**QUALITY PORTFOLIO**Use the spaces below to frame your quality improvement and safety work for academic promotion.



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| FACULTY NARRATIVE | |
| Provide a reflective summary of a quality improvement (QI) and patient safety philosophy, achievements, challenges, and plans, potentially highlighting leadership or iterative process improvements. |  |
| QUALITY PORTFOLIO CATEGORIES | |
| Leadership and Administrative Activities Document QI and patient safety leadership roles (e.g., chief quality officer, root-cause analysis team lead, quality/safety curriculum developer) and, for each, include the title, a summary of responsibilities, and the team description, keeping entries to two to three lines per role. |  |
| Project Activities Document QI/patient safety projects with the title, goals, time commitment and duration, role and contributions, outcomes/results, and dissemination, emphasizing clear measures of effectiveness and reporting relevant results. Use formal methods (e.g., statistical process control, time-series, benchmarked dashboards) or other appropriate techniques; qualitative results are acceptable. |  |
| Education and Curricular Activities For each item, include (1) the teaching activity, (2) the time commitment, (3) a description of the activity, (4) the number and description of learners, (5) the evaluation methods, and (6) any dissemination efforts. Consider including any mentoring activities as well as the impact of your mentorship (publications, mentee placement, etc.) |  |
| Research and Scholarship List peer-reviewed publications and presentations, grants or contracts, and enduring educational materials. |  |
| Honors, Awards, and Recognitions Document any honors, awards, or recognition related to your QI/safety work. |  |
| Training and Certification Document any trainings and certifications relevant to your QI work. |  |

For more information, consult *Taylor BB, Parekh V, Estrada CA, Schleyer A, Sharpe B. Documenting Quality Improvement and Patient Safety Efforts: The Quality Portfolio. A Statement from the Academic Hospitalist Taskforce. Journal of General Internal Medicine. 2013;29(1):214-218. doi:*[*https://doi.org/10.1007/s11606-013-2532-z*](https://doi.org/10.1007/s11606-013-2532-z)