Introducing Medical Student-led Quality Improvement Projects as a Value-added Learning Opportunity in the Emergency Department

To the Editor:

We read with great interest the commentary by Griffith et al.¹ that poses an important question: “can faculty partner with medical students to add value in the emergency department (ED), in a way that students can learn and patients benefit in the process?” As medical students we have realized that a busy ED is not always conducive to learning. Our experiences are in agreement with the authors’ statement that there can be a blurred line between clinical learning opportunities and “scutwork.”

In addition to the value-added learning opportunities outlined in the article, we would like to propose medical student-led quality improvement (QI) projects as another method of experiential learning in the ED. As part of our fourth-year curriculum, we are required to design and manage a 6-month QI project in a U.K. hospital.

Manning et al.² have previously emphasized the value and feasibility of adding QI in the medical student curriculum. Our experiences have reinforced this, as undertaking the project enabled us to integrate into the clinical team and provided an insight into the clinical workflow. It offered the opportunity to identify areas requiring improvement and proactively seek solutions. Griffith et al.¹ mention that brief student rotations in the ED do not allow for clinical educators to develop a relationship with their students. Managing a project from its inception to completion has allowed us to partner with a senior clinician and the ED staff for an extended period of time. For the first time, we have been able to work with clinicians as colleagues in contrast to the

traditional “student–teacher” relationship. Instead of feeling like a burden in a hectic department, undertaking a QI project has given us a sense of empowerment to make positive change. We have developed key research skills including data collection, critical analysis and academic writing. Many students have gone on to present their QI project at conferences and submit their work for publication. This has served as a foundation of knowledge and confidence for future research.

However, running a QI project within the ED is not without its difficulties. Issues encountered include poor engagement and high turnover of staff affecting the uptake of interventions. Therefore, our first recommendation for introducing value-added QI projects in the ED is to have a dedicated supervisor per student group. This allows for clear direction for the project and successful integration into the ED. We also recommend structured QI implementation tutorials, in the form of online modules to provide students with adequate training. Our final recommendation is to allow medical students to indicate an area of interest in which to undertake the project, increasing student engagement and motivation.

In conclusion, we strongly believe that adding QI projects to the medical student curriculum echoes the stance of Griffith et al.¹ stance on medical student value-based learning opportunities. QI projects do not qualify as “scutwork” as they provide a plethora of learning opportunities for medical students and clinicians, enabling students to directly contribute to patient care and safety within the ED.

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