



Education in patient safety across Europe

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RECOMMENDATIONS

Patient safety culture needs education and training

Education and training needs safety culture

E&T in patient safety:

- should be introduced and implemented in the curricula for healthcare workers and managers in every Member State
- should be on all levels of healthcare professionals and managers learning and development
- should be based on previous European project and WHO work in building/developing curricula
- should find constructive, feasible and effective ways to include the perspective of patients when developing curricula on patient safety
- should use curricula adaptable to each country – cannot be a static program

CONCEPT

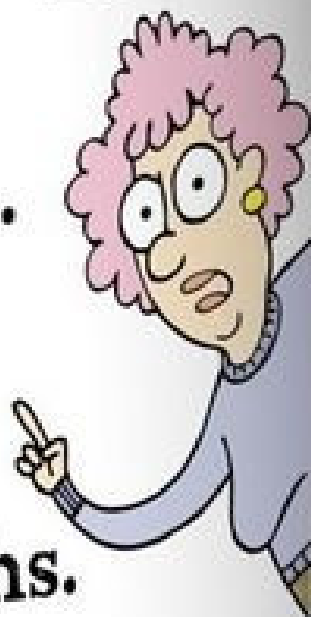
Not much known about education and training (E&T) in patient safety across Europe

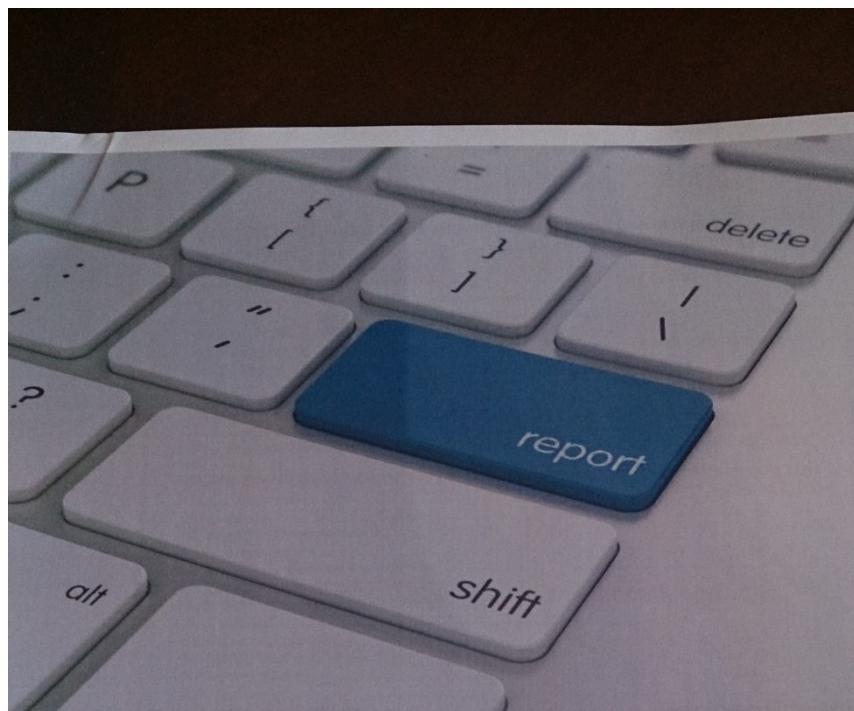
Low compliance of MS implementation of the Council Recommendation 2009/C151/01 requirements:

- (a) encouraging multidisciplinary patient safety education and training of all health professionals, other healthcare workers and relevant management and administrative staff in healthcare settings;
- (b) embedding patient safety in undergraduate and postgraduate education, on-the-job training and the continuing professional development of health professionals;
- (c) considering the development of core competencies in patient safety namely, the core knowledge, attitudes and skills required to achieve safer care, for dissemination to all healthcare workers and relevant management and administrative staff;
- (d) providing and disseminating information to all healthcare workers on patient safety standards, risk and safety measures in place to reduce or prevent errors and harm, including best practices, and promoting their involvement;
- (e) collaborating with organizations involved in professional education in healthcare to ensure that patient safety receives proper attention in the higher education curricula and in the ongoing education and training of health professionals, including the development of the skills needed to manage and deliver the behavioral changes necessary to improve patient safety through system change.

