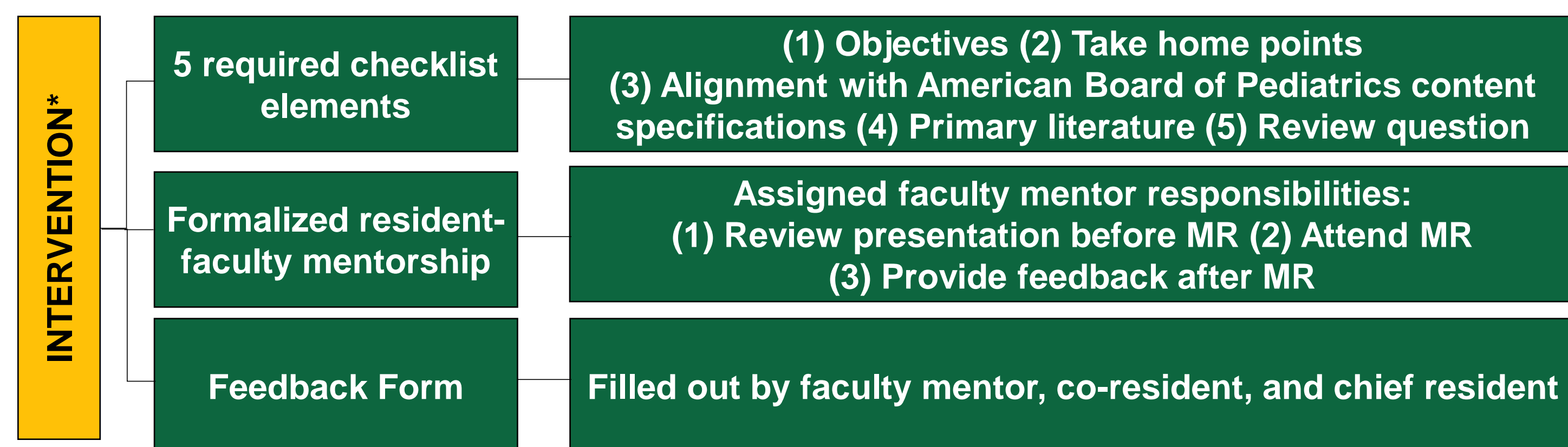


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BACKGROUND

- Morning report (MR) is a case-based conference commonly used in resident education.
- Recent studies highlight participant dissatisfaction with MR educational value; at UVM Children's Hospital pediatric residency program, residents and faculty were also dissatisfied.
- Utilizing educational theory and quality improvement (QI) science we created a new standard MR educational process (intervention), with the **global aim to increase pediatric MR quality and participant satisfaction.**



* adapted to virtual format in due to COVID-19 pandemic

METHODS

- Pediatric residents and faculty were surveyed at baseline and 6 months post-intervention.
- Standardized feedback forms completed after every MR, and tracked using QI run chart.
- Mixed effects logistic regression was used to compare pre- and post-intervention survey responses.

RESULTS

- Resident response rates: 90% (18/20) baseline and post-intervention.
- Faculty response rates: 66% (51/77) baseline, 44% (34/77) post-intervention.
- 17 MRs during study period: Jan-June 2020.
- Sustained increase in MR checklist adherence (**Figure 1**).
- Statistically significant improvement for majority of MR quality and satisfaction measures for both residents and faculty (**Figure 2**).
- Participation and mentorship processes were clear (**Figure 3**) and utilized (**Figure 4**).
- Intervention: did **not** 1) increase time burden for residents and faculty (**Figure 5**); 2) negatively influence pediatric board exam pass rate.

DISCUSSION

- Standardizing the MR educational process improved pediatric MR quality and satisfaction for residents and faculty.
- Ongoing QI science will be used to refine the MR process, focusing on feedback satisfaction and program sustainability.
- Future studies are needed to evaluate effects of standardized pediatric MR on resident teaching skills and educational outcomes.

