

Graduate Medical Education

POLICY ON PATIENT SAFETY AND QUALITY IMPROVEMENT FOR GME TRAINEES

Purpose: This policy is aimed at creating and supporting a learning and working environment for medical and dental residents and fellows that promotes excellence in the safety and quality of care rendered to patients by trainees and faculty during their participation in a University of Iowa Health Care Graduate Medical Education (GME) program. Incorporating the importance of quality and safety into our GME programs goes beyond the present as we recognize that carrying forward that excellence into our learners' future practices is critically important to the patient care they will provide when they are unsupervised and themselves responsible to effect quality improvement measures.

In this policy, the terms learner, trainee, house staff member, resident and fellow may be used interchangeably.

- I. **Patient Safety.** GME at UI Health Care actively promotes patient safety, with both the learner and the faculty supervisor sharing responsibility for patient safety and the quality of patient care. The continuous overriding focus is on the safety, individual needs and humanity of the patients being cared for. Supervision, knowledge, skills and abilities factor into that focus. In that regard, practitioners must understand the limits of their knowledge and experience and seek assistance as required to provide optimal patient care. It is critical that residents and fellows, along with faculty members, work consistently in a well-coordinated manner with other health care professionals to achieve patient safety goals. Our GME learners must be able to demonstrate the ability to analyze the care they provide, understand their roles within the health care team, and play an active role in system improvement processes, carrying it forward into their unsupervised future practices. Programs must document that the following occur:
 - A. **Safety Culture.** UI Health Care's mission includes an ongoing willingness to deal with safety vulnerabilities. Through each program, UI Health Care has formal mechanisms in place which the programs document, such as assessments of the knowledge, skills and attitudes of our learners. Learners and faculty must communicate any needed areas of improvement.
 - B. **Education on Patient Safety.** Each residency and fellowship program at UI Health Care must provide formal educational activities that promote patient safety related goals, tools, and techniques. The program must tailor these activities appropriately for their learners and document and retain learner participation at the program level.
 - C. **Patient Safety Events.** Trainees, along with faculty and other health care team members, must know their responsibilities in reporting and how to report adverse events, near misses, and unsafe conditions at the clinical site; UI Health Care makes available to these individuals a summary of patient safety reports that occur. Additionally, learners must be involved in real or simulated interprofessional patient safety activities, including but not limited to root cause analyses that formulate and implement actions.
 - D. **Resident Education and Experience in Disclosure of Adverse Events.** Through its Compliance Office, UI Health Care discloses to patients (and, as necessary, families) when an adverse event has occurred. Residents must be included as participants in real or simulated disclosure events.
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- II. **Quality Improvement.** Within each program, the following must be documented:
- A. ***Education in Quality Improvement.*** Residents and fellows must receive training and gain experience in the quality improvement process, including an understanding of health care disparities. This means that the program must provide quality-related goals, tools, and techniques for learners to achieve quality improvement goals, especially those related to health care disparities that affect their patients.
 - B. ***Quality Metrics.*** In order to prioritize care activities and evaluate the success of improvement efforts, trainees and faculty member must have access to and therefore receive data on quality metrics and benchmarks related to their patient population.
 - C. ***Engagement in Quality Improvement Activities.*** For learners to develop the ability to identify and institute sustainable systems-based changes to improve patient care, they must have the opportunity in their training program to participate in interprofessional quality improvement activities, which should include activities aimed at reducing health care disparities.

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