WHO Patient Safety Education and Training

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Patient Safety Programme
CONTENTS

1. The patient safety challenge
2. Why patient safety education?
3. The concepts for patient safety education
4. WHO Patient Safety Curriculum Guide and training materials
TWO-DECADE OLD DISCIPLINE

- Body of evidence started to emerge in 1990
- 1999 Institute of Medicine (USA) report ‘To err is human’
- 2000 UK Department of Health report ‘An organization with a memory’
- 1999-onwards studies on nature and extent of adverse events in health care
THE CHALLENGE...

- Unsafe care and harm to patients persist everywhere in the world
- Patient safety: NOT a priority in most countries
- Unsafe care: BAD media publicity
- Public confidence in the health service: NOT there
- Patient safety improvements: NOT expensive but NO widespread implementation
- Health care providers: Continue to deliver UNSAFE care
- Patient safety education: NOT usually implemented
- Patient safety in-service training: NOT usually implemented
A MAJOR CHALLENGE REMAINS:

• HC Workforce not educated to practice patient safety
• Patient safety and inter-disciplinary education and training still under-valued and under-used
CHALLENGES: PATIENT SAFETY EDUCATION

Teaching medical and nursing students or providers used to be straightforward.

Today: teaching is challenging and complex because healthcare is complex.

1. General:
- Overcrowded curricula
- PS education is very limited
- Mismatch of HCP knowledge to PS competencies and skills

2. Educators:
- Not all educators have knowledge/capacity to teach patient safety
- Educators are not familiar with the literature and unsure on how to integrate patient safety in curricula
- Unsure how to teach PS (how can one teach a non-event?)

3. Teachings:
- Poor teamwork because no inter-disciplinary training
- Gender stratification of professional groups and status
- Narrow clinical training without and understanding on safety

Professional education not kept pace with PS advances.
Some major educational weaknesses:

1. Poor inter-disciplinary learning
2. Curricular rigidity and lack of applying contemporary channels of learning (e.g. IT)
3. Narrow clinical focus without broader understanding of health systems performance ‘including safety’
4. Mismatch of competencies to patient needs

Commission recommended system wide education reforms

Major strengths of the Patient Safety Curriculum Guide:

1. Inter-disciplinary education: team-based approach to educating and training
2. Flexibility: how to teach patient safety beyond the classroom; use of all relevant learning channels
3. Broad focus: integrating safety into varied, existing curricula or in-service training
4. Building patient-centered competencies
1. INTER-DISCIPLINARY EDUCATION

- Multi-professional perspective
- Encourages inter-disciplinary learning
- Suggests ways for joint learning
- Prepares students and providers on being team members and effective clinical communication
- Recommends on how to operate in a culture of no-blame but being accountable
- Use case studies as a tool for interdisciplinary learning
Multi-disciplinary approach starts with experts who contributed to the development of the Curriculum:

- World Dental Federation (FDI)
- International Confederation of Midwives (ICM)
- International Council of Nurses (ICN including EFN)
- International Pharmaceutical Federation (FIP)
- World Medical Federation (WMA)

With experts worldwide: Africa, the Americas, Eastern Mediterranean, Europe, South East Asia, West Pacific

With student bodies:

- International Association of Dental Students
- International Pharmaceutical Students Federation
- International Council of Nurses Student Network
- International Federation of Medical Students Associations

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Use of all relevant learning channels: lectures, discussion groups, work placements, online activities, on the wards, in pharmacies, in delivery suites, small group tutorial teaching, problem-based learning (PBL), simulation/skills laboratories, traditional tutorials, buddies with patients, role-modelling, team-based learning projects
3. BROAD FOCUS: INTEGRATION INTO VARIED CURRICULA

