plan), implementing change (do), collecting feedback (study), and monitoring ongoing revision of

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Compliance with Ethical Standards

This Educational Case Report was not intended as a research project. We consulted with the Partners Healthcare IRB/Partners Human Research Committee and determined that the study did meet the criteria for a Quality Improvement project and was exempt from IRB approval.

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the process (act). CQI has been used successfully in multiple areas of healthcare delivery [5].

The CQI process for residency didactic curricula described in this manuscript consists of three components: (1) soliciting feedback from residents, (2) creating resident-driven curriculum subcommittees to review and summarize feedback and recommend curricular changes, and (3) utilizing a curriculum committee to recommend curricular changes and deliver feedback to faculty. The Associate Program Director (APD), with support and guidance from the Program Director, is primarily responsible for overseeing and implementing this process.

Soliciting Didactic Feedback from Residents

At MGH/McLean, each post-graduate year (PGY) class has a half-day per week (three hours) of core didactic seminars. Most individual didactic hours are grouped into seminars, such as Psychotherapy 1, Differential Diagnosis, and Community and Public Psychiatry, which are taught in one-or two-hour segments over the course of several weeks. Seminars may also occur longitudinally, spanning multiple years of training. For example, the Sociocultural Psychiatry seminar consists of four hours during PGY-1, six hours during PGY-2, and nine hours during PGY-3. Seminars have identified leaders who are responsible for the curriculum and may either teach the didactics themselves or recruit other faculty to teach specific sessions.

The first step in this CQI process was the creation of a feedback survey. At the end of each didactic half-day, residents receive an electronic survey (via SurveyMonkey®) requesting confirmation of attendance and feedback about each didactic session, due within one week. The survey takes less than five minutes to complete and consists of four questions asking residents to rate on a five-point Likert scale (from “Strongly Disagree” to “Strongly Agree”) speaker effectiveness, utility of reference materials, importance of the didactic topic, and appropriateness of fit of speaker to topic. Each survey also contains an open-ended comment box for residents to provide additional feedback. The survey is required for residents, because it is the mechanism by which the program tracks their didactic attendance. Each week, the APD briefly reviews the didactic feedback to ensure that major issues or concerns can be addressed immediately.

Engaging Residents in the Process of Reviewing Didactic Feedback and Recommending Changes

The second component of the CQI process is the formation of a curriculum subcommittee for each PGY class, comprised of three to five resident volunteers with an interest in medical education. The subcommittees are responsible for reviewing and interpreting the didactic feedback and recommending curricular changes for their own class. Prior to each quarterly subcommittee meeting, the APD compiles and distributes a document collating all the anonymous feedback from their class for didactics from the prior quarter. The document includes average ratings for each didactic session across all four domains, as well as the text comments. During the curriculum subcommittee meetings, residents review the feedback to

identify themes and areas for improvement. The subcommittees generate a report that summarizes the key points of feedback and provides the residency program with concrete recommendations for modifications to be made for future years. The subcommittees are specifically asked to comment on the length of the seminar series (total number of hours), speakers included in the seminar series, and the appropriateness of timing for the series.

Making Curriculum Change Decisions and Delivering Feedback to Instructors

As part of the original curriculum overhaul, a curriculum committee, chaired by the APD and comprised of 24–30 members including the Program Director, core teaching faculty, and resident subcommittee participants, was formed to oversee the curriculum. A representative from each subcommittee presents quarterly feedback at one of the monthly curriculum committee meetings. The committee discusses the recommendations with the representative present and determines which changes should be prioritized. The APD makes final decisions about whether the recommended changes are feasible and practical given the larger curriculum requirements. The APD or another faculty member of the committee relays the feedback to the seminar leaders. Seminar leaders and individual didactic instructors then modify content to ensure ongoing improvement in their seminar (Fig. 1). Resident subcommittee participants are responsible for informing peers of ongoing curricular changes as they are made. Major changes are also highlighted at the end of the year during one of the monthly meetings of residents and program leadership.

Revision of Interviewing Seminar: Example of CQI Process in Action

As an example, in the Interviewing Seminar, numerous resident feedback surveys suggested that the content presented was redundant from session to session, and residents did not feel that they were learning concrete interviewing skills despite many sessions devoted to the subject. The subcommittee identified this concern as a prominent theme of the feedback and suggested to the curriculum committee that the seminar be modified to include less theory and more practical techniques, such as developing particular interviewing skills or interviewing with specific populations (e.g., interviewing for developmental history). Also, the subcommittee suggested reducing the total number of sessions. After review and discussion, the curriculum committee agreed with the recommendations but felt that shortening the series would be too reactive, given positive reviews of this series in the past and the importance of the topic. The APD discussed this feedback with the seminar leader, who implemented the recommended changes the following year. In subsequent years, feedback from residents about the seminar was positive, with no further requests to decrease the length of the series.

Benefits of a CQI Process for Residency Curricula

Multiple potential benefits derive from utilizing a CQI process such as this one to facilitate continuous review and revision of didactic curricula. One benefit is the engagement of residents at all levels of training as active participants in the CQI process, which allows trainees to become stakeholders in their own educational development and in the success of

the training program curriculum. Involvement in the subcommittees allows for exposure to committee work, affords those residents interested in academic psychiatry an opportunity to better understand the elements that make for a successful didactic session or series, and engages residents in the development of curriculum. Resident involvement is invaluable from a program standpoint, as residents often provide a unique perspective on the curriculum and its integration into their clinical responsibilities and training. They are better positioned to translate raw feedback into actionable recommendations and to ensure a balanced representation of classmates' opinions. Indeed, the curriculum committee observed improvement in the quality of feedback in parallel with the increasing level of resident engagement in the curricular process. Specifically, substantially more residents contributed free text feedback, free text responses were longer and more detailed, and comments were more constructive and specific.

