We are happy to share this DRAFT revision of the Quality Improvement and Patient Safety (QIPS) Competencies Across the Learning Continuum. Now, we need your feedback!

Please review this draft set of tiered competencies (begins on page 4) and share your feedback by emailing QIPS@aamc.org no later than September 15.

Share your specific feedback via email about:1) clarity of language; 2) suitability of tiers; or 3) any critical competencies that may be missing. The information you provide will be used to inform the continued development of the competencies. Please note it will be shared with the committee and relevant staff and may also be released to the public in an unidentified manner.

Background Information: The first version of the QIPS competencies was released in 2019 and is due for a revision. Please refer to that version available here. The current iterative revisioning process began in September 2022. A diverse, 12-member interprofessional, cross-continuum committee was convened to revise the 2019 competencies under the counsel of several of the original 2019 competency committee members. This 12-month iterative process included a thorough literature review and discussion of each QIPS competency, and ultimately the creation of this current draft. The proposed draft revision includes several key updates in process and content, highlighted below:

- **To ensure that the updated (draft) competencies reflected the most currently available evidence across the core domains, we engaged the AAMC Reference Center to provide critical expertise and conduct extensive literature searches to ground the emerging competencies.**
    - Extensive literature searches were completed across all existing and proposed domains, as well as related areas of health systems science.
    - The data from the literature searches were incorporated across all key aspects of the workflows for updating the competencies.

- **We applied a grounding framework of Patients and Families as the Core of the Health Care Team in alignment with evolving evidence of the value of this approach to maximizing health care outcomes, and to reflect the AAMC's mission of better health for all.**
    - Framing the competencies in this way also enabled us to align what were formerly Domains IV and V: Patients and Families as QIPS Partners and Teamwork, Collaboration and Coordination into a single new domain, Patients, Families and Health Care Professionals as Partners in QIPS.

  - The *Patients, Families and Health Care Professionals* domain aligns two previously distinct domains to identify knowledge, behaviors and skills needed to effectively interact and coordinate care within health care settings with a foundation of authenticity, respect, and mutual support. The model of team for this domain frames patients and families as the core of the health care team and aligns their collective goals of culturally responsive collaboration and shared decision-making in the pursuit of quality improvement and patient safety.

- **Health Equity in QIPS was designated as a common, consistent thread through all competencies as opposed to a separate domain.**
  - The goal of this alignment was first to acknowledge the commonality and importance of health equity and health care disparity across all the competency domains, and as well, to promote alignment with the more recently published AAMC Diversity, Equity, and Inclusion (DEI) Competencies.
  - In so doing, the updated (draft) competencies reflect intentional synergy in language between QIPS and DEI competencies.

- **Organization of the emerging competencies was enhanced to represent the following phases of learning.**
  - We have been intentional in the use of descriptors that reflect ascending taxonomy of knowledge acquisition as below:
    - Stage 1: Describe/Identify/Consider/Discuss (Focus on self, foundational knowledge, essential framing competencies)
    - Stage 2: Demonstrate/Model/Make Decisions (Focus on team, leadership, decision-making, and accountability)
    - Stage 3: Coach/Lead/Mentor/Vision/Challenge/Change (Focus on system, agency, change management and enduring growth)

Additionally, the content of this current draft of the QIPS competencies includes several changes. The rationale for those revisions is provided below and referenced in the draft table of competencies.

1. To reflect new evidence available in the published literature.
2. To offer additional context, clarity, specificity, or detail.

3. To better enable assessment.
4. To reflect more emphasis on collaborative interprofessional practice.
5. To elevate the standards and expectations for learners/trainees/faculty (due to greater attention to and improvements in QIPS education).
6. To enable flexibility and permit broader applicability in clinical practice and across the continuum of medical education.
7. To reflect advances and evolution in health care.
8. To reflect greater alignment with cross-cutting skills or related competencies with other thematic areas (e.g., AAMC DEI and AAMC Telemedicine competencies).
9. To reduce redundancy with other sets in the series.
10. To reflect new and emerging priorities and content.
11. No substantive changes to original competencies.