- Contents and structure designed to incorporate patient safety topics into all areas of practice
- The patient safety topics are self contained, ready to teach modules – can be used as a whole or be taught individually
- Each patient safety topics can be easily introduced into existing curricula
### 3. INTEGRATION INTO EXISTING CURRICULA

| 3 PS Topics: Why applying human factors is important for patient safety; Understanding systems and the effect of complexity on patient care; Learning from errors to prevent harm | - Clinical placements  
- Building clinical skills |
| Infection prevention and control | - Microbiology  
- Procedural skills’ training  
- Infectious diseases |
| Improving medication safety | - Pharmacology  
- Therapeutics |
4. BUILDING PATIENT-CENTERED COMPETENCIES

Curriculum courses:

- Equip HC providers and students with essential knowledge and skills in patient safety
- Address multiple patient situations, locations, treatment by multiple HC providers, effective communications and teamwork, impact of human factors engineering etc
- Highlight the complexity of health systems that impact care
- Provide knowledge and tools on how to prevent and respond to errors; implement safety practices and evaluate outcomes to improve performance
- Evaluate knowledge and skills acquired
- Use case studies, patient perspectives and patient narratives
- Provide resources; highlight best teaching methods and activities to assist learning in patient safety
Building capacity for patient safety of health-care leaders, managers, providers, educators and students. WHO has developed:

1. **WHO Multi-professional Patient Safety Curriculum Guide**: strengthen academic capacity to teach patient safety to undergraduate and postgraduate students

2. **Comprehensive patient safety training workshops** of health-care educators, leaders, providers, students, and train-the-trainers

3. **eLearning** on the WHO platform based on the courses of the Multi-professional Patient Safety Curriculum Guide planned to start in 2014

1) PATIENT SAFETY EDUCATION OF UNIVERSITY STUDENTS
WHAT IS THE WHO CURRICULUM GUIDE?

Part A: Teachers’ Guide: assist teachers implement curriculum and build their capacity to teach patient safety

Comprehensive curriculum for patient safety education

Part B: Comprehensive, ready to teach, topic-based patient safety programme that can be implemented as a whole or per each topic (or module)
PART A: TEACHERS GUIDE

- Designed for faculty staff and teachers or trainers
- Provides step by step tutorials
- Easily adaptable for all health-care professionals and levels
- Designed to facilitate and guide teachers in their approach to patient safety education
PART A: 8 CHAPTERS TO ASSIST EDUCATORS

1. How to introduce patient safety
2. How to integrate
3. How to teach
4. How to assist learning
5. How to assess student knowledge/performance
6. How to evaluate course
7. How to use tools and resources
8. How to foster intl networks

PART B

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PART B: CURRICULUM TOPICS

Flexible: educators can introduce all courses or one at a time; each topic contains PS information and how to teach it

Practical: suggestions on teaching multi-disciplinary groups with strategies, slides, case studies, assessments, evaluation

Self learning: topics designed so that students of many disciplines can do own learning

Resourceful: educators encouraged to add national/professional group literature, interdisciplinary studies, data, information
PART B: TOPICS OF THE CURRICULUM

1. What is patient safety?
2. What is human factors engineering?
3. Understanding systems and the impact of complexity on patient care
4. Being an effective team player
5. Understanding and learning from errors
6. How to manage clinical risk
7. Methods for quality improvement
8. Engaging with patients and carers
9. Minimising infection through improved infection control
10. Reducing risks associated with Invasive procedures
11. Improving medication safety
COMPETENCIES DEVELOPED

- The Curriculum contributes to building knowledge and skills in patient safety for health care students and in-service professionals.
- The competencies taught to enhance patient safety are:
  - **Communicating effectively** (eg involving patients as partners, being able to communicate risk)
  - **Identifying, preventing and managing adverse events** (eg recognising, reporting and managing AE and clinical risk)
  - **Using evidence for improving safety** (eg evidence-based best practices for clinical work, IT use for patient safety)
  - **Working safely** (eg being a team player, managing fatigue and stress)
  - **Being ethical** (eg, behaving ethically, fairness in work and practice)
  - **Continuing to learn** (eg being a continuous learner)
2) PATIENT SAFETY TRAINING OF HEALTH-CARE LEADERS, MANAGERS AND PROVIDERS

