



# Facilitators and Barriers in Implementing Continuous Quality Improvement System for Undergraduate Medical Education in a Government Medical College: Stakeholders' Perception



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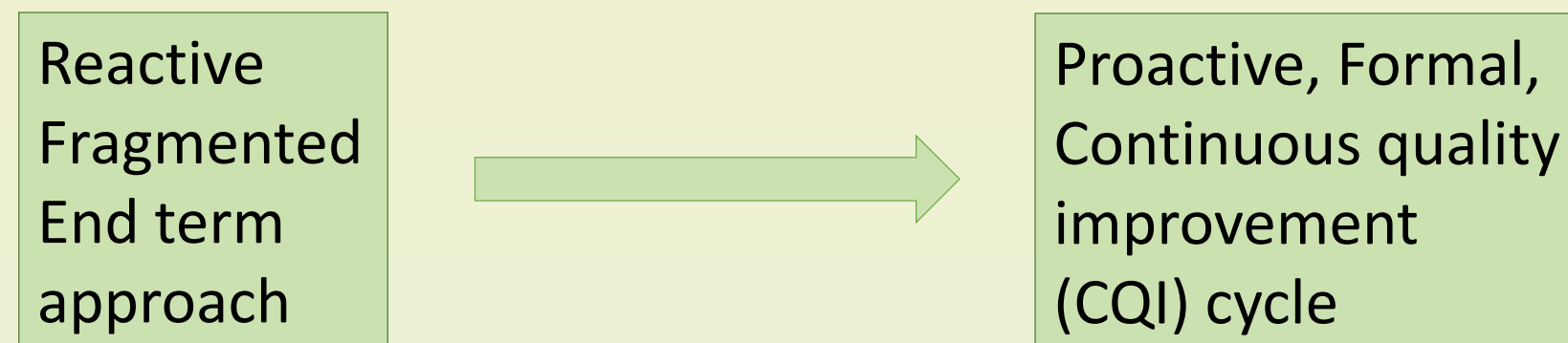
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## Introduction

Though a well-established approach in most sectors, Continuous Quality Improvement (CQI) is yet to find a foothold in the field of medical education in India. CQI is a structured approach to identifying gaps and implementing improvements in an ongoing and systematic manner. It is a proactive process aimed at enhancing the quality. Need to move from

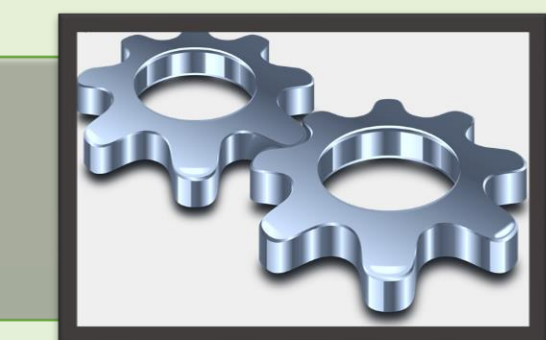


Implementation of CQI approach would allow data driven and timely course corrections of processes and outcome ensuring improvement in quality of medical education and thus better healthcare.



## Objective

This study aimed to understand the perceptions of stakeholders (faculty and students) towards implementing CQI approach in undergraduate medical education.



## Methodology

Hybrid approach was employed. Semi structured questionnaire based on themes derived from expert focus group discussions was designed. Stakeholder perceptions were studied by administering this questionnaire before and after a CQI- sensitization workshop.

