method for equitable support, true equity was not achieved because of higher ACGME specialty FTE requirements in several specialties. As all PDs were involved from the start of this project as part of the GMEC, no dissent occurred in implementation of the institutional formula.

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NEW IDEAS

Institutional Review Board Checklist for Trainee Quality Improvement Project Approvals

Setting and Problem

In 2012, the Accreditation Council for Graduate Medical Education (ACGME) introduced a requirement for trainees to participate in quality improvement (QI) and patient safety (PS) work. This requirement increased trainee exposure to QI/PS, and created an opportunity for scholarly work. For traditional scholarly work, trainees must obtain approval from their Institutional Review Board (IRB) prior to conducting a study. In practice, the IRB process acts as a significant barrier for trainees, due to the significant amount of administrative work and advanced planning required during a trainee's other, unrelated rotations. Expansion of IRB submissions due to required QI/PS projects also creates the potential for IRB submission overload, bogging down timely review. Internal surveys at our urban, academic hospital confirmed that delays in IRB review already deter trainees from ambitions to create impactful projects.

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Intervention

At our hospital, which is responsible for 450 trainees, we implemented our interpretation of ACGME requirements by requiring all residents to participate in QI/PS projects. We created an institution-wide curriculum and an online QI platform to facilitate QI/PS scholarship. During initial implementation, trainees submitted project applications through the IRB before starting these scholarly activities. Subsequently, we observed IRB feedback that (1) the majority of projects were not human subject research, and (2) the remaining submissions evaluated by the IRB were ultimately approved as exempt.

Noting the opportunity to improve efficiency, we collaborated with our IRB to create a checklist that would appropriately route all institutional QI/PS projects. If the project met checklist criteria (FIGURE), it would be approved as *QA/QI Status* and would not require separate IRB submission. The IRB included a quality assurance (QA) designation for this checklist in anticipation of other groups choosing to do projects in this area; our projects were predominantly focused on QI and PS. Enforcement of the checklist completion and umbrella protocol compliance was tasked to graduate medical education leaders overseeing the QI/PS effort at our institutions (A.C. and K.M.). This checklist was placed on an online QI platform so trainees can certify that a project qualifies; projects that do not qualify require IRB submission.

Outcomes to Date

From October 2016 to January 2017, a total of 47 projects have been entered onto the site. Of these projects, all but 3 have met QA/QI Status approval conditions, bypassing traditional IRB submission.

Most QI/PS projects are initiated with the intent to improve systems at the home institution. In the event that any outcomes are deemed worthy of dissemination, and thus presentation or publication, they will fall under the original umbrella protocol and can be published. We also have anecdotal evidence (via focus groups) that residents are more satisfied and eager to complete QI projects without the barrier of IRB approval. We plan to continue to track submissions to the QI platform as well as IRB submissions for QI/PS work.

Conditions for Determination of QA/QI Status	Yes	No
The primary intent of the project is not peer-reviewed publication, and if publication of the results was prohibited, the project would still have merit as a QA/QI effort.		
The purpose is to improve the quality of the program under investigation by assessing and encouraging standard medical care or educational goals.		
The principal investigator has both clinical supervisory responsibility and the authority to impose a corrective plan based on the outcomes of the project.		
The project does not involve prospective assignment of patients to different procedures or therapies based on a predetermined plan such as randomization.		
The project does not involve a "control group," in which therapeutic or study intervention is intentionally withheld to allow an assessment of its efficacy.		
The project does not involve the prospective evaluation of a drug, procedure, or device that is not currently approved by the Food and Drug Administration for general use (including "off-label" indications).		
Participants won't be exposed to additional physical, psychological, social, or economical risks or burdens (beyond patient satisfaction surveys) in order to make the results of the project generalizable.		
Adequate protections are in place to maintain confidentiality of the data to be collected, and there is a plan for who can access any data containing participant identifiers.		

Note: If all responses are "Yes," the project is approved as QA/QI status. If any response is "No," the project must be submitted to the Institutional Review Board for approval.

FIGURE

Quality Assurance/Quality Improvement (QA/QI) Checklist

Note: If all responses are "Yes," the project is approved as QA/QI status. If any response is "No," the project must be submitted to the Institutional Review Board for approval.

This checklist for QI projects is easily transferable to other institutions in order to facilitate trainee QI/PS endeavors. Preliminary results suggest that this checklist will assist with initiation of QI projects while adhering to IRB guidelines.

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Enhancing Resident Scholarly Productivity by Facilitating Web-Based Access to Publicly Accessible Datasets

Setting and Problem

The Accreditation Council for Graduate Medical Education (ACGME) Program Requirements for Internal Medicine state that "residents should participate in scholarly activity" and "the sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities."[1] More than a quarter of programs surveyed in the 2015 Internal Medicine ACGME Resident Survey report being unsatisfied with opportunities for resident scholarly activity. Several programs have instituted resource-intensive initiatives to address this issue, but it is unclear how sustainable these interventions are. In addition, many of these initiatives require faculty with extensive research experience as well as significant resources, and generalizing them is challenging. Lack of access to useable clinical data and the lack of expertise with basic statistical techniques are both additional barriers to robust resident research initiatives.

Intervention

The National Inpatient Sample (NIS) is the largest publicly available all-payer inpatient health care database in the United States. The rich dataset includes demographic, diagnostic, and outcome data on a broad sample of inpatients, allowing queries on multiple important inpatient topics, but requires the use of complex statistical software for access. We imported the 2012 NIS into a database and created a web-based front end, allowing residents to easily query the dataset and extract smaller subsets of data for analysis. The web-based tool is designed to be simple to use, and results are available within minutes. Queries can be adjusted based on results, and then the results can be easily exported into

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