As healthcare becomes more complex and costly, process and outcomes improvement will become more critical. This brings to question how our medical trainees are taught quality improvement (QI) concepts. Recent years have seen more emphasis being placed on the importance of QI as part of medical training in the United States. The Accreditation Council for Graduate Medical Education’s Clinical Learning Environment Review program focus on healthcare quality as one of its six main areas reinforce this idea. In addition, medical curricula has been incorporating QI as an important core competency.

This presentation will discuss the evolution of quality improvement training of medical students and/or residents since the 2000s and will focus on the role of digital technology. A known barrier in implementing a QI curricula is scheduling amidst many competing interests. We will address if and how delivery innovations have affected implementation. Traditional modes of learning such as didactic and experiential learning will be compared to those with digitally-based means such as audio and video clips, web-based learning, etc. Additional outcomes such as impact will also be examined.