

Summary report on the

Regional meeting to launch the patient safety curriculum guide

Muscat, Oman
11–12 March 2012



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1. Introduction

In 2008, the World Health Organization drew attention to the fact that the curricula for students of medicine and health sciences focused purely on the development of clinical and technical skills: diagnosis of a condition or illness, treatment of a disease, including its medication, maternal and neonatal clinical issues. However, issues such as quality improvement and clinical risk management, effective team working, understanding and learning from errors, engaging with patients, were being overlooked. Yet, these skills are fundamental to patient safety. In that year, WHO began a technical consultation with experts from around the world to develop a patient safety curriculum for medical students.

The multi-professional patient safety curriculum guide was launched in a special meeting taking place in Muscat, Oman on 11 and 12 March 2012. The event was organized by the WHO Regional Office for the Eastern Mediterranean in collaboration with Sultan Qaboos University and the Ministry of Health of Oman.

The main objectives of the meeting were to:

- raise awareness and engage commitment in patient safety education at the level of academic institutions and policy-makers;
- invite ministries of health, education and academic institutions to endorse the WHO Patient Safety Curriculum Guide and to build national and local capacity in teaching patient safety; and
- discuss concepts, approaches and challenges in introducing patient safety education in the Eastern Mediterranean Region.

Over 300 policy- and decision-makers from Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon,

Libya, Morocco, Oman, Pakistan, Qatar, Somalia, South Sudan, Sudan, Saudi Arabia, Tunisia, and Yemen participated in the event and witnessed the signing of endorsements for the WHO Patient Safety Curriculum Guide. Representatives were from the national associations, universities, hospitals and faculty from Sultan Qaboos University. The meeting focused on the tools and implementation strategy of the newly developed curriculum guide as well as country experiences and plans for patient safety education.

In his message o the meeting, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, highlighted the many elements involved in the improvement of patient safety in the health care system. He said that among the important components was education. It was of utmost importance that medical, pharmacy, dentistry, nursing and midwifery students were educated about the aspect of patient safety in their undergraduate education. By introducing patient safety in health professional education, WHO aimed at institutionalizing patient safety and ensuring that it was deeply rooted in the knowledge base and the attitude of health care professions. The comprehensive multi-professional patient safety curriculum guide assisted universities and schools in the fields of dentistry, medicine, midwifery, nursing and pharmacy to teach patient safety.

2. Summary of discussions

Participants drew attention to a number of challenges, among the most important of which is the lack of a supportive culture. As well, medical curricula are already very intense and introduction of extra information may not be easily feasible or acceptable by faculty, students and/or senior policy-makers. There is a paucity of evidence on the significance to health care outcomes of introducing patient

safety education in undergraduate curricula. Awareness is lacking at the level of the public, health care providers and policy-makers on patient safety principles. There is also resistance by academic staff, as well as students, because of the heavy study load already associated with undergraduate curricula.

A suggestion was made that relicensing should be connected to patient safety training to highlight the significance of patient safety education. Indeed, no health care provider should be allowed to practice without knowledge of the basic concepts of patient safety. The role of WHO in supporting the introduction of the curriculum to governments is essential. A strategic plan for implementation of the curriculum needs to be developed, along with a communication strategy to assist policy-makers. Appropriate ministerial bodies should play an active role in endorsing the introduction of the patient safety curriculum guide by providing incentives and resources, conducting staff and patient surveys and developing a multi-step monitoring scheme and pertinent policies and guidelines.

It is important that studies on the cost of adverse events are conducted in the Region. The results of such studies can be of immense importance in drawing attention to the significance of patient safety. Community and civil society engagement is critical to create a demand for teaching patient safety at the pre-service level. International student federations should also be engaged to advocate for the introduction of patient safety in curricula by the users: undergraduate health care professionals. It is important that the Ministries of Higher Education are engaged from the start. This will ensure sustainability of implementation and coordination between ministries involved in health care provision and education. Integrating the patient safety curriculum guide should build on existing resources and its broad vision should be clear to users.

Participants suggested the following topics to be included in the curriculum guide: quality improvement, ergonomics, risk management, medication safety, infection control, medical waste, health system complexity and human factors. It was agreed that implementation in a country or academic institution should not be an end. In fact, continuous evaluation of the mechanism of teaching and the content of the curriculum guide should be conducted on an ongoing basis.

3. Recommendations

To Member States

1. Introduce the multi-professional patient safety curriculum guide through WHO to national authorities and relevant stakeholders.
2. Promote the concept of patient safety among all authorities and introduce patient safety to the highest leadership level and to national policy- and strategy-makers to increase awareness and build commitment for the programmes. Ministerial bodies in the Region are encouraged to ensure that multisectoral legislative bodies approve the introduction of the patient safety curriculum guide.
3. Identify national focal points to follow up integration and implementation of training on the patient safety curriculum guide.
4. Facilitate coordination of national efforts to improve patient safety through effective networking and collaboration with regional and international centres dealing with the patient safety curriculum guide and teaching.
5. Develop integrated national patient safety programmes with clear goals in all countries to ensure the safety of patient care

at all levels and to extend successful safety strategies and activities throughout the health care system and in academic teaching.

6. Include patient safety principles in all educational curricula in health and medical education institutes for all medical cadres within a comprehensive and integrated vision.

To health professions institutes and academia

7. Integrate the patient safety curriculum into the existing curricular material and use available resources.
8. Teach a patient-centred care concept.
9. Improve the patient safety culture in teaching and emphasize patient empowerment.

To WHO

10. Develop a strategic plan for implementation of the patient safety curriculum guide.
11. Develop, update and disseminate universal protocols and guidelines for the patient safety curriculum to health care team providers based on evidence-based practices.
12. Involve higher education authorities to ensure integration of the curriculum guide in health profession education schools.
13. Together with the WHO Envoy for Patient Safety the General-Director of the Executive Board of the Health Ministers' Council of the Cooperation Council States to formulate a WHO/Gulf Cooperation Council Alliance for Patient Safety.
14. Develop a communication strategy to convey the concept of patient safety education to key stakeholders and to the public. This strategy should encompass key issues such as the positive effect of introduction of patient safety education on health care

outcomes and reduction of adverse events and unnecessary costs.

15. Support research on patient safety to provide evidence for policy-makers on the significance of patient safety education in reducing patient harm and improving the standard of patient care.