At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While changes will generally be instituted at the beginning of the school year, changes may also be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
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INTRODUCTION AND OVERVIEW

Patient Safety and Quality Improvement may be taken as 3-credit hour, 2-week virtual elective course that provides students with a foundational learning of patient safety and quality improvement. The rotation can be either a 3rd or 4th year elective that will consist of modules/videos on patient safety and quality improvement.

The MSUCOM year 3 or 4 students may also enroll in this elective for one week (3 credits). The learning will concentrate on either the week 1 or the week 2 material in the objectives. The weeks learning will be determined by the IOR depending on the schedule of the individual student. The student will participate in the modules/videos as assigned.

ELECTIVE COURSE SCHEDULING

Preapproval

- Students must be preapproved for this rotation via communication with the Clerkship Office (com.clerkship@msu.edu). The rotation is limited to 15 students at any one time.
  - An application is required for every elective rotation.
  - 30-day advance application approval required (applies to a rotation add, change, or cancellation)

Required Prerequisites

- This course does not require any prerequisite courses.

Course Confirmation and Enrollment

- The student must be an active student at Michigan State University College of Osteopathic Medicine (MSUCOM).
- Student must complete five core rotations prior to any elective rotation.
- The student must receive MSUCOM confirmation and enrollment prior to beginning any elective rotation.
  - MSUCOM confirmation and enrollment is complete when the rotation is visible on the student’s schedule.
  - MSUCOM confirmation must occur at least 30 days in advance of the rotation.

ROTATION FORMAT

This course may be taken once. This course will not be considered either a surgical elective or non-surgical elective, nor an elective completed within the MSUCOM base hospital/SCS system.
GOALS AND OBJECTIVES

GOALS
1. The goal of the rotation is to increase the knowledge of patient safety and quality improvement in the MSUCOM medical student and provide knowledge on ways to decrease adverse events in the healthcare setting.

OBJECTIVES
Week 1: The student will be able to:

1. Summarize why it is essential to improve patient safety.
2. Describe a framework for improving the safety of health care systems.
3. Identify four key elements of a culture of safety.
4. Explain why systematic learning from error and unintended events is the best response to ensuring patient safety.
5. Explain the Swiss cheese model of error.
6. Define active failures and latent error and discuss their roles in causing harm.
7. List the main types of unsafe acts utilizing James Reason’s classification system.
8. Explain why patient safety experts recommend focusing less on reducing errors and more on reducing harm.
9. Explain how human factors principles apply to health care.
10. Describe how changes to processes can mitigate the effects of factors that contribute to error.
11. Define simplification, standardization, constraints, forcing functions, and redundancies.
12. Discuss the risks and benefits of using technology to improve patient safety.
13. Explain how individual behavior and team dynamics in health care can make care safer or less safe.
14. Use structured communication techniques to improve communication within health care.
15. Specify possible interventions to improve patient safety and reduce risk during times of transition.
16. Describe four steps to take following an adverse event.
17. Explain how to communicate effectively about bad news and when you should apologize.
18. Discuss the impact of adverse events on providers.
19. Explain how adverse events and near misses can be used as learning opportunities.
20. Determine which events are appropriate for Root Cause Analyses and Actions (RCA Squared).
21. Describe a timeline of activities for the RCA Squared review period.
22. Describe activities that should take place during the action period of RCA Squared.
23. List eight recommendations for leaders to accelerate patient safety and prevent harm.
24. Explain three key recommendations for promoting safety among the health care workforce.
25. Identify five strategies that empower patient and family engagement in patient safety.
26. Discuss your opinions on one hospital's response to a serious adverse event.
27. Describe six domains of a culture of safety.
28. Explain how to use quantitative and qualitative data to assess the culture of an organization.
29. Identify when and how to speak to colleagues and other providers about safety practices and improvement efforts.
30. Explain the role of the patient and family in preventing healthcare-associated infections.
31. Identify effective methods to communicate the importance of safety practices.
32. List at least three approaches to working with those skeptical about the importance of safety practices and improvement efforts.

