Society for Maternal-Fetal Medicine
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SMFM Special Statement

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Society for Maternal-Fetal Medicine Special Statement: Curriculum outline on patient safety and quality for maternal-fetal medicine fellows

Society for Maternal-Fetal Medicine (SMFM); Patient Safety & Quality Committee; Fellowship Committee

To help fellows in maternal-fetal medicine gain a well-rounded education in patient safety and quality, we present a curriculum outline that addresses the requirements of the Accreditation Council for Graduate Medical Education and the American Board of Obstetrics and Gynecology. For each month of fellowship, the outline suggests brief video clips, readings, and activities. Emphasis is placed on helping fellows develop and complete a quality improvement project. If desired, the curriculum can be modified to fit program-specific needs and can be adapted for use with residents in obstetrics and gynecology.

Key words: disclosure of adverse events, handoffs, medical education, physician burnout, physician well-being, professionalism, quality improvement, teamwork, training

Introduction

Education in patient safety and quality is an essential component of fellowship training in maternal-fetal medicine (MFM). The Accreditation Council for Graduate Medical Education (ACGME) guidebook, *Program Requirements for Graduate Medical Education in Maternal-Fetal Medicine*,[1] devotes a 14-page section to patient safety, quality improvement, supervision, and accountability, nearly one-third of the entire guidebook. Although the ACGME guidebook outlines the topics to be covered, it gives no guidance on how to accomplish the required education. Moreover, the all-encompassing scope of the comprehensive requirements is likely to be intimidating to fellows and program directors alike. Therefore, dismantling the requirements into smaller, more "digestible" pieces is likely to improve accessibility and usability for learners.

This document aims to outline a curriculum to help MFM fellowship program directors and MFM fellows attain the required knowledge in safety and quality topics and to guide fellows on the completion of a quality improvement project during fellowship. We have divided the ACGME requirements into several small modules, most of which a fellow should be able to complete within 1 to 2 hours of focused attention during a given month. The full curriculum has 3 components (Box): the curriculum outline (this document); a *Primer on Patient Safety and Quality for Maternal-Fetal Medicine Fellows*[2]; and a *Toolkit for Quality Improvement Projects for Maternal-Fetal Medicine Fellows*.[3] The latter 2 documents are publicly available on the SMFM website and will be updated as needed to reflect changes in the ACGME requirements.

The curriculum outline is presented in Table 1. Topics are presented with a suggested timeline coinciding with the month and year of the 3-year fellowship cycle, with quality improvement (QI) project milestones superimposed to help pace fellows concurrently working on a project. Each module includes suggested video clips, readings, and activities. Each item is presented with a checkbox for fellows to record completion and to easily see which "to-do" items remain. For the readings, we have given preference to open-access material where possible. Some suggested readings are from published literature, and some are from our Primer[2] or Toolkit.[3]

The timetable and contents are suggestions only and not mandatory. Fellowship program directors are encouraged to modify the curriculum if doing so better fits the unique attributes of their program. If the curriculum is modified, we recommend developing a revised timetable of expected completion dates. Timetables may help to motivate fellows, especially those whose workflow is driven by deadlines.

We have designed this as a self-study curriculum under the assumption that some programs will not have dedicated faculty to teach all aspects of safety and quality. If a program has appropriate faculty and resources, live activities, such as didactic lectures or small group seminars, can supplement or replace parts of the curriculum. Because fellows may have different optimal learning methods, they will likely benefit if materials are made available in various formats, including readings, seminars, lectures, and videos.

In addition to providing suggested educational resources, the curriculum emphasizes the requisite steps for fellows to design and complete their QI projects. The ACGME

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BOX

Three components of the full curriculum on patient safety and quality for maternal-fetal medicine fellows

Curriculum outline (this document)
- Suggested monthly readings and other activities
- Suggested timetable for fellow-initiated quality improvement project
- Published in SMFM pages of the *American Journal of Obstetrics & Gynecology*

Primer on patient safety and quality for maternal-fetal medicine fellows[2]
- Short chapters on key safety and quality topics
- Examples relevant to obstetrics
- Published on the SMFM website: https://s3.amazonaws.com/cdn.smfm.org/media/3767/Primer_for_Curriculum_2023_01_18.pdf.

Toolkit for quality improvement projects for maternal-fetal medicine fellows[3]
- Guidance for planning, implementing, reporting, and maintaining fellow-initiated QI projects
- Workbook format
- Published on the SMFM website: https://s3.amazonaws.com/cdn.smfm.org/media/3768/Fellow_QI_Toolkit_-_2022_09_28.pdf

QI, quality improvement, *SMFM*, Society for Maternal-Fetal Medicine.

