EPA #13: Identify system failures and contribute to a culture of safety and improvement

**Objective**
The key objective of this project is to share ideas and generate discussion regarding the use of different methods by which to teach and assess Patient Safety (PS) and Quality Improvement (QI).

**The Challenge**
Quality improvement and patient safety are critical topics for clinical education, yet ones that have often been without specific coverage in traditional medical school curricula.
- Topics which don’t specifically “belong” to one discipline are easily left out of the rotational structure of the clinical years
- Students may not be motivated to learn this clinical material in preclinical years.
- Other challenges noted in the literature include:
  - Lack of available expert faculty
  - Lack of protected time
  - Competing curricular and rotational demands

The curriculum designer is challenged to identify when and how these concepts should optimally be incorporated for effective learning and retention.

**Programs**
A 2013 review noted that PS curricula varied in length from 4-30 hours, with a majority occurring in the 3rd year of medical school. Teaching was best received when integrated into clinical education rather than in pre-clinical lectures, and students found PS/QI most valuable when it incorporated discussions about real-life mistakes.  

**Preclinical courses**
At CUSOM, the Professional Core Competencies course includes four hours focused on Patient Safety and QI.
- Introduction to Patient Safety
- Anatomy of an Error
- Quality, Safety, and Organizational Culture
- Medication Safety

**Intensive experiences**
For several years, Duke Medical School required a Patient Safety Week immediately preceding the start of the clinical clerkships. Activities included:
- Communication skills workshops, TeamSTEPPS
- Prescribing in the clinical environment
- Root cause analysis of past cases

Johns Hopkins incorporated a 3-day Interseesion in the 2nd year. This included case studies, small group exercises, and simulation focused on core issues of medication errors, falls, and pulmonary emboli.

**Quality Improvement Projects**
QI projects have been incorporated as requirements for students in Family Medicine clerkships.

**Where should this be taught and assessed?**

**Assessment**
Assessment of entrustability should involve repeated measures across time. The EPA itself includes 2 parts: (1) Identify system failures, and (2) contribute to a culture of safety and improvement. Potential assessment strategies include:
- Standardized patient exercises
- OSCE stations
- Multiple choice tests
- Reflective writing
- Patient safety/QI projects

**How can ability to contribute to a culture of safety be measured?**

**References**