

Integrating High Value Care and Patient Safety Longitudinally in a Medical School

Ashley Edwards BS, Jacob Mansfield BA, Skyler Burke BS, Lonika Sood, MBBS MHPE

Washington State University Elson S. Floyd College of Medicine, Spokane WA



Elson S. Floyd
College of Medicine
WASHINGTON STATE UNIVERSITY

Background

There is an urgent need to address the cost of health care and reduce harm to patients and communities within the US. The early introduction of physician trainees might help prepare them to be stewards and advocates of high value and quality care in the future. We describe a longitudinal curriculum on patient safety, high value care, and quality improvement at a new community-based medical school. We situate principles of health systems science within a 4-year long leadership in medicine and healthcare certificate and integrate it within the formal clinical curriculum.

Methods

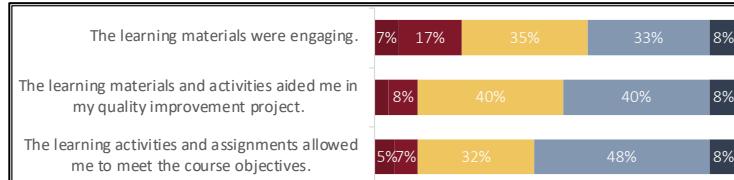
The implementation timeline and content outline of this curricula is described in detail below. Students were sent an evaluation survey assessing the curricula and components.

- **Years 1 & 2:** students are introduced to healthcare delivery concepts.
- **Year 3:** during their Longitudinal Integrated Clerkship, they complete a 10-week course on patient safety, high value care and quality improvement
 - Asynchronously
 - Self-paced completion of modules
 - Reflection assignments
- At the mid-way point, students meet within their smaller learning communities with structured reflections facilitated by local community preceptors.
- Assessment: Assignment based on proposing a quality improvement project focused on a near miss/adverse event/low value care witnessed during their clerkship.
- **Year 4:** Patient safety reflections; Descriptions of high value care; Safety simulation during Transition to Residency elective

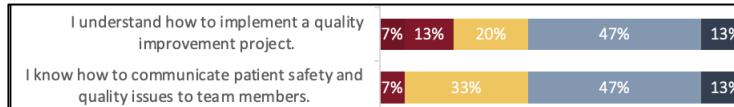
Results

This curriculum will be delivered for the fourth time this year, having gone through minor changes in response to evaluation data and performance of students on relevant milestones in year 4. A breakdown of survey and narrative results regarding the components and implementation is below.

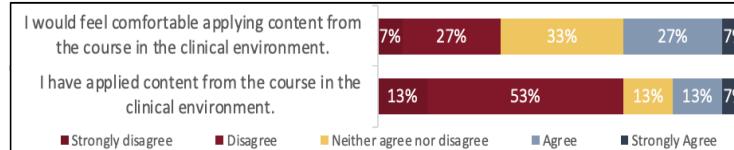
Curricular content



Application



Transferability to the clinical environment



Narrative Comments

- *'I noticed myself looking for areas of improvement in patient care and quality in relation to value'*
- *'I was able to observe quality improvement work in the clinic'*
- *'Not as much as I'd hoped, especially b/c I think the facility in which I'd like to apply my project would be very resistant to the idea.'*
- *'Good theme, hard to prioritize when there is so much going on between clinic, tests and life'*

Conclusions

This curriculum offers opportunities to apply knowledge and skills in authentic clinical settings. An LIC model allows for students to be embedded within a practice or institution over the course of a year, thereby offering the opportunity for identifying sub-optimal care but also being able to reflect on how to remedy such instances at the systems level. An asynchronous course further offers the opportunity for self-paced learning. Challenges have included limited opportunities for deliberate practice and feedback, competing responsibilities including clinical course work and challenges of navigating a clinical environment that may not be poised for change.

Clinical Implications

An early introduction for medical students to the principles of PS/HVC/QI is important although the healthcare outcomes are challenging to track. Giving the students the language and skills to navigate these concepts will prepare them for engaging in this work at the postgraduate level. By gaining foundational knowledge and firsthand expertise designing and completing a QI project, learners can more readily recognize areas for improvement and have the skills necessary to enact change.

Acknowledgements

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References

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