

## RATIONALE/NEED

Quality improvement (QI), safety and leadership principles are important concepts to teach residents during their training and this curriculum will integrate these concepts into a monthly format over an 18 month period. The Accreditation Council for Graduate Medical Education (ACGME) created Milestone competencies to be used for evaluation of resident physicians during their training. This curriculum will provide the foundation to achieve the following Milestones competencies: Practice Based Learning and Improvement, Interpersonal and Communication Skills, Systems based Practice, and finally Personal and Professional Development.

## METHODS/DESCRIPTION

Description: This is an eighteen month program is designed to educate Pediatric residents about QI methods, patient safety and leadership skills. The curriculum is integrated into an established weekly education series given to all Pediatric residents. Topics will be introduced once a month for one hour using a variety of approaches including lecture format, small and large group discussion and high fidelity simulation for interactive activities.

Introducing quality improvement steps includes creating global and specific aims statements, picking a multidisciplinary team for the process, using a fishbone analysis, determining measures for a project, implementing PDSA (Plan, Do, Study, Act) cycles, reporting changes, and sustaining change. These steps will be done using a variety of teaching methods including lecture format, small and large group discussion. The end product will be the resident developing a quality improvement project that impacts patient care and presentation of it at a conference.

Patient safety will include understanding the Institute of Medicine metrics for patient safety based on the disease process. The process of peer reviews and root cause analysis will also be introduced to the residents and the purpose it serves for overall patient safety. These concepts will be taught using cases to be discussed and analyzed in small and large groups.

Finally, leadership skills, the TeamSTEPPS process, and use of *Crucial Conversation* techniques will be taught to the residents using simulation cases. The cases are designed to teach the value of closed loop communication, how to handle difficult conversations with other health professionals, and effective handover of care.

## EVALUATION PLAN

Evaluation: Each resident will complete a 20 question self-assessment of perceived QI, patient safety and leadership skills pre and post curriculum implementation and completion. Another evaluation is the validated Quality Improvement Knowledge Assessment Tool (QIKAT) . Finally, performance-based assessments determined by participation with peer review, root cause analysis cases and presentation of longitudinal QI projects.

## IMPACT/LESSONS LEARNED

The impact of this curriculum is improved resident knowledge, confidence and willingness to effect change for quality improvement and patient safety and develop future leadership in Pediatric community.

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