

Supervisor: Inga Sif Ólafsdóttir

Project lead (resident): Arna Rut Emilsdóttir

Aim statement (What are we trying to accomplish?)

Internal medicine interns often begin working unprepared and not fully oriented regarding the work environment, which can result in human error resulting from an incomplete handover or insecurity at work. Consequently, this could lead to a negative work experience at internal medicine, which might decrease the likelihood of interns choosing to work in this field later in their careers.

We want > 80% of interns to know where and when handover takes place when starting work at internal medicine wards in Landspítali.

We want 100% of interns to know who to call during shifts when a patient is deteriorating.

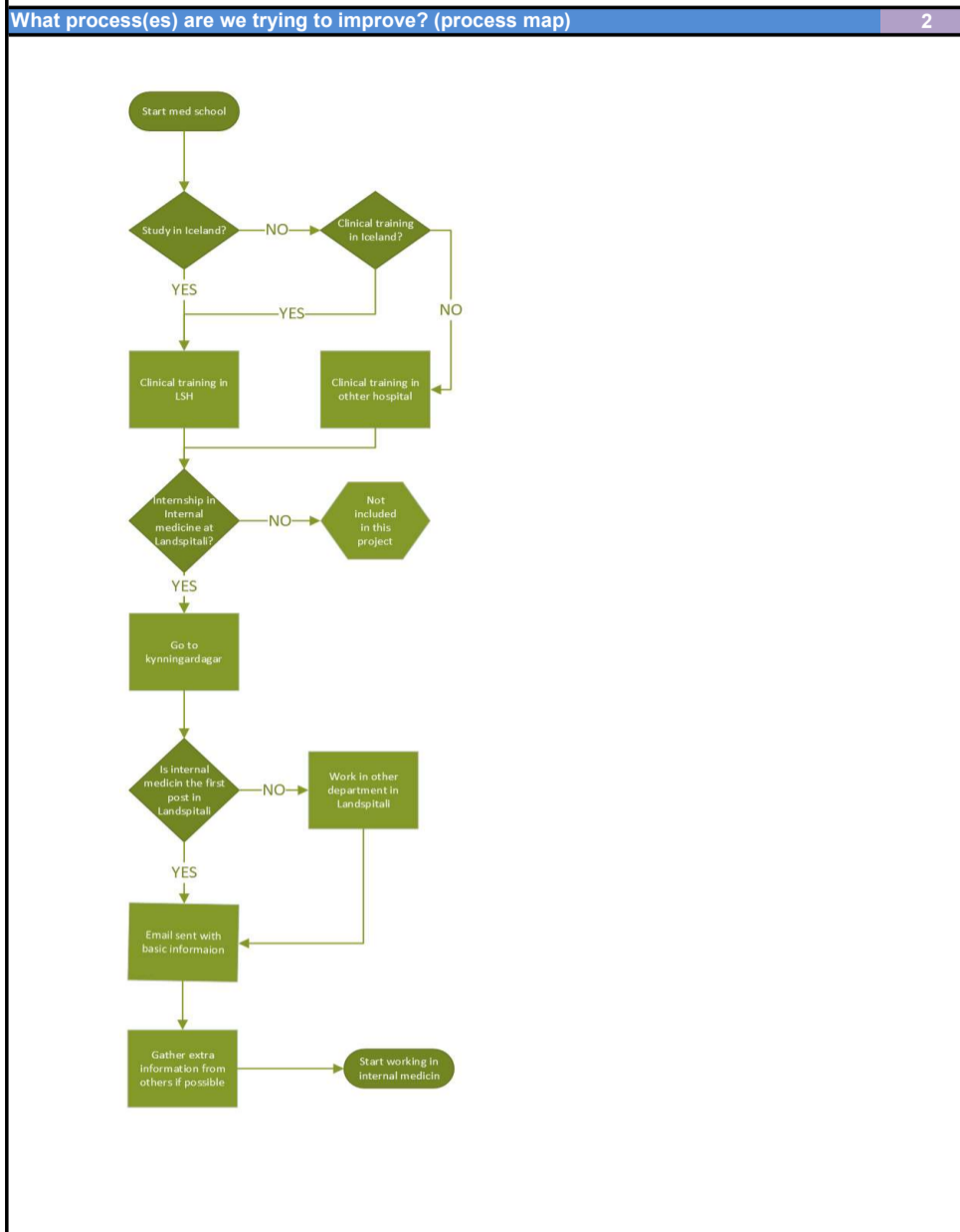
We want >80% of interns to know where morning meetings are before they start working.

