

# **Patient Safety/Quality Improvement/High Value Care**

## **Community Medicine Clerkship**

Topic 4: Being an effective team player  
Addressed in health fair teaching.

Topic 6: Understanding and managing clinical risk  
Addressed in occupational medicine experiences.

Topic 9: Minimizing infection through improved infection control  
Addressed through discussion of LeConte Medical Center infection control policy

American Academy of Family Physicians

- Don't routinely perform PSA-based screening for prostate cancer.
- Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.
- Don't perform screening for cervical cancer in low-risk women aged 65 years or older and in women who have had a total hysterectomy for benign disease.

## **Doctoring III**

Surgical Morbidity & Mortality – mock M&M session review of 10 actual cases illustrating problems in care such as physician error, system errors and how to prevent

Patient Safety - Review of malpractice cases from SVMIC from the perspective of preventing future events. Root Cause Analysis to reduce risk for future problems.

Topics addressed include:

Topic 2: What are human factors and why are they important to patient safety?

Topic 3: Understanding systems and the impact of complexity on patient care

Topic 5 Understanding and learning from errors

Topic 6: Understanding and managing clinical risk

Topic 7: Introduction to quality improvement methods

## **Family Medicine Clerkship**

Society for Post-Acute and Long-Term Care Medicine

- Preventative Medicine recommendations limited in last 10 years of life. We will include a question on this on our preventative medicine assignment
- NO Feeding tubes on patients with advanced dementia. Include this in palliative care talk. ?Aquifer?

- Don't recommend aggressive or hospital-level care for a frail elder without a clear understanding of the individual's goals of care and the possible benefits and burdens. Discussed on rounds

American Academy of Dermatology

- Don't routinely use topical antibiotics on a surgical wound. My talk

Topic 4 - Being an effective team player. We have a student lecture on Interprofessional Care given by our embedded pharmacist and social worker. We also have a required transition of care clinic assignment for students in which they witness the interprofessional team-based approach that we use in our clinic.

Topic 7: Introduction to quality improvement methods. The students have an assignment to use the EPSS app put out by the AQHR in order to standardize population and preventive health guidelines.

### **Internal Medicine Clerkship**

- Don't place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients (acceptable indications: critical illness, obstruction, hospice, perioperatively for <2 days for urologic procedures; use weights instead to monitor diuresis).
- Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.
- Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.
- Don't order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.
- Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

### **Obstetrics & Gynecology Clerkship**

American Association of Gynecologic Laparoscopists recommendations

- Do not perform a laparotomy for the management of non-malignant disease when surgical management is indicated and a vaginal, laparoscopic or robotic-assisted approach is feasible and appropriate.
- Do not perform routine oophorectomy in pre-menopausal women undergoing hysterectomy for non-malignant indications who are at low risk for ovarian cancer.
- Do not routinely administer prophylactic antibiotics in low-risk laparoscopic procedures
- Avoid the unaided removal of endometrial polyps without direct visualization when hysteroscopic guidance is available and can be safely performed

American Academy of Family Physicians:

- Don't require a pelvic exam or other physical exam to prescribe oral contraceptives

American Society for Colposcopy and Cervical Pathology

- Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease

American College of Obstetricians and Gynecologists

- Don't schedule elective, non-medically indicated inductions of labor or cesarean deliveries before 39 weeks 0 days gestational age

Society for Maternal-Fetal Medicine

- Don't place women, even those at high risk, on activity restriction to prevent preterm birth

## **Pediatrics Clerkship**

American Academy of Family Physicians recommendation #11

- "Don't prescribe antibiotics for otitis media in children aged 2–12 years with non-severe symptoms where the observation option is reasonable." This concept is covered in one of our Aquifer cases.

American Academy of Nursing recommendation #17

- "Don't routinely order an EEG on neurologically healthy children who have a simple febrile seizure." This concept is covered during one of sim lab sessions when febrile seizures (including the management of simple versus complex febrile seizures) is discussed.

American Academy of Pediatrics recommendation #4

- "Neuroimaging is not necessary in a child with a simple febrile seizure." This concept is also covered in the aforementioned sim lab session.

American College of Emergency Physicians recommendation #5

- "Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated emergency department cases of mild to moderate dehydration in children." Taught in lecture on fluid resuscitation in children. It is also covered in one of the Aquifer cases.

American Society of Health-System Pharmacists recommendation #5

- "Do not prescribe or administer oral liquid medications using teaspoon or tablespoon for measurement; use only milliliters (mL) when measuring with an

approved dosing device." I am already teaching pediatric prescriptions and can easily add this concept to my lecture.

#### Society of Hospital Medicine - Pediatrics recommendation #1, 2, 3, & 5

- "Don't order chest radiographs in children with uncomplicated asthma or bronchiolitis."
  - "Don't routinely use bronchodilators in children with bronchiolitis."
  - "Don't use systemic corticosteroids in children under 2 years of age with an uncomplicated lower respiratory tract infection."
  - "Don't use continuous pulse oximetry routinely in children with acute respiratory illness unless they are on supplemental oxygen."
- All of these concepts are covered in the pediatric hospitalist lecture on respiratory pathologies.

#### Topic 4 - Being an effective team player

- We have a student lecture on Integrated Care given by our embedded pediatric psychologist. In his lecture, he talks about the benefits of a Behavioral Health and Resource Team working alongside the primary care physicians to provide "point of care" interventions and discusses the interdisciplinary team-based approach that we use in our clinic.
- Just FYI too, this topic is covered in significant detail in the medical students' "Interprofessional Education" course--I have taught in the course in the past and continue to act as a site facilitator for small groups of interdisciplinary students (including at least 2 first-year medical students per session) to come to our clinic and participate in warm handoffs between the primary care team and our Behavioral Health and Resource Team.

#### Topic 11 - Medication Safety

- I currently teach a lecture about weight-based prescribing in pediatrics and review aspects of safe prescribing including possible errors based on differences in liquid medication concentrations, "per dose" versus "per day divided" medications, and written prescriptions for controlled substances.

## **Psychiatry Clerkship**

#### American Psychiatric Association

- "Antipsychotic medications are not to be routinely prescribed as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders" into my case-based learning talk on Child and Adolescent disorders. Recommendation #5
- "Don't routinely use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia" can be explicitly mentioned in our case-based learning talk on the workup and treatment of common Dementias. Recommendation #3

- “Don’t prescribe antipsychotic medication to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.” I can reintroduce that topic when in the case-based learning talk on Child and Adolescent disorders when discussing the use of antipsychotics in children and adolescents. Recommendation # 1 (Reviewed in lunch and learn quizzes)

## **Rural Primary Care Track Clerkship**

Combination of Community Medicine and Family Medicine – not yet finalized

## **Surgery Clerkship**

Topic 10: Patient Safety and Invasive Procedures:

Understand how the use of guidelines and verification processes can facilitate the correct patient receiving the correct procedure at the appropriate time and place."

Required patient experience with a "patient experiencing postoperative complications"

Proposed:

"participate in a preoperative timeout"

"participate in preoperative site marking."

The ACS/ASE curriculum has been adopted for the clerkship. This contains a module on informed consent that speaks to this thread as well. It can be found at:

<https://www.facs.org/education/program/core-curriculum>