Executive Summary

Curriculum Renewal Subcommittee on Patient Safety, Quality, & Accountability

Few areas of medicine are evolving as rapidly as patient care safety, quality, and accountability. Historically, physicians were trained to focus exclusively on the care they delivered to the individual patient in front of them. Physicians practiced as “the captain of the ship”, and were accountable “only to their own conscience.” Physicians received lifetime Board Certification, and patients’ knowledge of a physicians’ quality came mostly through word-of-mouth.

Today’s medical school graduates will be entering a dramatically different landscape, and the curriculum on patient safety, quality, and accountability should be similarly transformed. Healthcare today is delivered by complex interprofessional teams, placing a premium on highly skilled communication. Physician autonomy, while still integral to medical practice, must adapt to an increasing focus on healthcare systems and standardization. The Board Certification process is now continuous, and includes the requirement that physicians perform basic quality improvement projects. Transparency has become a key focus of medical practice, coupled with growing metrics of physician performance that are publicly reported. Accelerating costs will bring issues of cost and value to clinical decision-making as never before.

The curriculum renewal subcommittee on patient safety and quality, in light of these critical developments, presents the following draft recommendations for transforming the University of Washington School of Medicine curriculum.

Recommendations

1) The subcommittee’s scope should be broadened to include “accountability.” University of Washington Medical School graduates should be prepared to be leaders in accountability, including considering value (quality/cost) in their clinical decision-making and being prepared to discuss cost with patients. Formally including accountability in the curriculum will be critical.

2) Curricular material on patient safety, quality, and accountability should be integrated throughout the new curriculum. While it may be ideal to include brief didactic presentations of the “basic science” of patient safety, quality, and accountability, wherever possible these critical topic should be integrated throughout the medical school curriculum.

3) Curricular material on patient safety, quality, and accountability should be directed towards issues of practical relevance to medical students and use experiential teaching methods. Salience of this material will be increased if it focuses on student-specific issues. For example, students could perform adverse event analyses of student-specific breakdowns, such as failure to prepare for a small group discussion.

4) Faculty development is essential. The rapid evolution of patient safety, quality, and accountability means that few faculty are currently capable of teaching this material. A significant investment in faculty development will be required, and can draw on existing resources such as a AAMCs Te4Q curriculum.

5) The hidden curriculum related to patient safety, quality, and accountability may be more important than the explicit curriculum. Key principles related to patient safety, quality, and accountability should be infused throughout students’ curricular experiences.

6) Curriculum on patient safety, quality, and accountability should be thoroughly interprofessional. The ability to function well in interprofessional teams will be a hallmark of the future physician. Learning these skills is only possible through a interprofessional medical educational experience.

7) Existing well-developed resources for teaching patient safety and quality issues, such as the Institute for Healthcare Improvement Open School, should be used where possible.

8) The curriculum should be based around the following high level knowledge, attitudes, and skills (see table below)
Table: Critical Knowledge/Attitudes/Skills

A University of Washington School of Medicine graduate would know and value:

- The basic science of patient safety, quality, and accountability
  - Ethical, legal, health policy dimensions
  - Importance of transparency
    - For system improvement
    - Reporting of adverse events/errors to institution, patients
    - Role in public reporting
  - Common metrics used in patient safety, quality, and accountability
  - IT as a means to improve practice and reduce error
  - Role of system thinking and standardization of practice
  - Fundamental principles of rapid cycle improvement

- Patient-centered care
  - Strategies for responding to patient complaints
  - Basics of communicating with patients about adverse events and medical errors

- Basic TeamSTEPPS skills and the importance of standardized, high-reliability, respectful team communication
  - Basic communication skills
  - Brief, huddle, debrief, handoff
  - Team and peer-to-peer feedback
  - Mutual support and seeking help

- Essential elements of Just Culture

- Accountability, especially the ability to incorporate considerations of value (quality/cost) in clinical decision-making

A University of Washington School of Medicine graduate would be able to:

- Demonstrate effective team communication skills, both as a team member and team leader
- Report at least one patient safety event (unsafe condition, adverse event, medical error) through Patient Safety Net or QMaster per clinical rotation.
- Participate in at least one intensive adverse event review
- Perform or participate in at least one basic Quality Improvement Project, ideally related specifically to medical student performance.
- Demonstrate advanced communication skills related to:
  - Discussing an unanticipated outcome with a simulated patient
  - Discussing cost of care with a simulated patient
  - Difficult conversation with peer exercise (breach of professionalism)