I try to
avoid things
that make
me fat...
...Like
scales,
mirrors
and
photographs.

aunty acid





Key features and recommendations on
**Reporting and learning systems for
patient safety incidents
across Europe**

Report of the
Reporting and learning system subgroup

May 2014



**KEY FINDINGS AND RECOMMENDATIONS ON
EDUCATION AND TRAINING IN PATIENT SAFETY
ACROSS EUROPE**

CONTENT

- Based on the work of EUNetPaS education WG
- Mapping of programs, modules, courses, workshops, schemes and seminars: 26 MS + Norway, 9 NGOs of the EUWGSPQC; coordination: Education and Training in Patient Safety Subgroup
- Aimed to inform the public, educational environment and policy makers
- Initiatives at different levels (local, regional, national, other)
- Focus on different aspects of safe care delivery
- Aimed at different types of learning audience
- Requires adaptation to national setting, expectations and financing.

PURPOSE AND ROLE OF EDUCATION AND TRAINING IN PS

Huge variety of edu activities, yet some relate to:

- Non PS specific basic undergraduate professionals' curricula (for doctors and nurses)
- Environmental security and hygiene
- Specialty training
- Internal hospital training; or organized by „Our Department” on „quality”

**NOT ALL ARE PATIENT SAFETY SPECIFIC AND RELATED TO
PATIENT SAFETY MANAGEMENT**

PURPOSE AND ROLE OF EDUCATION AND TRAINING IN PS

E&T on patient safety focuses on acquisition of knowledge, attitudes and skills to support changes in behaviour to deliver safer care

Principles of PS education: non-technical and non-discipline specific skills, relevant to all healthcare professionals, though PS knowledge is frequently linked to professionals specialisation.

PURPOSE AND ROLE OF EDUCATION AND TRAINING IN PS

Examples of patient safety educational topics:

- reporting incidents,
- human factors engineering,
- information transfer between health care professionals and towards patients

(Jansma, 2011).

ORGANISATION OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

ownership and governance

- Ministry of Health
- Ministry of Education
- Administrative units e.g. regions
- Scientific medical societies
- Healthcare organisations
- Others (please specify)

Organised mostly on the national (ministerial, university, professional associations) and local level (HCOs)

ORGANISATION OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

national legislation and regulation

The national legislation and regulation usually does not directly address education and training but the related concepts and issues are frequently dispersed in MS various normative acts and regulations. Mostly linked to quality as such and to the infection control.

SHOULD LAW REGULATE IT AT ALL???

**PERHAPS MEMBER STATES NEED NO REGULATION
BUT THE NATIONAL PROGRAM AS A TOOL?**

ORGANISATION OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

Type of education in patient safety

Most of the E&T activities are provided on

- postgraduate level and within the
- continual education modules

Guides on undergraduate education have been provided only by 8 Member States and Norway

No examples of education and training on cultural changes – how to embed patient safety in the professional culture and cope with imperfect PS culture, including the cultural/national differences between both Member States, regions and professionals cultures.

ORGANISATION OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

Target audience

healthcare managers

(except ITALY)

nurses, doctors, dentists, midwives and other healthcare professionals (new hospital staff and interested staff; residents; professional clinicians in leadership roles, postgraduates.

In many countries, the least education and training activities address pharmacists.

ORGANISATION OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

Faculty capacities

major barrier to implementation of E&T in PS

- Faculty with academic qualifications
- Professionals with expertise in patient safety and quality care

In many MS there is too often not enough teaching capacity

And it is a long process

like building a specialty of social medicine

**THIS CALLS FOR THE TRAINING THE TRAINERS
OPPORTUNITIES.**

ORGANISATION OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

Organisation

- Classroom, face to face (*very expensive and sometimes not productive enough*)
- Most important is on the job training, where the quantitative training takes place.
- Some E-learning, coaching and telephone support; fewer yet are open learning courses.
- Simulation based training (on the rise: pre-and postgraduate); (*expected to save costs*)

Duration: very different even if E&T refers to the same topic, and ranges from 1 hour to 105 hours or 9 months.