Domain I: Patient Safety

The ***Patient Safety*** domain delineates competencies that promote safe clinical practice, reduce the occurrence of preventableadverse events and medical errors, and emphasize the shared accountability of individuals and systems to providing safe, high-quality health care delivery.

Tier 1: Entering Residency (Recent Medical School Graduate) *or* *Beginning QIPS Journey*	Tier 2: Entering Practice (Recent Residency Graduate) *Including Competencies in Tier 1* or *Advancing Along QIPS Journey*	Tier 3: Experienced Faculty Physician (3-5 Years Post-Residency and Beyond) *Including Competencies in Tiers 1-2* or *Continuing and Leading in the QIPS Journey*	Rationale for Change
Describes the value of a culture of safety and identifies key elements that promote safe clinical practice in the working and learning environment, including recognition of human factors that impact patient safety outcomes.	Makes decisions in support of a psychologically safe working and learning environment that promotes a culture of safety and acknowledges human factors as a key risk factor for adverse patient outcomes.	Collaborates with clinical, educational, and health system leaders to proactively identify and mitigate system hazards/risks through engagement in longitudinal professional development and clinical activities appropriate to the working and learning environment.	2, 5
Describes and practices appropriate infection-control practices, tailored to the patient and clinical environment.	Demonstrates and teaches effective patient safety practices, including infection-control, responses to safety alerts, and the reporting/follow-up of injuries and/or exposures.	Proactively identifies and mitigates risks to patient safety through call-outs, challenges to status quo, and engagement of key stakeholders and decision makers to advocate for change and improvement.	6, 7

Accurately and effectively collects key clinical findings needed to inform clinical practice and accurate diagnosis through patient-centered evaluation and ensures timely, accurate documentation in the patient record.	Demonstrates clinical reasoning that uses reflection, surveillance, critical thinking, consultation, collaboration, and responsiveness to feedback to inform diagnostic accuracy, with the ability to document this effectively in the patient record.	Facilitates open dialogue and behaviors among clinical team members to promote inclusivity, openness to feedback, and continuous learning through routine analysis and discussion of desirable and undesirable clinical outcomes, including best practices for system resource utilization.	2, 3, 6
Describes common types of human error—both active and latent—and the limits of human performance that impact patient safety outcomes, including knowledge of available resources for health (physical, mental, emotional etc.) when needed.	Demonstrates accountability for human performance/personal factors which impact safe clinical practice, including facilitation of clinical debriefs after patient safety events and acknowledgment of opportunities for self-improvement, where applicable.	Proactively anticipates and identifies human elements that may increase risk in clinical practice and drive behavioral changes through role modeling and intentional practice modifications (e.g., evidence-based approaches to patient handoffs, critical event review, etc.).	2, 5
Escalates and reports safety concerns (including near misses and imminent patient safety threats) appropriately through designated systems and protocols.	Applies outcomes of patient safety events to improve and enhance health care delivery through intentional and strategic changes in practice, as applicable.	Identifies and incorporates discussion of common themes, trends and opportunities in patient safety in routine clinical practice at the organization level, both with colleagues and learners.	1
Describes the essential elements of root cause analysis or similar structured process for critical event review that enables the comprehensive review of an event resulting in an undesired or unexpected	Participates actively in a root cause analysis or similar process, either through direct participation as a provider or through the preparation of a learner/trainee for participation in a critical event review.	Coaches and supports a learner, trainee, or early faculty member in the preparation for a critical event review and outline an action plan (including metrics) in response to the outcomes of a critical event review.	1, 3

outcome, and the development of corrective actions to mitigate future risk.			
Describes the essential elements of disclosure of an undesirable/unexpected outcome to patients/families, including how individual and shared accountability is demonstrated in the disclosure.	Demonstrates the disclosure of an adverse outcome to patient/families, including collaboration with health system partners (e.g., Family/Patient Advocacy).	Models and teaches effective disclosure of an adverse outcome to patient/families, including partnership with key stakeholders to enhance opportunities for learner and trainee participation and patient-centeredness in the process Communicates patient safety data including unsafe conditions, events, and near misses to individuals, teams, and across the organization to drive change and continuous quality improvement.	10

Domain II: Quality Improvement

The *Quality Improvement* (QI) domain defines systematic ongoing practices that lead to measurable improvement in health care services and patient outcomes, foster a culture of continuous practice improvement, and ensure high-value care delivery.