### Designing of Questionnaire

- Focused Group Discussions were undertaken.
- Key elements of questionnaire identified.
- Questionnaire contained Likert scale and open-ended questions
- Content Validation was carried out by
  - Experts
  - Residents and Students

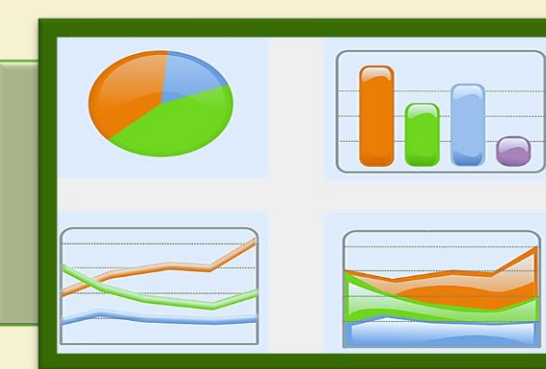
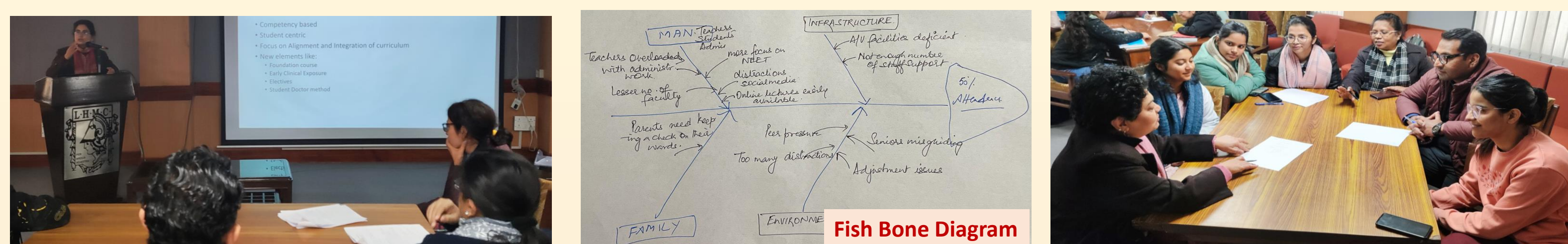
### Designing Module for Sensitization workshop

- The Module included topics like:
- Difference between Quality Assurance and CQI
  - Principles and importance of CQI
  - Methods of CQI and Hands on sessions on different CQI tools
  - Role of stakeholders in CQI

### Sensitization Workshop Conducted

- Stakeholders were enrolled:
- Faculty: n= 23 (all phases, different subjects)
  - Students n=27 (Phase II)
  - Administering Questionnaire: Pre and Post workshop

## Glimpses of the Sensitization Workshop



## Result

The responses of Likert scale type questions were analyzed using SPSS and percentages of stakeholder responses were calculated.

**Perceived need for CQI** (Figure 1) and **motivation to implement CQI in medical education** (Figure 2) was significantly different (p<0.001) pre and post sensitization workshop.

