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QUALITY IMPROVEMENT TRAINING IN MEDICAL SCHOOLS: HOW PREPARED ARE OUR FUTURE PHYSICIANS?

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GOAL

This presentation will discuss the current training challenges, successes, and needs of tomorrow's physicians.

SEMINAL WORK

2000

- **To Err is Human**
 - failures in health care delivery that resulted in at least 98,000 deaths a year

2001

- **Crossing the Quality Chasm**
 - deep crises related to the safety, efficacy, efficiency, and patient-centeredness of health care in America

2005

- **Building a Better Delivery System**
 - the culmination of the joint NAE/IOM study on system and communication changes.



IMPACT ON CURRICULA

2009

- **WHO**
- developed a “Patient Safety Curriculum Guide for Medical Schools

2011

- **The Accreditation Council for Graduate Medical Education (ACGME)** and the **American Osteopathic Association (AOA)**
- core competencies is Practice-based Learning and Improvement which includes quality improvement.

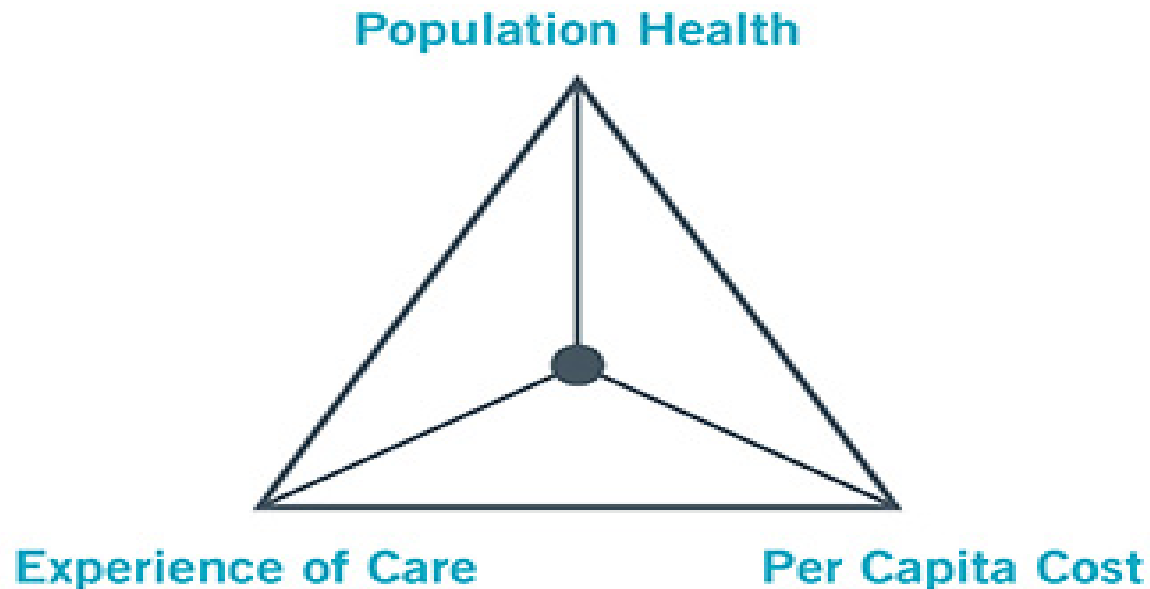
2013

- **Association of American Medical Colleges (AAMC)**
- expert panel’s report which recommended incorporating Quality Improvement/Patient Safety (QI/PS) in a continuing education scheme starting with medical school and throughout a physician’s career.



INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) TRIPLE AIM

The IHI Triple Aim



<http://www.ihl.org/engage/initiatives/tripleaim/Pages/default.aspx>



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CRITICAL REVIEW OF CURRICULA

Table 1. Major Quality of Care and Patient Safety Curricula Topics of 41 Curricula studied by Wong et al., 2010.

Quality Topics	Percentage	Patient Safety Topics	Percentage
PDSA	51	Root Cause analysis	41
Change Management, Audit and Feedback, and Process Mapping	56	Systems Thinking	39
General Quality of Care	37	Error/Incident Reporting	32
		Patient Safety in General	34



IDENTIFIED CHALLENGES

- Lack of committed teachers.
- Lack of time-competing demands for both teachers and learners.
- Not achieving learner buy-in.

CURRENT STATE

Three modes of training:

- Formal curricula
- Skill-specific activities (e.g., patient hand-offs)
- Incorporated into day to day activities

Wong, B. M., Levinson, W., & Shojania, K. G. (2012). Quality improvement in medical education: current state and future directions. *Medical education*, 46(1), 107-119.



FUTURE DIRECTIONS

- Build faculty capabilities
- Incorporate in accreditation standards
- Instill fundamental skills and behaviors

Wong, B. M., Levinson, W., & Shojania, K. G. (2012). Quality improvement in medical education: current state and future directions. *Medical education*, 46(1), 107-119.



STRATEGY FOR SUSTAINABILITY

Situating study findings in a sociocultural theory enables articulation of concrete strategies that can legitimize QI/PS in the academic and health care delivery fields. These strategies can promote sustained QI/PS curricula in graduate medical education.

Wong, B. M., Kuper, A., Hollenberg, E., Etchells, E. E., Levinson, W., & Shojania, K. G. (2013). Sustaining quality improvement and patient safety training in graduate medical education: lessons from social theory. *Academic Medicine*, 88(8), 1149-1156.

RECENT DEVELOPMENTS

- Supports the increasing trend for developing educational interventions in patient safety delivered to trainees.
- There is significant methodological shortcomings in studies.
- More evidence of impact on patient outcomes is needed.
- Better efforts to promote sustainability of interventions.
- Wider adoption and spread still need further studies.

Kirkman MA, Sevdalis N, Arora S, et al. The outcomes of recent patient safety education interventions for trainee physicians and medical students: a systematic review. *BMJ Open* 2015;5:e007705.
doi:10.1136/bmjopen-2015-007705

SUMMARY

- There are numerous recommendations by national and international organizations on QI Education
- Published studies around QI training in the medical school indicates variability in training and a need for improved QI training.



Thank You!