Week 2: The student will be able to:

1. Describe common challenges for health care systems around the world.
2. List the six dimensions of health care, and the aims for each, outlined by the Institute of Medicine (IOM) in 2001.
3. Explain the value of improvement science in health care.
4. List the three questions you must ask to apply the Model for Improvement.
5. Identify the key elements of an effective aim statement.
6. Identify three kinds of measures: process measures, outcome measures, and balancing measures.
7. Use change concepts and critical thinking tools to come up with good ideas for changes to test.
8. Test changes on a small scale using the Plan-Do-Study-Act (PDSA) cycle.
9. Describe how to establish and track measures of improvement during the “plan” and “do” phase of PDSA.
10. Explain how to learn from data during the “study” phase of PDSA.
11. Explain how to increase the size and scope of subsequent test cycles based on what you’re learning during the “act” phase of PDSA.
12. Draw a run chart that includes a baseline median, a goal line, and annotations.
13. Describe the difference between common and special cause variation.
14. Explain the purpose of a Shewhart (or control) chart.
15. Apply four rules to identify non-random patterns on a run chart.
16. Explain when and how to use the following tools for understanding variation in data: histograms, Pareto charts, and scatter plots
17. Describe how to lead an improvement project through four key phases.
18. Identify and describe the components of IHI’s Framework for Spread.
19. Apply strategies to assess and overcome resistance to change.
20. Apply strategies to work effectively with interprofessional colleagues.
21. Describe several characteristics of leaders, who may or may not have formal positions of authority.
22. Describe different techniques for persuading different types of people.
23. Explain why achieving a workable level of unity among teammates is essential for effective team functioning.
24. List several ways to help sustain your health care leadership journey over time.
25. Describe the partnership model of patient-provider relationships.
26. Explain why the partnership model can improve health.
27. Discuss how social conditions, faith, culture, and trust affect the patient-provider relationship.
28. Identify at least four skills to improve clinical interactions with patients.
COLLEGE PROGRAM OBJECTIVES

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website (https://com.msu.edu/) and in the Student Handbook.

ROTATION REQUIREMENTS

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>SUBMISSION METHOD</th>
<th>DUE DATE</th>
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</thead>
<tbody>
<tr>
<td>Introduction zoom meeting with IOR or designee-scheduled on the first day of the course by the course assistant.</td>
<td>Attendance taken at session by Course Assistant/IOR</td>
<td></td>
</tr>
<tr>
<td>Week 1: Completion of all IHI Open School Basic Certificate in Quality and Safety</td>
<td>The student will need to submit the completed certificate for the course as an upload to the D2l course site. Student will need to complete each module near the time expected per the IHI website. (example: if the module is expected to take 1 hour, it will be unacceptable for the student to spend significantly less time in the module) The student is expected to be within 15 minutes time in the module that what is published on the website.</td>
<td>Completed by the end of the first week of the course.</td>
</tr>
<tr>
<td>• The Institute for Healthcare Improvement Open School is located at <a href="http://www.IHI.org">www.IHI.org</a>. The student will need to register (free for students) at IHI.org. The Basic Certificate in Quality and Safety is located under virtual training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 1: Additional Module Assignments</td>
<td>Student must watch the module in its entirety per the time allotted on the module to receive credit for completion. The link will be provided on D2l</td>
<td>Completed by the end of the first week of the course.</td>
</tr>
<tr>
<td>• Josie King Story:</td>
<td></td>
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<tr>
<td><a href="https://www.youtube.com/watch?v=E4nQ7qP02rQ">https://www.youtube.com/watch?v=E4nQ7qP02rQ</a></td>
<td></td>
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<tr>
<td>• Just Culture:</td>
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Unsatisfactory Clinical Performance
The Instructor of Record and/or the Assistant Dean for Clerkship Education will review/investigate a student’s performance on a rotation when a concern is raised by the supervisor(s), and when the Attending Evaluation of Clerkship Student contains any below expectation marks within the professionalism area, any unsatisfactory written comments, or a total of two or more below average marks on the evaluation.

Professionalism concerns, as well as accolades, will also be referred to the MSUCOM Spartan Committee Clearinghouse for resolution, per MSUCOM’s Common Ground Framework for Professional Conduct.

<table>
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<tr>
<th>Week 2:</th>
<th>Submission of completion to D2L. Student will need to complete each module near the time expected per the IHI website. (example: if the module is expected to take 1 hour, it will be unacceptable for the student to spend significantly less time in the module) The student is expected to be within 15 minutes time in the module that what is published on the website.</th>
<th>The last day of the course.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of 5 additional modules within the IHI Open School virtual library. The modules in week 2 must be different than those completed in week 1.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- TeamSTEPPS
  - Introduction to the Fundamentals of TeamSTEPPS Concepts and Tools: https://www.youtube.com/watch?v=fxlRtpzsUug
- Swiss Cheese Model: https://www.youtube.com/watch?v=MfWpMrEOJ8

https://www.youtube.com/watch?v=5mR6e-uhR7c
https://www.ahrq.gov/hai/cusp/videos/07a-just-culture/index.html
MSU COLLEGE OF OSTEOPATHIC MEDICINE STANDARD POLICIES

The following are standard MSUCOM policies across all Clerkship rotations.

