PATIENT SAFETY EDUCATION ACTION PLAN

> My ask of you is to change the world of patient safety by designing a curriculum that has patient safety as one of its core components.
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> —Donna Davis, Patients for Patient Safety Canada

Introduction

Patient safety has moved from the periphery to the forefront of healthcare in Canada over the past decade. Despite a growing recognition of the need to embed patient safety and also quality improvement (QI) in every aspect of healthcare education, approaches to teaching healthcare students, trainees and providers are inconsistent, and the effectiveness of this education is unknown. In addition, patient safety and QI education is often overlooked in continuing education.

It is broadly agreed that patient safety and QI education is needed. What is still open for debate is whether the inconsistent nature of education and training in patient safety and QI increases the risk of harm for patients. To accelerate a consistent approach to patient safety and QI education, the Canadian Patient Safety Institute (CPSI) invited more than 50 representatives of academic, accrediting, certifying, regulatory bodies, and provincial and national organizations interested in the education of health professionals, to attend a roundtable on patient safety education in Toronto on January 20, 2015.[1]

The roundtable was the latest in a series of meetings undertaken by CPSI as part of its 2013-2018 "Forward with Four" business plan. The plan calls for CPSI to act as a catalyst for improving safety for patients by coordinating a national consortium of healthcare related organizations, professional associations, governments, patients and families, and other stakeholders from across the country. As the name suggests, there are four initial priority areas for this shared effort: surgical care safety, medication safety, home care safety and infection prevention and control. Over the course of 2014, invitational summits were held for these areas of focus. Education emerged as an essential theme for the action plans developed from each meeting.

The purpose of the Education Roundtable was to create an action plan for patient safety and QI education, and lay the foundation of a national patient safety education network. "There's lots of patient safety education work going on," Maura Davies, the acting CEO of CPSI, told the meeting. "The missing piece of the puzzle is we really haven't got our act together." She warned later the work will continue to evolve. "If it feels messy, yeah, it is."

Some of that messiness concerned the scope of the roundtable. For example, there were many references to "faculty;" however, the feeling in the room was that word implied only university education was to be discussed. In reality, patient safety and QI education must cover all types of learning, including formal, informal, continuing development and skill maintenance. The range of people who need this type of education and training is equally broad. It includes every level of healthcare, from environmental services to the executive suite, as well as patients, families, policy makers, and spans across all healthcare professions and disciplines. It also includes education in universities, colleges and the healthcare delivery sectors.

Another issue brought up at the roundtable was the "hidden curriculum," which refers to the influence that attitudes and ideas current in a practice setting can have on new team members and students who quickly learn how things are "really" done outside the classroom.

What individuals have been taught and believe about patient safety can quickly be undermined if it appears not to be valued by their organization, or it is regarded by other staff and professional mentors as a waste of time. On the other hand, an organization with a culture that promotes patient safety and continuous improvement of practice and service delivery reinforces their education.

[1] Quebec did not participate in the Patient Safety Education Roundtable. It is solely responsible for the planning, organization, management and evaluation of patient safety within Quebec.

Five thought leaders in patient safety education gave presentations, starting with one on the "Informal Hidden Curriculum", which gave a sense of the state of patient safety education in Canada today. Others were:

- Lessons from interprofessional education
- View from the trainee — what are trainees telling us about learning patient safety
- Introducing the quality and patient safety curriculum — engaging, educating and empowering
- Collaborative networks — building quality from the ground up

Through the presentations and open discussion, it became apparent that work on patient safety and QI education has as many silos as other aspects of healthcare. However, that is starting to change; important conversations are starting to happen. "We have moved from having conversations about patient safety and QI across the system to having it in professions and organizations," one participant said.

There are several examples of a shift toward improving provider competence in these areas; one is the new CanMEDS 2015 framework developed by the Royal College of Physicians and Surgeons of Canada, which incorporates patient safety and QI competencies as never before. Lessons from it and similar work should be shared.

Interprofessional education was also discussed at the roundtable; some participants questioned whether these terms excluded people such as homecare aides and other unregulated workers, and others stated that initiatives to minimize breakdowns in safe care must include all providers and workers in the healthcare system. There is still a separation between providers, students and educators, and patients and their families, who could contribute immensely to developing and improving patient safety and QI education.

