A peer-evaluation program to improve the quality of fellow-written inpatient consultation notes
Delphine S. Tuot, MDCM, MAS1; Naama Neeman, MSc2; Krishan Soni, MD, MBA2; Andrew Auerbach, MD, MPH2; Niraj L. Sehgal, MD, MPH2

UCSF Division of Nephrology; 2 UCSF Division of Hospital Medicine

The Problem
- Poor information exchange during inpatient consultations between primary teams and consulting teams can result in delayed diagnoses, inadequate follow up, or duplication of services
- Subspecialty trainees do not receive formal instruction in how to provide an effective consultation
- Consultation notes are variable in quality and often do not meet the needs of the referring provider or the patient

Project Goals and Objectives

Goal: Improve quality of initial inpatient, fellow-written consultation notes

Objectives:
- Enhance an existing peer evaluation program (figure 1) that uses the “Quality of Consultation Assessment Tool” (QCAT), by proving more timely data and increasing visibility among fellowship directors

Project Plan
- Recruit divisional QCAT champions, responsible for increasing fellows’ participation and presenting results & areas for improvements to their peers
- Host a kick-off event for QCAT champions to officially recognize their work and brainstorm ways to increase their colleagues’ participation
- Ask fellows to evaluate fewer notes at more regular intervals (i.e. monthly instead of quarterly), thereby providing more frequent feedback to fellows and fellowship directors

Results / Progress to Date
- Fellow participation increased from 27% in 2010-2011, to 54%-63% in the most recent 2 quarters of 2011-2012 (figure 2)
- No improvements were observed in “Education” and “Communication” quality scores (figure 2)

Lessons Learned
- Early “champion” engagement is key for promoting cultural change, as reflected in increased fellow participation in the program this year
- Focus group discussions and individual conversations with fellows suggest that this peer evaluation system provides valuable feedback about consultation quality to trainees, while encouraging them to participate in self-directed learning and satisfying a core ACGME training competency
- To attain the program’s objectives, additional cultural and structural changes are needed. These may include:
  - Cultural: revising means of communication with fellows to include more dedicated in-person discussions, rather than relying exclusively on emails to discuss quality metrics
  - Structural: revising the electronic consultation note template to highlight the importance of communication and education rather than relying on fellows to do this themselves

Next Steps
- We will further enhance this program in the following ways:
  - Partner with fellowship administrators to increase trainee participation in the peer evaluation program
  - Generate face-to-face discussions with fellows about note quality and note components
  - Take advantage of the electronic medical record change at UCSF to customize consultation templates to emphasize “high quality” fields, including those pertaining to “Education” and “Communication”

Special thanks to: Leanna Zaporozhets, Zac Martin, the 2011-2012 QCAT divisional champions, RedCAP, and the UCSF KL2 program.

UCSF Department of Medicine