Med schools focus on quality improvement, patient safety

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Improving quality and safety has been a focal point in medical education for more than a decade, but improvements have not been dramatic. Here's a look at how some medical schools are changing their curriculum—and cultures—to make greater strides through their work with the AMA's Accelerating Change in Medical Education Consortium.

Thinking about safety improvement and taking action in Georgia

Emory University School of Medicine in Atlanta this fall continues its project to create a standardized education in quality improvement and patient safety among its medical students, residents, fellows, faculty, affiliated physicians and interprofessional colleagues spread among four different health systems.

Students that entered last fall were part of the first class that will experience all of the quality improvement and patient safety activities being added into each year of the school's undergraduate curriculum.

"Hopefully, going forward, students will have a more robust toolset and if something happens they will get involved and make a change," said Nathan O. Spell, MD, chief quality officer at Emory University Hospital and an associate professor of medicine at Emory.

New this fall, third year medical students will be excused from clinical rotation so they can come back to the classroom and talk about their first-person experiences with patient safety and quality improvement.

“When they come back, we can ask, ‘What did you see? How did you analyze the situation? How did you react? Did someone report what happened?’” Dr. Spell said. “We want to try to get people to think
critically about what happened, analyze it, think about how it can be changed and make [that] change.”

Faculty members are being taught to think this way as well. Emory this fall will continue to educate them about patient safety and quality improvement through a development course. Faculty members will come to the class with a project in mind and be placed on a team with a physician trainee and an interprofessional colleague throughout the course.

“We want the faculty to be talking about patient safety and quality improvements with the same vocabulary that trainees are using,” Dr. Spell said, noting that most faculty members did not go through medical training that focused on the subjects in the way Emory is now.

There also will be a set time for the teams to present an oral report on their projects. Last year, they presented posters with no oral portion, Dr. Spell said.

**Expanding patient safety initiatives in Michigan**

Based on feedback from faculty and students in a pilot program, Michigan State University College of Osteopathic Medicine is getting ready to roll out its curriculum for all students entering clerkship in September.

The tweaked initiative incorporates quality improvement elements and an expanded patient safety component.

“The feedback indicated there was more time available within the didactic timeframes to allow for it,” said Saroj Misra, DO, director of clinical clerkship curriculum and associate professor of family and community medicine at MSU College of Osteopathic Medicine.

The changes create a more comprehensive approach to patient safety, including developing new initiatives based on quality improvement, she said, noting that “the added benefit is that students will be able to achieve a Basic Certificate from the Institute for Healthcare Improvement in patient safety and quality improvement, which may be valuable as they apply for residency programs.”

The faculty in the pilot program said they found the curriculum easy to implement and students found the curriculum valuable. Students were surprised by what they “didn’t know that they didn’t know” when it came to patient safety, Dr. Misra said.

MSU also is updating the curriculum for GME programs across Michigan to use as part of a statewide initiative for residency training in patient safety.
“We have been pleased to see the support of our students, faculty and partner institutions in this initiative,” Dr. Misra said. “Having a unified system of education has proved to be valuable to our partners in healthcare.”

**More hands-on experiences in North Carolina**

Students entering their first year of medical school at Brody School of Medicine at East Carolina University this fall will find a new immersion course that focuses on health systems and provides hands-on experience through simulations, patient navigation and interprofessional shadowing.

The new approach is part of Brody’s ongoing longitudinal health systems science curriculum that includes components that begin the first week of medical school, continue through foundational science courses and clinical rotations and culminate with a transition to residency capstone course during a student’s final year of medical school.

Brody also recently welcomed its second cohort of Leaders in Innovative Care (LINC) Scholars, a program that accepts up to 10 students per year. The students will graduate with enhanced training and applied experience in health systems science, including patient safety, quality improvement, populations health and team-based care.

Over the summer, the scholars gained patient navigation experience and presented their suggestions for improvement to health systems leaders, participated in an interprofessional panel to understand the importance of an interprofessional team, attended a North Carolina legislative session and met with representatives, and interviewed with health systems leaders, said Luan Lawson, MD, MAEd, an assistant professor at Brody and the assistant dean of curriculum, assessment and clinical academic affairs.

The school also launching a new group of faculty in the Teachers of Quality Academy (TQA) 2.0, which will provide faculty development in patient safety and quality improvement so they are prepared to lead frontline clinical transformation while teaching and modeling these concepts for the next generation of learners.

Curriculum changes are having a real world impact, Dr. Lawson said. TQA faculty members have an extensive list of completed and ongoing clinical quality improvement projects, she said.

“One faculty member commented that the [TQA] had changed the way he approaches his practice in that he now views the world through a quality improvement lens,” Dr. Lawson said. “This same physician created an enhanced recovery after surgery program that lowered costs and improved quality for patients undergoing complex abdominal procedures. He attributes being able to do this to


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what he learned through the TQA.”

Read more about consortium schools

In addition to changing what medical students are learning about patient safety and quality improvement, consortium schools are taking new approaches to how they prepare physician leaders. They also are paving new paths to residency, relaying student competency to residency programs and training students for rural medicine.