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TABLE 1

Curriculum outline and suggested timetable

Timeline and topic	Suggested activities	ACGME requirements[1]
Year 1, July Supervision, communication, professionalism	Read this article: ☐ Rosenbaum L. Reassessing quality assessment - the flawed system for fixing a flawed system. N Engl J Med 2022;385:1663–7.[4] Try these activities: ☐ Learn the definitions of direct supervision, indirect supervision, and oversight in the ACGME requirements[1] (right column). ☐ Obtain and review a copy of the written guidelines of your fellowship program regarding expectations for supervision and independence. ☐ If your program does not have written guidelines addressing these points, meet with the program director to discuss the points below. ☐ Learn the answers to these questions based on your reading of the written guidelines or your meeting with the program director: ○ Which clinical activities require direct supervision? ○ Which clinical activities can be done under indirect supervision? ○ Which clinical activities only require oversight? ○ What events require mandatory communication between the fellow and supervising physicians? ○ What indicators will be used to evaluate your progress or improvement in patient care? ○ What criteria will be used to grant increased authority and autonomy throughout the fellowship?	VI.A.2: The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability and patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The program must define when physical presence of a supervising physician is required. To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: • Direct supervision: the supervising physician is physically present with the fellow during the key portions of the patient interaction. • Indirect supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision. • Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. The program director must evaluate each fellow's abilities based on specific criteria, guided by the milestones. Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
		Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty members. Each fellow must know the limits of their scope of authority and the circumstances under which the fellow is permitted to act with conditional independence. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. VI.B.4.e: Fellows and faculty members must demonstrate an understanding of their personal role in the monitoring of their patient care performance improvement indicators.
Year 1, August Culture of safety	Watch these videos: ☐ MedStar Health. 60 seconds for safety: just culture. https://youtu.be/yWhb4vLlegM (1:20)[5] ☐ National Health Service (UK). A just culture guide. https://youtu.be/zje7650Eggs (3:33)[6] ☐ MedStar Health. Annie's story: how a system's approach can change safety culture. https://youtu.be/zeldVu-3DpM (5:34)[7] Read these articles: ☐ SMFM Primer,[2] "Culture of safety" ☐ Boysen PG. Just culture: a foundation for balanced accountability and patient safety. Ochsner J 2013;13:400–6.[8] ☐ Brborović O, Brborović H, Nola IA, Milošević M. Culture of blame-an ongoing burden for doctors and patient safety. Int J Environ Res Public Health 2019;16:4826.[9] ☐ Parker J, Davies B. No blame no gain? From a no blame culture to a responsibility culture in medicine. J Appl Philos 2020;37:1–15.[10] Try these activities: ☐ Complete the Hospital Survey on Patient Safety Culture from the AHRQ[11] with reference to the labor and delivery unit that you know best (including your residency). The survey is available at: https://www.ahrq.gov/sops/surveys/hospital/index.html ☐ Find out whether this survey has been administered on labor and delivery or postpartum units at your current primary hospital within the past 5 years. ☐ If so, discuss with your hospital quality department or MFM faculty what opportunities for improvement were identified by that survey and what actions were taken toward improvement. ☐ If not, discuss with your hospital quality department or MFM faculty whether administering the survey might yield insights into the safety culture of your units.	VI.A.1.a.1: A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety to identify areas for improvement. • The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.The program must have a structure that promotes safe, interprofessional, team-based care.
Year 1, September Care transitions, structured handoffs, teamwork	Watch this video: ☐ Children's Hospital of San Antonio, Baylor College of Medicine. iPASS handoffs. https://www.youtube.com/watch?v=rEpQC1rIgN4 (2:35)[12] Read these articles:	VI.E.3: Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. Programs, in partnership with their sponsoring institutions, must ensure and monitor effective,

