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PERSPECTIVE

# Documenting Quality Improvement and Patient Safety Efforts: The Quality Portfolio. A Statement from the Academic Hospitalist Taskforce

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Physicians increasingly investigate, work, and teach to improve the quality of care and safety of care delivery. The Society of General Internal Medicine Academic Hospitalist Task Force sought to develop a practical tool, the *quality portfolio*, to systematically document quality and safety achievements. The quality portfolio was vetted with internal and external stakeholders including national leaders in academic medicine. The portfolio was refined for implementation to include an outlined framework, detailed instructions for use and an example to guide users. The portfolio has eight categories including: (1) a faculty narrative, (2) leadership and administrative activities, (3) project activities, (4) education and curricula, (5) research and scholarship, (6) honors, awards, and recognition, (7) training and certification, and (8) an appendix. The authors offer this comprehensive, yet practical tool as a method to document quality and safety activities. It is relevant for physicians across disciplines and institutions and may be useful as a standalone document or as an adjunct to traditional promotion documents. As the Next Accreditation System is implemented, academic medical centers will require faculty who can teach and implement the systems-based practice requirements. The *quality portfolio* is a method to document quality improvement and safety activities.

*KEY WORDS:* quality portfolio; quality improvement; patient safety; academic medicine; career development; quality of health care.
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## INTRODUCTION

Continuous improvement of quality and safety in healthcare is a national priority, and exemplary calls for action are available.[1–6] In light of mounting pressures to improve care delivery and given the classic tripartite missions of research, education, and clinical care, academic medical centers face significant challenges in developing effective quality improvement and patient safety leaders and programs. At academic medical centers, an increasing number of physicians investigate, teach, and work to improve the quality of care and the safety of care delivery.[7–9]

Academic medicine promotion guidelines call for documentation of scholarly activity.[10] Those engaged in quality and safety have the traditional pathways on how to document scholarly activity including rigorous research methods and communication in the peer-reviewed literature. According to a recent report of academic hospitalists nationwide, mentorship and institutional support are necessary for scholarship productivity.[11,12] However, although viewed favorably by chairs of medicine, traditional pathways for fostering the professional advancement, promotion, or tenure for medical school faculty members rarely embrace quality and safety improvement efforts/achievements.[12]

In the midst of the efforts to create leaders[13] or improve quality and safety in academic medical centers, we found no standardized method for documenting quality and safety improvement activities. Hence, we report the formative development, content, and potential uses of the *quality portfolio* as a tool to systematically document activities and achievements in quality improvement and patient safety.

## FORMATIVE DEVELOPMENT OF THE QUALITY PORTFOLIO

### Overview

The Society of General Internal Medicine (SGIM)[14] and the Association of Chiefs of and Leaders of General Internal

Medicine (ACLGIM)[15] created the Academic Hospitalist Taskforce in 2006 with a goal of establishing a professional venue for academic hospitalists. The Taskforce's raison d'être includes the promotion of scholarly activity and career development for academic hospitalists in education, research, patient care, and leadership. Two authors (BS, VP) chaired the task force and leveraged the diversity and expertise of the membership. The need of creating the quality portfolio evolved from a consensus conference of key stakeholders.[16]

We first reviewed the literature on educator portfolios for academic promotion[17–20] and used the educators' portfolio as a model. Educator portfolios are an accepted tool for documenting achievement and success in education.[10,17–19,21] Taskforce members reviewed sample educator portfolios from their own and other institutions, using them as a guide for developing the quality portfolio.

## Stakeholders' Input

We established a candidate list of content domains for the quality portfolio. We drafted prototypes populated with activities from task force members and used an iterative process to revise the main domains. We vetted early versions of the portfolio at the authors' institutions including division directors, department chairs, administrators, and leaders in quality and safety. We spoke with leaders in academic medicine regarding the structure and potential implementation of the quality portfolio.

We vetted the final product with relevant external stakeholders. The final review included 15 leaders from 10 institutions, including 8 division chiefs and 5 chairs or vice chairs, with 10 leaders at the professor level representing a diversity of roles including: director for education, associate dean for faculty affairs, and associate dean for curriculum. In 2009, SGIM, ACLGIM, and the Association of Professors of Medicine endorsed the quality portfolio. The final product received positive feedback, which was not universal, including explicit recognition that the quality portfolio is a useful tool for documenting accomplishments in quality improvement and patient safety.

