

# Repetitive No More: Tailoring Quality Improvement Curriculum to Residency Training Level

Carly Kuehn MD MME<sup>1,2</sup>, Matthew Soltys MD MME<sup>1,2</sup>, Adam Blaine MD<sup>1,2</sup>, Ethan Kuperman MD SFHM<sup>1</sup>

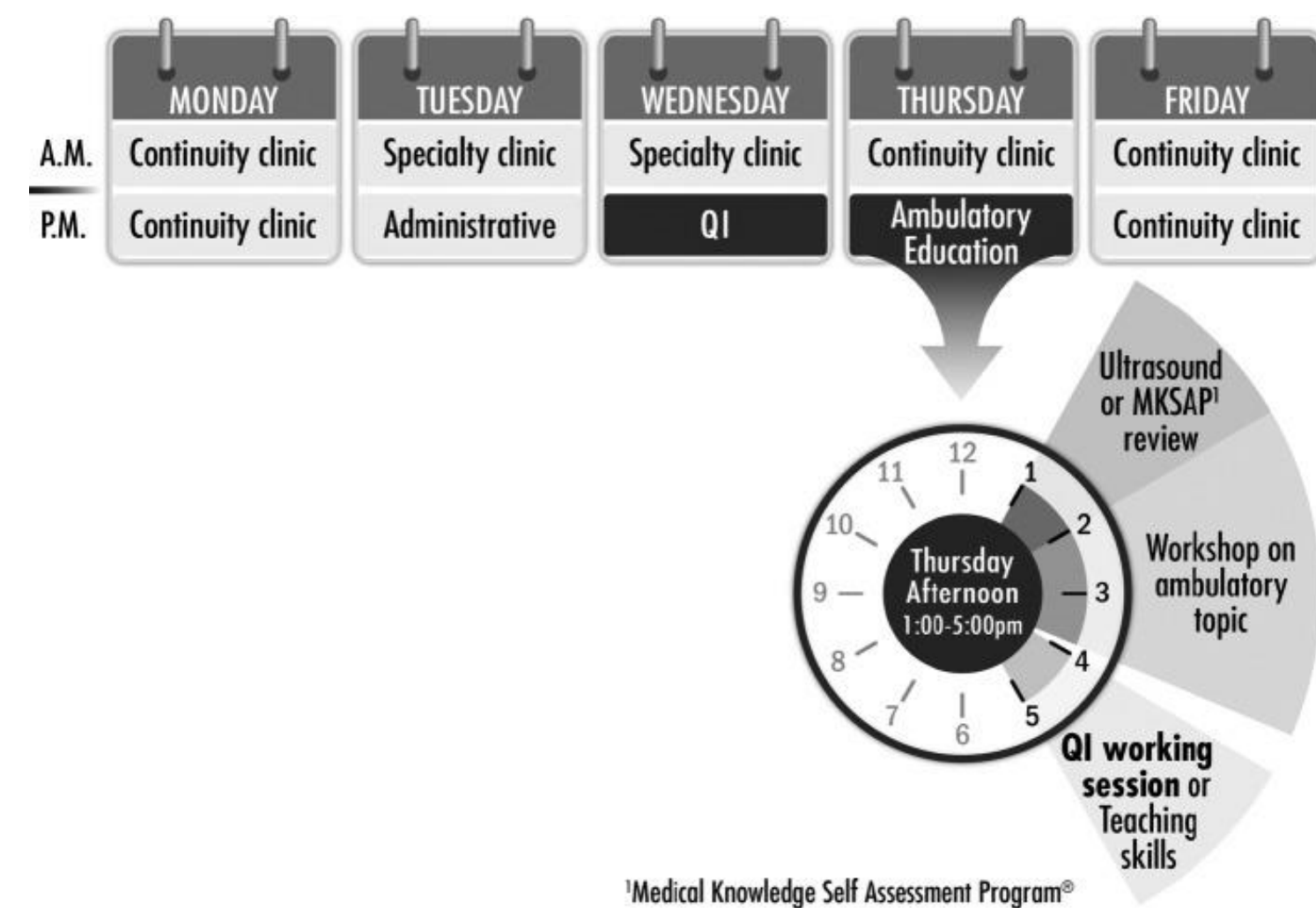
1 University of Iowa Health Care & 2 Iowa City VA Medical Center