Recognition and qualifications of participants upon completing the patient safety E&T: from none to masters; some assure remuneration for doctors' treating special patients' populations (e.g. patients with Methicillin-resistant Staphylococcus Aureus). Other include diplomas, certificates and education points.

ORGANISATION OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

Evaluation

- the majority of E&T undergo evaluation by the participants
- Accreditation - an emerging important recognition in the field of education and training in patient safety: more than half of Member States already recognize education and training in patient safety with accreditation awards and many plan to introduce it as recognition in the near future.

**IT IS ALSO IMPORTANT TO EVALUATE NOT ONLY THE
EDUCATION AND TRAINING BUT ALSO THE PARTICIPANTS-
SELDOM DONE!!**

CONTENT OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

- **Infection control** (modules or training sessions in university education, continuous professional education (CPD) as well as on-the-job, as one-shot focused sessions or regular sessions. They are offered in the first place and by and large to nurses, then to doctors and dentists.
- **Fall prevention**
- **Medication safety**
- **Radiation safety in oncology**
- **Blood safety.**

CONTENT OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

- System approach to patient safety and increasing patient safety culture
- Improving patient knowledge on patient safety - (Italy)
- Root cause analysis
- Team work and communication with other health professionals

NO E&T ON HANDOVERS !!!

CONTENT OF EDUCATION AND TRAINING PROGRAMS IN EUROPE

Further work needs to be undertaken to identify what topics are relevant to the needs of MS and correlated with available patient safety data and resources in respective countries.

Evaluation of curricula and learning outcomes is essential for content development and remaining meaningful, also to meet the ongoing needs of national bodies, healthcare professionals and citizens.

Education and training strategies should always consider the needs of citizens/patients and healthcare professionals - be relevant and proportionate to the daily practice of healthcare within individual Member States.

BARRIERS TO IMPLEMENTATION

- **resources** (financial and time constraints, shortage of competent and well trained faculty)
- **resistance to change and lack of awareness** (difficulties to place the education and training in patient safety modules into the curricula or lack of awareness about patient safety topics)
- **organization and logistics** (shortage of teaching aids, such as suitable classrooms, power point projectors etc.)
- **other reasons** (lack of relevant data for impact measurement, language and translations, lack of strong leadership).

Also lack of safety culture (instead of a “blame culture”); often poor involvement of health care professionals (doctors): if E&T in patient safety is seen as an extra workload, but not as an integral competence for all health care professionals, it is difficult to motivate people to take part on these activities; lack of knowledge, what is patient safety about, why it is important, which concrete instruments and measures are available.

E&T IN PS AS A GUIDANCE FOR UNIVERSITIES AND CPD

The Recommendation provides an opportunity for the academia to introduce modification of university modules and include new modules. Smart is to give prominence to patient safety when teaching, instead of adding new modules in university courses; contextualizing the specific topics in different disciplines. (e.g. present the surgery checklist at the junior surgeons lessons, or hand hygiene during classes on antibiotics resistance related problems).

The same approach could be considered for the CPD training.

THE ROLE OF PATIENTS AND PATIENT ORGANISATIONS

Since patients are the ultimate beneficiaries of patient safety E&T, their involvement in curricula development and patient safety education is essential and should be valued and encouraged at every opportunity. The curricula development should take into account differences between professions and both, the professions and patients should be involved in their development

- Patient is the last „safety barrier”- identifies gaps and failures
- Patients with chronic condition - experiential knowledge
- Patient empowerment and involvement – crucial at all levels to introduce patient safety culture

AREAS OF CONCERN FOR E&T IN PATIENT SAFETY IN EUROPE

- faculty capacities
- importance of focusing on students as future health professionals
- communication between professionals and between professionals and patients
- values such as accountability and compassion



Courtesy of prof. Paul Bartels, ESQH



To safer healthcare in Europe

**To EUWGPSQC Guidance
on E&T in PS**

http://ec.europa.eu/health/patient_safety/docs/ev_20140313_rd02_en.pdf

From EUNetPaS