Health Policy
NEWSLETTER

GUEST EDITORIAL

The Road to Safer Care: Still Under Construction

What changes should we be making in the medical education curriculum? Seems like a reasonable question, especially given the array of amazing advances in medical technology that appear in the clinical and mainstream media on a daily basis.

Ironically enough, the issue causing the most consternation among leaders in academic medicine is the same one we've been struggling with for over 100 years, when famed education reformer and pioneer Abraham Flexner issued his groundbreaking report on medical education in 1910. *What can we do to change medical education in a way that will improve the quality and safety of medical care?*

In the decade since the Institute of Medicine (IOM) first issued its landmark reports regarding these critical issues (*To Err is Human* in 2000 and *Crossing the Quality Chasm* in 2001), a number of initiatives have been instituted by health care professionals and organizations in an effort to bridge the significant gaps in healthcare quality and safety. Yet, according to recent data, medical error has become so prevalent that it ranks among the leading causes of death in the US (just behind cancer, heart disease and stroke), accounting for approximately 200,000 fatalities annually.[1] This is a significant increase over the 2000 IOM report estimates of 44,000-98,000 deaths per year.[2] The problems regarding patient safety are serious, undeniable and unacceptable. Worse yet, many of them are easily preventable.

Leaders in medical education have been viewing the situation with increasing alarm. Safe, high quality health care is paramount to the public interest. Professionals, patients, payers and policy makers have turned their full attention to the issue. Several provisions in the healthcare reform legislation are focused on providing incentives to improve quality and penalizing providers who don't measure up.

We can no longer afford to relegate professional performance, transparency, and accountability to ad hoc efforts. This paradigm shift must serve as a call to action for leaders in medical education to take a strong and positive role in promoting safer medical care. If we are ever going to change the culture of medicine, we must require appropriate patient safety education *early* in the training of physicians,[3] not only in medical school, but integrated throughout the continuum of undergraduate, graduate, and ongoing continuing professional education.[4]

It is essential to provide much more patient safety education to medical students and physicians, including interventions known to be effective in preventing errors; education in technical performance; and information about organizational behavior and teamwork.[5] Many professional organizations, such as the Association of American Medical Colleges (AAMC) and the Institute for Healthcare Improvement (IHI) are moving in this direction, and support the concept of beginning the training in quality and safety early in medical school, and continuing such training throughout physicians' careers. The AAMC's Integrating Quality Initiative, a performance improvement project, helps members manage their roles as educators while providing outstanding medical care.[6] The IHI Open School is an ongoing initiative that provides outstanding educational resources and networking opportunities that emphasize interdisciplinary healthcare team skills with real-world applicability.

Unfortunately, at this point very few medical schools provide any formal training to medical students in how to provide safer care. A recent survey indicates that only 25% of medical schools offer explicit training in patient safety, although many more acknowledge its importance.[7]

As a health sciences university, Thomas Jefferson University (TJU) strives to provide opportunities in patient safety training for every member of the health care team.

Highlights of our programming include:

- A specialized clerkship in Patient Safety for 3rd year medical students. Now approaching its 8th year, Interclerkship Day features nationally recognized experts in patient safety and includes topics such as crew resource management; disclosure of and apology for medical error; use of simulation training to teach leadership and communication skills; and patient testimonials.

- A series of lectures for advanced medical students on Professionalism in Medicine. The purpose is to engage students in educational discussions on patient safety issues, and inspire them to continue to enhance their knowledge and become future leaders. *Safe Patients, Smart Hospitals: How One Doctor's Checklist Can Help Us Change Health Care from the Inside Out,*[8] the critically acclaimed book by Peter Pronovost, MD and Eric Vohr, is required reading. It generates lively discussion, is easy to relate to, and offers practical approaches to everyday encounters.

- JSPH conducted its first full-day regional Leadership Forum on Quality and Safety specifically designed for house staff.

- Through JSPH, TJU is collaborating with the American Medical Student Association (AMSA) to develop the curriculum for its 3rd Annual Leadership Institute on Patient Safety and Quality Improvement. This 3-day interactive and didactic program offers medical students the opportunity to examine and analyze ways in which they can actively participate in the safety and leadership initiatives. Students are encouraged to share project ideas with their colleagues and create a plan for implementation.

TJU's commitment to patient safety and quality is embodied in its establishment of the Jefferson School of Population Health. Our mission is to develop leaders committed to improving the quality of health care. Our faculty is comprised of a team of dedicated educators and health care professionals who are passionate and united in the desire to make health care safer. Our academic and continuing professional education programs are designed to provide meaningful experiential learning opportunities for the spectrum of professionals in health care. We are working every day to answer the critical call to improve the quality and safety of health care.

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