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Identification and Prioritisation of Barriers to Quality Performance in Medical Education and Patient Care in Medical University in India

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ABSTRACT King George's Medical University (KGMU) is 100 years old and is one of the six medical universities in India. Like most other medical institutions here, there is no formal process of internal evaluation for improvement. This work was done to identify potential barriers to quality performance in medical education and patient care domains and to develop a methodology to prioritize them using qualitative and semi-quantitative techniques. About 30-faculty members identified around 42 barriers in the domains of education and patient care. Majority of the barriers were internal and required changes in systems and behavior. A stakeholder focused KGMU priority-setting matrix was developed to give each barrier a priority score ranging from 8-24. One-thirds (n=14) identified barriers obtained a priority score of ≥ 17 and were subject to external validation, using the same priority setting matrix, on 82 (81.7% males) stakeholders. Limited teacher postgraduate student interaction and less patientphysician interactions were identified as most important barriers in education and patient care domains, respectively, followed by barriers common to both domains (unaesthetic campus, irregular electricity and water supply and poor maintenance of equipment). Thus expedited action in domain specific as well as common priorities would potentially positively impact medical education as well as patient care. KGMU priority setting matrix was found to be a simple instrument, which could capture differences in perspectives of various stakeholders. It can be validated in similar settings elsewhere. There is a need to develop and validate methods of internal assessment and quality assurance within medical institutions in India.