## Problem Identification:

The 2015 QI curriculum consisted of three parts:

- Longitudinal resident-led QI project
- Protected resident time for projects
- Two-year rotating didactic curriculum, 5 one-hour sessions/year



Feedback from residents:

- Two-year projects locked residents into defunct projects
- Repetitive topics for PGY 2 and 3
- Missing topics: patient safety, project closure, creating scholarship

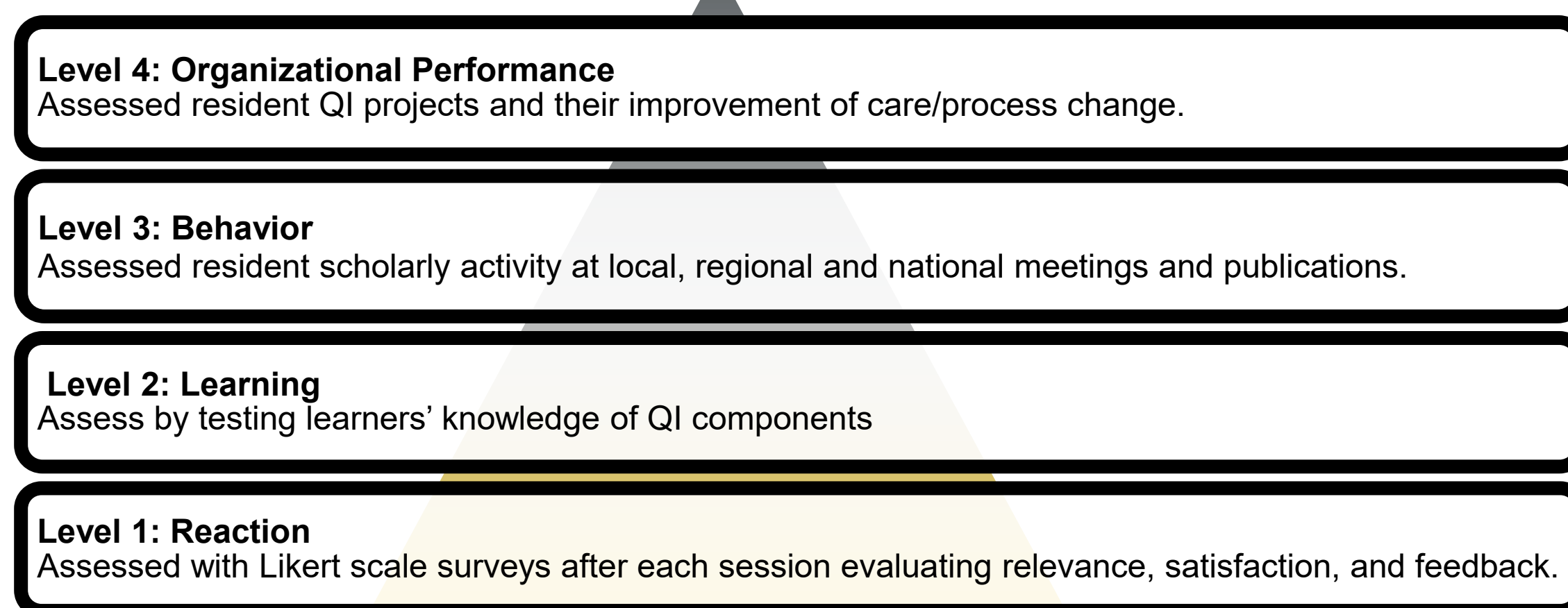
QI Workshop Year 1	
Block 2	<b>ACT:</b> Closing out a project with spread/sustain- (Opioid Case)
Block 4	<b>PLAN:</b> Problem definition and Aims with (PPI Case)
Block 6	<b>PLAN:</b> Identifying measures, planning chart audits (PPI Case)
Block 8	<b>PLAN/DO:</b> Process mapping, Impact/Feasibility Charts (PPI Case)
Block 10	<b>DO/STUDY:</b> Troubleshooting EMR changes (PPI Case)