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
	☐ SMFM Primer,[2] "Handoffs" and "Team Building" ☐ Fryman C, Hamo C, Raghavan S, Goolsarran N. A quality improvement approach to standardization and sustainability of the hand-off process. BMJ Qual Improv Rep 2017;6:u222156.w8291.[13] ☐ Studeny S, Burley L, Cowen K, Akers M, O'Neill K, Flesher SL. Quality improvement regarding handoff. SAGE Open Med 2017;5:2050312117729098.[14] ☐ Zipursky JS, Dhhar G, Weinerman A, Stroud L, Wong BM. I-CATCH: a novel bundle to improve postcall morning hand-offs. J Grad Med Educ 2018;10:702–6.[15] Try these activities: ☐ Is a structured handoff tool such as I-PASS or I-CATCH routinely used for change-of-shift handoff in your program? ☐ If your program is not using a structured handoff tool, consider making implementation of a handoff the focus of an independent quality improvement project. Implementation suggestions are provided in this article: O'Toole JK, Starmer AJ, Calaman S, et al. I-PASS mentored implementation handoff curriculum: implementation guide and resources. MedEdPortal 2018;14:10736.[16]	structured handover processes to facilitate both continuity of care and patient safety. Programs must ensure that fellows are competent in communicating with team members in the handover process.
Year 1, October Patient safety event reporting	Watch these videos: ☐ TDC Group. How to encourage adverse event reporting. https://www.youtube.com/watch?v=fdGrOCioTOo (2:52)[17] ☐ Joint Commission Quality & Safety Network. Sentinel event alert 57: the essential role of leadership in developing a safety culture. https://www.youtube.com/watch?v=F1NkDk8NmOk (4:59)[18] Read these articles: ☐ SMFM Primer,[2] "Medical error and adverse events" ☐ SMFM Primer,[2] "Sentinel events and event reporting" ☐ Agency for Healthcare Research and Quality Patient Safety Network. Reporting patient safety events. 2019. https://psnet.ahrq.gov/primer/reporting-patient-safety-events.[19] ☐ The Joint Commission. Developing a reporting culture: Learning from close calls and hazardous conditions. Sentinel Event Alert Issue 60. 2018. https://www.jointcommission.org/resources/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-60-developing-a-reporting-culture-learning-from-close-calls-and-hazardous-condi/#.Y9Gt-q3MKF4[20] Try these activities: ☐ Do one of these: ○ Find out how to submit an incident report at your institution. ○ Attend an RCA meeting after an obstetrical sentinel event, either as an observer or as an involved caregiver. Afterward, discuss with a faculty mentor whether the discussion was centered on identifying systems issues (just culture) or on placing blame on individuals. ○ If it is not possible for you to attend an actual RCA, participate in a simulated RCA. The simulation should include a debrief to review just culture principles as contrasted with culture of blame.For your QI project: ☐ Identify a faculty mentor in QI. ☐ Review the SMFM Toolkit[3] page "Steps of a Project" and "Plan-Do-Study-Act." ☐ With your mentor and with other fellows, begin brainstorming ideas for a fellow-led QI project (eg, identify processes that	VI.A.1.a.2: Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities. Residents, fellows, faculty members, and other clinical staff members must: • Know their responsibilities in reporting patient safety events at the clinical site; • Be provided with summary information of their institution's patient safety reports. • Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis and formulation and implementation of actions.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
	are not working well) using the SMFM Toolkit[3] pages "Identify the Problem" and "Fishbone Diagrams."	
Year 1, November Quality improvement processes	Watch this video: ☐ DocMikeEvans. Quality improvement in health care. https://www.youtube.com/watch?v=jq52ZjMzqyI (8:09)[21] Read these articles: ☐ SMFM Primer,[2] "Overview of quality improvement" ☐ Picarillo AP. Introduction to quality improvement tools for the clinician. J Perinatol 2018;38:929–35.[22] ☐ Adams D. Quality improvement; part 1: introduction and overview. BJA Educ 2018;18:89–94.[23] ☐ Hughes RG. Tools and strategies for quality improvement and patient safety. In Hughes RG (ed). Patient safety and quality: an evidence-based handbook for nurses. Washington, DC: Agency for Healthcare Research and Quality, 2008.[24] Try this activity: ☐ Make a list of events that you have observed at your facility that demonstrate processes that may be unsafe or that could be improved on. For your QI project: ☐ From all the ideas considered in your brainstorming, select a single topic for your project. ☐ Map the process you will target. Refer to the SMFM Toolkit[3] pages "Process Diagrams," "A Better Process," and "What's Your Process?" ☐ Define the specific outcomes or processes that you will measure. Refer to the SMFM Toolkit[3] pages "Metrics," "More about Metrics," and "Let's Measure."	VI.A.1.a.2.b: Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.
Year 1, December Quality metrics	Watch these videos: ☐ Birth by the Numbers. Birth by the numbers: myth and reality concerning US cesareans. https://www.youtube.com/watch?v=M_SKMMs2qfM (20:13)[25] ☐ National Quality Forum. Quality measures at work. https://www.youtube.com/watch?v=Fo0jICBiXXM&t=6s (3:13)[26] Read these articles: ☐ SMFM Primer,[2] "Standardized quality metrics" ☐ Society for Maternal-Fetal Medicine (SMFM) Quality and Safety and Health Policy Committees, Bailit JL, Gregory KD, et al. Society for Maternal-Fetal Medicine (SMFM) Special Report: current approaches to measuring quality of care in obstetrics. Am J Obstet Gynecol 2016;215:B8–16.[27] ☐ Rosenbaum L. Metric myopia - trading away our clinical judgment. N Engl J Med 2022;386;1759–63.[28] ☐ Saver BG, Martin SA, Adler RN, et al. Care that matters: quality measurement and health care. PLoS Med 2015;12:e1001902.[29] Try these activities: ☐ From your MFM faculty or your hospital quality and safety leadership, find out whether your hospital is accredited by The Joint Commission or a different accrediting organization. ☐ Find out what obstetrical care metrics your hospital reports to the accrediting body and to "watchdog" organizations, such as The Leapfrog Group. Find out the most recent results reported.	VI.A.1.a.3: Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
