

Achieving Clinical Quality and Patient Safety: Education and Research as Critical Success Factors

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Health care delivery is changing in virtually every domain—affecting primary, tertiary, and quaternary care; crossing disciplines and engaging all health professions; and involving both processes and outcomes of care. All of these changes are marked by a major overarching theme—quality improvement and patient safety (QI/PS). Simultaneously, medical research is shifting, broadening its scope to include health care delivery or implementation science—studies of “what works in health care.”

Parallel to the changes in health care delivery and reinforced by the strengthening of health care delivery research, there is a similar evolution occurring in medical education. Possibly less familiar, these changes are no less profound. Academic medical centers (AMCs) and teaching hospitals in the United States are leading a major shift in the content and process of medical education through new models of competency-based learning and assessment and interprofessional team-based care.

Currently, the breadth and depth of these changes are not sufficient to affect the kind of shift—in fact, the kind of physician—needed for the future. The Association of American Medical Colleges (AAMC) 2012 report [Teaching for Quality \(Te4Q\)](#)¹ confronts this challenge with a question: “What is the ‘work’ of the clinician?” The report articulates this construct as a goal of

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the modern academic medical enterprise, arguing that the physician’s “work” encompasses not only delivering health care (e.g., diagnosing and treating patients individually), but also working to study it and improve it—a systems-based view of clinical care. Further, the report argues that all clinical faculty should be at least proficient in QI/PS.

Several problems exist in achieving this goal. Recent surveys show that faculty members report a relatively high level of unpreparedness to develop, teach, model, and assess QI/PS competencies.² To address this educational gap, the AAMC Te4Q report calls for a national collaborative to engage and train faculty in QI/PS methods to increase their own and the system’s capacity. In addition, it lays out specific recommendations for moving to a critical mass of faculty with well-defined competencies for teaching and assessing learners in QI/PS.

Although necessary, training faculty just to educate learners is hardly sufficient. It is simplistic to suggest that improved QI/PS competencies among learners can be

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accomplished by adding several hours to a curriculum. Instead, the health outcomes our patients value and deserve require a common, shared commitment to Q/PS across clinical practice, medical education, and research—a profound change envisioned by the Te4Q report.

The need to attain better alignment and integration of these three arenas is pressing and represents a transformational challenge to academic medicine. Properly supported and led, AMCs can achieve effective linkages among the clinical care, research, and educational worlds—providing unique settings, forums, and laboratories that meet the demands of changing health care and the needs of patients.

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References:

1. Association of American Medical Colleges. [*Teaching for Quality: Integrating Quality Improvement and Patient Safety Across the Continuum of Medical Education*](#). Washington, DC, 2013. Accessed April 19, 2013.
2. Association of American Medical Colleges. [*Best Practices for Better Care Educational Leadership Survey*](#). Washington, DC, January 2012. Accessed April 16, 2013.

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<http://www.iom.edu/educationresearch>.

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In this commentary, Drs. Kirch, Davis, Headrick, and Davis highlight lessons for transforming medical education presented in a recent Association of American Medical Colleges publication, *Teaching for Quality*. Their discussion touches on several concepts central to continuously improving care, including the importance of:

- Physician engagement in health system performance assessment, research, and improvement efforts;
- Broad physician involvement in quality improvement and patient safety competency training to drive the educational changes necessary to produce well-prepared medical graduates; and
- Multisectoral collaboration among medical education, clinical practice, and research professionals toward integration of quality improvement and patient safety principles into all aspects of care.

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