Measures (How will we know a change is an improvement?) (list measures)

Baseline assessment: A comprehensive survey was sent out to interns to see where the weakest points were, and interventions were planned accordingly. Process measure: Surveys were sent out regularly to interns working in internal medicine where they were asked yes/no questions whether they knew certain things important for when working in Internal medicine (for example where handover took place).

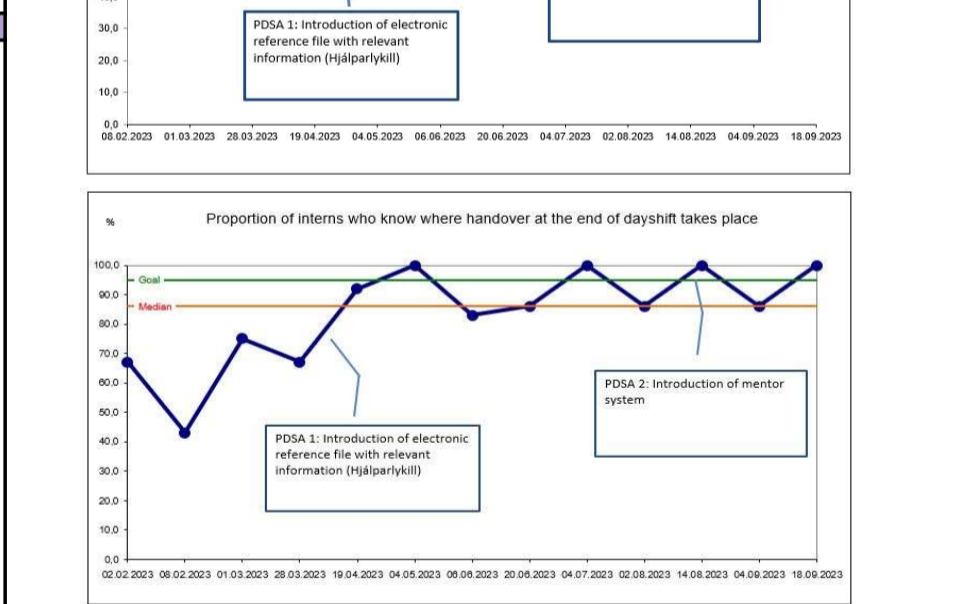
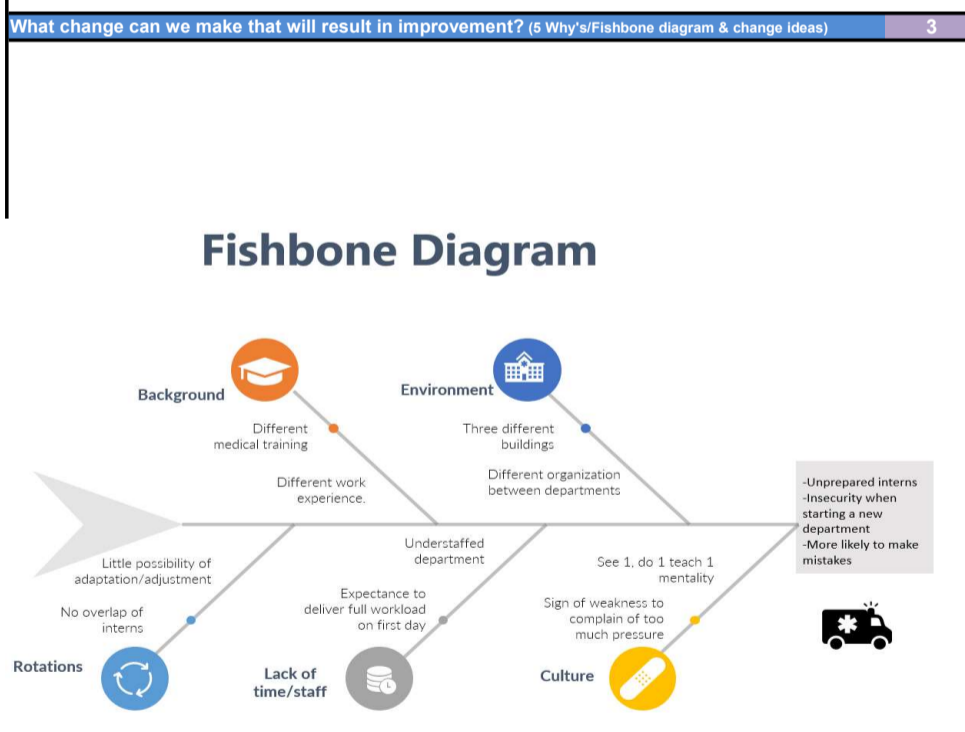
Outcome measures: Measuring unfortunate incidences related to interns (not feasible for this project)

