Introduction

• UCSF is redesigning the medical student curriculum to include longitudinal clerkships in which early students participate as contributing members of health care teams, learning to continuously improve care delivery to better serve patients.

• One of the anticipated challenges of teaching quality improvement to early learners is that members of the medical team who are not specialists in quality improvement may not endorse the value or practice of quality improvement and thereby create a “hidden curriculum.”

• The “hidden curriculum” has been described as “the critical determinants of character that medical learners adopt during medical school which come not from the formal curriculum, but instead a hidden curriculum based within the prevailing medical culture.”

• We sought to impact the hidden curriculum by influencing faculty attitudes and aligning the Institutional MOC Approval Program (MOCAP) with the new curriculum.

Methods

• UCSF faculty, selected for leadership in education and/or quality improvement, participated in the Teaching for Quality (Te4Q) Faculty Development Program from the AAMC.

• This program consists of a 2-day interactive program followed by development and implementation of an educational project for which the faculty were divided into groups based on focus.

• One group, containing representatives of the institutional MOCAP, focused on curricular development to engage clinical faculty who are not formally engaged with QI activities.

Results

Using an iterative approach of regular discussions during group meetings, the group concluded the following:

• The best way to effect a change in attitude is by engaging the local QI leader of the unit, division, or department as educator.

• A tool kit with a short online training curriculum utilizing several key educational approaches will be provided for the QI leader.

• A short online questionnaire taken by faculty members before a grand rounds or faculty meeting will serve to provide an advance assessment of faculty knowledge and attitudes.

• The quality leaders will then lead a discussion at the grand rounds or faculty meeting which includes sharing current QI initiatives with their faculty.

• MOC Part 4 credit will serve to encourage meaningful faculty participation in the training and in a QI project.

• Learners will be resurveyed to assess any changes in knowledge and/or attitude.

Conclusions

We are hoping that by aligning a new curriculum for early involvement of medical students in quality improvement with faculty development administered with MOCAP as an incentive we will see greater adoption of a culture of quality improvement. The initial focus of UCSF’s MOCAP was to provide QI education to physicians participating in quality projects, but we quickly learned that it was more efficient to focus on training project leaders on how to engage their faculty to encourage meaningful participation. By aligning MOCAP with the implementation of a new medical school curriculum, we hope to reinforce administration and faculty buy-in for the practice of QI.