
At the November 2014 meeting of the GMEC, the following plan for an institutional curriculum for graduate medical education in patient safety and quality improvement was adopted.

1. The UME/GME curriculum developed by the Patient Safety and Quality Improvement Working Group was reviewed. Those objectives designated for achievement by interns and residents in Sections I-IIIC were felt to be appropriate for all graduating house staff to achieve with the exception of II.C Model for Improvement and II.D Measuring for Improvement. These core objectives will be considered our Institutional PSQI Milestones. Other sections may also be appropriate for training programs at their discretion on an as needed basis. These optional sections include:

   II.C. and II.D. as above
   III.D. Preventing Falls/Injuries and Use of Restraints/Seclusion,
   III.E. Health Care-associated Infections,
   III.F. Invasive and Surgical Procedures,
   III.G. Pressure Ulcers and
   III.H. Equipment and Device Failure

Each training program will continue to develop its own didactic curriculum on PSQI based on the needs of its learners and may utilize the resources detailed in the Institutional Milestone document. Program directors will be expected annually to review their curriculum and overall level of trainee experience to assess progress on attaining each of the objectives listed under “resident.” This program level information will be sent to the Office of the Associate Dean for Graduate Medical Education for an annual review of our institutional progress in meeting these objectives and determining needed resources to make this consistently attainable.

2. At the discretion of the individual programs, incoming residents and/or fellows may complete an online basic module to affirm core knowledge of the lexicon of PSQI. Such modules as the WU Basic Principles of Patient Safety Module or the IHI Open School modules may be utilized for this purpose. The program director will annually report to the Office of the Associate Dean for GME if their incoming trainees were asked to complete the module. No tracking of individual completion will be done by the GME office.

3. Each graduate will submit to their program director written documentation of their participation in a project/activity in either Patient Safety or Quality Improvement to be included in the graduate’s file. That project/activity must be supervised/mentored by a faculty member and approved by the PD. This project/activity should demonstrate application of the principles of the Institutional GME PSQI Curriculum. Written documentation should include:

   Name of project/activity
   Date of completion/ or of participation
   Name of supervising faculty /faculty mentor
   Brief description of project/activity including which components of the PSQI curriculum were applied.
   Date/place of presentation/submission for publication (if any)

Examples of a Patient Safety or Quality Improvement project include:
1. Identification of a clinical problem (i.e., high readmission rates, long clinic wait times, etc.),
description and analysis of causative/contributing factors, planned intervention, planned monitoring for effect and IF AVAILABLE, analysis of outcome of intervention. (traditional PDSA cycle)

2. Review and analysis of patient outcomes (for resident’s own patients seen in a residents’ clinic or those inpatients/outpatients in whose care the trainee was involved over a period of time, or for larger group of patients such as all clinic patients or all patients undergoing a specific procedure in a given time frame) and planned intervention to improve outcomes/compliance with standards, plan for monitoring and IF AVAILABLE, analysis of outcomes. Examples include: diabetic control of outpatients in continuity clinic, immunization rates, compliance rates with screening protocols, reduced “Door to Balloon” times, etc.)

3. Active participation in development/revision of clinical Care Paths or protocols. Should include review of evidence, plans for monitoring compliance and IF AVAILABLE analysis of outcomes post intervention.

4. Active participation on departmental or hospital PS or QI committee. Should attend AT LEAST 3 consecutive meetings.

5. Presentation of analysis of medical error or near miss. May be at formal M&M but MUST include systems analysis of factors contributing to adverse outcome AND proposal of systems based changes to reduce recurrence.

6. Participation in a BJH LEAN project related to clinical care, including at least two meetings.

**Ultimately, acceptability of a project/activity will be at the discretion of the PD.**

Projects/activities may be done as a group project with approval of PD. Projects that are ongoing at the time of graduation should have an interim report documented and may be continued by a subsequent trainee.

It is intended that the GMEC will annually review the success of the above curriculum, assessing the need for revisions and or institutional resources to attain consistently excellent training for all graduates in Patient Safety and Quality Improvement.