Professional Formation of Physicians Focused on Improving Care

How Do We Get There?

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KEYWORDS

• Quality improvement • Orthopedic surgery • Quality improvement initiatives
• Quality improvement measures • Quality improvement benefits

KEY POINTS

- Quality improvement (QI) is being emphasized heavily by the Accreditation Council for Graduate Medical Education and National Academy of Medicine.
- QI training begins strong in residency, but wavers through continuing medical education such as fellowship programs and finally as an attending physician.
- QI measures are limited in all stages of continuing medical education for orthopedic surgery.

INTRODUCTION

In recent years, there has been an increasing emphasis by both the National Academy of Medicine (NAM) and the Accreditation Council for Graduate Medical Education (ACGME) to integrate quality improvement (QI) initiatives into the residency curriculums. Quality improvement (QI) is defined by Batalden & Davidoff as "the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development".[1] QI has been receiving emphasis after the NAM, formerly named the Institute of Medicine (IOM), aimed to recognize the drawbacks of healthcare. In efforts to improve the field positively, the NAM released two publications, *To Err Is Human: Building a Safer Health System*, and *Crossing the Quality Chasm: A New Health System for the 21st Century*. Both publications highlight the prevalence of preventable mistakes in the field of medicine. In the latter publication, released in 2001, the NAM provided six aims for improvement which were general and far reaching: the six aims were built around health care being "safe, effective, patient-centered, timely, efficient, [and] equitable".[2] Subsequently, in 2003, the NAM released another publication titled, *Health Professions Education: A Bridge to Quality,* in which five competencies were clearly highlighted that were far more specific and direct: "Provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, [and] utilize informatics".[3]

Additionally, the ACGME, a non-profit council responsible for accrediting residency programs

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throughout the United States, released their own set of competencies for graduate medical education in 2002. These competencies are skills that the ACGME holds residents accountable for developing and are as follows: Patient care, medical knowledge, practice-based learning and environment, interpersonal and communication skills, professionalism, and systems based practice. To no surprise there is a clear emphasis on quality improvement in the competencies put forth by the ACGME. More specifically, this emphasis is highlighted in two of the competencies – Practice-based learning and systems-based practice.

Practice-based learning and improvement emphasizes residents investigating and evaluating their practices, and eventually using their evaluations to reflect and improve their practice. The ACGME commonly assesses this competency through "audit of clinical practice (quality performance measures), evidence-based medicine logs, case logs, [and] rating scales/evaluation forms".[4] Systems-based practice focuses on residents being able to call upon resources to provide optimal and efficient care. The ACGME commonly assesses this competency through "audit of clinical practice (quality performance measures), multi-source feedback (MSF), [and] rating scales/evaluation forms".[4] By obtaining proficiency in these competencies, the ACGME hopes for residents to be able to reflect upon their practices and find methods to improve the quality of care they are delivering to patients. These competencies put forth by the NAM and ACGME are summarized in Table 1. Though the ACGME and the NAM emphasize the importance of QI, there may not be enough focus on QI throughout the training of medical professionals, especially orthopedic surgeons. Within our review, we aim to investigate the extent of QI measures throughout the various steps of medical education en route to becoming an orthopedic surgery attending – orthopedic residency, fellowships, and finally, as an attending. Through this assessment, it will become clear that though QI is beginning to be preached extensively in different residency programs to meet the demands of the ACGME and NAM, further QI measures need to be implemented in orthopedics. Additionally, we will see that the emphasis on QI training begins strong and is prominent in residency programs, but wavers through fellowship programs and finally as an attending physician.

ORTHOPEDIC RESIDENCY

Having QI initiatives in orthopedic residency is crucial to the education of the resident. Residency is the first legitimate exposure many physicians have to independently manage and care for patients. Thus, emphasizing QI at an early stage in medical education allows residents to develop the proper foundation in order to provide care to their patients that is, not only efficient, but also continuously improving in quality.

The Surgical Council on Resident Education (SCORE) has made a national curriculum available for residency programs to incorporate. This curriculum contains a significant amount of skills that surgical residents are responsible for developing throughout the course of their residency. As suggested by ACGME, this curriculum contains a specific category titled as "Practice-Based Learning & Improvement"; all four of the requirements residents are responsible for achieving for this category correlate with QI. The fact that the SCORE emphasizes QI throughout their surgical education curriculum, although not as prominently as other competencies, highlights the increasing importance of QI in residency programs. Specific to orthopedic surgery, the American Board of Orthopedic Surgery (ABOS) and the ACGME both released milestones intended for residency programs to use when reporting performance of their residents to the ACGME. In these milestones, there is a specific requirement by ABOS and ACGME for residents to be able to "work in interprofessional teams to enhance patient safety and quality

Table 1
Summary of NAM and ACGME competencies

Organization	National Academy of Medicine (NAM)	Accreditation Council for Graduate Medical Education (ACGME)
Emphasized competencies	1. Provide patient centered care 2. Work in interdisciplinary teams 3. Employ evidence-based practice 4. Apply quality improvement[a] 5. Utilize informatics	1. Patient care 2. Medical knowledge 3. Practice-based learning and improvement[a] 4. Interpersonal and communication skills 5. Professionalism 6. Systems-based practice[a]

[a] Indicates important competency for QI.

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