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Title

Developing a Consensus-Based Primary Care Resident Committee to Enhance Resident, Community, Leadership, and Fulfillment

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Abstract Form

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Abstract

Introduction: Resident satisfaction in training is correlated with well-designed curricula, autonomy in learning, and work that promotes professional growth. Residents have innovative ideas for programmatic improvement, such as more personalized curricula and enhanced equity, diversity, and inclusion (EDI) initiatives. Open-forum resident committees may offer a structure for residents to help shape their education, collaborate on initiatives they deem important, and develop leadership skills. In October 2022, we launched a resident committee (RC) within the UCLA Internal Medicine Residency Primary Care (PC) track using an iterative approach with a focus on accessibility, collaboration, sustainability, and impact evaluation.

Methods: We employed a consensus-based decision-making model and a horizontal leadership structure across all RC activities. Volunteer RC resident leads coordinated monthly meetings that were open to PC residents across all years and quarterly meetings that included residents, the PC Program Director, Assistant Program Directors, and Chief Resident. We gathered co-residents' input through both formal polls and informal dialogues to set RC priorities and collect feedback on RC initiatives. Residents worked in small groups on projects based on their interests, with project categories that included curriculum, recruitment, program structure, and EDI. We tracked both process and outcome measures. Process measures included number of meetings, resident and faculty attendance, and meeting structure. Outcomes measures included number and type of RC-supported projects, as well as qualitative feedback on residents' experiences. Using an iterative approach, we made regular process adjustments to improve outcomes, feasibility, and sustainability.

Results: From October 2022-March 2024, the RC has held 17 monthly resident meetings and 5 quarterly resident/faculty meetings. Median attendance at resident meetings increased from three individuals in the first six months to six individuals in the most recent six months (out of 36 total residents, which typically includes 12 residents at a time on ambulatory rotations with flexibility to attend meetings). Residents have completed ten projects, with five projects ongoing. Noteworthy projects completed include: (1) restructuring the ambulatory modules curriculum, (2) evaluating the primary care elective curriculum, (3) hosting a health equity-focused information session for program applicants, (4) re-designing the program website, (5) including senior residents in applicant review, (6) advocating for increased time for resident-selected outpatient rotations, and (7) planning a day-long immigration and border health enrichment activity. The RC and its projects have received positive resident feedback. Residents who attended the medical student recruitment session felt rejuvenated after reflecting on their own and their peers' passion projects stemming from the RC. Residents reported that the RC has allowed them to advocate for change and reminds them why they chose to train at their institution. RC activities have continued over two academic years despite membership graduation and turnover.

Conclusion: Through this pilot experience, we learned that an RC can be a feasible, sustainable way to promote program improvement and resident engagement and fulfillment. Facilitators to successful implementation include resident and faculty buy-in and readiness to collaborate, an open-forum meeting structure that facilitates broad participation, and a non-hierarchical leadership model that encourages all residents to propose and lead projects they care about and allows busy residents to share leadership tasks. Future directions include expanding the RC project portfolio and enhancing sustainability.