The curriculum subcommittees offer the practical benefit of distributing the workload of the CQI process among a larger number of people. Over the course of an academic year, the 64 residents in the program may submit upwards of 1500 individual survey responses, making it challenging for a single APD to meaningfully review, interpret, and make curriculum change decisions. Furthermore, it is very common to receive conflicting feedback about a single didactic, which may be difficult to interpret. Subcommittee recommendations regarding the structure and content of each seminar have been informative and invaluable, particularly with respect to identifying areas where didactic material overlaps with other formal and informal teaching throughout the residency. This has prevented the need for program leadership to review lecture content in detail in an effort to identify and eliminate redundancies, allowing for more time spent on the development of new curricular content and seminar series, often based on recent changes in the field and growing areas of interest among residents.

Formal and systematic inclusion of residents in curriculum development has additionally made the task of providing feedback to teaching faculty easier, allowing for specific and actionable feedback that is representative of the entire residency class. This structure allows the curriculum committee to monitor annual feedback to ensure that improvements are made, and, in rare cases, provides evidence to support reducing or removing seminars or speakers who are unsuccessful in responding to the feedback. Substantial changes to the curriculum have been made each year, with caution to ensure that changes are not too reactionary. A trend has been observed whereby each year, fewer individual didactics receive average scores of three or lower on the five-point Likert scale.

Challenges of a CQI Process for Residency Curricula

The CQI process is not without its challenges. Despite the structure reducing burden on program leadership, the major obstacle remains the amount of time required of all parties. During the first year of the CQI process, in order to better gauge the face validity of resident feedback, the APD directly observed two hours of resident didactics per week. This proved to be an extremely helpful exercise and represents a key step in the CQI process, but also required a significant time investment. Furthermore, even with the subcommittees in place, the APD still reviews all feedback in real time to ensure that any urgent concerns are

addressed. In our program of 64 residents, the APD spends an average of four hours per week on the curriculum specifically, though the weekly burden fluctuates significantly throughout the year and may vary depending on the size of the program. Quarterly subcommittee meetings, where feedback is digested and summarized, often take several hours, and monthly curriculum committee meetings, owing to busy resident schedules, are generally held at the end of the work day. Most resident subcommittee members are not able to attend all meetings, though residents have appreciated efforts to schedule after-hours so as not to conflict with other clinical responsibilities. Another time-related challenge is the possibility of “survey fatigue.” Though the weekly surveys are brief, their frequency may make them feel onerous, which might affect the quality of feedback. In addition, the creation and administration of the surveys requires a small amount of time from a Program Coordinator.

Interpreting survey feedback can also be challenging. Despite the anonymous nature of the survey, some residents may feel compelled to cushion their feedback, whereas others may exaggerate their concerns. Even for didactic sessions that receive substantial positive or negative feedback in the free text answer, the numerical scores tend to cluster together, with most sessions receiving scores of four and five on a five-point Likert scale. Given this, subcommittees tend to focus more on the free text responses. Additionally, learners may not always be in the best position to assess their own needs, and more objective measures of the knowledge base of residents may be useful in further assessing the curriculum. A final challenge of the process is that frequent solicitation of resident feedback can lead to the expectation that all feedback will be quickly incorporated, which is not always possible or appropriate.

Lessons Learned

In order to combat some of these challenges, the curriculum committee finds it important to balance three major principles when reviewing suggestions for changes to the curriculum. First, resident opinions about a seminar may shift significantly from year to year, and recommendations should therefore be modulated and not overly reactive. As noted in the example above, residents sometimes suggested shortening the length of a seminar or removing it, but when less significant adjustments were made in content and format, the feedback often improved dramatically. Conversely, some seminars received positive feedback one year only to be met with negative feedback the following year despite few changes.

Second, it is important to recognize that newer seminars and newer faculty may need several years to develop and polish their curricular content and should be given time to evolve. The APD found it was helpful to discuss week-to-week feedback with new seminar leaders while the seminar was ongoing, so that the leaders could implement changes in real time. New didactic instructors may also benefit from formal or informal faculty development to hone their teaching skills or from having peer observation of teaching.

Third, it is essential to remain sensitive to the fact that long-standing seminars may not have been critically reviewed in the past and that faculty teaching these courses may have never

received feedback. The APD has found it helpful to understand the history of the seminar (both by speaking with the seminar leader as well as former trainees who have taken the seminar), how it evolved over time, and whether the original purpose of the seminar was still being served. When delivering critical feedback to a seminar leader, the APD (a junior faculty member) has found it helpful to enlist the help of a senior faculty member who knows the seminar leader well, and to approach the conversation as an opportunity for growth and improvement. It is important to give seminar leaders an opportunity to modify and improve the seminar for the following year before deciding to eliminate a seminar altogether or recruit a new seminar leader.

Adaptations for Other Residency Programs

Although the specifics of this curriculum revision method were designed for a relatively large residency program, similar models can be developed for smaller programs using the same principles, including creation of a curriculum committee, systematic collection of anonymous resident feedback, resident participation in all levels of curriculum revision, and regular feedback to instructors. For example, residency class subcommittees could be comprised of one or two residents rather than a larger group, or the role of the subcommittee could be a rotating responsibility that each class member takes a turn in performing. For programs that do not separate didactics by class, a single subcommittee could be comprised of representatives from each class. Other programs may prefer to entrust the duties of the subcommittee leadership to a chief resident interested in medical education, who would routinely collate feedback to present to the curriculum committee.

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Fig. 1.
The continuous quality improvement process for didactic curricula. APD = Associate Program Director