In recent years, the University of Michigan Health System has earned a national reputation for its focus on constant improvement in protecting patients’ safety, safeguarding against medical errors and seeking opportunities to improve the quality of care.

All of these principles are being instilled in our 164 Internal Medicine and Medicine/Pediatrics residents (house officers) through their contact with our faculty, staff and systems—and through several new programs introduced or developed this year.

One of the most practical of these innovations is the use of the Clinical Simulation Center, which allows house officers to practice basic and advanced skills before applying them to patients.

This year, for the first time, all house officers were required to use the center to show their proficiency at one particular skill, the insertion of central venous catheters. These catheters are used to deliver medications directly into the bloodstream of tens of thousands of U-M patients each year, but they are also a major potential source of patient injury and are known to raise the risk of hospital-acquired infection. The vast majority of them are inserted by house officers, so Rajesh Mangrulkar, MD led an effort to study the most common risks and vulnerabilities, and then to develop a class and proficiency test for them.

This is one example of the kind of safety- and quality-enhancing activity that is the focus of a new curriculum for all house officers currently being developed and rolled out. Funded by a competitive grant from the Medical School’s Innovations in Education fund, the curriculum is being designed by Dr. Mangrulkar together with Michael Lukela, MD, Vikas Parekh, MD and myself.

Another effort is a “patient safety academy” which began this year in the department. This effort involves faculty who can work directly with small groups of residents to address patient safety opportunities and make changes to clinical care. We hope that this model will prove useful to other departments as well.

In addition to patient safety, another major focus for our department’s graduate medical education programs continues to be experiences that bring residents into contact with patients whose medical care is far different from that delivered at U-M hospitals and clinics.

Whether that means spending time caring for patients in Africa or South America, as more than a dozen of our house officers did this year, or several hours each month tending to the health needs of our local homeless population, as many residents did this year at Ann Arbor’s Delonis Center shelter, this experience is quite valuable. It brings our physicians-in-training a new perspective on health care in all its forms, and gives them exposure to conditions and chronic-disease complications that they might not otherwise encounter. We hope to expand these efforts in the future with the help of donors.

Lastly, I am pleased to report that we continue to be one of the most sought-after residency programs in the country, with excellent candidates competing for every slot.