

AMSA's 3rd Annual Patient Safety and Quality Leadership Institute

Future leaders of healthcare quality and safety gathered at the Thomas Jefferson University campus on January 14, 2011 for the Third Annual Patient Safety and Quality Leadership Institute (PSQLI), a three-day leadership development program sponsored by the American Medical Student Association. This is Jefferson School of Population Health's (JSPH) second time as the academic anchor and host for this innovative program. The purpose of the PSQLI is to create a student-driven national forum to educate students on patient safety and quality improvement and, through a train-the-trainer approach, develop leaders of quality who will return to local institutions as change agents and peer-educators. The dynamic curriculum employs didactics, simulation, case-based learning, and facilitated small-group sessions. Participants apply with a proposed quality improvement or curricular development project, and develop and refine their project over the course of the program, with plans to implement the project at their school or teaching hospital. National experts in healthcare, medical education, patient safety,

and healthcare improvement participated in the discussion including (Table 1).

The PSQLI is a direct response to the National Patient Safety Foundation report, *Unmet Needs: Teaching Physicians to Provide Safe Patient Care*, which was developed by a roundtable gathering of stakeholders in medical education and patient safety and released in early 2010¹. The report addresses the inadequacy of medical schools and teaching hospitals in facilitating a basic knowledge of patient safety tenets and helping students develop skills needed to deliver safe patient care. As of 2008, only 10.4% of US medical degree-granting schools reported any patient safety curricula.² Interestingly, out of the reported curricula, a majority provide only one lecture during the entire four years of schooling, according to Dr. Ginzburg. Various sessions of the PSQLI targeted recommendations of the *Unmet Needs* report, including four main domains of quality and safety: (1) role of education, (2) science of quality improvement and patient safety, (3) systems design, and (4) project development.



Back row (left to right): Aaron Sin, Mark Royo, Caleb Cheng, Bjørn Bakke, Mohammad Ali Khoshnevisan, Anthony Gifuni, Joshua Weinstock, John Brockman, Jo Inge Myhre, Boris Rozenfeld

Front row (left to right): Alexis Skoufalos, Valerie Pracilio, Reshman Ramachandran, Heidi Charvet, Aliye Runyan, Jamie Davies, Alyssa Sadowski, David B. Nash, Marina Zeltser, Minda Aguhob, Leah Marcotte, Kavita Patel, Jennifer Noble, Sara Omar, Natasha Sharda

Table 1 - PSQLI Faculty

David B. Nash MD, MBA Dean, JSPH

David E. Longnecker, MD, Director of Health Care Affairs at the Association of American Medical Colleges

Richard Shannon, MD, Chair of Internal Medicine at University of Pennsylvania

Jennifer Myers, MD, Patient Safety Officer at the Hospital of the University of Pennsylvania

Samara Ginzburg, MD, Assistant Dean for Medical Education at Hofstra North Shore – LIJ School of Medicine.

Baber Ghauri, MD, Medical Director, Simulation Medicine; Patient Safety Officer, Abington Memorial Hospital

Katherine Berg, MD, MPH, Associate Professor of Medicine; Co-Director, University Skills and Simulation Center (USSC), TJU.

Dale Berg, MD, Professor of Medicine, Co-Director, UCSSC, TJU

John J. Duffy, RN, MSN, CCRN, Assistant Professor, JSHP

Peter M. Fleischut, MD, Department of Anesthesiology, NY Presbyterian Hospital-Weill Cornell Medical College

Lee Ann Riesenber, PhD, RN, Director, Medical Education & Outcomes, Christiana Care Health System

Rangari Ramanugam, PhD, Associate Professor, Owen Graduate School of Management, Vanderbilt University

Michael Appel, MD, North American Safety Education Group



Matt Lewis, of the Leading Change Group, speaks to PSQLI attendees at the Celebrating Improvement Leadership reception co-sponsored by the IHI Open School.

Many of the students are leveraging the *Unmet Needs* report to steer changes at their institutions, through the creation of electives or pathways, longitudinal integration of quality and safety into core curricula, and clinical quality improvement interventions.

This year, AMSA and JSPH teamed up with the Institute for Healthcare Improvement (IHI) to open the previously medical student-focused program to all health professions. Through its monumental campaigns and networks, the Institute for Healthcare Improvement has been a key driver of quality improvement in the United States. The organization recently formed a student division, the IHI Open School, and has established Open School chapters of health profession students in over 40 countries. The collaboration between PSQLI and IHI has allowed the program to reach a wider audience of students from all health professions, to foster the inter-professional teamwork that is at the core of patient safety.

This year's institute attracted over 40 participants nationally and internationally, with varied backgrounds that included medical, pre-medical, pharmacy, nursing, public health, healthcare management, and residents. This is double the number of students that were in attendance the previous year. Over its three year history, the PSQLI has graduated over 90 students, representing forty-five schools, twenty-two states, and five countries.

A unique component of the program is that participants were able to engage in simulation training at Jefferson's state-of-the-art simulation facility. This was made possible through the joint efforts of Drs. Dale and Katherine Berg, Co-directors of the University Clinical Skills and Simulation Center at Jefferson and Baber Ghauri, MD, Medical Director of Simulation Training at Abington Memorial Hospital. Simulation in healthcare has traditionally focused on teaching procedural skills such as venipuncture, intubation, and the physical exam, among others.

More recently, however, the use of simulation to teach teamwork, situational awareness, and communication and interpersonal skills is gaining momentum. Coming from the opposite sides of the simulation training spectrum, Drs. Dale and Katherine Berg and Dr. Ghauri collaborated together to use state-of-the-art simulation equipment and technology to highlight the importance and utility of team training in improving patient care. Following the simulation scenario, the three faculty members engaged the participants in a debriefing session to discuss successes and failures of communication and developed solutions for breakdowns in team dynamics.

At the completion of the program, many participants departed with a sense of urgency and excitement to return to their respective institutions and become agents of change. For one of the participants, the institute "refined [his] perspective and had given [him] a better direction," and for another, the weekend was "simply the most encouraging experience of [his] medical school adventure." Many participants believe this program has affected their career choices. One student reported, "it has made patient safety a priority, which is something that isn't emphasized" and another commented that "I am more sure now than ever that this is what I want to do." The program coordinators are reviewing participant feedback in an effort to improve the program for yet the next PSQLI in the 2011-2012 academic year. ■

If you are interested in participating as a student, faculty member, or program coordinator in the future, please contact Marina Zeltser at zeltser.marina@gmail.com.

Boris Rozenfeld

4th Year Medical Student, Drexel University College of Medicine

Marina Zeltser

4th Year Medical Student, Robert Wood Johnson Medical School

REFERENCES

1. National Patient Safety Foundation. Unmet needs: Teaching physicians to provide safe patient care. Report of the Lucian Leape Institute Roundtable on Reforming Medical Education. Available at: <http://www.npsf.org/download/LLI-Unmet-Needs-Report.pdf>. Accessed February 24, 2011.
2. Kane JM, Brannen M, Kern E. Impact of patient safety mandates on medical education in the United States. *J Patient Saf.* 2008;4:93-97.