	☐ Ask to be put on the distribution list so that you can review the results when obstetrical care metrics are finalized each reporting period (month, quarter, or year). ☐ Discuss the results with your MFM faculty with a goal of identifying whether any of the metrics indicate opportunities for improvement. For your QI project: ☐ Meet with your mentor to finalize your project concept and goals. Define a timeline using this curriculum as a guide. ☐ Identify key stakeholders that will form a multidisciplinary team. Reach out and begin recruitment. Refer to the SMFM Toolkit[3] page "Forming a Team." ☐ Write a SMART goal statement for your project (Specific, Measurable, Achievable, Relevant, Time bound) for your project using the SMFM Toolkit[3] page "Setting Up a SMART Aim." ☐ Obtain baseline data to quantify the existing quality gap. This process may take several months, so begin data collection now. This data can ultimately be used to refine your SMART AIM.)	
Year 1, January Addressing disparities in quality improvement	Watch these videos: ☐ Veteran's Health Administration. Engaging healthcare teams to eliminate health inequities. https://www.youtube.com/watch?v=6kjweKPUEEg (2:49)[30] ☐ Healthcare Triage. Racial disparities are pervasive in healthcare. https://www.youtube.com/watch?v=T2mirYemCmo (6:01)[31] Read these articles: ☐ SMFM Primer,[2] "Including health equity considerations in quality improvement projects" ☐ Julian Z, Robles D, Whetstone S, et al. Community-informed models of perinatal and reproductive health services provision: a justice-centered paradigm toward equity among Black birthing communities. Semin Perinatol 2020;44:151267.[32] ☐ Glazer KB, Zeitlin J, Howell EA. Intertwined disparities: Applying the maternal-infant dyad lens to advance perinatal health equity. Semin Perinatol 2021;45:151410.[33] ☐ Davidson C, Denning S, Thorp K, et al. Examining the effect of quality improvement initiatives on decreasing racial disparities in maternal morbidity. BMJ Qual Saf 2022;31:670–8.[34] Try these activities: ☐ Find out whether quality data are stratified or disaggregated by race, ethnicity, primary language, and other critical SDOH in your hospital QI initiatives? If not, discuss with the leaders of quality projects whether reporting could be modified to incorporate this. ☐ Find out whether community expertise is incorporated into the formulation and implementation of QI at your hospital (such as a community advisory board or community engaged research). If not, discuss with project leaders whether community perspective could be solicited and integrated. For your QI project: ☐ Have your initial team meeting to begin the project. Brainstorm ideas regarding interventions that might close the quality gap. Refer to the SMFM Toolkit[3] pages "Developing an Intervention or Change Idea," "Use Change Concepts to	II.A.4.a.2: Programs must understand the structural and social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and eliminating health disparities.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
	Think about Solutions," "Let's Make a Change," and "Create Your Change." ☐ For your QI project, consider whether race and ethnicity data can be incorporated into reporting or whether reduction of disparities could be included as a potential measure of success. Refer to the SMFM Toolkit[3] page "Pivot Charts" for ideas on mapping disparities data.	
Year 1, February Participation in quality improvement activities	Watch these videos: ☐ Crucial Learning. All washed up. https://www.youtube.com/watch?v=gSkMvokilWU (6:06)[35] ☐ Institute for Healthcare Improvement. Put quality improvement into practice. https://www.youtube.com/watch?v=b6kHVZwQpVg (2:10)[36] Read these articles: ☐ SMFM Primer,[2] "Your QI project: using and Interpreting metrics" ☐ Peers RL. Professionalism, and improvement - reframing the quality question. N Engl J Med 2022;386:1850–4.[37] ☐ Jones B, Vaux E, Olsson-Brown A. How to get started in quality improvement. BMJ 2019;364:k5408.[38] Try this activity: ☐ Participate in a QI-focused meeting group as an observer. Reflect on your learning thus far in observing the activity of this committee and their approach to the project and subsequent analysis.	VI.A.1.a.2.b: Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions
Year 1, March Disclosure of adverse events	Watch these videos: ☐ Alberta Health Services. Disclosure done well - early disclosure when care is not reasonable. https://www.youtube.com/watch?v=b7VHNgGHbqA (6:23)[39] ☐ Alberta Health Services. Disclosure done well - early disclosure when care is reasonable. https://www.youtube.com/watch?v=lbhjEjJ3X_4 (5:36)[40] ☐ VitalTalk. Disclose serious news. https://www.vitaltalk.org/topics/disclose-serious-news/ (5 short videos)[41] Read these articles: ☐ SMFM Primer,[2] "Disclosure of adverse events" ☐ ACOG Committee Opinion 681: disclosure and discussion of adverse events. Obstet Gynecol 2016;128:257–61.[42] Try these activities: ☐ Discuss with your MFM faculty or hospital safety officer what policies exist regarding reporting and disclosure of near misses and adverse events. ☐ Find out whether your state or jurisdiction has laws mandating apology or disclosure. ☐ With your MFM faculty, arrange for a session to practice disclosure of adverse events or serious news with a variety of simulated scenarios: surgical complications; "never events," such as retained surgical objects; or discussion of treatment options when discussing a serious diagnosis. Ask for feedback and reflect on how you might have done better. For your QI project: ☐ With your project team, select one intervention that seems most likely to improve or address the defined problem. (This starts the plan step for your first PDSA cycle.) Refer back to the SMFM Toolkit[3] page "Planning & Prioritizing: the Pareto principle."	