Despite these concerns, there was a desire in the room to make a difference and participants had come prepared to work. Following the same process as earlier summit and roundtable meetings, participants were sent a survey before the roundtable, to determine important areas for action. Topics ranged from developing curriculum maps built on guiding frameworks, to faculty development, the gap between classroom and practice, partnering with patients and families and evaluating and integrating patient safety and QI education.

As well, four themes were brought forward from the consortium and previous summit and roundtable meetings:

- Partnering with patients and families
- Teamwork and communication
- Patient safety and quality improvement education for leaders
- Culture of patient safety

After discussion and voting, seven themes were chosen for deeper discussion in a "world café." They were:

- Engaging and partnering with patients and families in educating health providers
- Quality and patient safety education for leaders
- Interprofessional and interdisciplinary patient safety and quality improvement education and training
- Curricula content, design and delivery
- Leverage for health professional patient safety and QI competence through policy, legislation, accreditation and regulation
- Faculty and educator development
- Patient safety and QI culture and learning in the practice setting

A world café is a format used to stimulate creative thinking in large groups. Each topic was assigned to a "café" table, where a host guided discussion to come up with potential actions for improving patient safety and QI education. After 20 minutes, participants move on to another topic. All the ideas for actions are recorded and participants are allotted five red dots each to vote for the actions (listed on charts) they want

to see in the plan. The least popular are dropped.

Here's a sampling of what was said in the world café conversations:

Theme 1: Partnering with patients and families in educating health providers

Participants at the table agreed patients and families should be included in planning patient safety and QI curricula, and that training should ensure that every student hears patient and family stories describing the impact of unintended harm from healthcare. Learning communication skills and how to build relationships and be open and transparent were thought to be important elements of a patient safety and QI curriculum. Participants thought that educators would benefit from having patients and families contribute to building training opportunities in those areas, including case studies.

Theme 2: Quality and patient safety education for leaders

This theme was brought forward from the other summit and roundtable meetings that form part of the Integrated Patient Safety Action Plan; participants at the education roundtable agreed leadership should be one of the world café topics.

"One of the ways you can assess how safe an organization is, is to see how they react when something goes wrong," one participant said. Participants agreed patient safety and QI education is essential for leaders. Unless they fully embrace the importance of safe care practices, leaders are not likely to provide the time and support necessary for improvement. The group also discussed the accountability of senior leaders for patient safety and QI. Legislation and board governance that strengthens leadership accountability for patient safety and QI, including tying CEO compensation to performance, was mentioned. It was clear to the group that action on patient safety and QI competence for leadership must consider leadership accountability and competency frameworks, such as the LEADS framework which currently does not have a component of patient safety and QI competence.

"Leaders can't be educated on every topic," one participant objected. He suggested providing healthcare leaders with safety mentors, who would be on hand as issues arose.

Theme 3: Interprofessional / interdisciplinary patient safety and quality improvement education and training

"If we haven't prepared clinicians who are professionally and respectfully able to question what is going on, then we haven't accomplished anything," said one participant. "I think every student should take an assertiveness course."

The discussion for this theme was rich and centered on who should learn about patient safety and QI, and at what point in their education and training should members of the healthcare delivery team, including those members who may not provide direct clinical care, be brought together to learn as a team. This generated considerable debate in the world café, although there was consensus that interprofessional/ interdisciplinary education is essential to building trust and respect among health professional team members, which, in turn, is key to improving patient safety. This echoed what one of the presenters said, that "we need to learn with, from and about each other." Ultimately what matters, one participant said, is producing teams who are not afraid to speak up if they see a risk to patient safety.

