**Physician Leadership in Quality and Safety Scholarly Concentration**

**Purpose**

Scholarly Concentrations are additional commitments students may engage in to further learn about a specific discipline, and do a deeper dive into a chosen area than might be experienced in the curriculum otherwise. Upon completion of a scholarly concentration, a special designation of those activities will appear on their Dean’s letter. For more information about scholarly concentrations, visit <https://www.med.unc.edu/md/curriculum/tec-curriculum-information/primary-care-programs-and-scholarly-tracks/scholarly-concentration-programs>.

The purpose of the Physician Leadership in Quality and Safety Scholarly Concentration (PLQS) is to equip medical students with skills they can apply in clinical settings as future physicians. PLQS is a longitudinal, mentored, service-learning experience. Students learn improvement methodology, systems change, measurement, analysis, and presentation skills. These skills are developed around the science of improving access, cost, effectiveness, equity, and safety in provided patient care. By the end of this program, students will possess the knowledge and skills needed to lead a quality improvement project, understand the health system in which change happens, and learn how to advocate for changes in their own practice.

**Faculty**

Instructors: Amy Shaheen, MD, MSc ([amy\_shaheen@med.unc.edu](mailto:amy_shaheen@med.unc.edu))

Laura Brown, MPH ([laura.brown@unchealth.unc.edu](mailto:laura.brown@unchealth.unc.edu))

Course Manager: Jake Reardon, MS Ed ([jaker@unc.edu](mailto:jaker@unc.edu))

Office: Old Clinic 5014

Phone: (919) 966-2276

Office Hours: By appointment

**Learning Objectives**

As a result of this scholarly concentration, students will:

* Identify changes and techniques to implement those changes
* Understand the fundamentals and measurement in quality and safety
* Explore historical improvement efforts in healthcare
* Learn about the leadership infrastructure for quality and safety
* Hear from leaders at UNC and elsewhere about what it takes to build a culture of safety and quality
* Participate in system leadership meetings
* Learn what is quality and what is research
* Practice techniques leveraging the electronic health record to improve care
* Learn how payment models are changing to reflect quality and safety
* Participate in an active QI project with a faculty mentor
* Present their findings in an end of year symposium

**Prerequisites**

1. IHI Open school certificate
2. Participate in ‘[Physician Engagement in Quality and Safety](http://www.med.unc.edu/ihqi/training/physician-engagement-in-quality-safety),’ a one day introduction to Quality Improvement through IHQI ([www.med.unc.edu/ihqi](http://www.med.unc.edu/ihqi))
3. Completed and documented PDSA cycle

Applications for Scholarly Concentrations are due in late January. More information can be found here: <https://www.med.unc.edu/md/curriculum/tec-curriculum-information/primary-care-programs-and-scholarly-tracks/scholarly-concentration-program-options/quality-and-safety-improvement-scholarly-concentration>.

**Class Meetings**

Classes meets monthly for two hours in Bondurant 2020. See course calendar for specific dates and times. An end-of-year symposium is tentatively scheduled for the Tuesday of Capstone, 4:00-8:00pm (end of April 2018).

Students are expected to register for MEDI 529, between February and April of 2018. This will serve as the two-week credit for the Scholarly Concentration.

**Course Expectations**

Students in this course are expected to be active learners: participants will demonstrate engagement and embody a positive approach to their learning. All are expected to share their learning with the class. The following are components of active learning:

* *Attendance to all class sessions* (80% in person, 100% via Skype) is critical to promote a learning community within the class. If you need to miss a class for unforeseen reasons you are responsible for communicating in advance to the course manager **prior to class**, if possible. Information and recorded lecture will be sent to the class via email the Wednesday after class.
* *Active participation in class* discussions allows each student to test out their own assumptions about professional practice, as well as expand the perspectives of others in the class. Students will engage with other participants, instructors, and guest lecturers by discussing readings and projects, contributing in any class activities, reflecting openly with the class, and submitting feedback after each class.