LIMITATIONS

- Small single center pediatric residency program.
- Lower faculty response rate compared to residents.
- Mid-project transition from in-person to remote learning due to COVID-19.

Standardizing the pediatric morning report educational process increased quality and satisfaction for residents and faculty.

FIGURE 1. MR CHECKLIST ADHERENCE (OUTCOME MEASURE)

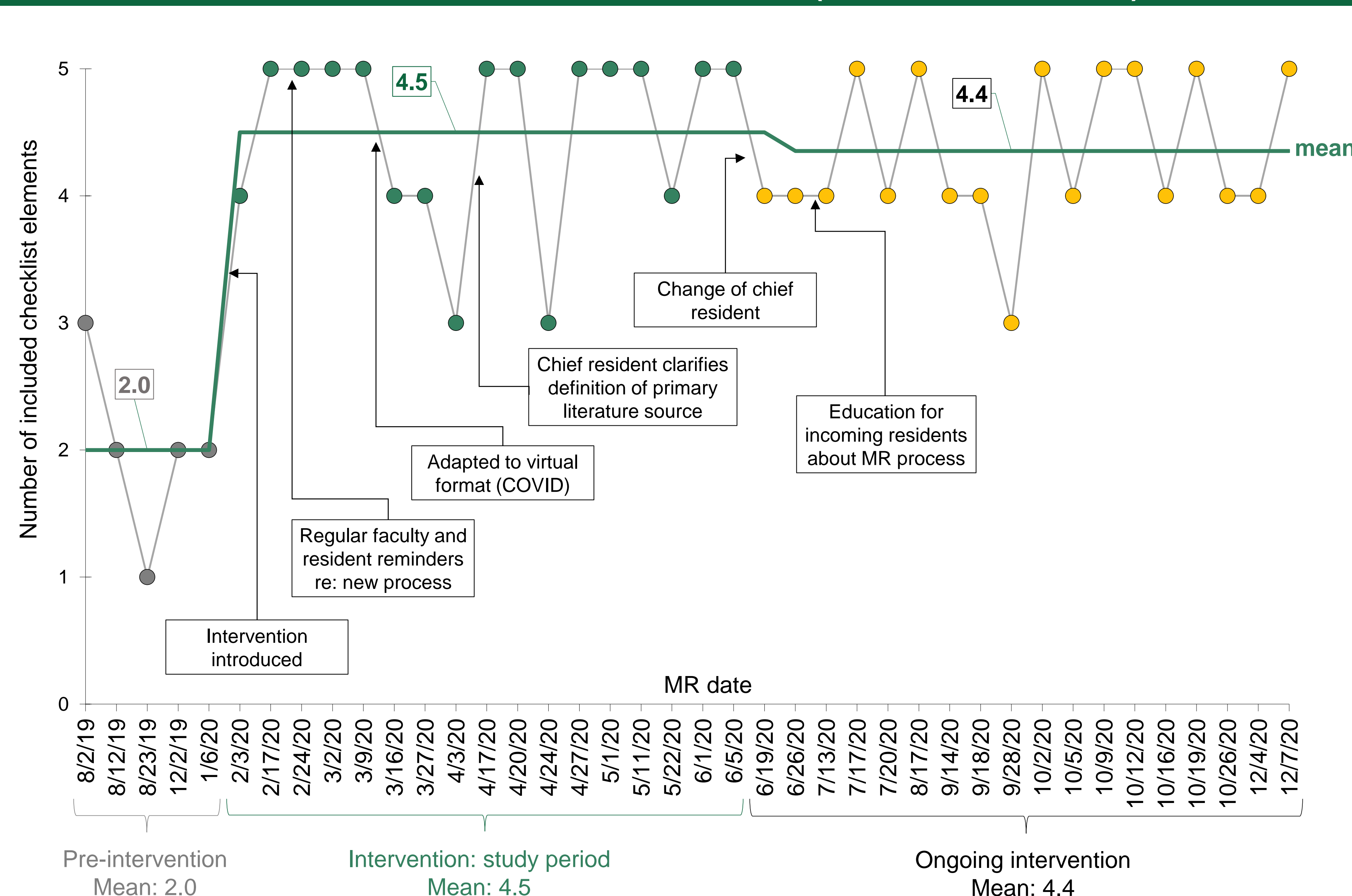


FIGURE 2. MR QUALITY AND PARTICIPANT SATISFACTION (OUTCOME MEASURES)