Figure 1

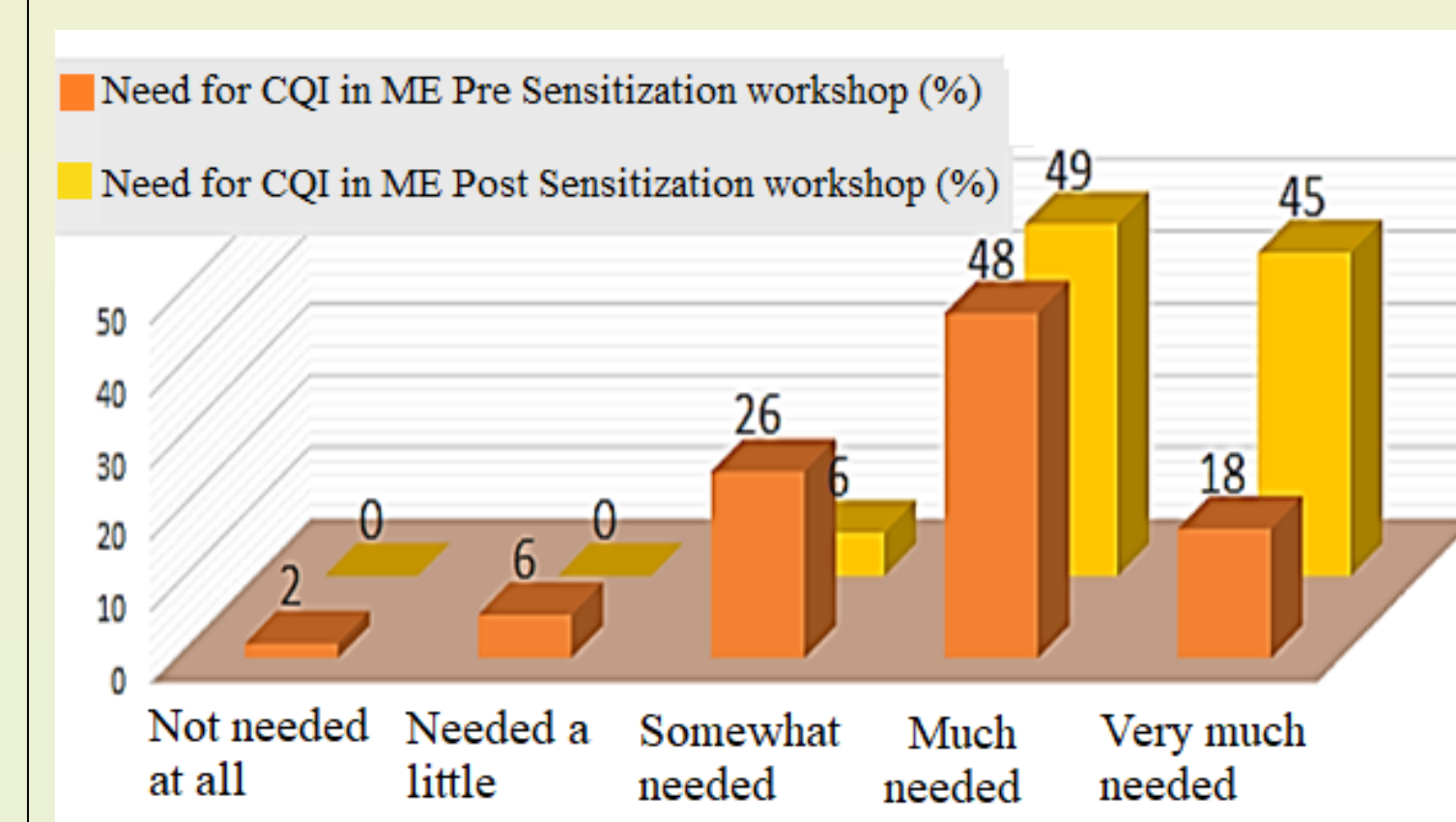
