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**The WHO Patient Safety Curriculum Guide for Medical Schools**

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**The need for patient safety education**

- Increasing complexity of health care
- Ageing population
- Improved outcomes

**But**


- Increased risk of harm
- Increased understanding of risk management, quality improvement principles, human factors science

*Medical education needs to include this knowledge in curriculum*


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**What does the literature show?**


- Patient safety education in the higher education sector has not kept up with workforce requirements
- Limited inclusion of patient safety in medical schools curriculum
- Knowledge levels of medical students and other clinical students about patient safety is limited
- Educators unfamiliar with literature and unsure how to integrate into existing curriculum
- Reluctance to learn from other industries


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**Student needs**

To understand importance of:

- A systems approach to improvement
- Good communication / negotiation skills
- Openness when things go wrong
- Teamwork
- How patient safety principles can be integrated into the whole of practice in all clinical disciplines


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**Calls for patient safety education**


Policy makers are increasingly calling for patient safety to be explicitly included in undergraduate curricula for healthcare professionals




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**Knowledge, skills and attitudes needed for 21<sup>st</sup> century care**

- Accept patients as partners
- Realise that the “experience of care” needs to be improved
- Understand the importance of data collection, error analysis and feedback in a just culture in driving improvement
- Understand that being a professional means taking responsibility and being accountable
- Develop leadership, conflict resolution and team working skills for a complex environment
- Understand that ethics, honesty, openness and empathy underpin the hope and trust on which all caring encounters are based.


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## Terms of Reference of Curriculum Working Party

1. Develop a medical student curriculum guide to inform medical schools within WHO member states of key topics in patient safety
2. Not more than 10 key areas and must include
  1. Basic patient safety science
  2. Patient safety in practice - principles
3. Have relevance for medical schools with different ethnic, cultural and economic backgrounds
4. Be underpinned by adult learning principles.
  1. Include knowledge required but knowledge linked with competency.
  2. Must be able to be expanded to other groups
  3. Readily presented in on-line format

## WHO Curriculum Guide Project Team and Contributors – Project team & contributors

### Project Team (Australia)

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- *Writing team*
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### WHO Patient Safety Expert Group

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#### Evaluation

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## How did the team approach the task?

Based on Framework from Australia

We needed to:

- Identify learning outcomes
- Understand common components of existing medical curricula
- Build on what is currently taught
- Identify how patient safety could be integrated into current programmes