Theme 4: Patient safety and quality improvement curricula content, design and delivery

"The action for this is to create a sense of obligation to make the system safer," one participant said. But participants heard there is no one way to get learners to that point, and part of the challenge is to reach everyone who needs to learn about patient safety and improvement methods from providers right out of school to seasoned professionals. The scope for this area of discussion remained with the health professions as an initial target group for the action plan. That led to a call for "scaffold" curricula, which gives novice health professional learners strong support, while gradually allowing them to learn more

complex skills more independently. Participants agreed that there is already a lot of patient safety and QI curricula as well as creative, engaging delivery of patient safety and QI content in training programs, but they noted that a map, built on endorsed guiding frameworks, models and national standards would serve to support faculty/educators as they work to embed patient safety and QI into already full curricula. Participants noted that an endorsed guiding curricula map could offer faculty/educators, organizations and jurisdictions the flexibility of a reference guide, while avoiding prescriptive approach.

A guide would offer space for contextualization, alignment to other work, and scalability to fit local training needs. Enablers and barriers to the work were also discussed; the group highlighted common experience with academic and practice silos, and as such, options for sharing strategies through repositories and peer networks must be considered.

Theme 5: Leverage for health professional patient safety and quality improvement competence through policy, legislation, accreditation and regulation

"Everyone is responsible for patient safety and QI, but who is responsible for what gets included in that? Who is assessing whether organizations are actually doing things?" one participant asked. He was reflecting a feeling among participants that mandated standards may be necessary to get patient safety and QI education firmly established in schools and workplaces.

Any one of a number of levers might be used to push patient safety and QI competencies — from accreditation (both of academic and of healthcare organizations), to professional certification, licensure and regulation, to organization and government policy, and even legislation. How to assess the effectiveness of education and training was also discussed. "We have to show it's not just learning about safety, we have to show it's actually being done, it's actually being tested for." Participants saw an important distinction between entry to practice and continuing professional development because they would need different levers.

Theme 6: Faculty/Educator development

The pre-meeting participant survey indicated two main issues with faculty development — the need to increase the expertise of educators in academia and in organizations (including in the use of adult learning principles), and the need to recruit more people willing and able to teach in the topic area of patient safety and QI.

Professional associations might help with finding faculty, clinical educators and preceptors willing to serve as patient safety teachers, but keeping them will require supporting their work and acknowledging and rewarding their efforts. Professional associations also have a role in training members through continued maintenance of competence activities. An example of this is the Advancing Safety for Patients in Residency Education (ASPIRE) program offered by the Royal College of Physicians and Surgeons of Canada and CPSI.

Theme 7: Patient safety culture and the learner

A good patient safety culture is one where safe practice is encouraged, taught and modeled, and students and providers have the time and resources to deliver high quality care and are not afraid to change or challenge unsafe behaviour. In a safe culture, students, trainees and healthcare workers find it easier to maintain their commitment and their knowledge, skills and behaviour. But where patient safety and improvement work is not seen to be of high value to corporate staff, clinicians, healthcare delivery teams – coupled with professional hierarchies affecting interactions – then the negative effects of informal learning or the "hidden curriculum" are likely to dominate, causing teams, providers and students to adopt the poor practices they see are (replace are with as) the accepted norm.

Participants thought healthcare workers and students should be taught explicitly about organizational culture, and how to change it for the better when it is compromised. Teaching students entering practice or healthcare delivery teams about the potential negative

affects of the hidden curricula, including hierarchies, would be important so that new professionals entering practice, as well as new members of the healthcare team are prepared for what they may face in the workplace. Students and new members of the healthcare team have the potential to act as strong positive change agents. As well, faculty and educators should be engaged in dialogue and learning, to more explicitly understand this issue, and be enabled to create better learning environments in partnership with practice/service delivery environment leaders.

A colourful vision for a patient safety education network

After the intensity of the world café discussion and report out, the tempo of the roundtable changed as participants were invited to use their artistic talents to illustrate their vision of a patient safety education network. Their task was to imagine a patient safety network, including who would be involved, what they would do, and why it would be successful. Some of the important messages that came out of the exercise included listening to the patient, ensuring every member of the network is an equal partner, and keeping the network grass roots. The participants said it was important to identify a direction for the network soon, and suggested it could arise from the themes and actions at the roundtable.

The Patient Safety Education Action Plan

The action plan from the meeting reflects the themes prioritized by roundtable participants after discussions and voting. Participants originally voted for seven themes to be discussed during the world café to tease out the action items that would go forward into the Patient Safety Education Action Plan. After a second round of voting, five goals with ten action items have emerged.

