

**Socio-Economic and Cost Effectiveness Issues**  
**Quality Assurance, Quality Improvement and Risk Management**

General description of the rotation including educational purpose, rationale or value:

As part of the resident's clinical training in inpatient and ambulatory medicine, attendings emphasize the clinical problems within the context of the patient's socioeconomic identity and risk factors. Interdisciplinary rounds are an integral part of all inpatient services and are held anywhere from once per week to daily. The epidemiologic principles of cost-effectiveness are reviewed during the yearlong EBM curriculum. Principles of quality assurance, quality improvement and risk management are introduced during the orientation sessions and further emphasized during the Ambulatory Block Rotations. Residents are required to complete a QA/CQI project with a chart review during their C and D Ambulatory Blocks. Principles of managed care emphasized during all clinical encounters and during rotations at health maintenance organizations (Kaiser Permanente) during the Ambulatory Rotations. Residents who participate in various hospital and departmental committees contribute to the quality improvement process for patient care, education and hospital systems. These committees and work groups include the Postgraduate Education Committee, Information Technology Committee, Autopsy Reporting Task Force, Quality Assurance Committees (UMMS and VA), Notification of Primary Care Admissions Task Force, Continuity Clinic Discussion Groups, among others.

Resident responsibilities:

Residents participate in these sessions as a part of their clinical training, particularly during the Ambulatory Block Rotations in internal medicine. Morning Report is a required conference.

Educational Objectives: During this training, the resident will:

PGY-1 resident will:

1. Discuss impact of socioeconomic factors on the development, management and prognosis of various diseases.
2. Understand the interplay between these factors and the ability to initiate preventive care initiatives with the patient.
3. List the various social service organizations can help foster positive patient care.

PGY-2 resident will:

1. Demonstrate understanding of the principles, objectives and processes of QA, QI and risk management.

PGY-3 resident will:

1. Complete a QA/CQI project including data collection and interpretation during 2 of their ambulatory block rotations.

Check all principle teaching methods used during this training:

- |                                     |                                      |                                     |   |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Attending teaching rounds            | <input checked="" type="checkbox"/> | Interdisciplinary rounds                          |
| <input checked="" type="checkbox"/> | Patient management discussions       | <input checked="" type="checkbox"/> | Small group discussions                           |
| <input checked="" type="checkbox"/> | Conferences specific to the rotation | <input type="checkbox"/>            | Bedside clinical rounds                           |
| <input type="checkbox"/>            | Individual instruction of procedures | <input type="checkbox"/>            | Review of diagnostic studies                      |
| <input type="checkbox"/>            | Other: _____                         | <input type="checkbox"/>            | Review of diagnostic studies, including radiology |

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

As noted above.

Check the principal ancillary educational materials used:

- |                                     |                             |                                     |                              |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/>            | Reading lists               | <input type="checkbox"/>            | Pathologic material          |
| <input type="checkbox"/>            | Radiologic studies          | <input type="checkbox"/>            | Other noninvasive studies    |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/>            | Other: _____                | <input checked="" type="checkbox"/> | Case studies                 |

Methods used to evaluate the residents and the rotation:

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: \_\_\_\_\_

Identify strengths and limitations specific to the resources of the sponsoring institution:

Not applicable.

Conferences or attending/Patient Care Rounds:

Morning Report (including sessions in diversity training, managed care, etc.)  
Journal Club (EBM curriculum)  
Sessions with Baltimore City Health Department  
Various Committees and Work Groups as noted above