

Practice Management Role in Monitoring Family Medicine Residents Adherence to ACGME-I Standards in Qatar

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Abstract

Background: Practice Management Report is a tool used to describe the practice activity and productivity for each resident. The aim of this study is to monitor resident adherence to ACGME-I performance standards.

Methods: Data was extracted and analyzed from practice management reports of all family medicine residents for the period from July 2014 to June 2015. Total number of residents was 31 residents.

Results: Residents reached the target of total number of patient visits by 43% while reached the target of male/female ratio by 62%. Residents reached the target of hospital admission visits by 27%. Residents reached the target of seeing patients less than 19 years by 87% while reached the target of seeing patients more than 60 years by 22%. Residents reached the target of patients visit distribution by 21%. Residents completed their chart audit by 97% and achieved patient satisfaction by 99%. The most deficient cases seen by residents were high risk pregnancy by 43%, well baby cases by 20%, eye problems by 16% and Asthma by 11%.

Conclusion: Practice management report is of considerable importance to monitor and assess resident performance according to ACGME-I standards. Despite some difficulties in its application and analysis process, it will guide improving deficiencies in areas as antenatal and well-baby care and physician alert system.

Keywords: Practice; Management; Monitoring; Family medicine residents; Adherence; ACGME-I; Qatar

Introduction

One of ACGME-I requirements was the practice management curriculum. Practice management curriculum is an essential tool, which can help in several ways, Besides training schedule, physician alert system, and several other innovative aspects of monitoring resident's performance and prearranged activities, this will also reflect with equal measure on any training institute as well [1]. Practice management report is a tool used to evaluate practice activity and productivity for each resident. It also monitors their practice performance progression.

Practice management report is assessing residents in the following

Areas: individuals/practice productivity which includes total number of patient visits seen by the resident in continuity care clinics, total number of visits to hospitalized patients, patient visits distribution by gender, patient visit distribution by age, patient visits distribution by presenting illness, and chart (SOAP) documentation. Practice management report will also address overall patients satisfaction, clinical quality indicators and the six ACGME-I clinical competencies.

It should ideally performed by both faculty and residents and submitted to the program coordinator. Practice management report is done every 3 months.

The report is then revised and analyzed by the practice management committee, signed by the program director, feed backed to both faculty and residents and finally, archived in resident portfolio.

In order to achieve the aim of such report, the practice management committee developed certain documents to gather accurate information. These documents include the following: practice management template, chart audit form, patient satisfaction forms (Arabic and English), Formative assessment forms (obtained from medhub) [2]. It also include patient list and patient visit sheets and finally, practice management report form.

Training for faculty and residents on practice management was

done through workshops conducted in collaboration with RCSI (Royal college of surgeons in Ireland) [3].

Physician Alert system was developed between Primary Health Corporation [4] and Hamad Medical Corporation [5] information technology departments to link patient care between the hospital and family medicine centers.

The practice management report was designed and performed as an accreditation practice according to ACGME-I standard. This application represented a mutual understanding of "honesty, innovative accountability, transparency fairness, and service leadership" would support the mission of setting high standard for post-graduate medical education of healthcare professionals.

Moreover, the report was applied to the area of improving deficiencies and indicated the possibility of seeking for solutions to enhance sustainability and success in future practice.

Methods

Data from practice management reports of all residents was extracted and analyzed for the period from July 2014 to June 2015. Total number of residents was 31 residents.

Practice management report included the following items: Total number of patients seen in previous 3 months in continuity of care clinics putting standards for each PGY level (role of 7). In PGY1,

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resident is expected to see at least 5-7 cases per clinic (reaching at least 150 patient visits at the end of first year) while in PGY2 resident is expected to see 14 cases in two clinics weekly and see 21 cases in three clinics in PGY3. This is in aim to reach at the end of residency about 1650 patient visits.

Other items include male to female ratio which is supposed to be 1:1, total number of patient visit during admission to hospital, patients seen less than age of 19 years which supposed to be more than 15% from total patients seen, patients seen for ages more than 60 years which supposed to be more than 15% from total patients seen, Patient distribution according to presenting illness which supposed to be good variability distribution, chart audit which is auditing resident performance in areas of preventive medicine and patient care outcomes and finally, patient satisfaction regarding residents performance.