Tier 1: Entering Residency (Recent Medical School Graduate) *or* *Beginning QIPS Journey*	Teir 2: Entering Practice (Recent Residency Graduate) *Including Competencies in Tier 1* or *Advancing Along QIPS Journey*	Tier 3: Experienced Faculty Physician (3-5 Years Post-Residency and Beyond) *Including Competencies in Tiers 1-2* or *Continuing and Leading in the QIPS Journey*	Rationale for Change
Describes the terminology, methods, and value of QI to effective clinical practice.	Applies foundational principles and frameworks for QI through routine discussions and activities in the learning and working environments.	Cultivates an atmosphere of continuous practice improvement by incorporating QI into daily workflows and education.	2, 3
Participates in ongoing QI initiatives in the local environment.	Enhances knowledge of and engagement in QI through longitudinal participation in local QI activities and progressive leadership of such initiatives.	Collaborates with clinical, educational, and health system leaders to implement or advance a QI initiative, in alignment with standards for ongoing maintenance of certification, as applicable.	11
Distinguishes foundational QI tools (e.g., flowcharts, process maps, fishbone diagrams) and QI measures (e.g., process, outcomes, balancing) to inform QI efforts.	Uses appropriate tools and measures in QI initiatives.	Mentors learners, trainees, and early faculty colleagues in the effective review of QI initiatives and application of outcomes to inform clinical practice.	11
Recognizes and articulates the importance of evidence-based guidelines and	Leads interdisciplinary care delivery, coordination, and clinical practice through an	Cultivates an environment of clinical practice that promotes and values dynamic inquiry, a shared drive for	2, 5

standards to guide clinical decision-making and practice.	evidence-based framework, with applications to transitions of care, clinical documentation, and education.	excellence, and respectful disagreement in the pursuit of best possible patient outcomes.	
Describes basic principles of health care delivery, organization, and financing, including private health insurance and federal health programs.	Utilizes practice data and informatics to guide behavior change in clinical practice and using a cost-informed approach to health care delivery.	Models cost-informed health care delivery, to include strategies for controlling costs, resource allocation, and cost-benefit analysis through routine discussion with key stakeholders and learners/trainees.	2, 5
Articulates the ethical case for stewarding resources and cost-conscious care, including the potential impact of clinical decisions on whether the patient can afford the cost.	Modifies clinical practice to incorporate responsible resource stewardship, waste mitigation, and adherence to recommended practice guidelines.	Develops strategic interventions to improve performance and outcomes that deliver high-value and effective patient care.	5, 8, 9
Distinguishes between types of data and tracking methods for targeting patient safety improvement efforts	Participates in a specialty-specific analysis of adverse outcome data to target improvement efforts	Initiates or guides local quality improvement efforts that result as a consequence of adverse outcome data	2
Describes ethical principles that govern QI, including confidentiality of patient information.	Compares and contrasts the ethical principles that govern QI and those for research, including the role of the institutional review board.	Ensures ethical oversight of QI through visible and accountable participation in surveillance activities and education necessary for ethical human subjects research.	11
Applies data and quality measures to identify gaps between local and best practice.	Implements measurable changes in clinical practice as a result of review and assessment of evidence-based outcomes.	Mentors others in the development of research questions that promote organizational decision-making based on analysis of quality measures.	11

Describes practice data metrics typically surveilled for clinical providers, knows how this data can be obtained and the factors that contribute to the gap(s) between expectation and actual performance.	Analyzes individual practice data and, as a result, develops an action plan to address identified gaps.	Reflects on a practice change due to data received and engages in longitudinal learning activities to inform continuous personal and practice improvement.	2, 5, 11

Domain III: Patients, Families and Health Care Professionals as Partners in QIPS

The *Patients, Families and Health Care Professionals* domain aligns two previously distinct domains to identify knowledge, behaviors, and skills needed to effectively interact and coordinate care within health care settings with a foundation of authenticity, respect, and mutual support. The model of team for this domain frames patients and families as the core of the health care team and aligns their collective goals of culturally responsive collaboration and shared decision-making in the pursuit of quality improvement and patient safety.

