

Division of Hospital Medicine **Hospital Medicine Fellow-Quality Track/Quality Chief of** **the HM Track**

The Division of Hospital Medicine is excited to announce a Quality fellow position within the Hospital Medicine track. Our objective is to offer a distinctive educational, quality, and administrative experience that will help develop the essential tools and skills needed to become a leader in Quality Healthcare and Academic Hospital Medicine.

A. Introduction

1. Duration – The Quality Fellow Track program is a one-year program that runs from July to June.
2. Prerequisite Training/Selection Criteria – To be eligible for the Quality Fellow Program, candidates must complete a residency in an ACGME-approved Internal Medicine or Hospital Medicine program. Faculty or peers can nominate internal applicants. Still, the final selection is determined by a vote among the Department's healthcare providers, including house staff, mid-level practitioners, and attending physicians. External applications will be accepted if any positions remain unfilled after the internal selection, provided the same prerequisites are met.
3. Goals and Objectives for Training – The Quality Fellow year has four primary goals: 1. To refine clinical acumen, 2. To develop teaching skills, 3. To enhance understanding of quality improvement, patient safety, and quality metrics, 4. To lay the groundwork for future leadership roles in healthcare quality.
Participating in a Quality Fellowship improves one's skills as a healthcare professional and increases interest from potential employers seeking high-quality medical providers.

B. Resources

- Housam Hegazy, MD Division Chief of Hospital Medicine- Fellowship Program Director
 - ii. Stephen J. Knohl, MD – Associate Division Chief of Education
 - iii. Zaheer Oueida, MD, Quality Officer for Hospital Medicine, serves as an educator and supervisor.
 - iv. Hayas Koya, MD, Quality Officer for Hospital Medicine, serves as an educator and supervisor.
 - v. Iona Chepak, MD, Associate Program Director, serves as an educator
 - vi. Zachary Shepherd, MD, Associate Program Director, serves as an educator
 - vii. Koh-Eun Narm, MD, Associate Chief of Education and an educator.
 - viii. Bader Madoukh, MD, Associate Chief of patient experience and a mentor in the field of patient experience.
- b. Quality Department: Supervising Team
- i) Matthew Glidden, MD- Chief Quality Officer.
 - ii) Harvir S. Gambhir, MD- Associate Chief Quality Officer.
 - iii) Julie Briggs, Director, Patient Safety and Quality
 - iv) Denise Barber, Director of Quality Improvement,
 - v) Paul Suits, Director of Infectious Prevention
 - vi) Kamrin Kucera, Director of Risk Management,
 - vii) James Legault, Director of Clinical Practice Analysis
 - viii) Bethany Sciotti, Director of Patient Advocacy

C. Facilities

- i. University Hospital and Associated Provider-Based Clinic Site/s

D. Educational Program – Basic Curriculum

- a. Clinical and Academic components for Quality Fellowship
 - i. They attend the a national conference as instructed.
 - ii. Participation (as a supervisor and educator) in Rotation X (Quality and Patient Safety Rotation), designed to sharpen one's academic medicine skills after residency training. In addition to having protected time to participate in clinical teaching at the bedside with third-year medical students, participants learn the basics of clinical documentation, coding, and billing by working closely with the Clinical Documentation Improvement Department.
 - iii. Complete the annual online Malpractice Course
 - iv. Ensure that they and those they supervise abide by the ACGME and NYSDOH 405 rules regarding duty hours.
 - v. Be responsible for coordinating Hospital Medicine residency recruitment open houses.
 - vi. Serve as a member of the Performance Evaluation Committee, Clinical Competency Committee, and Hospital Medicine House staff Selection Committee.

b. Clinical and Academic Components-Chief Resident Position Specific

Quality Fellow Track program (1) –The Quality Fellow does eight(8) weeks of clinical service at UH hospital sites from July to June: DT and CGH. They will rotate for 6 months in collaboration with Internal Medicine Quality Chief Resident in A) IM-HM Quality, B) Quality Department.
HM QF: Hospital Medicine Quality Fellow
IM QCR: Internal Medicine Quality Chief Resident

