

Education Brainstorming Session

September 19, 2003

Big Issues

- We are starting from different points.
- Some pockets that have systems in place are already steps ahead of other residency programs.
- We don't have a coordinated curriculum in patient safety through the first year of med school all the way to the final year of residency, also continue educating faculty.
- Cost and acceptability
- Evaluation – not consistent, non-validated tools. Assessment needs to move to outcomes.
- Creating culture – identifying/cultivating champions
- Interdisciplinary Education
- Patient Education specific to the role of the patient.
- Web-based tools for patient education.
- A good example is a Diabetes Education.
- Have one organization serve as a clearinghouse. Get a group of experts together to develop a core curriculum.
- More specific faculty development.
- Lobby with AAMC at a political level – make a case for why patient safety is important.
- LCME – Make this part of the accreditation requirements.
- Look for system “fixes”.
- Educate/utilize ancillary staff.
- Create feedback loops.
- Education – Research > Practice
- Involve patients/community (issue of literacy/culture disparities)
- There is no market-based driver for patient safety
- Business case needs to be made
- Effective more than leapfrog

Five Big Issues

1. Integrate patient safety principles into education and delivery system redesign involving all stakeholders (cultural issue is important)
2. Advocacy – Education, Business and Government (Incentives)
3. Meaningful, timely and valid evaluation/feedback is important (link educational and patient outcomes)
4. National and local practical collaboration
5. Capture the continuum of learners (learners through practice)

Action Steps

1. Have one organization act as a clearinghouse to collect curricula to share and develop a core curriculum and faculty development model (identify agencies willing to provide grant support).
2. Broaden audience and participation for next meeting and encourage all participating organizations to advocate for and develop patient safety education and research initiatives
3. Identify barriers and establish incentives for promoting patient safety in ambulatory care.

Strategy

Establish interdisciplinary healthcare steering committee to set an agenda in research and education in patient safety and implementation strategy.

- Incentives to improve patient safety – get all “players” to the table including payors
- Module for patient safety – CME, GRE competencies across spectrum
- Model
- Journal to record errors