

**Table 1. GME-focused Departmental Pediatric Patient Safety Rounds Structure**

1. Introduction	<ul style="list-style-type: none"><li>• Led and facilitated by the Department Vice Chair for Quality, and Director of GME Quality and Safety; supported by the Residency Program Director and Chief Resident as alternates.</li><li>• Begins with a brief opening statement of purpose for first-time attendees</li></ul>
2. Updates, feedback, and improvement actions	Leader provides brief updates (3-5 min) on: <ul style="list-style-type: none"><li>• Progress related to events reported in prior weeks;</li><li>• Departmental, institutional, or national quality and safety risks warranting attention (e.g. capacity constraints, supply shortages)</li></ul>
3. Open forum	Discussion of new events by trainees (8-12 min). If trainees do not have new events, interprofessional faculty are encouraged to bring forward QS concerns. For newly reported events, facilitators: <ul style="list-style-type: none"><li>• Invite interprofessional perspectives on apparent causes</li><li>• Discuss immediate mitigation strategies</li><li>• Confirm if a safety event report was—or should be—submitted</li><li>• Determine reasonable next steps (e.g. escalation to a leader or committee; formal safety event analysis; gather further perspective from stakeholders; review literature; enter a safety report)</li></ul>
4. Post-rounds	Facilitators: <ul style="list-style-type: none"><li>• Help trainees and faculty make connections and align with institutional priorities, QS literature</li><li>• Encourage reflection about systems contributions, opportunities for change in individual practices and systems</li><li>• Follow up with individuals on next steps</li><li>• Track learning and improvement to provide updates at the ensuing PPSR</li></ul>