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
	☐ Consider submitting your project for institutional review board approval, with the goal of obtaining approval by July. Refer to the SMFM Toolkit[3] page "Publishing QI."	
Year 1, April Levels of supervision and progressive increase in authority	Read these articles: ☐ SMFM Primer,[2] "Human factors engineering" and "Communication tools" Try these activities: ☐ As you near the end of your first year of fellowship, discuss with your program director: ○ Whether you meet criteria to have increased authority granted in the second year. ○ Whether there are any clinical competencies you need to develop by the end of the first year and how you can best obtain these. ○ What quality improvement project you are working on, who your faculty mentor for the project is, and what resources you need, if any, to ensure successful completion of your project. ☐ Complete the admission scenario #5 in the Squire Quality Improvement Knowledge Application Tool: http://www.squire-statement.org/index.cfm?fuseaction=page.viewpage&pageid=509.[43] Read the scenario, and then use the case prompts to design a rough outline of a QI project to address a quality gap in the scenario and finally score yourself using the scoring rubric tool. ☐ Complete the Royal College (Canada) Self-Assessment Program questionnaire to self-assess your competencies and comfort in QI: https://www.royalcollege.ca/rcsite/documents/canmeds/qi-a4-self-assessment-program.pdf[44] For your QI project: ☐ Over the next 3 months, meet with your team monthly and plan for project implementation with a target "go-live" by July 1. Continue to refer to the SMFM Toolkit[3] pages about making change. Preparations may include the following: ○ Develop educational materials ○ Start provider training ○ Make data collection plan ○ Build other system capacity	VI.A.2.d: The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. • The program director must evaluate each fellow's abilities based on specific criteria, guided by the milestones. • Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. • Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. VI.B.4: Fellows and faculty members must demonstrate an understanding of their personal role in the monitoring of their patient care performance improvement indicators.
Year 1, May Physician well-being	Read these articles: ☐ ACOG Committee Opinion 730: fatigue and patient safety. Obstet Gynecol 2016;128:257–61.[45] ☐ The Joint Commission. Health care worker fatigue and patient safety. Sentinel Event Alert Issue 48. 2018. https://www.jointcommission.org/resources/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-issue-48-health-care-worker-fatigue-and-patient-safety/#.Y9QAtK3MKF5[46] Try these activities: ☐ Investigate what written policies your hospital or hospital system has for transitioning patient care responsibilities when residents, fellows, and faculty physicians identify excessive fatigue. ☐ Survey colleagues regarding awareness of your program's fatigue mitigation policies or practices. Specifically inquire about the following: ○ Would they utilize the policy if they were fatigued? ○ Would they fear judgment or reprisal in such instances? For your QI project: ☐ Continue implementation planning as outlined in April.	VI.D: Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes (two paragraphs of detail follow). The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. VI.F.1: Maximum hours of clinical and educational work per week. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a 4-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting (several paragraphs of detail follow).