# THE QUALITY PORTFOLIO

## Overview

The quality portfolio contains six distinct categories including: (1) leadership and administrative activities, (2) project activities, (3) education and curricula, (4) research and scholarship, (5) honors, awards, and recognition, and (6) training and certification (see Table 1). The quality portfolio, template instructions, and an example to guide users are publicly available.[22]

**Table 1. Quality Portfolio Components**

| Component | Description |
|---|---|
| Faculty narrative | • Outlines role, philosophy, and approach to quality improvement and patient safety |
| Leadership and administrative activities | • Lists leadership roles and summarizes roles and responsibilities |
| Project activities | • Describes quality improvement and patient safety projects:<br>• Project title, timeframe, and time commitment<br>• Goals and members<br>• Outcomes, results, and dissemination |
| Education and curricular activities | • Documents teaching activities and curriculum development in quality improvement and patient safety<br>• Teaching activity, class title, and curriculum<br>• Time commitment<br>• Description, goals, format, structure, and teaching role<br>• Learners<br>• Evaluation (learners, curriculum), dissemination |
| Research and scholarship | • Documents research and scholarship activities in quality improvement and patient safety<br>• Publications, grants and contracts, enduring educational materials |
| Honors, awards, and recognition | • Lists award name, organization, and criteria for selection |
| Training and certification | • Lists training and certification specific for quality improvement or patient safety |
| Appendix | • Includes include pertinent or supporting information not otherwise contained in the portfolio |

## Faculty Narrative

The portfolio begins with a brief narrative and reflective summary that outlines the faculty member's role in and approach to quality improvement or patient safety. The narrative should comment on the individual philosophy, successes, challenges, future directions, and goals in terms of quality improvement or patient safety. For example, a faculty member may describe participation in and leadership of a multidisciplinary team, a rapid cycle of changes, and other approaches. The recommended length is one to two paragraphs.

## Leadership and Administrative Activities

Successful quality improvement requires strong and focused leadership. Faculty should list their involvement in leadership roles. Some examples of leadership roles in quality and safety include: chief quality officer, director of quality for a division or department, leader of a root-cause analysis or process improvement team, and leader of quality and safety curriculum development, among others. For each role, faculty should provide the leadership or administrative title and summarize the roles and responsibilities including a short description of the team. The recommended length is two to three lines for each leadership role.

## Project Activities

Faculty should describe their activities in quality improvement or patient safety projects. Specifically, describe the: project title, main goals, time commitment and duration of the project, role and contributions, outcomes and results, and any dissemination activities (v. gr.: a medical center process improvement initiative or participation in a national collaborative initiative[23,24]). The outcomes and results are probably the most important aspect of this section. Faculty should describe how project effectiveness was measured and provide the results. We recommend the use of formal methods for communicating the results with statistical process control, time series, dashboards with benchmarks, or other relevant methods. The results can also be qualitative in nature.

## Education and Curricular Activities

Faculty should document the specific direct teaching activities and curriculum development in teaching quality improvement and patient safety. For direct teaching or curriculum development, provide: (1) the teaching activity, (2) the time commitment, (3) a description of the activity (goals, format, teaching role), (4) the number and description of the learners, (5) the evaluation (summative and formative), and (6) dissemination if any. Creation of the curriculum content for the Academic Hospitalist Academy[25] and other educational activities[26,27] at the national level are two examples disseminated in the peer-reviewed literature.

## Research and Scholarship

We recommend the inclusion of a summary description of the research and scholarship activities outlining the thematic area, focus, broader impact, and relevance. The framework by Boyer and Glassick provides guidance for organizing scholarship in quality improvement or patient safety.[28,29] The four categories of scholarship include discovery, integration, application, and teaching.[28]

The main activities include: publication and presentations of peer-reviewed work, receipt of grants or contracts, and creation of enduring educational materials. In addition, other scholarship activities include publications in other venues, abstracts and posters presentations, invited presentations, and reviewer for peer-reviewed publication. A growing number of journals focus on improvement science,[30] national organizations offer funding opportunities,[31,32] and the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines provide guidance for communication.[33,34]

## Honors, Awards, and Recognition

Quality improvement or patient safety work may be recognized with awards and honors. Faculty should list such recognition. Also, quality improvement efforts may be recognized in less formal ways, with letters of recognition from peer-reviewed journals (for reviewer's role), supervisors, executives, or others invested in improving care delivery.

