

January 14 2017, Dr. Geraci

Curriculum Integration Subcommittee, MSEC

Curricular Thread Content: Quality Improvement, Patient Safety, High-Value Care
Impressions and Recommendations from a Curriculum Assessment (attached)

I. General:

1. Of the available tools referenced, only the World Health Organization Patient Safety Curriculum Guide for Medical Schools provides a full, detailed curriculum for implementation. Others (AAMC, individual universities, etc.) are useful references for tools and teaching concepts.
2. The WHO PSCGMS was published in 2009. The information contained is therefore almost 10 years old and no updates have been released.

II. QCOM Specific:

1. Content in the non-patient care courses (presently M1 and M2 years, Transitions and Cornerstones) is volatile and has been variable from year to year. Most available information in D2L is not accurate.
2. Many existing experiences have value but are inconsistently delivered and not intended to be part of the curriculum for the parent courses. These provide “Enrichment” but not “Curriculum”.
3. Content in the clinical clerkships is poorly documented and more accurate information is required to decide if these topics represent curriculum or enrichment.
4. No M4 elective, selective or required course formally presents relevant topics to students.
5. Presently, 23 contact hours are listed as addressing contributory material (see attachment). These cover sufficiently distinct information (with a few adjustments planned for next year) to conclude that there is little repetition. The topic area of Medical Errors is presented in several formats; this is the most critical content area for students.
6. Deficiencies in the present educational product include:
 - a. Introductory lecture on tools and methods for quality assessment and improvement
 - b. Interpretation of visual data (run charts, etc.) to assess quality and areas for improvement
 - c. High-Value Care. Presently, this is absent from the formal curriculum of QCOM.

III. Recommendations:

1. The WHO publication should be used as guidance rather than a definitive curriculum due to dating of information.
2. Topic area, as will be recommended by Implementation Group 3, should commence early in the M2 year and continue into the clinical years.
3. Sessions 6a. and 6b. above should be introduced at the beginning of the M2 years, preceded only by the IHI Introduction Module (Profession of Medicine course.)
4. Experiences during clerkship rotations should be formalized (Surgery, OB/GYN. Family Medicine) as topics suggested here appear distinct.
5. A minimum of 4 classroom hours should be dedicated to High-Value Care. Resources include the ACP modules (though this 6 session series could easily be contracted to <4 hrs, eliminating content less applicable to the student level). This should be presented late in the M2 year after much of the QIPS material has been covered.
6. Hours presently devoted to Medical Errors could be reduced if no additional classroom time is available.
7. Final recommendation however is for 6 additional hours in the M2 year.

Respectfully submitted,

Stephen A. Geraci, MD