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Training the Doctors of Tomorrow to be Leaders in Quality Improvement: The Highs and Lows of a New Curricular Initiative

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Introduction: In September 2016, King's College London (UK), introduced a new undergraduate medical curriculum with a theme of 'Population Science and Quality Improvement (QI)'.

Method: To support situated learning of "real world" QI methodology and skills, every year 4 medical student participates in a module undertaking a QI project in a healthcare setting. Taught provision was through the Virtual Learning Environment, with four "face to face" tutorials .

Findings: From September 2016 to March 2017, 420 medical students undertook a QI project, working in groups of 2-5. Projects were set in primary (9 projects) and secondary care (123 projects) in London and the South East of England. All groups were able to identify a clinical problem, collect baseline data and design at least one PDSA (Plan, Do, Study, Act) cycle. A random sample of 20 projects showed that 14 achieved improvement although only 2 achieved their targets. Student success included one group being shortlisted for national Patient Safety awards, one publication and 3 other projects received university funding for national conference presentation.

Electronic module evaluation was undertaken (response rate 50%); using a 5-point Likert Scale (1 ranking as "poor"). University focused feedback was positive (allocation and organization 3.5/5); but students noted that whilst supportive, supervisors were not aware of what was expected from the module.

Domains that scored highly were: the opportunity to work with: peers (3.9), supervisors (4.1) and clinical teams (3.5). There was criticism of placements and travelling time. Supervisor feedback indicated that four tutorials were insufficient to adequately support students.

Conclusion: Innovative requirements for all students to undertake QI projects placed burdens on supervisors that impacted student experience. Despite some successes, the delivery of large scale QI project work and the adoption of QI methodology will take time to be embedded, particularly with clinical faculty.