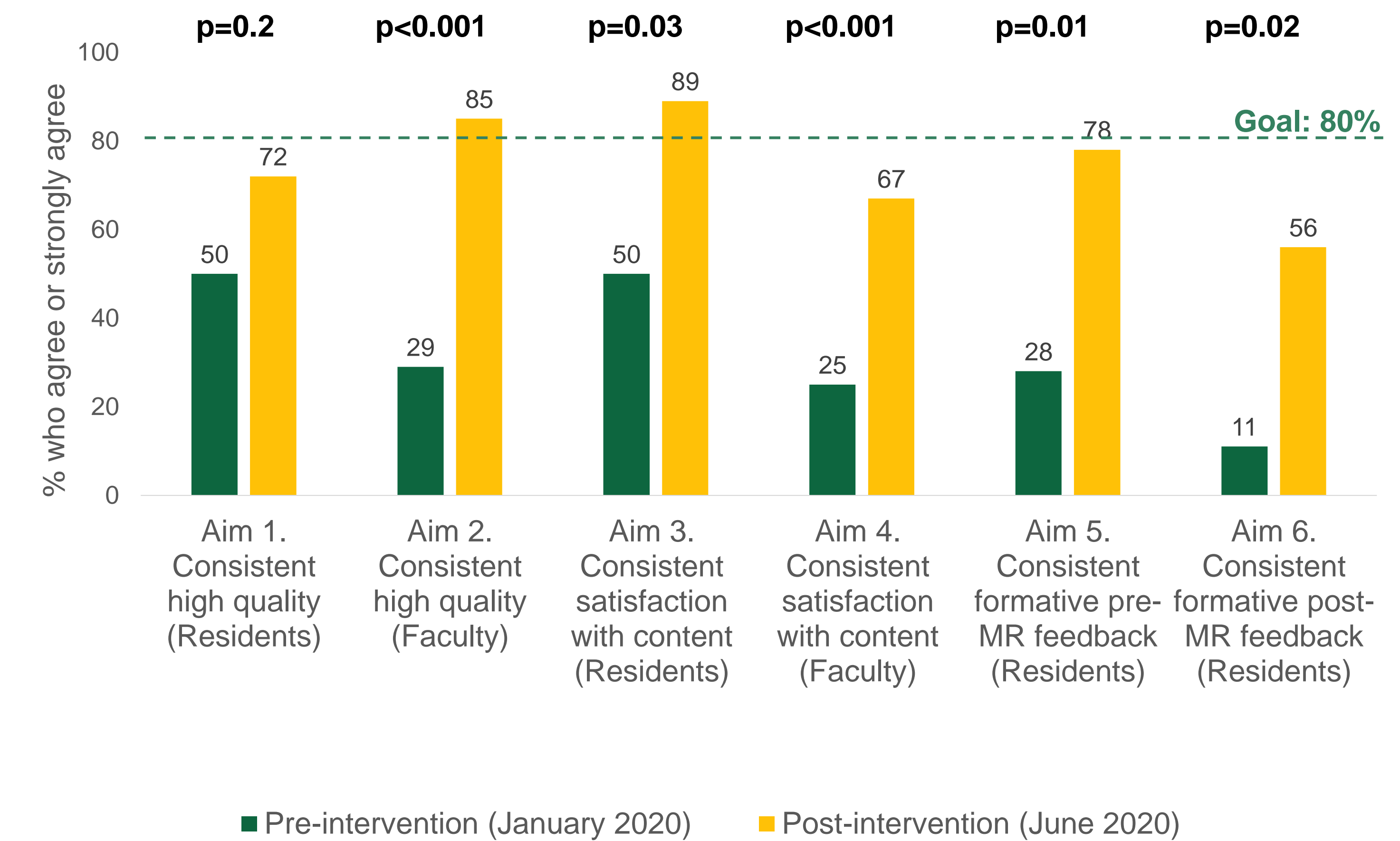


FIGURE 3. INTERVENTION CLARITY (PROCESS MEASURES)

