Resident education in patient safety and quality improvement: What’s new?

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Beyond education and institution requirements, there is a clear need for our trainees to learn useful patient safety and quality improvement (PS/QI) skills in order to provide better patient care in practice. Teaching residents about safety and quality requires a dedicated curriculum. Numerous specialties have published their experiences incorporating PS/QI into graduate medical education.1,2 The first basic outline for an otolaryngology education program in PS/QI was proposed in 2015.3 This framework suggested the following pertinent topics: quality improvement, clinical and patient safety, effective communication, systems approach to medical error, and metrics and measurement. In order to introduce these concepts, a wide array of teaching methods was presented, including didactics, self-study/learning modules, group discussion, case-based learning, experiential learning, and QI projects. Over the past four years, we have seen these suggestions transformed into reality as otolaryngology programs have incorporated many of these ideas into unique learning experiences.4,5

In addition to what is available in the literature, national meetings can be a great source of inspiration, offering new and innovative options for resident education, including those already being used in other otolaryngology training programs.

When selecting curricular resources for PS/QI education, residency programs should first assess the broader organizational environment to determine whether institutional requirements or resources are already in place. Some hospital systems have sought to align the safety and quality experiences of all trainees by implementing a core curriculum for all programs. This was the case for the Virginia Commonwealth University Health System (VCUHS). In 2016, the institution set organizational priorities to include quality improvement and adopted the Institute for Healthcare Improvement (IHI) Plan-Do-Study-Act (PDSA) Model for Improvement. In order to have a shared mental model for this improvement work, faculty and residents were required to complete a subset of the IHI Open School modules.6 When organizational mandates exist, it is critically important to incorporate this into the training program’s education strategies. The VCUHS residents completed the required modules over a two-year time period. Since starting this initiative, they have utilized the IHI Model for two team-based projects, one of which focused on...
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References


