

QSEA: Models for QI and Safety Curricula Within Residency/Fellowship Programs

Site: Beth Israel Deaconess Medical Center: Quality and Safety Curriculum

- Total Years in Existence: 12
- Current Logistics:
 - All interns receive a QI/PS module in ambulatory curriculum.
 - All housestaff participate in longitudinal projects in ambulatory mentored by Chief Resident
 - All residents take a three-week elective in PS and QI (Stoneman Rotation)
 1. Didactics
 2. Hands-on adverse event review which is presented at Department Committee
 3. Hands-on QI group project
 4. Attendance at departmental and hospital committees
 - Primary Care Track Residents engage in QI projects within residency practice
 - Seniors volunteer for weeklong QI retreat focused on Lean improvement
- Resources:
 - 0.8 FTE divided among eight core faculty who mentortwice/year (total 50 residents/year); started with three volunteer faculty (10-12 residents/year)
 - Tight links with healthcare quality department and residency practice leadership ensure projects align with departmental and hospital goals
 - Support of department chair, residency program director and healthcare quality
- What has worked well:
 - Very limited didactic and mostly hands-on learning keeps them engaged
 - Committee attendance opens their eyes to the hospital as an organization
 - Having residents work on specific projects has increased buy-in on frontlines when trying to make programmatic changes
 - We now have grads who are taking on leadership roles in PS/QI around the country

Professional development

- What we struggle with:
 - Finding projects that are doable in three weeks. Often have to link groups
 - Initial QI project selection (completely open vs. very prescriptive)
- Future directions: expansion to fellowships underway, have incorporated students as well

For more information, the curriculum has been published in two articles referenced below or email Anjala Tess atatess@bidmc.harvard.edu.

1. Weingart SN et al. Creating a quality improvement elective for medical house officers. *J Gen Intern Med* 2004;19:861-67.
2. Tess AV et al. Combining clinical microsystems and an experiential quality improvement curriculum to improve residency education in internal medicine. *AcadMed*. 2009 Mar;84(3):326-34.