

Patient Safety Course at Medical Schools in Pakistan not being focused so Far!

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Respected Editor,

After the adaptation of several new learning and teaching strategies like problem-based learning (PBL), team-based learning (TBL), and Project-Based learning (PrBL), etc. [1], hence it is expected to have more competent physicians in the health care system. A competent physician is defined as a "Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional" [2]. Additionally, the impact of health care has been knowingly upgraded with the scientific discoveries of modern medicine. These discoveries brought many benefits, however, carried challenges and risk to the safety of the patients as well [3]. There is a good deal of evidence that hospitalized patients are in danger of suffering an adverse event, and patients on medication, have the danger of medication errors and adverse reactions [4]. These areas in old curricula were ignored and the primary focus was on clinical skills like diagnosis and management of the patients until in 2007, the Association for Medical Education in Europe [5] endorsed for a most vital part of medical education *i.e.*, patient safety. Joint Commission International (JCI) [6] further endorsed this after defining the six international goals for the safety of the patient as follows:

IPSG 1: Identify patients correctly

IPSG 2: Improve effective communication

IPSG 3: Improve the safety of high alert medication

IPSG 4: Ensure correct site, procedure, surgery

IPSG 5: Reduce the risk of healthcare-associated infections

IPSG 6: Reduce the patient harm resulting from falls

To carry out these goals, the World Health Organization (WHO) has taken an initiative to develop a guideline for a patient's safety course and stressed to consider it as a specialized field. This is related to all healthcare-related stakeholders; therefore, the stakeholders include health, and allied care workers, hospital managers, and either government or non-government health care organizations, or finally, consumers must become

conversant with the principles relevant to patient safety concepts [3]. Indeed, our medical students, who are going to become a front-runner in their respective health care fields subsequently, must be ready to become a competent practitioner whose priority is patient safety. Every day we have some new scientific discoveries thus, medical curricula keep changing to acclimatize the latest breakthroughs and fresh information [3].

Most of the medical curricula being delivered through an integrated system for teaching all disciplines almost together. This applies to the patient safety course as well. Thus, the patient safety course cannot be considered a sort of traditional standalone field or course; rather, it is one that needs to be integrated into all areas of medicine [3]. However, unfortunately, it is not being integrated into medical curricula so far. The medical students must be well informed and competent in their practice of patient safety principles and concepts since they are the future leaders in our health care. Thus, it is a continuous process for the development of knowledge and skills relevant to patient safety throughout the five years at the medical school. These skills and behaviors should be inculcated in medical students at the time of first exposure to the patients at college, clinics, or hospitals [3]. The majority of students are excited while entering medical schools and dreaming to change the world when they become a doctor. However, sometimes real practice observed by them portrays a very different picture than deflates their optimism. At this stage, it is required to maintain their motivation, optimism, and belief that they can make a difference to both; the individual lives of patients as well as the healthcare system [3, 4]. They would also be able to achieve all patient safety goals defined by "Joint Commission International (JCI)" [6]. To keep their optimism at a high level, an integration of a patient safety course in the curriculum is essential.

Hence when we design the course we need to keep in mind some essential questions, which are to be answered through a curriculum map. These questions are relevant to the content, course learning outcomes (CLOs), the teaching strategies, and last but not least the assessment process. The process for making a lesson plan should include CLOs, teaching, and learning strategies, the involvement of different disciplines or

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departments, and eventually assessment procedures. Many topics can be taught through problem-based learning, or case-based discussion, while some could be taught through interactive lectures.

Hence, a course on patient safety could be designed as an integrated course within the PBL curriculum [3] or as a separate course or as an elective course. It could be one to two credit hours course, which can be covered in 15 to 30 sessions or contact hours. Consistent with WHO (2009) guidelines [3], course-learning outcome (CLOs) could be as follows:

1. Communicate effectively
2. Using evidence for patient care
3. Fully aware of adverse events
4. Working safely
5. Being ethical
6. Being Professional
7. Being a part of a team

Accomplishing these CLOs, the topics are already suggested by WHO [3]. The topics included are: define patient safety, human factors for patient safety, recognize the complexity of the health care system, how to play a good role in a team, identify and rectify medical errors, understanding and managing medical risk, comprehend about the quality assurance and improvement in health care, community engagement (patients & caregiver), minimize infection, and complications due to invasive procedures.

An assessment has two major components: formative and summative assessment. Henceforward, we should apply different modalities such as observed clinical skills, problem-solving, modified essay type, and multiple-choice questions for the assessment to cover all aspects. Supported the above discussion, one could

predict that if WHO guidelines [3] relevant to patient safety course inculcation in medical curricula were implemented at the undergraduate level then the improvement can easily be made. However, the patient safety course is not being implemented at many medical schools in Pakistan; therefore, it is needed to enforce it through policymakers.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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