

Integrating Patient Safety Contents in Medical School Curriculum: A new challenge

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Dear Sir,

Patient safety, as a new discipline, challenges older concepts of 'patient negligence' and puts forward innovative concepts, to address adverse events that occur during patient management¹. However, patient harm during a medical practice is still significant global public health concern and has emerged as one of the leading causes of death and disability, worldwide². Recently, WHO has taken a global initiative, to emphasize the importance of patient safety by focusing on the philosophy of "zero avoidable patient harm" during medical treatment³.

Patient safety (PS) education is the first step to cultivate the philosophy of safety, among health-care workers. In this scenario, medical schools can be used as educational nurseries to nurture patient safety culture. Introduction of Patient safety, as a discipline in the undergraduate curriculum can have a profound impact on students' safety beliefs, values and attitudes that will be carried on in their future professional lives⁴. To be effective, patient safety contents should be explicitly placed in the curriculum and taught with clinical context, so that the students know its intrinsic value and its application in treating patients. Moreover, there should also be a formal assessment of students in safety concepts to reinforce their learning. Integration of this new discipline, in an existing curriculum, however, is a challenging task.

There is no single way of integration pattern. Several factors may influence this, including the nature of an existing curriculum, whether traditional subject-based or integrated, policy and need of the institution and the number of trained faculty. Patient safety content comprises of both theoretical knowledge and its application in clinical settings. The former consist of new concepts and philosophies, which can better be taught in stand-alone slots, as they do not amalgamate with other subjects.

Whereas, the latter can be blended with other subjects in the curriculum, due to its contextual nature. For example, several aspects of Infection control can be taught in Microbiology, procedural skills sessions and clinical clerkships while rotating in clinical disciplines, such as Surgery, Medicine, Obstetrics and Gynecology, Pediatrics, Ophthalmology and ENT. Medication safety can be covered in Pharmacology and therapeutics. It can be reinforced during clinical clerkships, where a student can learn aspects of avoiding medication errors, including 'look-alike and sound-alike' medicines and errors in prescribing. Patient-centered care can be focused during sessions of ethics, professionalism and communication skills. Similarly, working in teams, with defined roles is an important part of patient safety practices, where urgent and invasive patient care is delivered. These points of care include emergency, operating and procedure rooms, which provide good learning environment, to learn PS principles.

Recently, Pakistan Medical Commission (PMC) published its Undergraduate Curriculum and included patient safety content in the syllabus⁵.

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This decision will help students to gain adequate knowledge and skills to make them 'safe' doctors. They have recommended 50 hours of PS teaching during the 5-year course, out of which, half would be spent in teaching infection control, during pre-clinical years and the other half, in fundamentals of PS, in clinical years. In our opinion, an ideal place to teach fundamental PS topics would be in the earlier part of the curriculum, along with the basic sciences, during pre-clinical years. This will equip the students with the necessary knowledge at the beginning of their education and allow them to translate this knowledge later, during clinical clerkship, on real patients⁶.

Patient safety can be taught using multiple strategies. Both large group and small group teaching can be employed for learning fundamental PS principles. In our opinion, experiential and reflective learning would help in leaving a lasting impact, especially, when applying knowledge in a clinical setting. Small group teaching sessions, including Problem Based Learning (PBL), bed-side teaching and skill learning sessions would provide opportunities for contextualization, application and reflection. The students can share and learn their personal experiences. They should also be encouraged to reflect on their practices and apply the foundational PS principles in clinical care, to become safe healthcare providers.

The WHO Patient Safety Curriculum Guide for Medical Schools is a blueprint for the PS teaching at undergraduate level and can be used as a starting point⁷. It draws on the work of experts from a range of disciplines with international perspectives. To add local context the national health policy makers should make deliberations, with different sections of stakeholders and develop consensus on defining national patient safety goals, which can be incorporated into the national curriculum of undergraduate medical colleges.

To sum up, inclusion of patient safety education at undergraduate level would not only help in serving the WHO agenda of achieving zero avoidable harm and meeting PMC accreditation standards, but will

also help producing 'safe practitioners', who will become leaders of the healthcare team, in future.

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