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TITLE: A Modular Curriculum on Teamwork and Quality Improvement for Early Medical Students: A Novel Approach to Teaching in a Longitudinal Ambulatory Clinical Preceptorship.

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SUBMISSION ROLE: Research and Innovation Abstracts

PRESENTATION TYPE: Poster

CURRENT CATEGORY: Innovation

ABSTRACT BODY:

Short Description: To teach concepts of teams/systems of care and QI to 1st & 2nd year students, we piloted active learning curricular modules in a required ambulatory clinical experience. Two content delivery models were tested: prescriptive or self-directed. Both pilot groups reported significantly greater comfort relating to the healthcare team and QI than control students, and stronger connections to the team medical assistant and clinic manager. More QI modules will be introduced in year 2.

Abstract: Problem Statement: A priority in US healthcare is the development of effective care teams linked to systems for improving quality of care. New LCME accreditation standards necessitate student experiences with interprofessional teams and quality improvement (QI). To address this, we piloted an experiential curriculum for early medical students.

Approach: Our curriculum imbeds sequential educational modules regarding healthcare teams and QI into a required longitudinal ambulatory clinical experience for M1 and M2 students. First semester modules orient students to clinic systems from the interprofessional team and patient perspectives. Second semester modules introduce how clinic leadership coordinates team care to meet QI goals. Two ways of implementing these modules were explored: a prescriptive format (PF) and a self-directed format (SDF). Students were randomly assigned to the PF (n=22), SDF (N=20), or the traditional curriculum (TC) (N=135). Baseline, end-of year assessments, and focus groups were used to examine effectiveness of the pilot curricula. Using a 5-point Likert scale, students rated the importance of 6 different physician roles, and self-reported skill in 12 activities. Assessments also included 5 questions about how connected students feel to various staff at the clinic, and 4 questions about how comfortable they feel raising or addressing QI issues within the clinic.

Lessons Learned: At baseline, there were no differences in M1 students assigned to PF, SDF and TC conditions. At the end of year 1, PF and SDF students reported greater increases than TC students in comfort asking team members questions about clinical care (p=.045), and the local clinical system (p=.021), and significantly stronger connections to the team medical assistant (p=.006) and clinic manager (p=.001). As expected, there were no differences between groups for connectedness to their MD preceptor, however, there was also no difference in involvement in QI. End of year focus groups reported immersion in teams was effective. Our curricular modules allow for implementation in varied ambulatory clinical settings. Based on similar outcomes in the PF and SDF formats, all pilot students are now using the SDF format. Because the introduction to QI seemed insufficient to allow pilot students to feel involved in QI, we have added more QI modules to the curriculum in year 2.

Significance: This curriculum will be expanded to include all entering medical students in 2016. The modular aspect of the curriculum will allow for flexibility in its use by other institutions.

Level of Audience: Mid-career

Focus of Presentation: UME


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