Common Core Curriculum for Quality and Safety: A Novel Instrument for Cultivating Trainee Engagement in Quality Improvement and Patient Safety

Christopher J. Nagy, MD
Randall C. Zernzach, MD
Woodson S. Jones, MD
Jay B. Higgs, MD
Sarah N. Bowe, MD
Richard A. Boggs, MSA

Setting and Problem

The Accreditation Council for Graduate Medical Education requires residents and fellows to be engaged in quality improvement and patient safety (QI/PS) activities. Sponsoring institutions are expected to monitor and document trainee involvement in formal QI/PS education, patient safety reporting, multidisciplinary QI/PS teams and committees, and process improvement projects. While specific details of QI/PS implementation are left to individual training programs, the "blueprint" for integrating trainees into hospital QI/PS processes and tracking their activities must come from the sponsoring institution itself. This represents a significant expansion of institutional oversight responsibilities. The challenge is developing foundational guidelines for QI/PS that are definitive yet flexible enough to account for differences among various training programs, clinical sites, and individual trainee preferences.

The San Antonio Uniformed Services Health Education Consortium (SAUSHEC) Subcommittee for QI/PS developed the Common Core Curriculum for Quality and Safety (C3QS) to address these important institutional requirements.

Intervention

The C3QS instrument is designed to motivate interns, residents, and fellows to participate in the QI/PS efforts of the sponsoring institution. It consists of a broad menu of points-based learning activities with clearly defined point totals required for graduation (TABLE). Trainees select activities based on their own particular interests and program-specific opportunities available to them. Each educational activity has an assigned point value that reflects the anticipated amount of time and effort required to complete it. Higher point values are intended to incentivize trainee participation in "bigger and better" QI/PS efforts. For example, the highest numbers of points is awarded for the design, leadership, and publishable write-up of institution- or hospital-level QI/PS projects.

Incoming interns, residents, and fellows are required to complete all 7 Institute for Healthcare Improvement (IHI) Open School Patient Safety courses (www.ihi.org) prior to beginning their respective SAUSHEC training programs. C3QS mandates this prerequisite education for 2 important purposes: (1) our trainees must speak the same QI/PS "language" to function effectively in interdepartmental and interdisciplinary teams, and (2) we want to establish clear expectations regarding SAUSHEC's commitment to a "culture of safety." For graduate medical education programs longer than 1 year, trainees must complete the remainder of the IHI Open School Basic Curriculum—estimated total time for completion is 11 hours—prior to graduation. Although these additional courses are mandatory, we reward trainees with points toward the graduation requirement.

C3QS requires interns, residents, and fellows to use customized templates within their New Innovations scholarly activity portfolios (www.new-innov.com) to document completion of QI/PS educational activities. Trainees are responsible for keeping their portfolios current and uploading proper evidence of their involvement (ie, IHI training certificates, slides presented at QI/PS conferences, and posters presented at QI/PS symposiums). Customized New Innovations reports enable SAUSHEC to perform centralized monitoring of trainee engagement in various QI/PS activities. Up-to-date tracking improves institutional awareness of ongoing projects, facilitates early intervention in underrepresented priorities, and relieves programs of additional reporting responsibilities.

Outcomes to Date

In July 2014, SAUSHEC performed a program-by-program audit (centralized tracking had not yet been implemented) to assess the following: (1) intern compliance with IHI Patient Safety courses, (2) graduate QI/PS points achievement, and (3) program compliance with tracking of QI/PS points. The audit results were as follows: 99.2% of interns (122 of 123) had completed the required training modules; 72% of recent graduates (134 of 185) had exceeded the minimum requirements; and 62% of training programs (21 of 34) were fully compliant with QI/PS activity tracking requirements.

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TABLE **Common Core Curriculum for Quality and Safety**

Length of Program, y	**Minimum No. Points Required**
1	10
2	20
3	30
4 or more	40
QI/PS Activity	**Points**
Completion of IHI Open School Basic Curriculum	5
Submission of patient safety report (max 2 for QI/PS points)	5
Case presentation at M&M conference	5
Leadership role in organizing/conducting M&M conference	5
Other (requires approval as listed in policy)	5
Significant contribution to program- or department-level QI/PS project	10
Documented membership on program- or department-level QI/PS	10
Poster presentation at QI/PS symposium or similar venue	10
Other (requires approval as listed in policy)	10
Significant contribution to interdepartmental project	15
Documented membership on SAUSHEC/hospital-level QI/PS committee	15
Significant contribution to root cause analysis team	15
Other (requires approval as listed in policy)	15
Significant contribution to SAUSHEC/hospital-level QI/PS project	20
Program- or department-level QI/PS project design, leadership, and publishable write-up	20
Other (requires approval as listed in policy)	20
Interdepartmental QI/PS project design, leadership, and publishable write-up	25
Other (requires approval as listed in policy)	25
SAUSHEC/hospital-level QI/PS project design, leadership, and publishable write-up	30
Other (requires approval as listed in policy)	30

Abbreviations: QI, quality improvement; PS, patient safety; IHI, Institute for Healthcare Improvement; M&M, morbidity and mortality; SAUSHEC, San Antonio Uniformed Services Health Education Consortium.

Although no formal, institution-wide satisfaction surveys have been conducted to date, trainees from the subcommittee members' training programs have expressed general approval of the clear expectations and uniformity that C3QS provides.

C3QS can help sponsoring institutions address (either partially or completely) 11 of the 13 Clinical Learning Environment Review Pathways to Excellence in the areas of patient safety and health care quality. The outliers for patient safety and health care quality concentrate on faculty

engagement in patient safety and trainee feedback/data on quality metrics, respectively. Neither was an intended target of C3QS, but both are areas of opportunity for future evolutions.

Christopher J. Nagy, MD
Program Director, Anesthesiology, San Antonio Uniformed Services Health Education Consortium (SAUSHEC)

Randall C. Zernzach, MD
Associate Dean, SAUSHEC

Woodson S. Jones, MD
Dean and Designated Institutional Official, SAUSHEC

Jay B. Higgs, MD
Program Director, Rheumatology, SAUSHEC

Sarah N. Bowe, MD
Co-Chair, Subcommittee for Quality Improvement and Patient Safety, SAUSHEC

Richard A. Boggs, MSA
Institutional Manager, SAUSHEC

Corresponding author: Christopher J. Nagy, MD, San Antonio Uniformed Services Health Education Consortium, 3551 Roger Brooke Drive, Fort Sam Houston, TX 78234, 210.916.8507, christopher.j.nagy4.mil@mail.mil