

Quality Improvement Curriculum and Project Outlines

Course Director: Dr. Gibson

1. Educational Purpose and Goals

- a. Identify opportunities to improve safety and quality of care provided to internal medicine patients
- b. Apply continuous quality improvement to patient care utilizing common quality improvement concepts including PDSA cycles, run charts etc
- c. Actively and meaningfully participate in a team quality improvement project
- d. Work effectively with inter-professional teams on continuous quality improvement
- e. Make a difference in and support service line initiatives in the safety and quality of care of our current and future patients
- f. Disseminate work in scholarly format

2. Principal Teaching/Learning Methods

- a. *Didactics/Small group sessions*
 - i. Introductory, dedicated QI sessions will occur during intern orientation and during PGY-2 transition course
 - ii. PSQI block (2-weeks) during PGY-1 year
 - iii. Monthly QI meeting will be held during noon conference which will be a combination of lecture on core QI concepts in addition to report out and workshop for individual projects
 - iv. Quality improvement topics may also be reviewed in other noon conference lecture series including grand rounds, resident report, Med-Path-Rads and M&M lecture series
- b. *Independent learning and reading* – all residents will spend time working on projects independently and with their team to complete tasks related to projects. All residents are responsible for completing assigned Institute for Healthcare Improvement modules prior to starting individual/group projects.
- c. *Faculty Mentorship Opportunities*

3. Educational Content

- a. Patient/Disease mix – Residents will have exposure to common and rare diseases. Both inpatient and outpatient populations in the Inova health system include patients over age 18 years old that are ethnically diverse. Real-life case scenarios and observations made during clinical care will serve to inform project choices
 - i. Inova Fairfax Medical Campus
- b. Structure – The curriculum is a longitudinal curriculum that is completed over the course of residency training in 12 month intervals. Each project must be presented in at least the Annual GME Scholarly Activity Symposium held at IFMC

4. Methods of Evaluation

- a. Feedback will be given to the resident throughout the course of projects as appropriate in 1:1 basis with faculty mentor and in workshop format during monthly QI meetings
- b. Chief residents/program leadership will also evaluate projects utilizing UCSF Quality Improvement Project assessment Tool
- c. Assessment in form of scholarly presentation.

5. Resource List

- a. Institute for Healthcare Improvement Open School Modules (assigned for completion prior to intern orientation)
- b. Quality Improvement Curriculum through American College of Physicians (acponline.org)

TIMELINE AND EXPECTATIONS

Projects Choice and Personnel:

- Two to four projects will be chosen each academic year. Project ideas may come from resident ideas, gaps identified in patient care, hospital or service line needs. On occasion, projects may extend into the next academic year
- Residents will be assigned to groups based on interest. Though primary roles will be determined by PGY year, residents are expected to take an active role throughout the course of the project. Roles may vary based on individual clinical rotations
 - PGY-1: data collection during PSQI rotations, task master while in this block
 - PGY-2: Project Leads (will rotate based on block schedule to ensure that tasks are continuing)
 - PGY-3: Project Advisor
- Faculty mentorship may be sought. Utilize program leadership and others to create contacts with stakeholders even in advance of projects

Timeline:

- QI project timeline will follow slightly different calendar than traditional academic year to facilitate choosing of new projects after annual GME symposium
- Phase 1: Needs Assessment
 - June/July: Recap of prior year project, new project ideas, Choose Projects/Assign Teams
 - July (During Transition Course): Develop aim statement, identify key stakeholders and faculty mentor if available. refine aim statement
 - August: Refine aim statement, obtain baseline data, begin meeting with stakeholders
- Phase 2:
 - September/October: Meet with stakeholders, define/refine process, identify metrics.
 - Potential to start first PDSA cycle here
- Phase 3:
 - November – March: PDSA cycles, plot data – RUN CHARTS
- Phase 4:
 - April: Data analysis, abstract/poster write up
 - May: Present at GME symposium, post-symposium debrief

GO BACK TO PHASE 1

Tracking

1. All formal project work will be contained in shared QI project worksheet slide deck (courtesy of Dr. Courtney Port – Dept of Pediatrics). This is to be considered a living document that will allow

all to see the status of the project. It is the responsibility of the assigned block team lead to ensure that this is updated for the current state of the project. Slides may be duplicated as needed

2. On a MONTHLY BASIS
 - a. Team lead will
 - BEFORE monthly QI MEETING: complete monthly reporton slides to present at the meeting
 - AFTER monthly QI meeting: complete Monthly Progress Report – send to PD/chiefs and rest of group with specific tasks outlined with deadlines
3. A3 portion of the worksheet to be completed and submitted at end of project along with poster/abstract submission