

**RESOLUTION 22 - 2010**

Subject: Education of Medical Students and Residents/Fellows in Quality Improvement

Introduced by: Resident/Fellow Section, Medical Student Section, Young Physician Section and the Dane County Medical Society

Referred to: Quality and Clinical Outcomes

1 Whereas, Quality measures are likely to play a significant role in health care reform efforts; and

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3 Whereas, Quality improvement will increasingly become an important part of medical practice as  
4 Continuing Medical Education credits are soon to require a “practice improvement” component; and

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6 Whereas, The Accreditation Council for Graduate Medical Education (ACGME) mandates that  
7 residents develop competencies in six core areas, two of which, specifically “systems-based practice”  
8 and “practice-based learning and improvement,” relate to quality improvement;<sup>1</sup> and

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10 Whereas, The ACGME defines the systems-based practice competency as including knowledge in  
11 systems for improving the quality of care, and the practice-based learning and improvement  
12 competency as including the ability to analyze practice experience in order to perform systematic  
13 improvement activities;<sup>1</sup> and

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15 Whereas, These two core competencies in particular have proven particularly challenging for  
16 residency programs to incorporate into their curricula;<sup>2</sup> and

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18 Whereas, The Association of American Medical Colleges’ Medical Student Outcomes Project Quality  
19 of Care committee has called for experience-based learning in the improvement of health care during  
20 medical school;<sup>3</sup> and

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22 Whereas, As with residency programs, medical schools infrequently incorporate quality improvement  
23 education into their curricula; and

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25 Whereas, Wisconsin is poised to potentially be at the forefront of quality improvement initiatives with  
26 its Wisconsin Health Information Organization initiative; and

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28 Whereas, Wisconsin also consistently ranks highly on national health care quality measures, for  
29 example, ranking #1 in the nation by the Agency for Healthcare Research and Quality in 2008;<sup>4</sup> and

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31 Whereas, It will be important for Wisconsin to educate its next generation of health care providers  
32 and health care leaders in quality improvement initiatives so as to continue the legacy of quality  
33 health care provision and quality improvement leadership in this state; and

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35 Whereas, Education of our state’s trainees in what we hope will continue to be a source of pride for  
36 Wisconsin physicians could serve to increase physician retention in Wisconsin after completion of  
37 training; and

38 Whereas, The American Medical Association has policy commending medical schools that provide  
39 instruction in quality assurance and utilization review;<sup>5</sup> therefore be it  
40  
41 RESOLVED, That the Wisconsin Medical Society respectfully encourage our state's medical schools  
42 and residency/fellowship programs to incorporate quality improvement curricula, including principles  
43 of quality improvement unique to Wisconsin, into their training.

Fiscal note: Within current budget.

References:

1. ACGME Board. Common program requirements: general competencies. Approved 13 February 2007. Available at: <http://www.acgme.org/outcome/comp/GeneralCompetenciesStandards21307.pdf>.
2. Varkey P, Karlapudi S, Rose S, Nelson R, and Warner M. A systems approach for implementing practice-based learning and improvement and systems-based practice in graduate medical education. *Acad Med* 2009;84(3):335-9.
3. Batalden P. Report V: contemporary issues in medicine: quality of care. Washington, D.C.: Association of American Medical Colleges, 2001.
4. 2008 State Snapshots. U.S. Department of Health & Human Services: Agency for Healthcare Research and Quality. <http://statesnapshots.ahrq.gov/snaps08/index.jsp>. Accessed 2 January 2010. 11 December 2009.
5. AMA Policy H-450.987 Education of Physicians in Utilization and Quality Review Matters. CME Rep. D, A-88; Reaffirmed: Sunset Report, I-98; Modified and Reaffirmed: CME Rep. 2, A-08.

## Relevant Policies

### Society:

#### EME-007

#### Training for Residents: The Wisconsin Medical Society

- Encourages, as early as feasible in the first year of residency, the teaching of ACLS (Advanced Cardiac Life Support) and BLS (Basic Life Support) to maintain certification.
- Supports encouraging making ACLS and BLS an integral part of the residents' training. (HOD, 0405)

### AMA:

#### H-450.987 Education of Physicians in Utilization and Quality Review Matters

The AMA (1) commends medical schools that provide instruction in quality assurance and utilization review; (2) advocates making available model curriculum information to medical schools wishing to undertake such instruction; (3) reaffirms its support for the provision in the ACGME Program Requirements which requires that residents participate in patient care review activities; and (4) supports and encourages accredited sponsors which currently provide continuing medical education on the subject of quality assurance and utilization review or those which may be interested in developing educational activities for this purpose. (CME Rep. D, A-88; Reaffirmed: Sunset Report, I-98; Modified and Reaffirmed: CME Rep. 2, A-08)

#### H-450.971 Quality Improvement of Health Care Services

Our AMA will continue to encourage the development and provision of educational and training opportunities for physicians and others to improve the quality of medical care. (BOT Rep. I, I-91; Modified: Sunset Report, I-01)