	July to December	January to June
IM-HM Quality	IM QCR	HM QF
Quality Department	HM QF	IM QCR

A. IM-HM Quality: The role of Quality Fellow Track:

1. Quality Fellow serve as Hospitalist for four(4) weeks, providing direct patient care, and as supervisors and educators to resident/student learners. Direct patient care will dominate this rotation, but there are still administrative and teaching responsibilities for resident/student learners.
2. They review cases, SA events, and patients' complaints for hospital Medicine residents. They provide feedback and share concerns with the Division of Hospital Medicine and Hospital Medicine Residency.
3. They oversee Rotation X in collaboration with the Internal Medicine Quality Chief Resident.

4. They oversee IHI Quality Workshop with Internal Medicine Quality Chief Resident and Ambulatory chief resident.
5. They supervise and mentor Quality projects for Hospital Medicine Residents.
6. They complete the Yellow Belt Lean Six Course during their Fellowship
7. They participate in hospital quality committees (Sepsis, Transition care, Heart Failure, Hospital Medicine Quality Committee, Hospital Medicine Education Committee, Hospital Medicine Policy and Structure committee, DOM Quality Updates, Hospital Medicine Patient Experience Committee, Ortho-care, Resuscitation, CQI, QIPS, Substance Abuse Disorder, Endocrinology, Pharmacy and Treatment, Patient and Safety, and Laboratory committees)
8. They participate in the hospital medicine residents' recruitment process on interview days, meet with applicants, and render evaluations in ERAS.
9. They sit on hospital and departmental quality and patient safety committees with weekly (if not more frequent) meetings to discuss performance metrics, protocol development, and systems improvement.
10. They organize and run the Morbidity and Mortality Conference under the guidance/mentorship of Quality Officers for Division of Hospital Medicine or Assigned Quality Officers.
11. They supervise and mentor the Hospital Medicine Residents in conducting root cause analysis and preparing the presentation.

B. **Quality Department:** Quality Fellow report to Quality Team on Monday to Friday(8 am to 4 pm) unless excused by Residency leadership or Clinical Service or on vacation.

1. They review cases, SA events, and patients' complaints for residents as assigned by Quality Team. They provide feedback to HM-IM residents and share concerns with the residency leadership.
2. They complete the Yellow Belt Lean Six Course during their Fellowship.
3. They complete one quality project/initiative and present it at the National/Regional Quality Conference. In addition, this QI project must be published as a manuscript.
4. They participate in hospital quality committees (Sepsis, Transition care, Heart Failure, Hospital Medicine Quality Committee, Hospital Medicine Education Committee, Hospital Medicine Policy and Structure committee, DOM Quality Updates, Hospital Medicine Patient Experience Committee, Ortho-care, Resuscitation, CQI, QIPS, Substance Abuse Disorder, Endocrinology, Pharmacy and Treatment, Patient and Safety, and Laboratory committees)
6. They will participate in Quality Team's meeting(Infection Control, Quality Coordinators, Risk Management, Patient Advocacy, Data analysis, IMT, and ad-hoc meetings)
7. They will participate in RCA and process mapping for projects lead by quality department.
8. They will participate in quality, sepsis and other rounds with Quality Team.
9. They oversee Rotation X in collaboration with the Internal Medicine Quality

Chief Resident.

10. They oversee IHI Quality Workshop with Internal Medicine Quality Chief Resident and Ambulatory chief resident.

11. They serve as Hospitalist for four(4) weeks, providing direct patient care, and as supervisors and educators to resident/student learners. Direct patient care will dominate this rotation, but there are still administrative and teaching responsibilities for resident/student learners. The clinical supervision is provided Hospital Medicine Residency: APDs and Associate chief for Education.

12. They participate in the hospital medicine residents' recruitment process on interview days, meet with applicants, and render evaluations in ERAS.

E. Evaluation

- a. The Quality Hospital Medicine Fellowship is evaluated semiannually by all house staff and faculty specifically addressing the ACGME's six (6) core competencies.
- b. The Quality Fellow is required to complete a self-evaluation.
- c. These evaluations are reviewed by Leaders of the Fellowship Program