



## INTRODUCTION

**Welcome to Te4Q and thank you for joining us as we work together to improve Quality Improvement and Patient Safety (QIPS) education across the continuum!**

This section is an introduction to the development of educational activities in quality improvement and patient safety, called QIPS throughout this Course. The workbook's authors come from a wide range of backgrounds and expertise. Since its initial development, the Te4Q Course has been offered to hundreds of educators at 70+ institutions. In 2018, the AAMC began to significantly enhance and reconsider the delivery model of the Course. We are excited to have you join us in this new enhanced faculty development program.

The purpose of this workbook and the Te4Q course is to prepare the QIPS-savvy clinician to become a faculty member who can enhance their educational role in the QIPS field, including teaching, role modeling, and developing new curricula and experiential learning activities. The section begins with the purpose of the workbook, presents an overview of QIPS needs and initiatives at the national level, and then focuses on work within the educational environment of the academic medical center.

We created this workbook and the accompanying course for clinical faculty members who have responsibility for undergraduate medical education, residency and fellowship teaching (GME), CME and faculty development. Such faculty, including physicians and other health professionals, are often invested in teaching across the health professions. We believe that administrators in medical education, faculty, clinical and educational leaders, and trainees may also find this material useful.

A caveat: While this Course is generally aimed at a wide audience, its major focus is on clinicians who have had formal training or experience in the techniques, processes, and outcomes of quality improvement and patient safety. Since QIPS is the subject matter of the educational activities that the Te4Q program is intended to enable and facilitate, this work requires a firm understanding of QIPS content.

### What Will I Gain from This Course?

The broad goal of the Teaching for Quality, or Te4Q, initiative is to equip faculty to lead, design, implement, and evaluate effective learning in QIPS across the continuum of health professional development. The specific Course learning objectives include those listed below.

By participating in Te4Q, the attendee will:

- Define adult learning principles as applied to interprofessional clinical education;
- Design educational activities based on learner and institutional needs assessments;
- Develop effective learner assessments and program evaluation to measure program outcome;
- Predict changes necessary for new curricular activities and, ultimately, better patient care.

We use the term educational activity and curricula interchangeably throughout the Course to encompass a broad-based educational intervention—for example, a curriculum redesign, a novel experiential learning elective, a QIPS track in a residency program, and a faculty development initiative.

A final caveat: this workbook alone will not ensure your evolution into a successful QIPS expert educator. To achieve the goals of the program, you will also need to accrue experiences in developing content and educational innovations and assessing their impact. We strongly encourage completion of the project plan to optimize the learning experience.



## What Are Some Common QIPS Educational Challenges & Opportunities?

To begin thinking about educational applications in quality and safety, we have developed a number of scenarios in which the introduction of QIPS content, principles, and practices into an educational setting is necessary. By engaging yourself in these scenarios, some of the goals of this workbook will become clear.

Take a moment and reflect on each of the following challenges. Some are commonplace and familiar to you; others may not be. We return to some of these challenges in subsequent sections and outline others as the workbook progresses. We also invite you to share your own challenge with the Course faculty.

### Challenge 1. “Sorry, we’re full”: The time challenge

*You’ve been to see your local UME dean, representing your institution’s most senior leadership. You’re keen to institute widespread educational changes that would foster greater QIPS understanding among medical students, but he tells you flatly, “There’s no room in the curriculum. Sorry, we’re full.”*

### Challenge 2. The UME elective experience: Getting in the “door”

*A year 3 clerkship director has offered you a tiny window for introducing QIPS into the program and asks you to suggest an “appropriate” elective experience for Year 3 students. How do you proceed?*

### Challenge 3. Faculty development in QIPS: The silent challenge

*You’ve been successful in introducing several core elements of QIPS in Years 1 and 2 of the Medical School curricula but hear a common complaint from your students in clerkship and many of your residents: They learn about QIPS core principles, especially health equity, but find that they are not followed or even understood by the clinical faculty and staff.*

### Challenge 4. Teams Part 1: Teaching early learners

*Your institution has recently been charged to improve its approach to interprofessional education (IPE) and teaming. You have been invited to join a new interprofessional education committee to meet this charge. You’re eager to apply some IPE principles and address QIPS issues, but you’re uncertain about how to do either.*

### Challenge 5. Teams Part 2: Reaching advanced learner-practitioners

*Your recent ACGME site survey indicates a “lack of team training and QI emphasis across multiple disciplines.” Your DIO has asked you to “fix this.” How do you do that?*