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
Year 1, June Physician burnout	Watch these videos: ☐ NEJM Catalyst. Physician burnout: stop blaming the individual, 2016. https://catalyst.nejm.org/doi/full/10.1056/CAT.16.0806 (9:35)[47] ☐ Med School Insiders. Why are doctors miserable? The BURNOUT epidemic. https://www.youtube.com/watch?v=kgj-fFra9P0 (11:15)[48] Read these articles: ☐ Robertson JJ, Long B. Suffering in silence: medical error and its impact on health care providers. J Emerg Med 2017;54:402–9.[49] ☐ Bourne T, Shah H, Falconieri N, et al. Burnout, well-being and defensive medical practice among obstetricians and gynaecologists in the UK: cross-sectional survey study. BMJ Open 2019;9:e030968.[50] Try these activities: ☐ Check out the SMFM Thrive Online Resources, especially Dr Lipkind's fellows' webinar: https://www.smfm.org/thrive[51] ☐ Consider signing up for the SMFM Mentor Match program. ☐ Familiarize yourself with your institutional resources for addressing or combatting burnout and policies surrounding absences, personal days, and reporting concerns for yourself or a colleague. For your QI project: ☐ Continue implementation planning as outlined in April.	VI.C: Psychological, emotional, and physical well-being are crucial in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. • Well-being requires that physicians retain the joy in medicine while managing their real-life stresses. • Self-care and responsibility to support other members of the healthcare team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. • Fellows and faculty members are at risk of burnout and depression. • Programs, in partnership with their sponsoring institutions, have the same responsibility to address well-being as other aspects of resident competence. • Physicians and all members of the healthcare team share responsibility for the well-being of each other. • A positive culture in a clinical learning environment models constructive behaviors and prepares fellows with the skills and attitudes needed to thrive throughout their careers. The responsibility of the program, in partnership with the sponsoring institution, to address well-being must include the following: • Attention to scheduling, work intensity, and work compression that affects fellow well-being • Evaluating workplace safety data and addressing the safety of fellows and faculty members • Policies and programs that encourage optimal fellow and faculty member well-being • Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours • Education of fellows and faculty members in identification of symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions. Fellows and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its sponsoring institution, must: • Provide access to appropriate tools for self-screening; and • Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 h a day, 7 days a week. • There are circumstances in which fellows may be unable to attend work, including, but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. • The program must have policies and procedures in place to ensure coverage of patient care.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
		• These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work.
Year 2, July Catch-up	Read these articles: ☐ SMFM Primer,[2] "Drills and simulation" and "Checklists" ☐ Sepulveda D, Varaklis K. Implementing a multifaceted quality-improvement curriculum in an obstetrics-gynecology resident continuity-clinic setting: a 4-year experience. J Grad Med Ed 2012;4:237–41.[52] For your QI project: ☐ Finalize the implementation plan as you prepare for PDSA cycles. ○ The QI project worksheet in Appendix II of the Sepulveda[52] article may be helpful in this formulation (Appendices can be found at the end of the PDF version of the article or by clicking the link in Editor's Note below the abstract in the PubReader version.). ☐ Implement your plan (PDSA cycle 1: "Do"). Start your intervention.	
Year 2, August Professionalism, fitness for work	Watch this video: ☐ American Medical Association. Mental health stigma in the medical profession with Scott Pasichow, MD, MPH. https://www.youtube.com/watch?v=WeV1ctQisto (15:46)[53] Read these articles: ☐ Verghese A. Physicians and addiction. N Eng J Med 2002;346:1510–1.[54] ☐ Bright RP, Krahn, L. Impaired physicians: how to recognize, when to report, and where to refer. Curr Psychiatry 2010:9:11–20. Available from: https://cdn.mdedge.com/files/s3fs-public/Document/September-2017/0906CP_Article2.pdf[55] Try this activity: ☐ Check out the LIFE curriculum, which was developed to assist graduate medical education programs, trainees and faculty physicians in preventing, identifying and managing physician fatigue and impairment: https://med.stanford.edu/gme/duke_life.html[56] For your QI project: ☐ Continue the "Do" step of PDSA cycle #1.	VI.B.1: Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. • This includes recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the healthcare team
Year 2, September Unprofessional behavior	Watch these videos: ☐ Physicians Practice. How to manage disruptive physicians. https://www.physicianspractice.com/view/how-manage-disruptive-physicians (5:43)—(You can accept or deny cookies to access the video.)[57] ☐ The Happy MD. Disruptive physician services - effective, compassionate intervention for disruptive physicians. https://www.youtube.com/watch?v=VHjfo1IhAbo (4:17)[58] Read this article: ☐ Wright C. The disruptive physician and impact on the culture of safety. Curr Opin Anaesthesiol 2021;34:387–91.[59] For your QI project: ☐ Complete the "Study" step of PDSA cycle #1. Gather data on the initial results of your implementation. With your project team, decide whether the intervention was successful and whether a different approach is needed. Refer to the SMFM Toolkit[3] pages "Studying our Data: Run Charts and Control Charts," "Rules of the Control Chart," and "Pivot Chart."	VI.B.6: Programs, in partnership with their sponsoring institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
Year 2, October Equity, freedom from discrimination	Watch these videos: ☐ Katie Couric. A shocking case of racial discrimination in a hospital. https://www.youtube.com/watch?v=cwtl93lJyHM (4:22)[60] ☐ Granda C. UCLA hospital worker awarded $1.5 million in racial harassment lawsuit. https://abc7.com/ucla-hospital-discrimination-lawsuit-racial-harassment/5453517/ (1:55)[61] ☐ Breaking the prejudice habit tutorials (collection of video clips exemplifying prejudice and discrimination in visual media). http://breakingprejudice.org/teaching/video-clips/[62] • Microaggressions: https://www.youtube.com/watch?v=57lM9fp9aNU (1:17)[63] • Privilege: https://www.youtube.com/watch?v=4K5fbQ1-zps (4:12)[64] Read this article: ☐ Rotenstein LS, Reede JY, Jena AB. Addressing workforce diversity - a quality-improvement framework. N Engl J Med 2021;384:1083–6.[65] Try these activities: ☐ Find out what training and assessment your workplace offers to help you become aware of your own biases and workplace discrimination including microaggression? ☐ Find out what reporting systems your workplace has in place to facilitate reporting and intervention in response to incidents of discrimination? ☐ Additional training available (optional): Safe Zone training (LGBTQIA allyship): https://thesafezoneproject.com/[66] For your QI project: ☐ With your project team, make any modifications needed for the intervention and prepare to implement (the "Act" step of PDSA cycle 1). Refer to the SMFM Toolkit[3] page on troubleshooting, titled, "Your project isn't yielding the expected results."	VI.B.5: Programs, in partnership with their sponsoring institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff.
Year 2, November Patient-centered and family-centered care	Watch this video: ☐ ThoroughCare. Benefits of a patient-centered care plan for patients and providers. https://www.thoroughcare.net/blog/patient-centered-care-plan (5:39) Read these articles: ☐ NEJM Catalyst. What is patient-centered care? 2017. https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559[67] ☐ O'Neill N. The eight principles of patient-centered care. 2022. https://www.oneviewhealthcare.com/blog/the-eight-principles-of-patient-centered-care/[68] ☐ Indeed Editorial Team. Patient-centered care: elements and examples. 2021. https://www.indeed.com/career-advice/career-development/what-is-patient-centered-care[69] ☐ Constand MK, MacDermid JC, Dal Bello-Haas V, Law M. Scoping review of patient-centered care approaches in healthcare. BMC Health Serv Res 2014;14:271.[70] ☐ Bokhour BG, Fix GM, Mueller NM, et al. How can healthcare organizations implement patient-centered care? Examining a large-scale cultural transformation. BMC Health Serv Res 2018;18:168.[71] Try this activity:	VI.B.4: Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
	☐ Think about your institution's approach to patient and family-centered care. Can you think of an area where patient-centered care has been prioritized to improve the patient and family experience? Conversely, consider where there may be opportunities for better incorporation of patient-centered care principles. For your QI project: ☐ If your QI project relates directly to patient care, have you incorporated patient-centered care principles? If not, are there any changes that you could make going forward or in your next PDSA cycle iteration that would improve the patient and family experience? ☐ Do the "Plan" step for PDSA cycle 2. Prepare to implement any modifications needed.	
Year 2, December Education on patient safety and lifelong learning	Watch these videos: ☐ Osmosis from Elsevier. Clinician's corner: how to be a lifelong learner. https://www.youtube.com/watch?v=jgNGUP_pXjo (5:48)[72] ☐ NUS Medicine. Lifelong learning in healthcare. https://www.youtube.com/watch?v=wgNP6AlHj38 (1:38)[73] Read this article: ☐ SMFM Primer,[2] "High reliability organizations (HROs)" Try these activities: ☐ Complete at least 1 MFM practice improvement module from abog.org.[74] These modules are micro-QI projects. You will be expected to complete one module annually throughout your career to maintain your board certification. ☐ Make a table with 3 columns and 5 rows. ○ In the first column, list the 5 characteristics of HROs. ○ In the second column, list ways in which your hospital demonstrates each characteristic. ○ In the third column, list ways your hospital needs to improve. ○ Discuss your completed table with your faculty mentor and discuss whether you can play a part in driving any of your suggested improvements. For your QI project: ☐ Start the "Do" step of PDSA cycle #2. Put your modified intervention into action.	IV.B.1.d: Practice-based learning and improvement: Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. IV.D: Scholarship: Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning.
Year 2, January Monitoring of patient care performance indicators	Try these activities: ☐ Because you are past the midpoint of your second year of fellowship, discuss with your program director: ○ Whether you meet the criteria to have increased authority granted in the third year. ○ Whether there are any clinical competencies you need to develop by the end of the second year and how you can best obtain these. ○ The progress you are making in your quality improvement project and whether you need any resources to ensure successful, on-time completion of the project. For your QI project: ☐ Complete the "Study" step of PDSA cycle 2. Review the results from your modified intervention. Identify any additional modifications required.	VI.A.2.e.1: Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence.