Results

In Figure 1 it is apparent that residents reached the target of total number of patient visits by 43% , residents reached the target of male to female ratio by 62%, residents visited their admitted patients in a percentage of 27%, residents reached the target regarding patients seen less than age of 19 years by 87%, residents reached the target by 22% regarding patients seen for the age more than 60 years, the target achieved by 21% regarding patient visits distribution by illness, chart audit performance was reached by 97% while patient satisfaction achieved by 99%.

In Figure 2 it is apparent that the most deficient cases for residents to be seen in regarding patient visit distribution is high risk pregnancy, well baby cases, and eye problems.

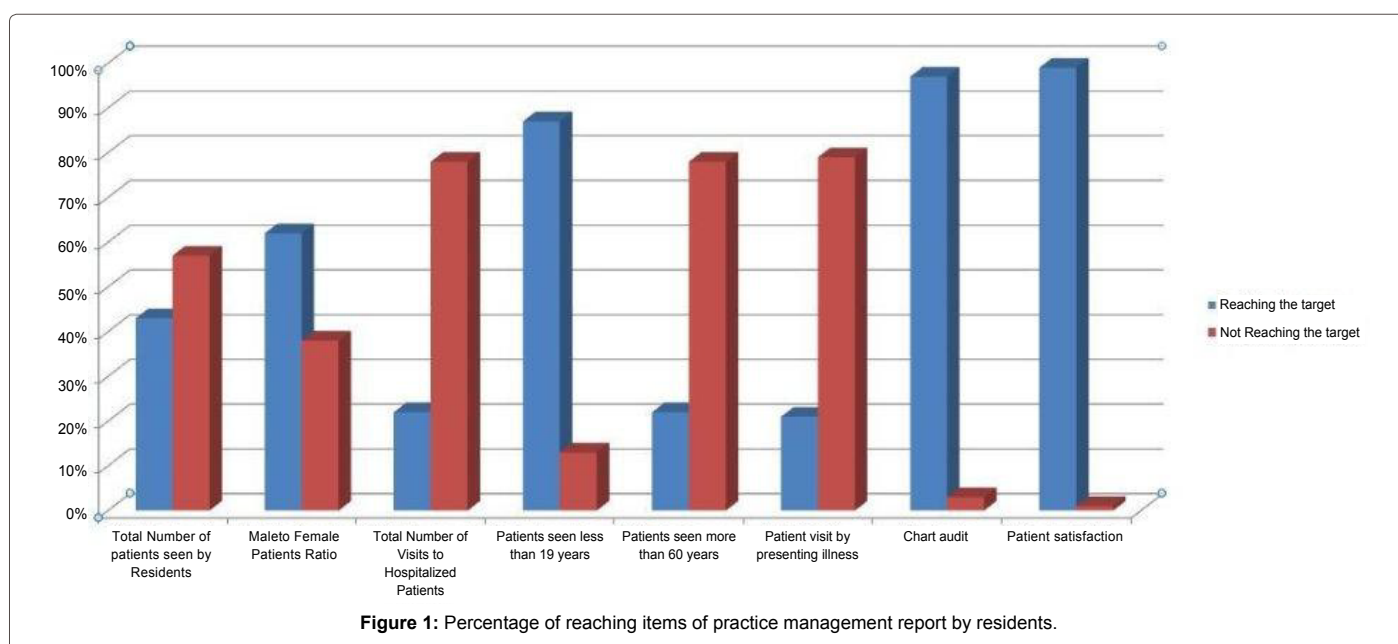


Figure 1: Percentage of reaching items of practice management report by residents.

