

QUALITY IMPROVEMENT 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.

NCH utilizes the Institute for Healthcare Improvement QI model. Trainees must (1) demonstrate knowledge of key components of an aim statement, (2) identify major causes (key drivers) that influence the aim, (3) implement at least one test of change (intervention), and (4) use data to determine if the changes have led to improvement.

This QI education prepares trainees to consistently work in a well-coordinated manner to achieve healthcare QI goals. It will also enable them 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 Board¹. 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. Participate in at least one 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. Identify a least one project intervention which they implemented- *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. 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 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. Apply to participate in the Quality Improvement Essentials (QIE) course at NCH. Limited positions are available.
3. 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 Brill, Chief Medical Officer is responsible for the overall quality and outcomes at NCH. Dr. Rick McClead (Associate Chief Medical Officer) and Dr. Wallace Crandall (Medical Director for Quality) are also responsible for quality outcomes and training.
2. Dr. Karen Heiser, DIO, is the primary education resource.
3. QI-trained faculty mentors are available for each service or may be centrally assigned by Dr. Heiser. 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, professional society, and/or NCH

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; 7/16/2014