

Student-driven integration of value-based care and building trust into evidence-based medicine curriculum for first-year medical students

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Introduction

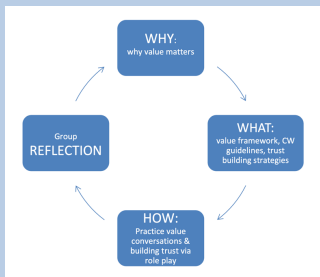
- Medical students often engage in wasteful practices that lead to low-value care. These practices stick with trainees as throughout their careers.
- Teaching about value-based care may curb low-value practices among medical students

Objective

- Design a curricular session for first-year medical students on value-based care and building trust when discussing value with patients and peers.
- Assess students' understanding of value-based care before and after the session

Methods

- Session design using Kolb's learning



- Pre- and post-session student surveys with Likert scale and free response questions
- Mixed-methods analysis: independent t-tests for Likert responses & qualitative coding for free-responses

Results

Table 1. Students' self-rated knowledge of and confidence in practicing value-based care using a five-point Likert scale.

Survey Question	Pre-Session Mean	Post-Session Mean	p-value
At this point, how would you rate your current knowledge of the Choosing Wisely campaign?	1.65	4.04	<0.01
At this point, how would you rate your current knowledge of Value-Based Health Care?	2.27	4.27	<0.01
At this point, how would you rate your confidence for having a value-based discussion with a patient?	2.38	4.21	<0.01
At this point, how would you rate your confidence for having a value-based discussion with a colleague?	2.39	4.13	<0.01

Table 2. Thematic Analysis of Students' Definitions of Value-Based Care.

Conceptual Theme	Pre-Session N = 85	Post-Session N = 71	Percent Change
Costs and Outcomes: Students weighed the possible outcomes against the various costs of a service.	12 (14.1)	62 (87.3)	↑ 73.6%
Costs: Students considered financial and non-financial costs of care, such as time, resources, and emotional distress.	17 (20.0)	41 (57.7)	↑ 37.7%
Monetary Costs Only: Students only considered financial costs when discussing tradeoffs.	7 (8.2)	1 (1.4)	↑ 6.8%
Outcomes: Students focused on obtaining the best outcome possible for patients.	32 (37.6)	48 (67.6)	↑ 30.0%
Mindful Testing and Ordering: Students described being thoughtful when placing orders, considering the evidence and possible benefit for each test ordered.	8 (9.4)	18 (25.4)	↑ 15.9%
Quality Versus Quantity: Students focused on patient outcomes rather than services provided.	8 (9.4)	13 (18.3)	↑ 8.9%
Patient First Mentality: Students discussed tailoring care to the individual patient, meeting patients where they are, and putting the patient's goals at the center of decisions.	12 (14.1)	12 (16.9)	↑ 2.8%
Evidence Based Medicine: Students discussed using data and evidence to make decisions.	7 (8.2)	7 (9.9)	↑ 1.6%
Shared Decision Making: Students described working directly with patients to make decisions on care that aligned with the patient's priorities.	6 (7.1)	4 (5.6)	↓ 1.4%
Compensation Models: Students specifically mentioned billing, payment, and reimbursement strategies (such as Fee for Service)	4 (4.7)	0 (0.0)	↓ 4.7%
Unsure/Don't know: Students stated that they did not know or were not sure how to define value-based care.	16 (18.8)	1 (1.4)	↓ 17.4%
Individuals' Beliefs, Values, and Goals: Students spoke of personalizing care delivery to match a patient's social, cultural, and religious values and preferences.	27 (31.8)	9 (12.7)	↓ 19.1%

Conclusions

- A student-led session on value was sufficient to increase medical students' self-perceived and actual knowledge, as well as their confidence in having value discussions with patients and colleagues
- First year medical students often lack a comprehensive, standardized definition of value-based care that includes consideration of both costs and outcomes of a service

Clinical Implications

- Increasing medical students' knowledge of value-based care and their confidence in discussing it may help them apply these skills early in their careers.

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