**Summary**

Healthcare delivery can have a positive and negative impact on patient safety. Effective training in healthcare delivery can help to improve patient care. The benefits of effective training include the following:

- Improving patient care and outcomes
- Reducing the risk of medical errors
- Enhancing the effectiveness of healthcare delivery
- Increasing patient satisfaction

**Characteristics of a safe healthcare system**

- A culture of safety
- Patient-centered care
- Organizational learning
- System design

**Application of training in healthcare**

- Patient safety training should be integrated into all levels of healthcare delivery.
- Training should be multifaceted, involving both theoretical and practical components.
- Training should be ongoing, with regular reviews and updates.

**Conclusion**

Effective training in healthcare delivery is essential for improving patient safety. Investing in training can lead to better patient outcomes and increased staff satisfaction.
2) WHO TRAINING WORKSHOPS/SEMINARS

- 1 or 2-day training on quality of care and patient safety by WHO
- Workshops usually linked with larger meetings
- Types of workshops in English:
  - for health-care leaders and managers
  - for academics and students
  - for clinicians and health care professionals
- Mix-and-match: various patient safety topics according to audiences
- Delivered by 2-3 WHO expert-trainers
WORKSHOPS ARE:

- mostly interdisciplinary
- use different channels of training: lectures, films and visual footage role modelling/play acting
- present case studies and examples
- discuss local culture and practices
- practice QI methodologies and patient safety action plans
- assess trainee knowledge
- provide certificate of attendance
- interactive
# TRAINING: PATIENT SAFETY TOPICS

## A. FUNDAMENTALS IN PATIENT SAFETY

1. What is patient safety?
2. WHO patient safety priorities
3. Patient safety definitions
4. Towards a culture of safety
5. Leadership and patient safety
6. Managing change for improvement
7. Regulation and accountability *
8. Clinical governance *
9. Financial management of patient safety*

## B. TO ERR IS HUMAN

10. What is human factors engineering?
11. Clinical engineering (equipment safety)*
12. Understanding systems and the impact of complexity on patient care
13. Engaging with patients
14. Being an effective team player

## C. PATIENT SAFETY SOLUTIONS

15. Communications and patient safety
16. From theory to practice: patient safety solutions
17. Minimising infection through improved Infection control
18. Reducing risks associated with invasive procedures
19. Improving medication safety
20. Safe childbirth *
21. Injection safety *

## D. KNOWLEDGE IS THE ENEMY OF UNSAFE CARE

22. Understanding and learning from errors
23. Root Cause Analysis
24. Risk management; managing clinical risk
25. Methods for gathering data, analysing data and quality improvement methods
26. FMEA and other such methods
27. Patient safety for researchers *

* Planned topics
3) E-COURSES

- 11 e-courses
- Target audiences:
  - university educators
  - patient safety researchers
  - institutional: health care professionals
  - self-learning: health care professionals educators, students
- Courses:
  - WHO-certified, free to all, anywhere in the world
  - video lectures, presentations, educational text, simulations, tools and references, interactive exercises/games, assessments
  - Anticipated to go live end 2014
4) PATIENT SAFETY GUIDE FOR LEADERS

What is Risk Management in Health Care?

- Controlling liability
- Prevent financial loss
- Protecting financial assets of an organization
- Reduction/elimination of potential financial losses (damage, theft, patient injury etc.)

This presentation will address only central risk management impacting patient safety.
WHO Patient Safety Guide for Leaders

• Addressing a need: literature search highlights that ‘…education and training are needed to inform and build leaders’ capacity to address quality improvement and patient safety in all contemporary health-care environments.’

• WHO Guide aims to provide resources and tools to build knowledge and competencies in patient safety of health care leaders and managers

• Initiate development of the Guide in spring 2013

• Establish an Experts Working Group to oversee development of the Guide
Thank you