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TABLE 1
Curriculum outline and suggested timetable *(continued)*

Timeline and topic	Suggested activities	ACGME requirements[1]
Year 2, February to June Project wrap-up and completion	QI project wrap-up: ☐ During the remainder of year 2, finish PDSA cycle 2. With your team, plan, implement, and evaluate any needed additional intervention using a third PDSA cycle. ☐ Toward the end of year 2, meet with your QI project team and discuss any steps to bring your QI project to completion or to a logical "step-off" point where you can hand off your ongoing project to others. ☐ If your project has reached its aims, create a sustainability plan with your team. Identify the ways that data will be reported long-term, the criteria where re-intervention will be required, the types of reintervention that will be offered, and the leadership in charge of sustainability. Refer to the SMFM Toolkit[3] page "Sustaining QI."	
Year 3, July to December Project analysis and write-up	Try these activities: ☐ Prepare a PowerPoint, Keynote, or similar presentation summarizing your project, key findings, and future steps. ☐ Give this presentation to your QI project team to get feedback and suggestions for improvement. ☐ Discuss with your faculty mentor: ○ How to get on the calendar to present your project at a division, department, or hospital-wide meeting? ○ Which journal would likely be interested in publishing your project? ☐ Write an article describing your project, formatted according to the instructions for authors for your target journal. Refer to the SMFM Toolkit[3] page "Publishing QI."	
Year 3, January to June Project presentation and publication	Try these activities: ☐ Present your project at a division, department, or hospital-wide meeting. ☐ Modify your article as needed to address any feedback. ☐ Submit your article to your targeted journal for peer review.	