Student responsibilities as member of clinical quality improvement team:

* devote 130 hours to project work
* attend project team meetings
* with guidance from mentor and project leadership, complete specific tasks as part of the overall project work
* meet with the mentor and course faculty to plan student involvement, set expectations, and assess progress
* meet with mentor in person at least monthly to plan work, reflect on learning, and seek guidance (meetings can be improvement team meetings or 1:1 with mentor or a combination)
* talk with mentor biweekly on project status
* present results of improvement work at student symposium in April 2018

Students are required to submit their work at a regional/national meeting or journal as a poster, abstract, or paper.

In this course, all patient information must be treated in accordance with HIPAA requirements in terms of clinical experiences, case studies, or other course requirements that might be met using patient information. No patient identifiers may be used or disclosed as you meet course or research requirements, *including during class hours (classes are recorded and available via LectureCapture)*. If in doubt about how to handle any patient information, please check with course instructors.

**Inclement Weather**

In the event of inclement weather, if the university closes, class is canceled ([www.alertcarolina.unc.edu](http://www.alertcarolina.unc.edu), or call 919-843-1234). If the university has not closed, but weather threatens, the course directors will decide no later than 3:00pm whether or not to cancel class and inform participants via email. Instructors will determine rescheduling of class (as needed).

**Religious Observance Conflicts**

Any student with a religious observance that conflicts with class expectations may request reasonable arrangements by following guidelines in the “Student Religious Observation Policy,” August 18, 2010, located at <http://provost.unc.edu/files/2012/09/Class-Attendance-Policy-8-18-10.pdf>.

**Required Course Texts and Readings**

All readings will be provided via email and/or be available on the [Institute for Healthcare Quality Improvement](http://www.med.unc.edu/ihqi) resource page. Students interested in additional reading suggestions should request them from course instructors.

**Quality Improvement Symposium:**

All students will present their year-long project (experience, data, findings, etc.) on the Tuesday of Capstone (late-April) to the community. Expectations and guidelines will be shared in the classes leading up to the date. This will serve as the final class of the year. Incoming students are expected to attend, if possible.

This course is a scholarly concentration and there is no grade.

**Course Calendar**

**Topics are subject to change as the course progresses**. Changes will be shared with students in class and via email. Any questions concerning the syllabus can be directed to the course manager.

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| Date | Topic |  |
| Apr 18, 4-5 | Course Introduction & Orientation | 1. Introductions 2. Review syllabus 3. Course expectations (attendance) 4. Mentor expectations and communication expectations 5. Methodology used during course 6. Scholarly product-Abstract or poster Symposium Presentation 7. Sustainability 8. Website (IHQI, textbook) 9. Materials-Syllabus, textbook, QI Macros 10. Course Number |
| Apr 25, 4-8 | Student Symposium  Observe ‘16-‘17 project experience |  |
| May 16, 4-6 | Improvement Team Composition & Leadership  Alignment, ROI, Personality types | 1. “Improvement Project Roadmap” 2. Fundamentals of Healthcare Improvement, Chapter 1 - 3 |
| Jun 20, 4-6 | Charters, A3s, and Driver Diagrams | What’s Your Theory? |
| Jul 18, 4-6 | Understanding Problems: Process Modeling, Root Cause Analysis, Fishbone Diagram | Fundamentals of Healthcare Improvement, Chapter 5 |
| Aug 15, 4-6 | Understanding and Making Changes, PDSA Cycles | Fundamentals of Healthcare Improvement, Chapter 8 |
| Sep 19, 4-6 | Measurement | Fundamentals of Healthcare Improvement, Chapter 6 |
| Oct 17, 4-6 | Data Analysis & Reporting | Fundamentals of Healthcare Improvement, Chapter 7 |
| November (TBD) | Project meeting with mentor, student, and course faculty |  |
| Dec 12, 4-6 | Scholarship, Dissemination, Human Subjects (IRB) | 1. “SQUIRE 2.0” 2. QI and IRB Considerations 3. Stanford QA QI Facts |
| Jan 16, 4-6 | Sustainability | 1. IHI White Paper Sustaining Improvement (pp. 4-8) |
| Feb 20, 4-6 | Spread | Fundamentals of Healthcare Improvement, Chapter 9 |
| Mar 20, 4-6 | Symposium Practice and Preparation | “How to Give a Killer Presentation” |
| Apr 24, TBD | Student Symposium  Present ‘17-‘18 project experience |  |