Background/Objective
Before July 2016, Quality Improvement (QI) education in the Oregon Health & Science University (OHSU) Dermatology training programs was limited, not well evaluated, and was not tied to the Accreditation Council for Graduate Medical Education (ACGME) competencies. In July 2016, the Dermatology QI Curriculum was implemented, and existing efforts restructured. This project looked at the impacts of that restructuring and new curriculum on the residency, fellowships, staff, and faculty.

Current State
QI education in Dermatology is lacking nationally, with little to no standardized information or curriculum for this specialty. The establishment of a curriculum, and the restructuring of existing efforts into a standardized format, is seen as an advance for the specialty in QI efforts.

For OHSU Dermatology, results of the QI education restructure and curriculum implementation have been successful to date. An ongoing action plan is being developed for use in department-wide QI efforts. Items from the action plan have already been implemented in the clinical setting, and have inspired clinical QI projects. Fellows, staff, and faculty are receiving QI education through the Institute for Healthcare Improvement (IHI) Open School modules, complications conferences, clinical improvement projects, and the QI journal club.

Methods
During the 2015-16 academic year, a new QI curriculum was developed in the OHSU School of Medicine Foundational Improvement Science Curriculum (FISC) program. In July 2016, the new QI curriculum was implemented. The structured and tiered curriculum is tied to ACGME milestones, includes varied assessments, and is overseen by the program directors and the program manager. Pre- and post-testing is done in the first year to assess learning, and project assessments are used to measure knowledge acquisition.

Interventions
Modifications and additions to the QI curriculum:
- Personal improvement projects (PIP) - assessed criteria set out in the curriculum. Trainees learn QI methodologies like PDSAs.
- QI action plans - developed by residents through complications conference (M&M) discussions for use in clinical improvement efforts
- Clinical improvement projects (CIP) - assessed through successful completion of CIP, presentation and/or publication
- IHI module completion - assessed through IHI Module quizzes, completion certificates
- Journal Club - assessed through participation in discussions, by program director
- Year one knowledge acquisition (IHI modules completed, PIP at least started) - pre test vs. post-test results (administered in July).

Results & Conclusions
Assessment of the QI program will be through the Annual Program Evaluation, and through the Program Evaluation Committee review of QI educational offerings and requirements. QI education efforts in Dermatology are ongoing, but initial indications are positive. Resident and fellow trainees are receiving standardized education in QI, and faculty and staff are involved in clinical improvement efforts. The results of the first year of implementation (2016-17) will be analyzed in July 2017 to determine if additional adjustments need to be made.

Next Steps
The Dermatology QI curriculum will be:
- Expanded to encompass faculty and staff education
- Shared with other OHSU Departments, and nationally to the broader dermatology community.
- Monitored to ensure knowledge acquisition, retention, and use

References
OHSU SoM FISC Program- Sherril Gelmon, DrPH, Moira Ray, MD, MPH, Matthew Diveronica, MD, Kim Irish, MS