QI Workshop Year 2	
Block 2	<b>ACT:</b> Closing out a project with spread/sustain (PPI Case)
Block 4	<b>PLAN:</b> Problem definition, Aim, Process Map Activity (Opioid Case)
Block 6	<b>PLAN:</b> Identifying measures, Survey creation tips (Opioid Case)
Block 8	<b>DO/STUDY:</b> Implementing education changes (Opioid Case)
Block 10	<b>STUDY:</b> Using data to update the intervention(Opioid Case)

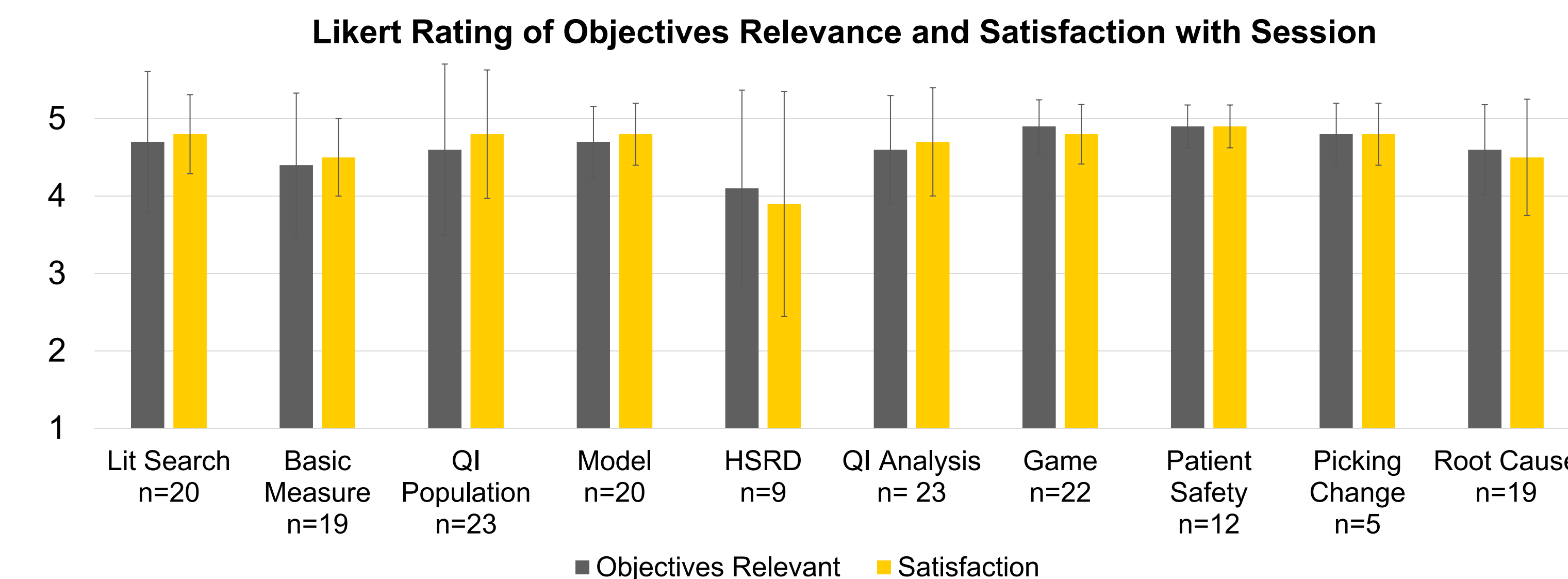
## Innovation of Curriculum:

	Year 1/PGY1	Year 2 PGY 2	Year 3/PGY 3+
Block 2	Literature Search	Basic QI Measurement	QI Population Health
Block 4	Model for Improvement	HSR Determination & IRB	QI Analysis Run Charts
Block 6	Gamification (PGY 1-3+ together)		
Block 8	Patient Safety Report	Picking Feasible Change	Root Cause Analysis
Block 10	Process Mapping Stakeholder Interview	Scholarship	Error Disclosure