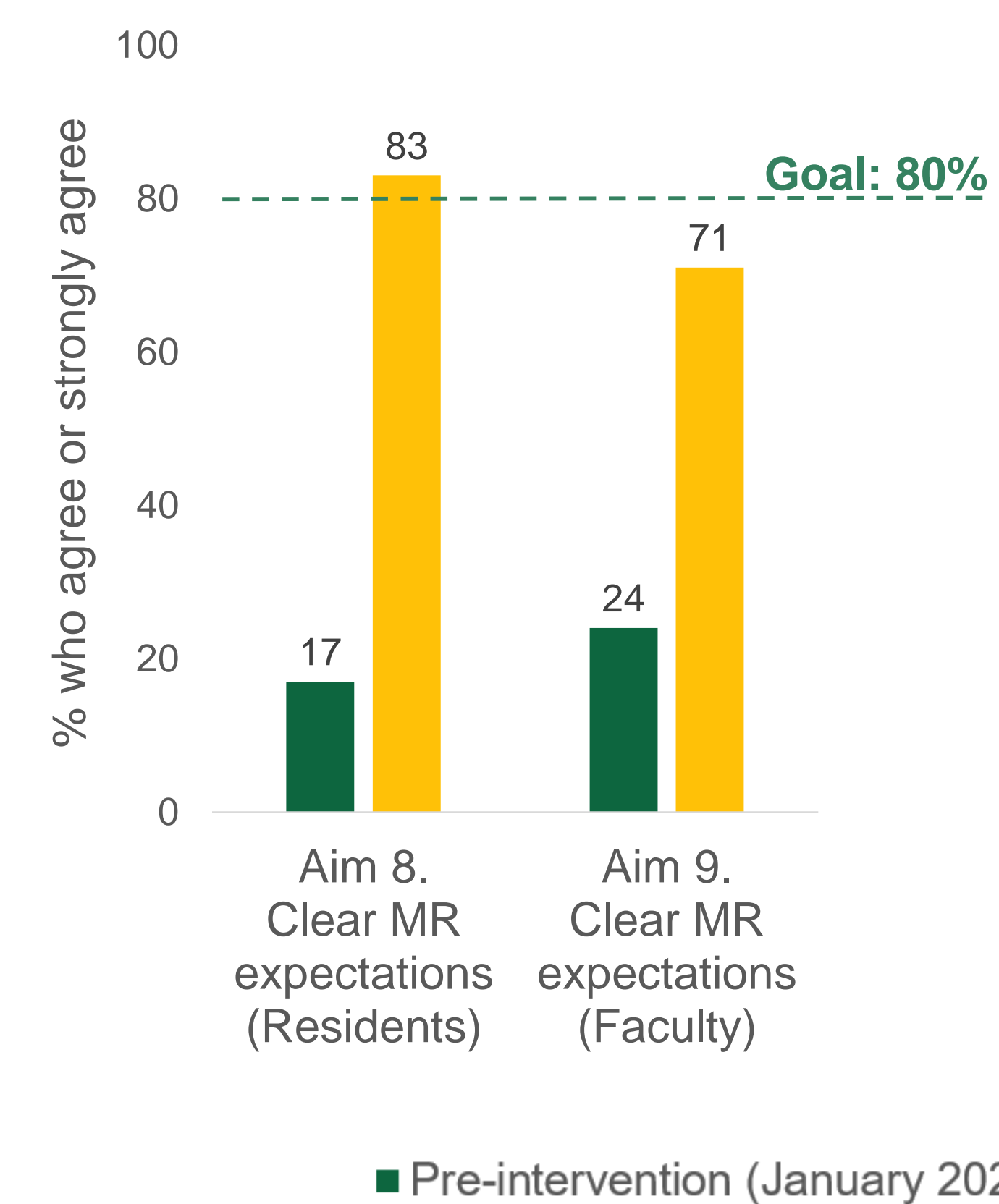


FIGURE 4. UTILIZATION OF MENTORSHIP (PROCESS MEASURES)

