

Patient Safety & Quality Improvement Curriculum Outline

Here is what programs can do to ensure they have a patient safety and quality improvement curriculum.

Programs should develop a patient safety and quality improvement (QI) curriculum, which is robust, multifaceted, and meets all ACGME requirements. In addition, this curriculum should help the Program achieve the aims of your Program and provide optimal care to the patients you serve. The GME Office is here to assist in this requirement.

A multifaceted curriculum can include didactics, interactive conferences (e.g., M&M, Division QI meetings, Departmental RCA, etc.), assigned independent reading, journal clubs, simulations, House Staff scholarly activities with Faculty feedback, etc.

Didactic sessions supported by our GME Office at the Interdisciplinary Resident/Fellow Core Curriculum (IRCC) include:

- 1) How to report a patient safety event (see VI.A.1.a).(3).(a).(ii));
- 2) How to assess care goals including end-of-life goals;
- 3) How to disclose an adverse event to patients and families (see VI.A.1.a).(4).(a));
- 4) Principles of supervision;
- 5) Best practices in research and quality improvement practices as they relate to those with healthcare disparities (see VI.A.1.b).(1).(a));
- 6) Quality metrics and data access (Institutional data provided; see VI.A.1.b).(2).(a));
- 7) Best practices in transfer of care; and
- 8) Summary of patient safety events (see VI.A.1.a).(3).(a).(iii)).

For our smaller programs, the GME Office can assist in identifying root cause analyses (RCA). Here House Staff should assist with the formulation and implementation of actions (see VI.A.1.a).(3).(b)).

Next House Staff are encouraged to present their required QI projects at our annual Institutional QI and Patient Safety Symposium (see VI.A.1.b).(3).(a)). Finally, MCG at AU along with AU Health supports an Institutional Patient Safety and QI Grand Rounds. Diverse topics are led by an inter-professional team (see VI.A.1.a).(1).(b)).