POLICY FOR MEDICAL STUDENT SUPERVISION

Supervisors of the Medical Students in the Clinical Setting
The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the student is to participate in patient care in ways that are appropriate for the student’s level of training and experience and to the clinical situation. The student’s clinical activities will be under the supervision of licensed physicians. This supervising physician may delegate the supervision of the medical student to a resident, fellow, or other qualified healthcare provider, however, the supervising physician retains full responsibility for the supervision of the medical students assigned to the clinical rotation and must ensure his/her designee(s) are prepared for their roles for supervision of medical students.

The physician supervisor and his/her designee(s) must be members in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical student within that scope of practice as delineated by the credentialing body of the facility.

Level of Supervision/Responsibilities
Clinical supervision is designed to foster progressive responsibility as a student progresses through the curriculum, with the supervising physicians providing the medical student the opportunity to demonstrate progressive involvement in patient care. MSUCOM students will be expected to follow clinical policies of the facility regarding medical records and clinical care. Medical student participation in patient history/physical exam, critical data analysis, management, and procedures will include factors, but not limited to:

- The student’s demonstrated ability
- The student's level of education and experience
- The learning objectives of the clinical experience

First and second year medical students will be directly supervised at all times (supervising physician or designee present or immediately available.)

Third- and fourth-year medical students will be supervised at a level appropriate to the clinical situation and student’s level of experience. For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures.

Supervising physicians will provide medical students with timely and specific feedback on performance. The supervising physician will complete a mid-rotation evaluative discussion with the medical student. Supervising physicians will complete a
summative evaluation and are encouraged to contact the course/clerkship director with any gaps in student performance.

Medical students with any concern regarding clinical, administrative, and educational or safety issues during his/her rotation will be encouraged to contact the supervising physician or clerkship/course director.

STATEMENT OF PROFESSIONALISM
Principles of professionalism are not rules that specify behaviors but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context is the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity, and morals displayed by the student to faculty, peers, patients, and colleagues in other health care professions.

Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

STUDENT RIGHTS AND RESPONSIBILITIES
Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college’s function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.

MSU Email
To facilitate communication from faculty and staff to students, students are required to have a functioning MSU email address. Students are responsible for checking their MSU email accounts daily and maintaining their MSU mailboxes so that messages can be received.

Forwarding MSU email to another email account or failure to check email are not valid excuses for missing a deadline or other requirements of the clinical education program.

Further, students must use secure email when working in a hospital, clinic, or other health care setting if discussion of patient information is involved. MSUNet (msu.edu) email is secure; many web-based email systems including Hotmail, Gmail and Yahoo are not.
FACULTY RESPONSIBILITIES
It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally to maintain a proper working relationship between trainer and trainee.

COURSE GRADES

P/Pass – means that credit is granted, and that the student achieved a level of performance judged to be satisfactory by the department according to the student's didactic and clinical performance.

ET/Extended Grade – means that a final grade ('Pass' or 'No Grade') cannot be determined due to one or more missing course requirements. The ET grade will be changed to a final grade once all the completed course requirements have been submitted to and processed by MSUCOM (either to the department or Clerkship Team). An ‘ET’ grade will NOT remain on a student's transcript.

N/No Grade – means that no credit is granted, and that the student did not achieve a level of performance judged to be satisfactory by the department according to the student's didactic and clinical performance.

N Grade Policy
Students who fail this rotation will have to repeat the entire rotation and fulfill all (clinical and academic) requirements.

STUDENT EXPOSURE PROCEDURE
A form has been developed by the University Physician to report incidents of exposure, e.g. needle sticks, mucous membrane exposure, tuberculosis exposure, etc., and may be found on the Clerkship Medical Education page of the MSUCOM website here (https://com.msu.edu/current-students/clerkship-medical-education).

Contact Assistant Dean for Clerkship Education, Dr. Susan Enright, if exposure incident occurs: enright4@msu.edu.
STUDENT VISA
Michigan State University is committed to providing equal opportunity for participation in all programs, services, and activities. Requests for accommodations by persons with disabilities may be made by contacting the Resource Center for Persons with Disabilities (RCPD) at 517-884-RCPD, or on the web at www.rcpd.msu.edu Once a student’s eligibility for (clinical and/or testing) accommodation has been determined, the student may be issued a Verified Individualized Services and Accommodations (VISA) form. Students must present this VISA form to the Clerkship Team (COM.Clerkship@msu.edu), A-332 East Fee Hall, at the start of the semester in which they intend to use their accommodations (for tests, projects, labs, etc.). Accommodation requests received after this date will be honored whenever possible.

If updates or modifications to an existing VISA form are made after the semester begins, it is the responsibility of the student to submit an updated version to the Clerkship Team if he or she intends to use the new accommodation going forward.