The activities listed are suggestions, not mandates. Individual fellowship programs are free to modify the suggested activities to fit local circumstances. Some of the videos in this table are preceded by advertisements, which can be skipped after a few seconds. The Society for Maternal-Fetal Medicine makes no statement of endorsement regarding the products or services advertised.

ACGME, Accreditation Council for Graduate Medical Education; *AHRQ*, Agency for Healthcare Research and Quality; *MFM*, maternal-fetal medicine; *PDSA*, Plan-Do-Study-Act; *QI*, quality improvement; *RCA*, root cause analysis; *SDOH*, social determinants of health.

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requirements allow fellows to simply "tag along" on existing projects within the facility, and it may be valuable to observe or participate in large-scale QI projects. However, we believe that most people learn best by doing and, therefore, recommend that each fellow conduct an individual small-scale QI project. We encourage the fellow to start noticing gaps in quality and safety early in their first year and begin thinking about ways to close them. By the end of the first year, the fellow should identify their QI project; assemble a project team, including a faculty mentor and other key stakeholders; and design the intervention to be tested. In the second year, the fellow should implement the intervention and test its effectiveness. In the third year, the fellow should finalize the project, present the results locally, and submit the project for publication. Resources to help fellows design and implement a project are presented in the Toolkit.[3]

If program directors and MFM fellows systematically pursue the activities outlined, they should gain a well-rounded foundation in patient safety and quality improvement. Doing so will satisfy both the ACGME requirements and the requirements outlined in the American Board of Obstetrics and Gynecology *Bulletin for Subspecialty Certification in Maternal-Fetal Medicine* (Table 2).[74]

Residency program directors may wish to adapt the curriculum for residents in obstetrics and gynecology. In doing so, it may be advisable to modify the timeline to fit individual clinical rotation schedules.

TABLE 2
American Board of Obstetrics and Gynecology requirements related to patient safety and quality for maternal-fetal medicine

Topic	Requirements
Ethics and professionalism	Systematically engage in practice review to identify health disparities When engaged in shared clinical decision-making, incorporate patient, family, and cultural considerations in making treatment recommendations When providing care for patients, consider psychological, sexual, and social implication of various treatment options
Patient safety	Systematically analyze the practice for safety improvements (eg, root cause analysis) Systematically engage in practice reviews for safety improvements (eg, root cause analysis) Incorporate the standard use of procedural briefings, "time-outs," and debriefings in clinical practice Participate in the review of sentinel events, reportable events, and near misses Implement universal protocols (eg, bundles or checklists) to help ensure patient safety
Interpersonal and communication skills	Communicate to patient and family regarding adverse outcomes and medical errors Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation Provide comprehensive information when referring patients to other professionals
Systems-based practice	Incorporate considerations of cost awareness and risk-benefit analysis in patient care Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
Practice-based learning and improvement	Design or participate in practice or hospital quality improvement activities
Evidence-based medicine	Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes Implement evidence-based protocols to enhance recovery after surgery

Excerpted from the American Board of Obstetrics and Gynecology.[74]

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The SMFM recognizes that obstetrical patients have diverse gender identities and is striving to use gender-inclusive language in all of its publications. The SMFM will be using the terms "pregnant person" and "pregnant individual" instead of "pregnant woman" and will use the singular pronoun "they." When describing study populations used in research, the SMFM will use the gender terminology reported by the study investigators.

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