

As a new program director, the opportunity to have a longitudinal experience where I could learn, share ideas, and network with other PDs on how to develop faculty and engage residents early on in QIPS was appealing.

Once I began participating in the pilot, our program started making changes by creating faculty and resident team leads for each of our outpatient clinic teams to help engage them in the ownership of their clinic teams. The goal was for each of the leads to optimize huddles and interprofessional team communication to discuss any issues related to patient safety. Additionally, the team leads met with clinic and hospital leadership to obtain institution, team, and individual practitioner quality metrics which they can use to develop QI projects that are meaningful to them.

### Christine Martino, DO

I was appreciative of the various collaborative relationships that were generated by my involvement in this experience. One of the residents at our program, TaReva Warrick-Stone, DO, also took part in the PDPQ pilot and was instrumental in creating and developing a brand-new curriculum for the residents to learn and better understand the importance of patient safety and quality. Our program plans to roll out the new curriculum this academic year.

The most important thing I learned from my participation in the pilot was that you do not have to wait until you have everything in place before you initiate a new idea or curriculum. Waiting could mean you risk missing out on the enormous potential benefits that may result.

### Stephanie Calkins, MD

Developing patient safety conferences for our residents and the teams they work with has been one of my top goals in the past few years. The short sessions with virtual didactic education and opportunity for networking, linked with a program of continuity and “homework” throughout the weeks of the pilot project was very effective for my learning, and for my motivation to make progress in curriculum development and implementation.

Some of the changes developed since participating in this program included regularly scheduled patient safety conferences in our clinics and inpatient service and the expectation of individual resident development of a standard quality improvement project poster presentation by the completion of residency. As an associate director in a community family medicine residency, I was especially grateful for the exposure to national medical education and curriculum specialists. The presentations, resources, and availability outside of the project hours were incredibly helpful and inspiring.

### Angela Cherry, MD, MBA

The primary practice site at our program is a rural health clinic. Since I participated in the pilot, residents, in coordination with the Patient Safety and Quality Improvement Ambulatory Supervisor, have developed a clinic advisory committee. Residents now attend the health system’s quarterly quality improvement meetings. In addition, there will also be monthly meetings to address patient safety issues that are entered into the event monitoring system relating to residents. Once this committee is fully functioning in the clinic, we plan to increase resident participation in patient safety and quality at the system level first in the ambulatory setting and then hopefully progress to the inpatient setting.

Participants from this pilot hope to continue to share resources and lessons learned with members of the AFMRD community.

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## FROM AAFP: AAFP TOOLKIT ADDRESSES VIOLENCE PREVENTION IN HEALTH CARE

It’s an unfortunate reality that too many family physicians have experienced some sort of violent encounter in their practice. Although the absolute number of fatal events remains, thankfully, relatively small, violent behavior directed against physicians and other health care professionals in the workplace—whether in the form of verbal attacks or physical threats or assaults—is a widespread and growing problem.

According to Bureau of Labor Statistics data for 2018, the incidence rate of serious workplace violence (ie, incidents that required the injured worker to take days off to recuperate) was 4 times higher among workers in the private health care and social assistance industries than among workers in private industry on average.

With the number of violence-induced nonfatal workplace injuries and illnesses among health care workers rising steadily since 2011—and absent any sign that this trend is reversing—it’s clear that medical practices and health care facilities must act to mitigate this threat.

The AAFP recognizes that need and has developed a comprehensive resource to help train health care team members and staff in family medicine practices to identify situations that often precipitate violence and respond accordingly.

"There are many family physicians who work in settings where this training is not as easily accessible, and the timeliness of this key resource continues to resonate for all physicians, regardless of their practice setting," said Eleanor Lavadie-Gomez, MD, a member of the AAFP Commission on Health of the Public and Science who has worked on the Academy's position paper on violence and policy statement on harassment and bullying, both of which are included in the toolkit, as well as its position paper on violence in media and the entertainment industry. "The multifaceted struggles we are seeing during the pandemic also seem to lower the boiling point for rising tensions between individuals—even in everyday situations."

Sparked by a resolution submitted to the Congress of Delegates, the Academy's new Preventing Violence in Health Care Toolkit (available at [https://aafp.org/content/dam/AAFP/documents/practice\\_management/admin\\_staffing/AAFP-Preventing-Violence-In-Health-Care-Toolkit.pdf](https://aafp.org/content/dam/AAFP/documents/practice_management/admin_staffing/AAFP-Preventing-Violence-In-Health-Care-Toolkit.pdf)) offers a carefully curated collection of educational resources gleaned from various trusted sources that covers all members of the care team, including:

- Step-by-step instructions for assessing and mitigating violence risk in health care settings
- Guidance for physicians and staff on setting up protocols for handling violent episodes in the clinic
- A series of detailed strategies designed to de-escalate potential violence in the practice setting
- Hands-on training tools for responding to active shooter incidents

In addition, the toolkit highlights AAFP policy statements on various types and aspects of violence,

whether perpetrated in health care facilities or in the community, and the role physicians play both in responding themselves and in educating patients and their families about this public health dilemma.

"This is an invaluable resource for members as the AAFP continues to provide support for family physicians who are living up to the mission statement of improving 'the health of patients, families and communities by serving the needs of [its] members ...,'" Lavadie-Gomez told *AAFP News*. "AAFP members can expect to find a compendium of information that points to AAFP policy statements on the myriad forms of violence, but most importantly, information that family physicians can use in any practice setting for mitigating workplace violence."

The Academy has for many years advocated that lawmakers and other government officials, regulatory agencies, and civic authorities recognize and act to end the epidemic of violence—particularly gun violence—that plagues the United States. Most recently, the AAFP praised preliminary actions the Biden administration has taken to curb gun violence, specifically calling out the "investment being made in evidence-based community violence interventions."

Still, it's important to understand that the rising tide of violence is a public health crisis that's been years in the making, and it won't be undone overnight.

"This toolkit was created as part of an ongoing effort to help protect us and our fellow physicians who make many sacrifices to care for our communities, whether large or small, rural or urban, private or academic," said Lavadie-Gomez. "It is imperative that we continue to care for and protect one another."

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