

## **DEVELOPMENT OF A NEW CURRICULUM TO ENHANCE COMPETENCY IN QUALITY IMPROVEMENT AMONG INTERNAL MEDICINE RESIDENTS.**

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**BACKGROUND:** Quality improvement (QI) is one of the key competencies for physicians to function effectively in healthcare. There is no standardized curriculum and no prospective data on its feasibility. Our objective is to develop a new QI curriculum that can be incorporated into an internal medicine residency training program.

**METHODS:** We conducted needs assessment by combining the perceived needs of the program, and non-perceived needs from literature reviews as well as QI data from local hospitals and health regions. These were transcribed as longitudinal educational objectives.

**RESULTS:** A 2-phase curriculum was developed and implemented in 2005-06. Phase 1 focused on 2 interactive workshops on QI delivered during academic half-day (AHD), and phase 2 involved a longitudinal team-based QI project. Phase 1 (for PGY-1, 2 and 3) was modified from a professional development course, which we incorporated into 2 AHD of 3 hours each, spanning over 8 weeks. Feasibility was assessed by surveying residents using a standardized Likert-styled questionnaire, with responses ranging from 1.0 (poor) to 4.0 (excellent). Phase 2 was open to PGY-1 residents who formed teams of 4-5, each conducting a QI project on a self-identified topic with help from a faculty sponsor. This spanned over 10 months, with 5 concurrent 1-hour tutorials to provide small group feedback. Feasibility will be assessed at a year-end QI Day during which teams will present project findings.

Pilot assessment data on Phase 1 was obtained from 64 completed resident surveys (44 from first AHD and 20 from second). On an average, residents rated their learning experience highly regarding topic importance (3.4), evidence-based content (3.4), speaker preparedness (3.5) and presentation skills (3.5), quality of discussion (3.6) and online handouts (3.5).

**CONCLUSIONS:** Our new biphasic QI curriculum was well-rated by residents and may enhance competency in QI within the existing internal medicine curriculum.

**Key words:** quality improvement, curriculum, residency training