



Healthcare Organization Commitment

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APSS

Have you reviewed the Patient Safety Movement Foundation's Actionable Patient Safety Solutions (APSS)?

Yes

What Patient Safety Challenge does your Commitment address?

Challenge 17 - Patient Safety Curriculum

Commitment Name

Geisinger Commonwealth School of Medicine- Patient Safety Curriculum

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Commitment Details

Commitment Summary

The current GCSOM curriculum provides patient-centered communication, interprofessional communication, team skills, an overview of quality improvement (QI) and patient safety (PS), as well as a QI project experience with links to patient safety. A further opportunity exists however, to emphasize the role and impact of these skills on patient safety in the clinical setting. In addition, significant curricular gaps exist, particularly in areas of patient safety relating to technology in health care, human factors engineering, disclosure of error, leadership and leading change to improve patient safety and others. Although our near graduates perform well with communication and interprofessional team skills (standardized patient evals, preceptor evals, Step 2 CS), pilot assessments of QI/PS knowledge and skills suggest current curriculum is not achieving the desired outcomes. Near graduates in the classes of 2018 and 2019 participated in our Transition to Residency program which included paper cases from the Quality Improvement Knowledge Assessment Test (QIKAT), a validated assessment of QI/PS knowledge and skills. Results showed that fewer than 10% of students demonstrated skills allowing for the remote, reactive supervision of Entrustable Professional Activity #13, "Identify System Failures and Contribute to a Culture of Safety and Improvement" expected of medical school graduates on day 1 of Residency. This commitment will ensure the patient safety emphasis of current curricular content as appropriate, cover gaps in foundational elements of patient safety education for our learners, and to take advantage of the simulation and clinical settings for patient safety skills development.

Action Plan

Teamwork/Communication will continue to be addressed through our Interprofessional education M1-4 program and patient -centered communication training. Foundational domains of Error Science, System Science, Technology and Human Factors will be introduced during the pre-clinical (M1 and M2) years. Meetings have been held with all course directors to identify opportunities to incorporate the patient safety content appropriate to their course focus. In addition, nine hours of dedicated curricular time has been set to address patient safety in the M2 doctoring course. Plans are underway to incorporate patient safety teaching at the novice level for the first 6 domains as part of early clinical experiences during the M1 and M2 years. Required patient experiences have been incorporated into the M3 core clerkship year. Dedicated M3 curricular time for patient safety teaching with small group discussions is planned for the upcoming academic year. Cases for simulation-based training and assessment using standardized patients to emphasize patient safety is in development. Assessment of near graduates using the QIKAT-R noted above will continue in the M4 year. -- Action Plan-

- o Crosswalk of current curriculum with PSMF PS curriculum to identify gaps completed
- o Leadership and Curriculum Committee support obtained
- o Course Director engagement obtained
- o Specific content to

be addressed by M1 and M2 courses identified o Nine hours of dedicated patient safety curricular time in M2 arranged o Clinical patient requirements added to M3 year o Simulation-based training and assessment using standardized patients in development o Curricular time designated during M3 year o Continued Patient Safety assessment in M4 year