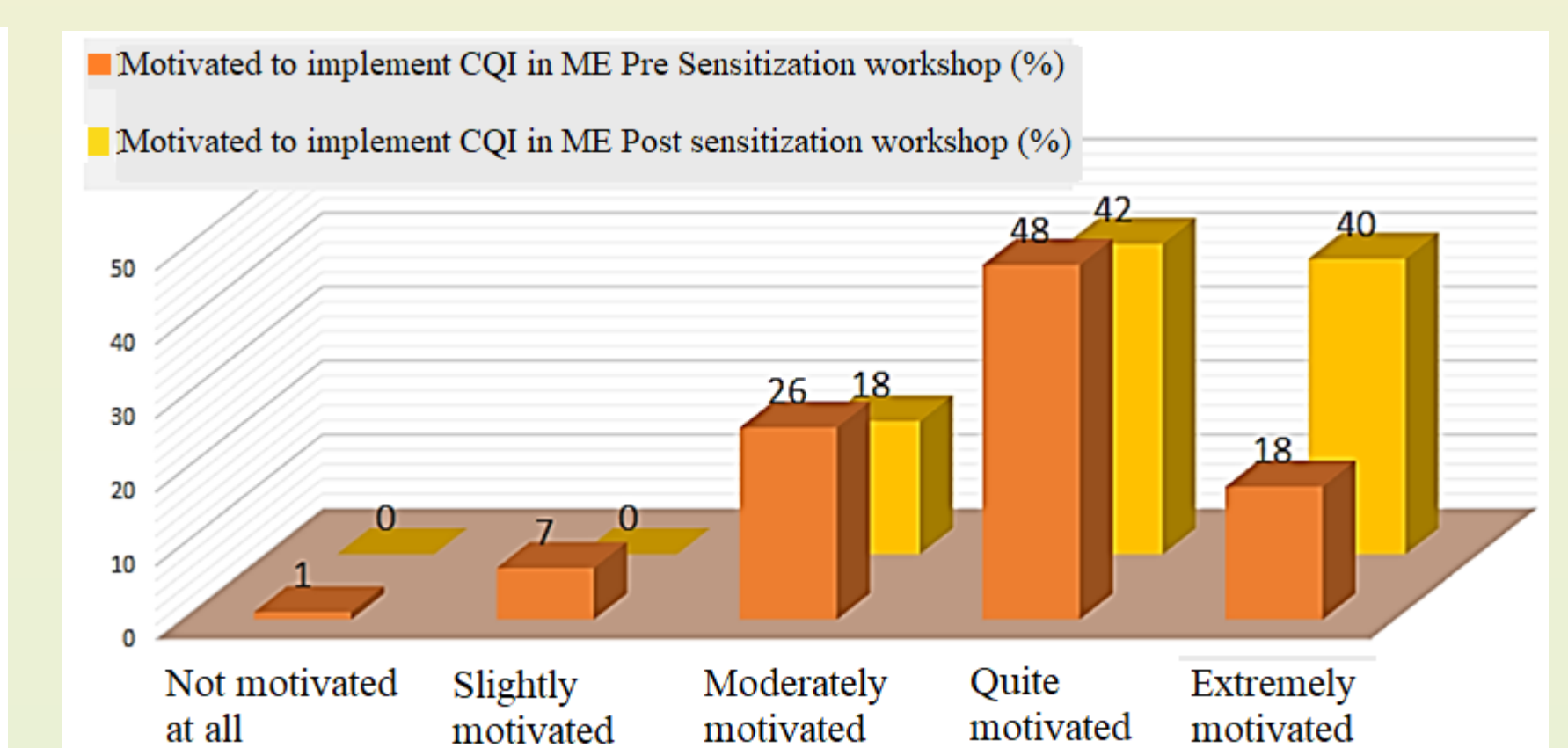
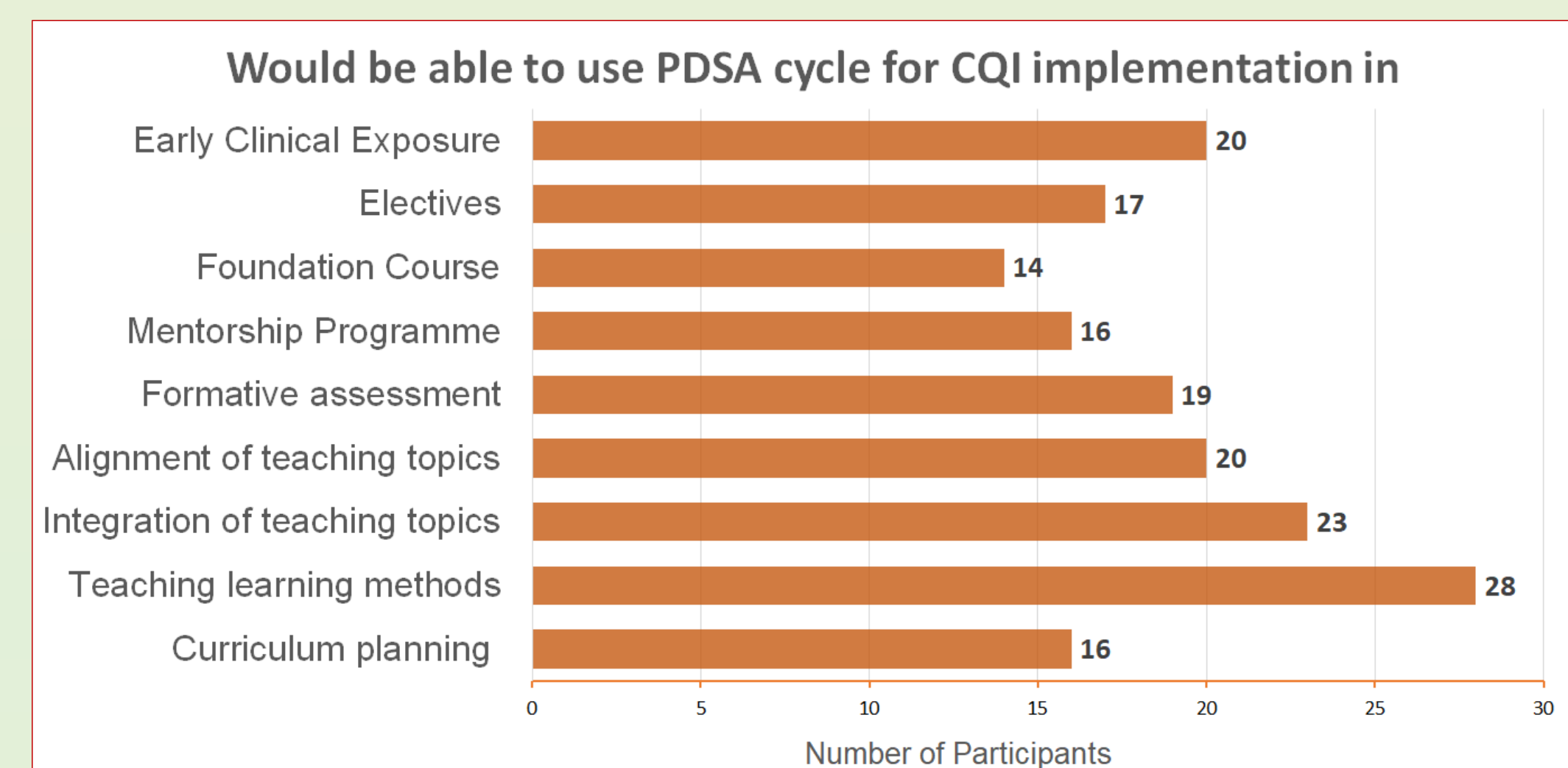