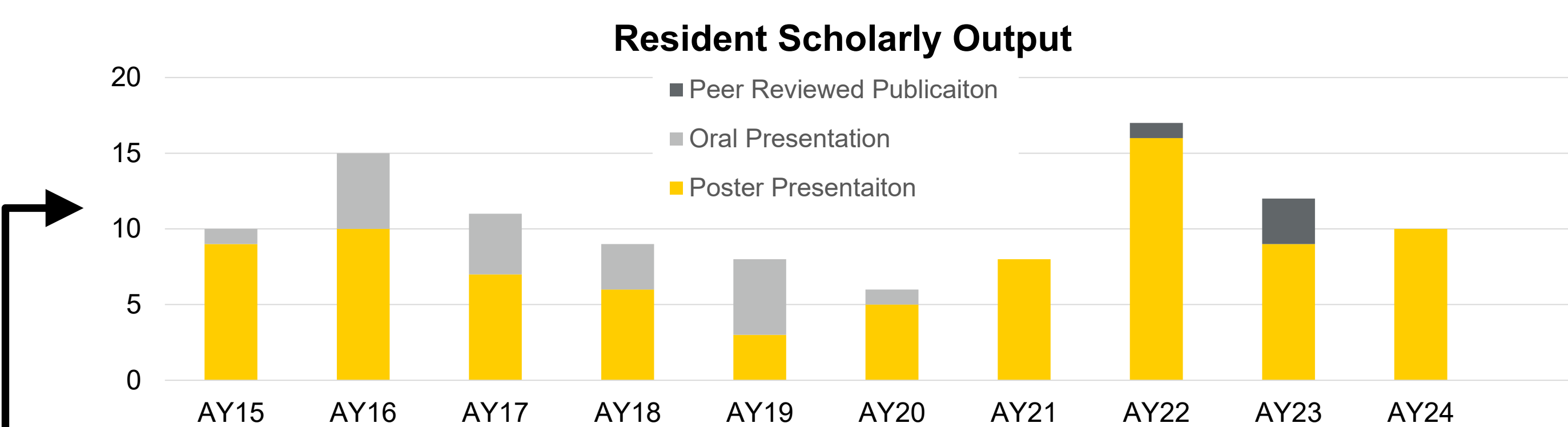
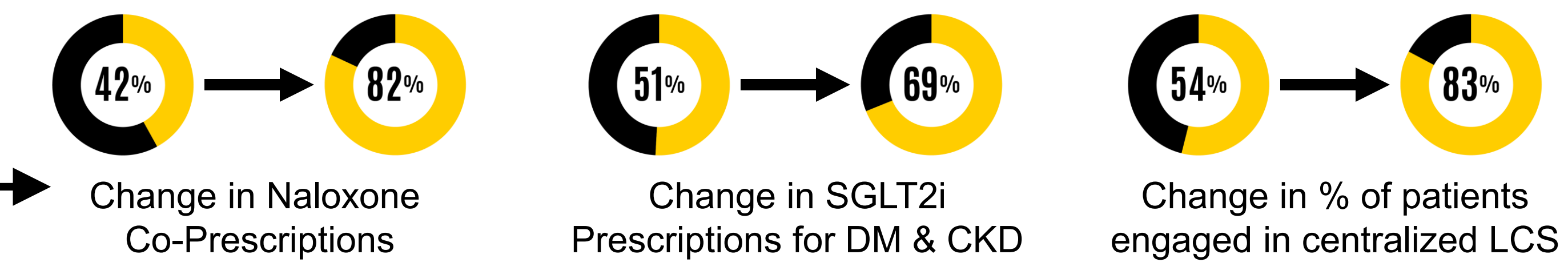
## Assessment Methodology:



## Results:



## Results Continued:



A+ Test development is in process. ? What Test Do You Recommend We Use ?

## Conclusions:

- Organizing topics by learner level
- Increased topic selection: Change management and patient safety
- Smaller cohorts improved learner/facilitator ratios
- Advanced scale of knowledge
- Just-in-time learning for project flow without repetition

## Challenges

- Delivering 3 small group sessions at once
  - Leveraged interdepartmental relationships (librarian, IRB team)
  - Expanded core group of facilitators with Junior Faculty.
- Variable use of Thursday session to advance projects
  - Added time for group work at beginning with good reception.

Quality Improvement teaching should be experiential and longitudinal  
Reevaluating learner needs is necessary for continued success