Tier 1: Entering Residency (Recent Medical School Graduate) *or* *Beginning QIPS Journey*	Tier 2: Entering Practice (Recent Residency Graduate) *Including Competencies in Tier 1* or *Advancing Along QIPS Journey*	Tier 3: Experienced Faculty Physician (3-5 Years Post-Residency and beyond) *Including Competencies in Tiers 1-2* or *Continuing and Leading in the QIPS Journey*	Rationale for Change
Describes the model of patient/family as the core of the health care team, and the value of this framework to advancing shared goals and outcomes the care environment.	Models culturally responsive and inclusive practice through conscious and intentional engagement of patients/families in health care practice.	Challenges healthcare teams to identify missed opportunities for patient/family engagement in health care environment.	8, 9
Describes and effectively utilizes available resources and services to improve inclusive practice, including appropriate utilization of language-interpretive services.	Proactively uses resources and services to improve inclusive practice, including appropriate utilization of language-interpretive services.	Mentors health care professionals in the use of inclusive clinical practice, including advocacy for patients/families at risk for being marginalized in the health care system.	2, 5
Identifies barriers to equity in access to health care and patient outcomes, including systemic, social, and other structural constructs that	Acknowledges and mitigates social determinants of health outcomes in clinical practice through active engagement of patients/families in care.	Discusses and proposes systems-based approaches to narrow gaps in health care outcomes through engagement with health system leaders and partners.	8, 9

predispose individuals/populations to inequity.			
Participates in patient safety and QI educational programs implemented in collaboration with patients/families.	Partners with patient/families to develop patient safety and QI educational programs focusing on how a patient's unique sociocultural attributes may impact their care perspective and experience.	Applies outcomes from a collaborative patient/family program/intervention to guide modifications in clinical practice and/or behavior among health care professionals in the local environment.	2, 9
Participates in multi-source feedback process to inform actionable goals, including feedback from patients/families.	Utilizes data from multiple sources (e.g., 360º assessments) to inform the development of actionable goals for clinical practice.	Creates opportunities for professional development which engage patients/families in the educational process.	5
Define foundational principles of shared decision-making and informed consent, and identify barriers which may impede attainment of these goals.	Models decision-making and informed consent through clinical practice, framing the patient/family as the core of the health care team and prioritizing the delivery of high-value care.	As a team leader, cultivates normative practices and behaviors to enable shared decision-making and responsible elicitation of informed consent, including knowledge of the standards necessary to ensure this in clinical practice for vulnerable, at-risk and/or marginalized populations.	2, 5
Identifies key considerations and common experiences typically encountered during end-of-life care, including management of grief and terminal pain.	Participates in the end-of-life care coordination and planning for a patient, with engagement of specialty resources as necessary.	Guides and supports teams in consultation with specialty services in the delivery of end-of-life care, with elicitation of patient/family wishes for end of life.	10
Describes the role of effective teamwork, including	Identifies and redirects deviations in effective teamwork	Mentors and guides health care teams to reframe and update practice	2, 4

communication, collaboration, and cognition to achieving desired health care outcomes.	to enhance team effectiveness in the care environment, including recognition of patients/families as the core of the health care team.	to maximize team effectiveness, collaboration, and management of conflict, when needed.	
Defines and integrates interprofessional collaborative clinical practice as a core value through intentional and active engagement with all health care team members.	Identifies opportunities (including those missed) for interprofessional collaborative clinical practice and guides health care teams in the development of workflows to enhance team effectiveness in the care environment.	Guides and mentors health care teams in the provision of interprofessional collaborative clinical care through intentional strategies and behaviors which support a collaborative working environment.	2, 4