Figure 2



Participants perception regarding the different aspects of medical education, where they felt they would be able to implement PDSA (Plan Do Study Act) cycle for quality improvement.



Most participants (70%) rated their perception regarding the difficulty in implementing CQI methodology, as 'not at all difficult' or 'slightly difficult' for curriculum planning and teaching-learning methods. While 5% of participants rated implementing CQI in Integration and alignment as 'quite difficult'

**Perceptions of barriers and facilitators towards implementation of CQI:** were collected as responses to open-ended questions. Thematic analysis (Braun and Clarke 2006) was carried out, a total of 5 themes were identified for both facilitators and barriers as perceived by the stakeholders.

Facilitators	Themes	Barriers
Motivated Stakeholders	Attitude of Stakeholders	Resistance to change
Dedicated team	Logistics	Overburdened staff, Time constraint
Well established processes	Processes towards CQI Implementation	Lengthy, Acquiring funds
Trained, Tech Savvy stakeholders	Talent/Know how	Lack of CQI know how
Support of senior authorities	Power to effect Change	Lacking Decision making power, curbing juniors

Most cited theme was the attitude of stakeholders, with barriers saw expressions like 'lack of motivation', 'resistance to change', 'no interest in teaching', 'orthodox mindset' etc. While in the same theme the facilitators were expressed as 'motivated students' motivated faculty', 'enthusiastic faculty', 'teamwork', etc.



## Conclusion

CQI was considered a useful approach to ensure quality medical education by stakeholders. Though stakeholders perceived many barriers to implement CQI, they recognized the need for implementation and were motivated to implement CQI.

## References

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2. Barbaric L, MacInnis B, & Ahmad K (2021). Quality culture in action for a respiratory course: A dynamic CQI process at an engineering based allopathic medical school. Advances in Educational Research and Evaluation, 2, 146-152.