POLICY: 200-050385-025

Quality Assurance/Quality Improvement Education for Resident Physicians

Preamble

The Institutional Requirements of the Accreditation Council for Graduate Medical Education require that all residents receive instruction in quality-assurance/performance improvement, and, to the degree possible and in conformance with state law, residents should participate in appropriate components of the institution’s performance improvement program as part of their respective training curriculum.

The Graduate Medical Education Committee (GMEC) recognizes the importance of information derived from autopsies as a significant contribution to graduate medical education and to the institution’s quality assurance/improvement program. The GMEC strongly supports obtaining consent for autopsies and thereby augmenting the teaching programs for many clinical specialties as well as for the Pathology residency program.

ACGME Requirement:

VI.A.#. The Program Director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. (ACGME Institution Requirements July 1, 2015)

Policy

QA/QI Instruction and Participation: The Office of Medical Education shall provide each program with a copy of the document “Quality Assessment and Improvement-An Overview”. This document may be duplicated and distributed to residents as part of their instruction. In addition, the residents should regularly participate in program Morbidity and Mortality Conferences as well as other QA/QI oriented conferences. When possible, residents should serve on institutional committees which directly influence patient care and safety. The GMEC will make routinely available performance and quality data related to patient care and safety and expect that this information will be communicated to all respective trainees.

Evidence of participation:

1. Peer-selected residents must be a member of the Department’s Quality Improvement Committee.
2. Each trainee must actively participate in a quality improvement project either individually or as a group but engage with a multidisciplinary team.
3. Each program must report both aggregate and individual trainee data as part of the Annual Program Self-Evaluation.
   a. Specific elements must include – program name, PGY level, Project title, status of completion, alignment with organization priorities.
   b. Additional elements – requirement vs. elective
c. Training programs may incorporate a formal elective or requirement which focuses specific time related to quality improvement and patient safety.

4. All trainees will complete required Institutional curriculum both as part of orientation and ongoing training related to Quality and patient safety. This will be monitored by the GME office.

5. All trainees should be trained to appropriate utilize the Safety Intelligence (SI) system. In addition, it is expected that trainees will submit 2 reports annually to the SI system in an effort to demonstrate both engagement and solicit active feedback about opportunities to improve the clinical learning environment.

6. Peer-selected trainees will participate as part of the voting membership of the Institution’s Quality Council.

7. Trainees should be strongly encouraged to participate in the Department’s morbidity and mortality conferences as a method of demonstrating system-based practice and self-reflection. It is recommended that formal and competency-based evaluation of this activity be incorporated into the trainee dossier.

8. The GMEC Annual Report will summarize trainee activities related to quality improvement and safety.

9. Relevant patient quality and safety data as well as the organization’s goals and priorities related to patient quality and safety should be routinely incorporated into program communication meetings as demonstrated by meeting minutes.

Autopsies:

Autopsies are an essential part of resident education. All deaths must be reviewed and autopsies performed whenever possible. Residents must attempt to secure permission for autopsy on all deceased patients. The responsible attending physician must strongly encourage the obtaining of consents for autopsy and must assist the residents in obtaining permission when necessary.

Residents should be present at autopsies whenever possible. The Department of Pathology should notify residents so that the residents may be present for a review of the autopsy results. Residents should review the autopsy reports of their patients. The GMEC will monitor the autopsy statistics by program at least on an annual basis.