Balance measure: Interns were asked to rate how good or bad they felt at work in internal medicine ward (as a way of seeing if the interventions meant to help them was making their life more difficult or not). They were also asked directly in the survey if they found the interventions helpful.



Action plan

Action	By whom	Date	Status
Send out survey to evaluate the situation	ARE	nov 2022	done
Process map and fish analysis	ARE	15.12.2022	done
Supervisor meeting for planning the project	ARE/ISÓ	24.01.2023	done
Start sending out biweekly survey	ARE	30.01.2023	done
Team meeting for discussion possible interventions	ARE/SLXG	28.03.2023	done
Finishing drafting Hjalparlykill	ARE	15.02.2023	done
Hjalparlykill reviewed by team and finalized	ISÓ/SLXG	28.02.2023	done
Baseline results, set up as a run chart started	ARE	04.04.2023	done
Introduction of PDSA1: Send out Hjalparlykill sérnámsgrunnslækna	ARE	09.04.2023	done
Send out regular surveys - start measuring the effect og PDSA1	ARE	19.04.2023	done
Results after PDSA1 put in run chart	ARE	10.07.2023	done
Team meeting for discussing next intervention	ARE/ISÓ	13.07.2023	done
Introduction of PDSA2: Implement mentoring system	ARE	31.07.2023	done
Start measuring the effect of PDSA2	ARE	14.08.2023	done
Results after PDSA2 put in run chart	ARE	22.09.2023	done



By sending out an electronic file with necessary information easily accessible (named "Hjalparlykill") we could improve the interns' knowledge about important practical aspects of their daily work in internal medicine. Getting interns to reply to surveys was a challenge so the frequency of surveys was decreased, and each intervention applied to more groups of interns rotating through internal medicine instead.

Run charts with a set baseline median were made for each measurement and all showed a shift in data after PDSA1. However, as there are too few baseline datapoints to draw statistical conclusions from that, run charts with whole-dataset medians are shown here.

After PDSA1 the team saw improvement, although not all goals were met. It was anticipated that a file cannot cover every situation that might come up, and having someone more experienced to refer to with problems might help. With that the idea of implementing a mentor system came about.

The group of interns was split into two groups depending on whether their first few weeks would be spent in the Fossvogur or Hringbraut facility. Each group got assigned a resident in internal medicine as a mentor who emailed them before their first day and met them during their first weeks. The aim was that the mentors could identify if someone was brand new to the hospital and needed extra help on the first day, or if someone was struggling at work and needed more support from their team. Also, the goal was that mentors could help interns with practical things related to the job, if needed.

The introduction of a mentor system did not seem to have a significant change. Moreover, only 46% of interns said that they found the mentor system helpful, compared to 91% of interns who reported having read the "Hjalparlykill" and found it helpful.

The team found the outcome of the self-reported wellbeing interesting. There was a significant shift after PDSA1 towards better reported wellbeing. There are possible confounding factors though, that need to be kept in mind like fluctuation in how good staffing is and the season (some of the best outcomes were during the summer).

The Hjalparlykill will continue to be sent to interns before they start working and it is being considered to make it accessible to family medicine residents rotating through internal medicine. Moving forward, the chief resident will update and send this file out in the future. There is much more that can be improved when it comes to interns' orientation, but this simple measure seems to have had a positive impact and could be applied to other specialities.