

THEME

Applying Best Practices in Healthcare Delivery

- 21-23 July 2009
- Kuala Lumpur
Convention Centre
Malaysia



APHM · ASQua · ISQua
International Healthcare
Conference and Exhibition
2009

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Incorporation of Patient safety into Medical Curricula International Medical University



IMU
INTERNATIONAL MEDICAL UNIVERSITY
MALAYSIA

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Introduction

- Aim of IMU: To produce competent, caring and ethical professionals who are life long learners
- Aim of health care: to provide high-quality and safe care.
- The healthcare service is a very complex system.
- In a complex system chances of errors are high.
- Health care workers are expected to work whilst managing this complexity.
- Unless they are properly trained in patient safety concepts they will struggle to do this.
- Medical students as future doctors need to be trained to face these challenges.

IMU Programmes

- Medical
- Pharmacy
- Nursing
- Dentistry
- Postgraduate
- Psychology
- Nutrition & Dietetics
- Biomedical science
- Medical biotechnology
- Pharmaceutical chemistry

Medical programme

- Partnership with 30 Western Medical Schools
- MBBS IMU programme
- Two intakes per year: each 200+
- Phase I – Preclinical at Bukit Jalil Campus
- Phase II – Clinicals at Seremban Hospital
- Junior clerkship – Batu Pahat hospital

Curriculum

- Integrated as opposed to traditional
- Outcome based
- Problem based learning

Teaching Learning Tools

Phase I

- Lectures
- PBL sessions
- Medical museum sessions
- Clinical skills training
- Assigned independent reading
- Online interactive sessions
- Community health clinic visits
- GP postings
- Bed side teaching

Teaching Learning Tools

Phase 2

- Bed side teaching
- Task based learning sessions
- Clinical skills training
- Procedural skills teaching
- Integrated medical seminars
- e-learning
- Community & Family case studies
- Portfolios
- Lectures

Patient safety topics already in the Medical Curriculum



Communicating with patients

- Consent for physical examination
- Involving patients as partners in care
- Dealing with angry patients
- Breaking bad news (SPIKES)
- Explaining procedures and risks

Procedural skills

- Hand washing
 - Before and after examining simulated patients/patients
 - Assessed at examination
 - 6 steps displayed
- Aseptic techniques
- Informed consent
- Risk communication

Lectures

- Malaysian healthcare system
- Health clinic visits to understand primary care organisation
- Nosocomial infections (*Healthcare Associated Infections*)
- Patient safety

Professional and personal development module

- Professionalism
- Medical Ethics and the practice of medicine
- Negligence, patient confidentiality, informed consent
- Understanding the workplace
- Health care services in Malaysia
- Principles of management and working with others
- Quality and performance appraisal
- Team building and health teams
- Managing stress
- Handling conflict

Skills developed in the PBL Process will assist students to be effective members of the healthcare team

- Collaborative learning
- Reviewing cases, identifying problems as a group
- Sharing workload
- Exploring problems individually
- Learning from and teaching peers
- Group problem solving
- Respecting roles and responsibilities
- Communication skills

Three week Selective on patient safety



Learning Outcomes

Knowledge:

- Describe the types of adverse events in healthcare
- Describe factors contributing to adverse events
- Describe causes of human error
- Mechanisms for learning from error

Skills:

- Recognize an adverse event
- Recognize and deal with human error
- Analyse adverse events and human error

Attitudes:

- Focus on the cause rather than the wrong doer – no blame culture
- Willing to learn from mistakes

Topics

- Quality in health care
- Introduction to patient safety
- National strategy for patient safety
- No blame culture – **CEO/Private Hospital**
- Ethical issues in patient safety
- Human error in healthcare – **Psychologist**
- Learning from errors – **Industrial experience**
- Medication safety - **Pharmacist**
- Control of healthcare associated infections
- Patient safety solutions
- Communicating effectively – **Simulated patients**
- Information technology for enhancing patient safety
- Visit to blood bank – blood safety and patient identification

Assessment

- Group presentations - 40%
 - 15 Case studies
 - Analyse causes for the medical error
 - How could have the error been prevented
- One hour paper – 60%
 - 20 One best answer questions (OBA)
 - 2 Short answer question (SAQ)
- 3% of marks contribute to the Semester 5 examination

Example of an OBA question

Reliance on memory is a cause of errors in healthcare

Which of the following strategies is BEST to avoid reliance on memory in preoperative preparation of a patient for surgery?

- a. Double checking
- b. Use of a checklist
- c. Reliance on team work
- d. Communicating effectively
- e. Simplify process

Example of SAQ

State atleast FIVE recommendations you would make to prevent medication errors occurring in the following scenario?

In your ward, a student nurse is preparing to administer prescribed intravenous fluid infusions for three patients under her care. On a trolley she assembles the materials she will need, including-

- three intravenous giving sets
- a 500ml bag of sodium chloride 0.9% (normal saline) for infusion
- a 500ml bag of dextrose 4% for intravenous infusion
- a 1000ml bag of sodium chloride 0.9% for intravenous infusion
- an ampoule of Potassium Chloride Injection, containing 20mmols of potassium chloride

She then proceeds to the first patient and puts up the 500 ml bag of sodium chloride

Introducing patient safety topics to the curriculum



Strategy

- Enhancing the existing parts of patient safety in the curriculum.
- Adding aspects of patient safety topics to subjects that already exist.
- Some elements of patient safety to be included as new topics.
- Include patient safety in to all clinical disciplines.
- Workshop for clinicians to brainstorm how patient safety could be incorporated into clinical teaching

Adding patient safety topic to a PBL Trigger

A 24-year-old salesman lost control and crashed his motorbike against a parked car. There was immediate loss of consciousness. A bystander called for an ambulance, but within 5 to 10 minutes he was conscious but appeared dazed. When the ambulance arrived, he refused to be taken to hospital. His fiancée who arrived at the scene moments later convinced him to go to hospital. He was admitted to hospital, **a wrist band was applied** and he was kept under observation for head injury.

- Leading question: Why was a wrist band applied?
- Learning Issue: Patient identification

- Patient safety is not a traditional stand alone discipline; rather, it is one that integrates into all areas of medicine and health care.
- The time to introduce patient safety knowledge is right at the beginning of a student's entry into medical school. Patient safety skills and behaviours should begin as soon as the students enter a hospital.

Thank you