NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Quality Improvement (QI) Expectations for Residents & Fellows (Trainees)

Goal:
Trainees will demonstrate knowledge, skills, and commitment to critically examine their own practice, collect and analyze data about that practice, and make improvements based upon those data.

This education prepares trainees to fulfill Part 2 and Part 4 Maintenance of Certification requirements of their relevant American Board of Medical Specialties (ABMS) Board(s). See http://www.abms.org/Maintenance_of_Certification/

Basic QI Training Expectations:

1. Trainees must actively participate in at least one QI project approved by NCH or an ABMS Board[1]. Trainees may select from projects (1) within their specialty, (2) hospital-wide initiatives such as adverse drug events, or (3) national projects such as hand-washing or cystic fibrosis initiatives.
2. Active participation requires trainees to *(items in red italics are ACGME requirements)*:
   a. Review the project's approved project plan and assess how it applies to their practice. For NCH projects the project plan includes Aim, Key Driver Diagram, and data plan. *Actively participate in planning, implementation, and analysis of an intervention on a practice outcome.*
   b. Complete a PDSA (Plan-Do-Study-Act) cycle during which they:
      i. Look at their own or group practice data and reflect on changes that could result in improvement
      ii. Examine that practice over time. Implement a least one project intervention - *minimum of two week cycles*.
   c. The Physician Project Leader or designee serves as the trainees' mentor for the QI project activity. The mentor does not need to be a physician. *Mentors should meet at least twice with trainees along with ongoing interaction via email, phone conversations, and other communication.*
   d. Complete physician participation required documentation and submit to Program Director. *Some specialties have identified tools to support development of self-assessment and reflection skills and habits. For example, residents in ACGME accredited pediatrics programs must maintain an individual learning plan that must be documented annually.*
3. Trainees must complete QI education and *EBM-related skills* training during their program. This education can be any combination of in-class and approved online courses. Resources to fulfill these requirements are available from GME Office and are online. Additional education to meet this requirement must be approved by the Chief Medical Officer (CMO) or designee. Minimum education, at least 30 minutes of which is EBM, is:
   a. 2 hours for trainees in one year programs
   b. 4 hours for trainees in 2-3 year programs
4. Each GME program must have program-specific goals and objectives for QI learning experience.

Advanced QI Training Expectations
Trainees who want more extensive QI experience to meet their individual learning/career goals must:

1. Get approval of their Program Director

2. Participate in the 40-hour Quality Improvement Essentials (QIE) course at NCH. As part of QIE, trainees will:
   a. Work with an executive and QI tools coach at least 10 hours
   b. Develop a project that has the following components:
      i. Aim statement which specifies:
         - What the project will increase or decrease
         - Group or population project will affect
         - Baseline (from what) and goal (to what)
         - Timeframe written as date (accomplish by when and sustain for how long)
      i. Key Driver Diagram (KDD) that includes the aim, key drivers (key leverage points), and interventions (specific tests or changes that will facilitate accomplishing the aim)
      ii. Data specific to their own or their group's practice, preferably depicted in a run or control chart
   b. Present project to senior NCH leaders using the NCH-approved template.
5. QI projects *may* fulfill expectations for scholarly activity if:
   a. Approved by the Program Director and Scholarship Oversight Committee (as required by American Board of Pediatrics)
   b. Trainee was project leader or had a significant role in project design and/or analysis (not just participation in an ongoing project)
   c. Meets Squire Guidelines. See http://squire-statement.org/
   d. Trainee submits the work for publication and/or presentation

Resources

1. Dr. Richard Brilli, Chief Medical Officer, is the chief quality officer at NCH.
2. Angel Delffs, Quality Education/MOC Coordinator, is the primary education resource.
3. QI-trained faculty mentors are available for each service or may be centrally assigned. The MOC Office maintains a list of available faculty mentors if trainees wish additional QI information.
4. Education resources include:
   a. Resident & fellowship core curriculum lectures - QI and EBM topics
   b. Institute of Healthcare Improvement online courses with pre- and post-tests
   c. DVDs from NCH Quality Improvement Essentials course
   d. Online education resources approved by ABMS Board or professional society

[1] QI projects may be approved by the NCH Quality Leadership Committee, the NCH-designated QI leader in each department/section, and/or a national organization that has Part IV MOC approval.

Approved by GMEC: 6/25/2012