

## Teaching future physicians about quality in healthcare

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### Objective:

The purpose of this study is to determine the prevalence of curricular elements related to healthcare quality in North American medical schools.

### Methods:

For physicians to exercise needed leadership in healthcare quality and improvement, training should begin in medical school. Little is known about how medical schools are addressing these topics. The Association of American Medical Colleges (AAMC) released a password protected online Curriculum Management & Information Tool (CurrMIT®) in 1999 for use by all member medical schools. CurrMIT allows documentation of detailed curricular information in a database, and the data are searchable within and across institutions. The database is the largest of its kind, containing more information across all institutions than any other. As of February, 2005, (time of the current study), 100% of the 142 U.S. and Canadian medical schools have entered all required courses and clerkships into the database. Seventy-nine percent (79%) have entered some or all of the titles of their individual sessions (lectures, labs, small group discussions, etc.) Approximately 61% are tracking some topical content by linking keywords to courses or sessions within the database, while approximately 39% are tracking topical content in great detail (defined as 70 or greater number of elements, or curricular detail, linked to course content).

The authors searched CurrMIT to identify the number of courses, sessions or keywords relating to quality of healthcare, which are documented in the graduating class years of 2004 through 2008. Specifically, the curriculum database was searched for titles or topics relating to “health disparities”, “quality improvement”, “process improvement”, “healthcare improvement”, “quality of care”, “quality assurance”, “quality assessment”, “error prevention”, “medical error”, “medication error”, and “evidence based medicine (EBM).” Results were combined and are reported in aggregate. Duplications (e.g.; multiple entries of the same title or keyword repeated in different graduating class years) were eliminated.

### Results:

The results are summarized in the table, below (Boolean operators in CAPS):

Search term(s)	Number of schools reporting one or more curricular items with this term	Number of unique items among all schools reporting
Error AND (prevent OR medica)	28	150
Disparit	15	122
Improve AND (healthcare OR health care OR process OR quality)	15	37
Evidence based medicine OR evidence-based medicine OR EBM	67	1049
Quality AND (care OR assessment OR assurance)	36	337
Risk AND manage OR (safe AND drug OR safe AND patient OR safe AND legal)	31	172

### Conclusions:

The results suggest the following:

- Relatively few medical schools document curricular elements teaching healthcare quality. Of the curricular elements present, evidence based medicine appears with highest frequency.
- Greater attention to healthcare quality would appear to be warranted at the medical school level.
- No efforts have encouraged schools to enter data into CurrMIT related to healthcare or quality improvement. Such an effort, and explicit use of the keyword “healthcare quality improvement” in CurrMIT’s table of keywords would help identify this curricular content in the future. Further study of this topic should include focused surveys of individual schools to capture data not included in CurrMIT. If there is indeed a dearth of curricular content in this area, as suggested by these results, a focused effort to increase preparation of students is needed.

Association of American Medical Colleges. AAMC Curriculum Management & Information Tool  
<http://www.aamc.org/currmit> (Accessed 20 February 2005)