### Challenge 6. Reaching residents: Reward, reinforcement, (re)education

*You’re the new DIO and associate dean for GME at your institution, able to make “big changes,” according to both the dean and health systems chief academic officer. You want to address QIPS issues, especially in the area of health equity, but you are uncertain how to proceed.*

### Challenge 7. Program evaluation: Making the case

*Your monthly meeting with the academic vice dean or the chief academic officer ends in a request: Her budget for next year has been cut by 15%, and she says she’ll renew your efforts in QIPS IPE if you can show her that the programmatic changes you’ve made have been “successful.” How could you demonstrate a return on investment?*



## What is the Historical Context for the Quality and Safety Movement?

Many reports, studies, and initiatives flag the need for, and the importance of, quality improvement and patient safety. Many of these have been developed and disseminated over the past two decades and point to the importance of a new way of thinking about—and improving—health care. They include, but are not limited to, the following:

- The Institute of Medicine report, “[To Err Is Human](#)” describes underuse, overuse, and misuse of health care in the United States, with a follow-up report (below) making specific recommendations for health professions education.
- The Institute of Medicine Report, “[Crossing the Quality Chasm](#)”
- The Joint Commission’s 2002 [National Patient Safety Goals](#).
- The Centers for Medicare and Medicaid (CMS) many mandates and emphasis on improving quality by defining pay-for-performance clinical-quality measures.
- Organizations, including the [National Quality Forum](#), the Joint Commission, and the [Veterans Health Administration](#), making patient safety and quality a priority.
- The Agency for Healthcare Research and Quality (AHRQ) [Patient Safety Indicators](#), which identifies unsafe practices.
- The Accreditation Council of Graduate Medical Education (GME) New Accreditation System, which emphasizes greater attention to QIPS education, including the [Clinical Learning and Environment Review \(CLER\)](#) for the accreditation of GME sponsoring institutions.
- The Association of American Medical Colleges numerous educational efforts to enhance QIPS education including its [Integrating Quality Initiative](#) and Annual Conference as well as the new cross continuum competencies, which will be emphasized throughout this Course.

As a product of these initiatives and reports, the clinical environment is evolving in its appreciation of and attention to quality and safety. The expectations for clinical performance, physician competencies, and the use of clinical data to demonstrate subsequent improvement have never been more apparent than they are in today’s health care system. Despite these changes, there is still not enough information for educators to use in defining a quality and safety curriculum, developing instructional methods, or assessing learners.

## What is the Continued Need for Faculty to Develop Skills in QIPS Education?

Although there continue to be impressive advances in QIPS education—achievements at national and local levels, numerous training programs and multiple innovations—there remains a clear need to train many more individuals in the discipline. Our goal is for all health professionals finishing their core training to be competent in QIPS and this educational gap drives the Te4Q Course.

## What are the Goals and Assumptions of the Course?

The initial 2013 [Te4Q report](#) made several recommendations, including creating a “critical mass” of faculty members by 2020 who are trained as educators in QIPS. To accomplish this goal, the report called for the launch of a faculty development initiative, and this workbook is a significant part of that effort.

- *What do we mean by “teaching”?* We use the term broadly, to encompass curriculum design, facilitation of learning, competency assessment, experiential learning, and role modeling, as well as traditional classroom instruction.
- *What is the “work” of the clinician?* This workbook articulates a core principle about a clinician’s role: the work of the competent health professional is not only to deliver health care (such as by diagnosing and treating patients individually), but also to work to improve it and to provide better care for all patients regardless of race, ethnicity, gender, sexual orientation or affiliation. Under a systems-based approach, clinicians take responsibility for identifying problems in



care delivery and working with others to solve them.

- *What are the content areas of Quality Improvement and Patient Safety?* This Course is intended, in part, to support the teaching and learning of the AAMC's QIPS competencies. These are available online and described in Section 2 of this Workbook.

#### **Key Reflection Points:**

- This workbook, supplemental to the Te4Q faculty development program, is intended to support the development of educational competencies in people who are already proficient in QIPS. Those that need a refresher in QIPS are strongly encouraged to seek external supplemental resources to update their skills. Contact the Course Directors for this information.
- Recognizing the gaps and disparities in clinical care, the content of numerous reports, and changes in health care delivery, a nationwide movement began more than 20 years ago to address quality improvement and patient safety (QIPS) in health care. Academic medicine has been active in this movement, but much work remains to realize a workforce that is optimal in teaching and continuously learning QIPS.