

# **RATIONALE/NEED**

The ACGME requires that residents be trained in quality improvement (QI) methodology and learn about and participate in patient safety (PS) systems.

### Existing QI and PS Training:

- All GME trainees complete IHI Basic Certification prior to matriculation.
- Pediatric and Med-Peds residents also:
- participate in group QI projects during each year of training
- identify, report, and discuss PS events
- lead a group analysis of a PS event or system
- may participate in root cause analyses when they occur
- Some faculty have advanced training and/or experience in QI / PS.

#### Perceived Gaps:

- Individual hands-on practice with QI and PS tools and processes
- Faculty development in QI and PS systems

# METHODS

#### Needs Assessment

- Department PS / QI experts and residency program leadership evaluated current educational experiences to identify gaps
- Faculty surveys were analyzed to assess for faculty development needs

Curriculum Development

- New curricular experiences were designed to address gaps
- Implementation occurred during resident conferences, Grand Rounds, and faculty meetings during the 2018-2019 academic year
- Evaluation consisted of post-session feedback from attendees.

# A Pilot of an Enhancement to the Patient Safety & Quality Improvement Curriculum for Pediatric House Staff and Faculty John A. Kohler, Sr, MD, MBA and Karin M. Hillenbrand, MD, MPH

# RESULTS

#### Gaps identified:

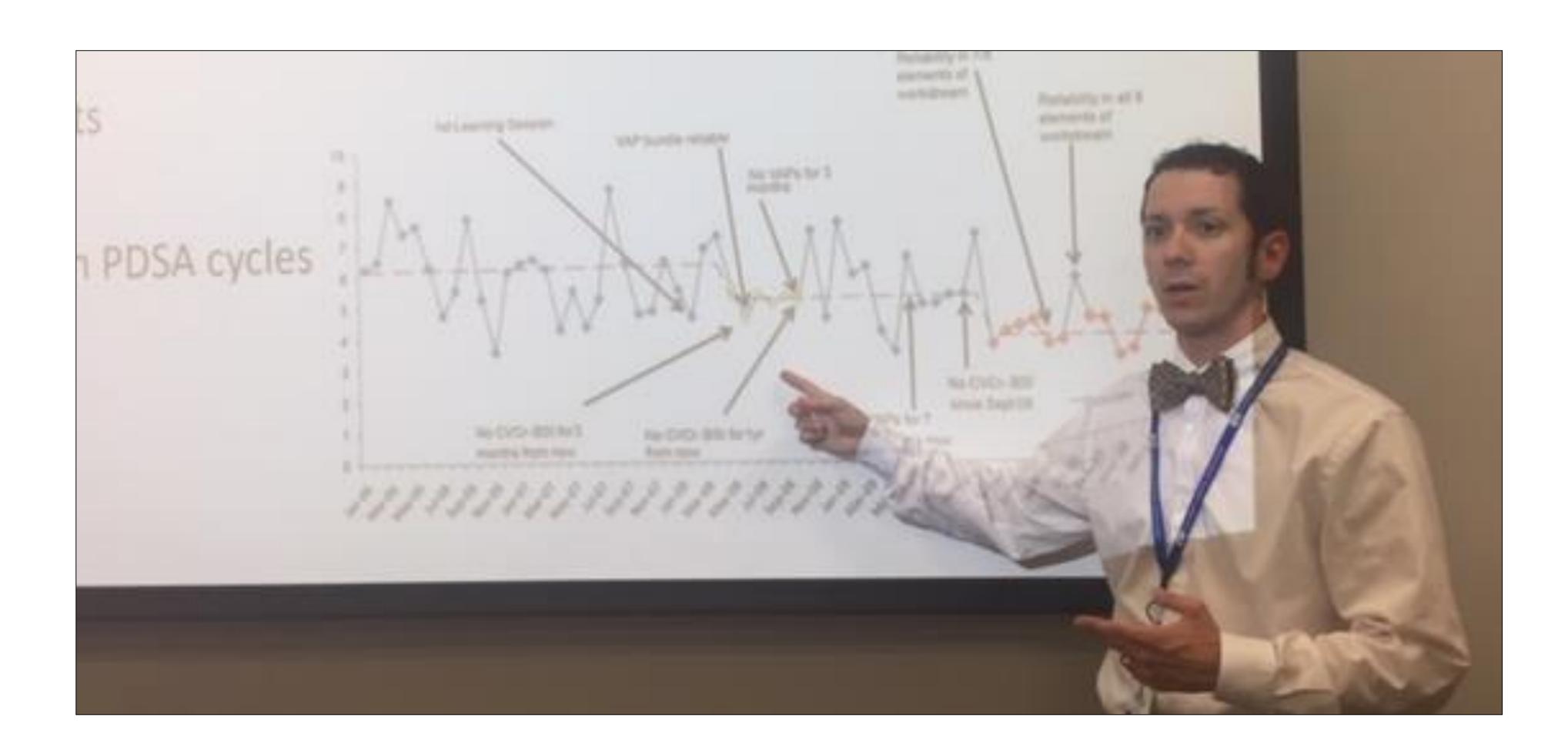
- Awareness of institution's PS / QI agenda
- Manipulation, presentation of data
- Performance of Root Cause 3) Analysis
- 4) Turning PS / QI into scholarship
- 5) Faculty expertise for mentorship

# Curriculum Design

- Delivery methods: Ο lecture, mentored small group practice, and group discussion
- Settings: resident core Ο lecture series, Grand Rounds and faculty meetings
- Evaluation: directly Ο observed practice, postsession surveys