## Training and Certification

Faculty should include any additional training specific for quality improvement or patient safety. For example, national organizations offer training in quality and patient safety.[25,35,36] The Department of Veterans Affairs also offers 1–2 years of post-graduate training.[20,21,37]

## Appendix

The quality portfolio concludes with an appendix to include pertinent or supporting information not otherwise contained in the portfolio. Faculty should consider including qualitative evidence of project activity success, learner evaluations of teaching or curriculum development, microsystems assessment,[38] storyboard presentations, and letters or unsolicited feedback about participation in quality improvement or patient safety activities.

# QUALITY PORTFOLIO:IMPLICATIONS

Physicians, many of whom are hospitalists, now spend significant time involved in quality improvement and patient safety work. As these physicians apply for promotion or advancement, they need a mechanism for documenting their efforts and achievements.[2] The quality portfolio fills a present void in the existing system of specifically documenting excellence in quality improvement and patient safety. It offers a standard way to document the breadth and depth of the work of those engaged in improvement efforts. We envision the quality portfolio being used as either a stand-alone document or as an adjunct to the curriculum vita or other documentation formats such as the education, service, or research portfolios. It is not meant to replace, but rather to augment, the current methods of documentation of academic productivity. We encourage local adaptation and implementation.

The quality portfolio, similar to the educator's portfolio,[17,18,20,39,40] has the potential to serve different uses both for individuals and institutions. Specifically, the quality portfolio may be used to:

- document excellence or achievement in quality/safety to aid in promotion,
- demonstrate productivity for periodic evaluations of performance,
- guide individual faculty development through self-reflection and mentorship, and

- raise the value of quality improvement in one's home institution by providing a standardized format for comparative and peer review of quality and safety activities.

Few academic medical centers now include specific quality improvement and safety activities as a way to document excellence in innovation.[41–43] We are also aware that the Veterans Affairs Quality Scholars program has used, for the past 12 years, a reporting format to track the activities fellows are involved in.[37,44,45] We plan to examine the penetration and use of the quality portfolio in academic promotion.

The quality portfolio is not for everyone, and not every project can be considered scholarly activity. We acknowledge that not everyone involved in improvement work will, should, or wants to be promoted. During the development of the quality portfolio and presentations at national meetings, leaders also expressed a strong sentiment that promotions committees would view the portfolio unnecessary at their institutions. In particular, other ways to document excellence are available for faculty in clinician-educators tracks. The quality portfolio is a way to document and acknowledge the contributions of those who excel but do not fit the traditional paradigms or accepted metrics for promotion.[3,16,46] The need for physician leadership and the current unmet demand in fostering the careers of those engaged in quality improvement and patient safety is starting to be recognized.[3,47]

We acknowledge limitations of the current version of the quality portfolio. The quality portfolio was developed by physicians in academic medical centers. A more rigorous and systematic approach could have resulted in a different version of content or detail. We presume that the quality portfolio may also benefit those seeking to document success in quality improvement or patient safety across other disciplines. The general principles may apply to other professions, especially with the increased attention of inter-professional education.[48–50] Future directions include the definition of specific milestones, competencies, and curricula for quality and safety improvement in the continuum of medical education.[51,52] As the Next Accreditation System is implemented,[53] academic medical centers will require faculty who can teach and implement the systems-based practice requirements.

## CONCLUSION

The quality portfolio fills a present void in the existing system of documenting scholarly activities in quality improvement and patient safety. We are continuing our dissemination efforts; the quality portfolio was included in the inaugural Academic Hospitalist Academy[25]—a formal training experience for junior faculty looking to succeed in academic medicine. We encourage faculty members and division and department leaders to review and use the quality portfolio. We welcome your feedback on experiences with its use as well as suggestions for improvement. A sample version of a completed quality portfolio is available online.

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