
World Health Organization | **Patient Safety**
A World Alliance for Better Health Care

How the Curriculum was created
Challenges in implementation
What we have learned


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WORLD ALLIANCE FOR PATIENT SAFETY


WHO PATIENT SAFETY CURRICULUM GUIDE
FOR MEDICAL SCHOOLS

FIRST EDITION DRAFT




WHO Patient Safety Curriculum Guide
Underpinning Principles

- Capacity-building is integral to curriculum change
- A flexible curriculum
- Easily understood language
- A guide for all countries, cultures and contexts
- A guide based on learning in a safe and supportive environment



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WHO Patient Safety Curriculum Guide
Background to Developing the Curriculum

- Availability of evidenced-based Patient Safety Education Framework (Australia)
Extensive review of the literature and extensive consultation with health care professionals
- WHO World Expert validation group
Expert writing group
- First edition ready for piloting & evaluation

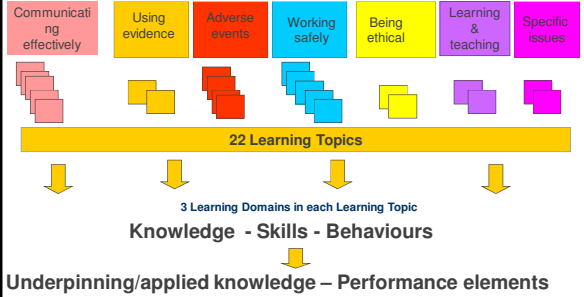

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National **Patient Safety** Education
Framework

WHO Patient Safety Curriculum Guide
How is the NPSEF structured?




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WHO Patient Safety Curriculum Guide Structure of the Curriculum Guide

- **Part A: Teacher's Guide**

Designed to build capacity for patient safety education and program planning and design.

- **Part B: the patient safety education curriculum**

One stop shop

Flexible- can enter at any stage

Complete curriculum or use selective topics on case by case basis

WHO Patient Safety Curriculum Guide Part A: Teacher's Guide

- Designed for faculty staff and clinician teachers
- Provides a step by step tutorial
- Easily adaptable for other health professionals
- Designed to assist, facilitate and guide faculty in their approach to patient safety education

WHO Patient Safety Curriculum Guide Contents of Part A: Teacher's Guide

- How to evaluate patient safety curriculum
- Web based tools and resources
- Activities to assist patient safety understanding
- How to foster & engage in a transnational approach to patient safety
- Rationale for the topics
- Aims of the guide
- Implementing the guide
- How to integrate patient safety into your curriculum
- Educational principles essential for patient safety teaching & learning
- How to assess patient safety

WHO Patient Safety Curriculum Guide Part B: The Topics in the curriculum

- What is patient safety?
- What is human factors engineering?
- Understanding systems and the impact of complexity on patient care
- Being an effective team player
- Understanding and learning from errors
- How to manage clinical risk
- Methods for quality improvement
- Engaging with patients and carers
- Minimising infection through improved Infection control
- Reducing risks associated with Invasive procedures
- Improving medication safety

WHO Patient Safety Curriculum Guide Introduction to topics

- Why do medical students need to study patient safety ?
- Managing the barriers and the real world

WHO Patient Safety Curriculum Guide Culture change

AREA or ATTRIBUTE	EXAMPLES	OLD WAY	NEW WAY
Medical Hierarchies Hand washing:	Doctor does not clean hands between patients	Student says nothing and conforms to inadequate technique. Imitates senior doctor.	(1) Seek clarification of the correct technique for hand washing with the doctor or other senior person. (2) Say nothing but use safe hand washing techniques (3) Say something in respectful manner to the doctor concerned and continues to use safe hand washing techniques.
Medical Hierarchies Site of surgery	Surgeon does not participate in checking the correct site for surgery or verifying the correct patient. The surgeon is resentful of the pre-operative checking protocol, believing it to be a waste of time, and pressures the rest of the team to hurry-up.	Adopt the approach of the surgeon and don't participate in checking -- decide that checking is too mental a task for a doctor anyway.	(1) Actively help the rest of the team to complete the checking protocol

WHO Patient Safety Curriculum Guide Culture change

<p>Infallibility of doctors Attitude to Mistakes</p>	<p>Mistakes are only made by people who are incompetent or unethical. Good doctors do not make mistakes.</p>	<p>Accept the culture that says doctors who make mistakes are 'bad' or 'incompetent'.</p> <p>Try harder to avoid making a mistake. Remain silent, or find someone or something else to blame when you have made a mistake.</p> <p>Look at the mistakes others make and tell yourself you wouldn't be that stupid.</p>	<p>Understand that everyone will make mistakes at some time and that the causes of errors are multifactorial involving latent factors not immediately obvious at the time the error was made.</p> <p>Look after your patients, yourself and your colleagues in the event of an error and actively promote learning from error.</p>
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WHO Patient Safety Curriculum Guide Structure of each topic

- Topic title
- Rationale
- Learning outcomes
 - Knowledge requirements*
 - Performance requirements*
- How to teach this topic
 - Strategies & activities*
 - Tools & resources*
- How to assess this topic
- How to evaluate the teaching session

WHO Patient Safety Curriculum Guide Challenges

- Not just another subject to teach
- Spans a number of fields
- Applies to all areas of clinical practice
- Integration patient safety principles & concepts into existing learning
- Competencies & performance based

WHO Patient Safety Curriculum Guide What we have learnt

- Capacity building with Faculty
- Start small and build
- Have a champion
- Underpinning knowledge in early years
- Applied knowledge in later years
 - Focus on patient safety activities in the clinical environment*
- Evaluate and improve

Questions
Clarifications

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