# Curriculum Delivery

- Launched with a Grand Rounds describing Ο Department's quality and safety agenda Subsequent didactic sessions:
- review of QI basics
- data management, presentation
- tips for turning QI / PS into scholarship faculty tips for teaching use of QI tools
- Hands' on practice sessions: Ο
- crafting a SMART aim statement
- performance of a simulated root cause analysis



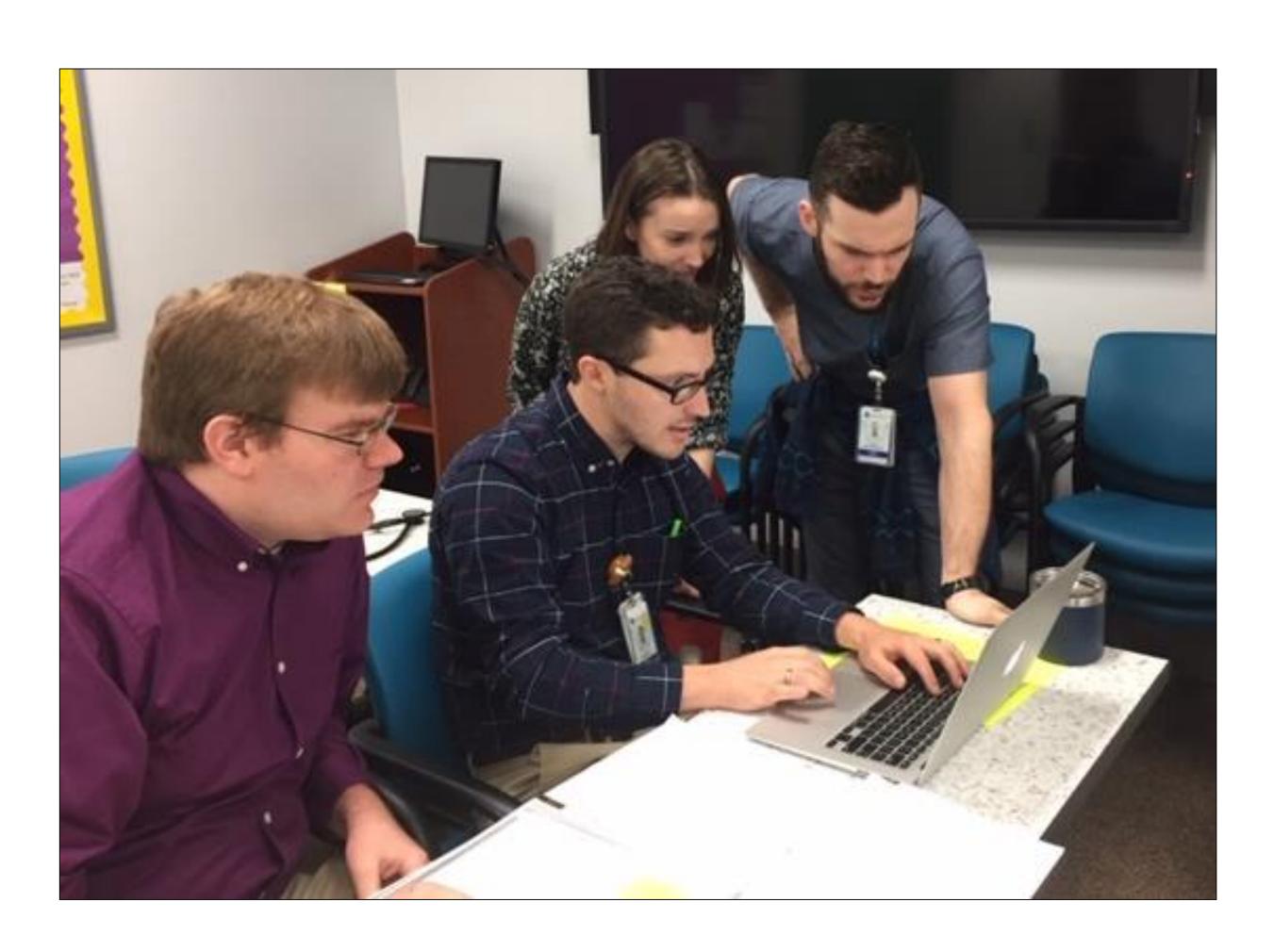


implementation of SQUIRE 2.0 criteria.

# **EVALUATION PLAN**

- Session feedback:
- practice)
- Likert rating scale

- Practice"



# **IMPACT/LESSONS LEARNED**

This pilot of an enhanced PS/QI curriculum has been well received. It has accomplished the goals of engaging residents in more hands-on educational opportunities and introducing more faculty to basic QI / PS principles.

Next steps are to develop methods to more formally analyze the impact of the curriculum on the knowledge, self-efficacy, and behaviors of pediatric trainees.



John Kohler, MD **Pediatrics** East Carolina University Greenville, North Carolina 27858 kohlerjo17@ecu.edu

Initial resident session (QI Basics / Aim statement)

• 28 / 29 residents (97 %) rated the content as "Outstanding," the highest selection on a 4-point

Comments: "Great examples," "Engaging,"

"Interactive," and "Dynamic."

Grand Rounds (Department QI / PS agenda)

33 / 38 (87%) indicated an "Intent to Change

43 / 45 (96%) thought the presentation "Evidence-Based/Scientifically Sound."