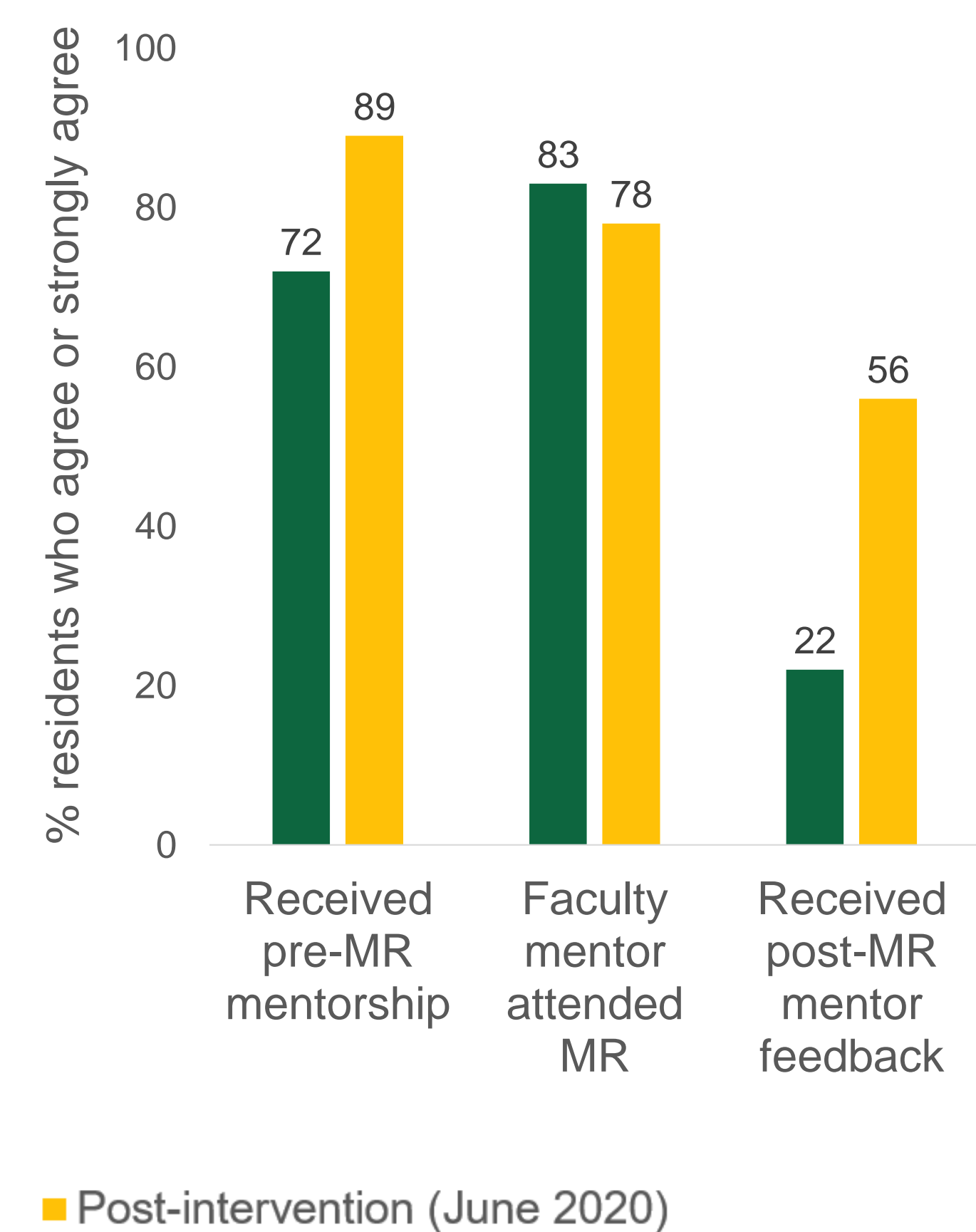
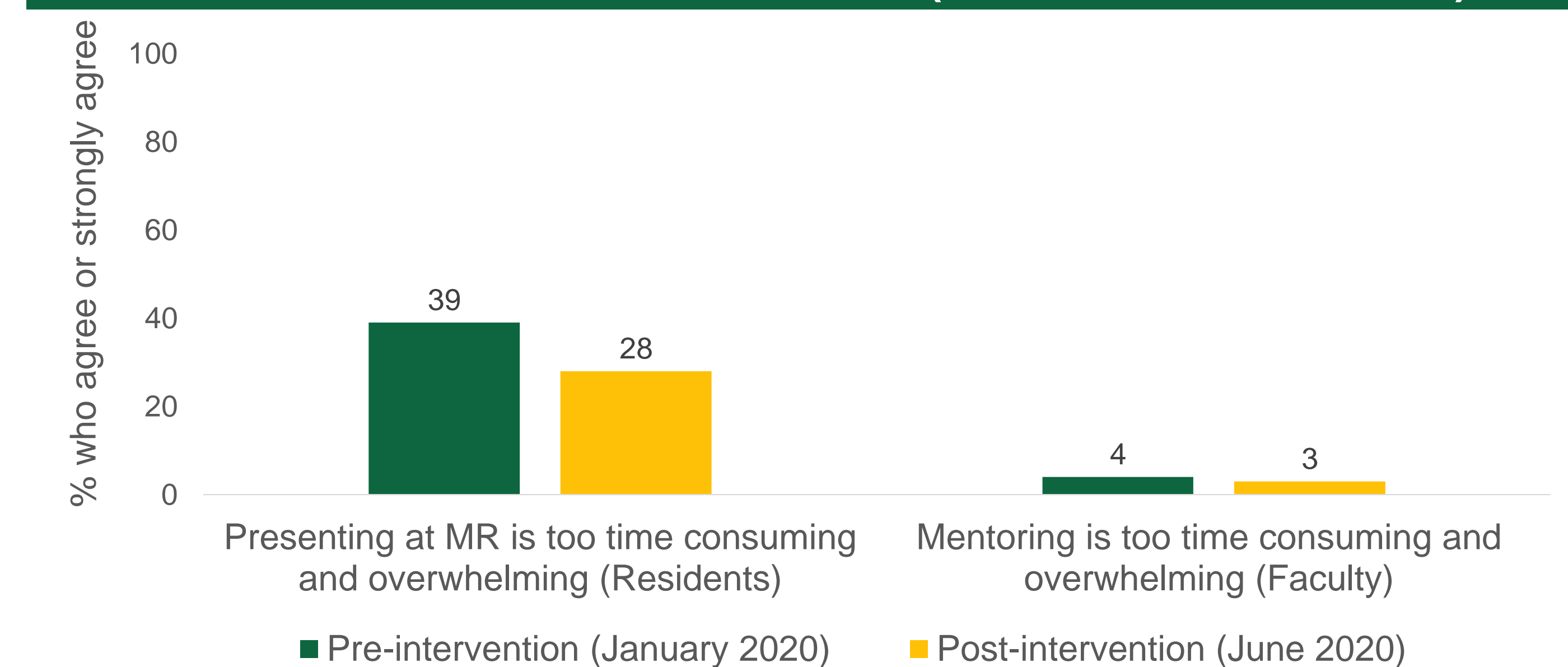


FIGURE 5. TIME BURDEN OF MR (BALANCING MEASURE)



DISCLOSURES

The authors have no disclosures to report.