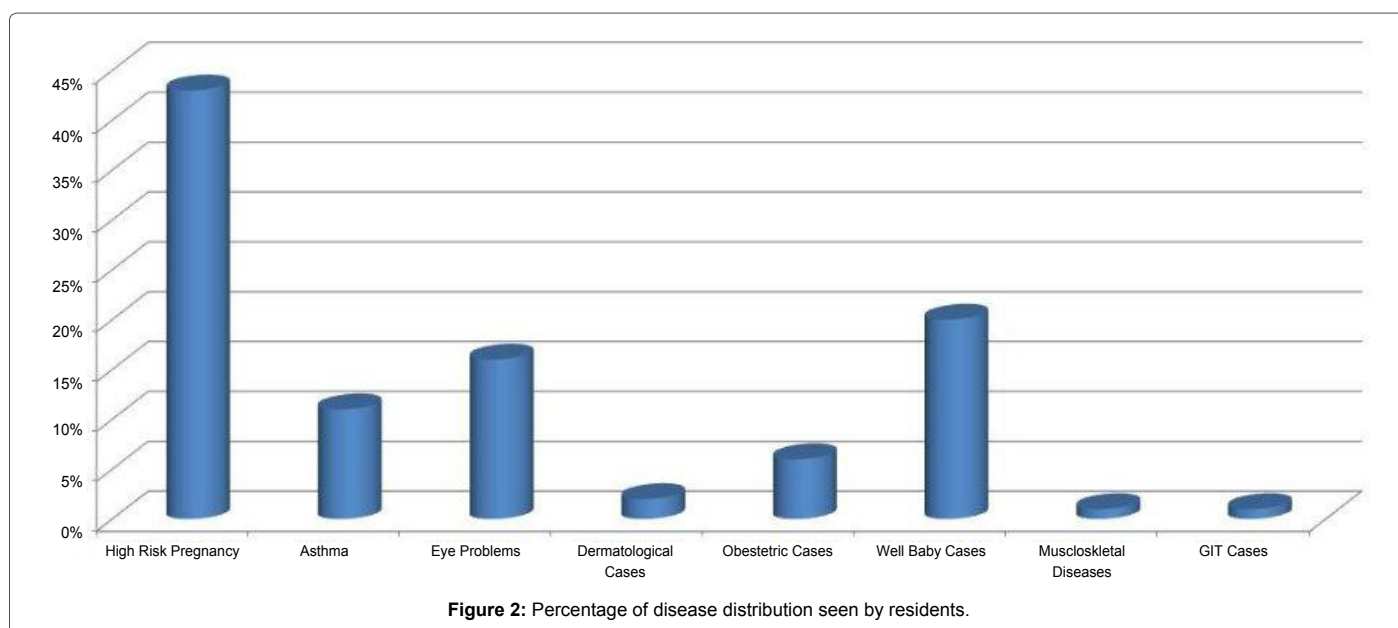


Figure 2: Percentage of disease distribution seen by residents.

Discussion

Residents reached the target of total number of patient visits by 43% which initially could reflect that our residents are below their targets but they finally achieve at the end of residency.

Residents reached the target of male to female ratio by 62 % as we all face a cultural problem in Arab region where most of females preferred to be seen by female doctors only.

Residents visited their admitted patients by 27% and that was relatively low because of technical problems with the use of physician alert system.

Residents reached the target of seeing patients less than age of 19 years by 94%, while reached the target of seeing patients aged more than 60 years by 22% and that's low due to low percentage of geriatric population in Qatar which ranges from 5-10% of total population.

For patient visits distribution by illness, the target was achieved by 21% and the most deficient domain was obstetrics and gynecology where Arab women prefer female doctors.

Regarding chart audit performance, the target was reached by 97% while patient satisfaction reached 99%.

The most deficient cases to be seen in regarding patient visit distribution were high risk pregnancies, well baby cases, and eye problems (Supplementary Table 1).

Decreased percentage especially in elderly care visits, pregnancy,

well baby cases, eye problems, and asthma possibly score the underlying deficiency in essential training and possibly a disinterest or a incompleteness on the part of residents. This can be taken up by the authorities to improve the state of affairs.

Conclusion

The practice management report is of considerable importance to monitor and assess resident performance according to ACGME-I. Despite some difficulties in its application and analysis, it will guide improving deficiencies as putting alternative solutions for residents in areas as antenatal care and well-baby and improving physician alert system. New faculty and resident orientation towards practice management report is of great importance to enhance sustainability and success. This experience can help stimulate the practice management activities and be a base for further research on practice management.

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