The action plan includes suggested timelines, leads, co-leads, and partners who have agreed to collaborate on each action. The action plan was circulated to all participants for comment, and through follow up email or phone calls, organizations have confirmed participation.

PATIENT SAFETY EDUCATION ACTION PLAN

THEME – PARTNERING WITH PATIENTS AND FAMILIES IN EDUCATING HEALTH PROVIDERS

Goal	Action
Involve patients and families, and include their experiences of harm from healthcare, to broaden healthcare students' and providers' understanding and skills in patient safety and quality improvement	Create a repository of tools and resources for teaching students, faculty/ educators and health care providers how to have important conversations and partner with patients and families to address patient safety and improve care processes.

THEME – QUALITY AND PATIENT SAFETY EDUCATION FOR LEADERS

Goal	Action
Establish knowledge and skill development in patient safety and quality improvement as requirements for healthcare leadership, using established competency frameworks such as LEADS.	Establish a core group of partners interested in influencing quality and patient safety and quality improvement education for healthcare leaders drawing on leadership competency frameworks such as LEADS.
	Conduct an environmental scan and gap analysis of patient safety and quality improvement education programs and competency frameworks for healthcare leaders in Canada
	Facilitate pan Canadian spread of patient safety and quality improvement knowledge and skills development for healthcare leaders, drawing on successful programs and competency frameworks already underway, in order to increase leadership skills and accountability for patient safety and quality improvement

THEME – PATIENT SAFETY AND QUALITY IMPROVEMENT CURRICULA, CONTENT, DESIGN AND DELIVERY

Goal	Action
Build capacity for patient safety and quality improvement education in Canada	Develop a guiding curriculum map for teaching patient safety and quality improvement to healthcare students, trainees and providers (from novice to expert including professional development — scaffold approach), drawing upon endorsed frameworks and models such as CanMEDS 2015, Canadian Interprofessional Health Collaborative Competencies, CPSI Safety Competencies and others. Develop instructional design elements for the patient safety and quality improvement curriculum map to include the how of teaching them; include simulation, case based learning, patient and family stories (shared through a repository and peer network). Prepare academic and clinical practice educators to teach patient safety and quality improvement curriculum through access to a guiding curriculum map, endorsed frameworks and instructional design tools, teaching resources and knowledge networks for support

THEME – LEVERAGE FOR HEALTH CARE PROFESSIONAL PATIENT SAFETY COMPETENCY THROUGH POLICY, LEGISLATION, ACCREDITATION AND REGULATION

Goal	Action
Use external levers to ensure patient safety and quality improvement is part of education and training for all healthcare students/trainees and providers	Work together with partners to integrate endorsed standards of competence in patient safety and quality improvement (such as CPSI Safety Competencies, CanMEDS 2015 and others) Work together with accrediting, certifying and regulatory bodies to implement standards of competence in patient safety and quality improvement for students/trainees and providers throughout their careers.

THEME – LEVERAGE FOR HEALTH PROFESSIONAL PATIENT SAFETY COMPETENCE THROUGH POLICY, LEGISLATION, ACCREDITATION AND REGULATION continued

Goal	Action
	Work with health system administrators, leaders, funders and patients to influence legislation and policy for health provider education on patient safety and quality improvement.

THEME – PATIENT SAFETY CULTURE AND HOW IT RELATES TO LEARNING

Goal	Action
Ensuring patient safety and quality improvement education and training is not undermined in the workplace.	Develop tools and resources to help educators prepare students to encounter the hidden curriculum and reinforce students' commitment to a patient safety and quality improvement culture Launch an information campaign for healthcare educators on the impact of workplace culture on patient safety and quality improvement

PATIENT SAFETY EDUCATION ROUNDTABLE PARTICIPATING ORGANIZATIONS

- Accreditation Canada
- Alberta Health Services
- Association of Faculties of Medicine of Canada
- Association of Faculties of Pharmacy of Canada
- Atlantic Health Quality and Patient Safety Collaborative
- British Columbia Institute of Technology
- BC Patient Safety & Quality Council
- Canadian Anesthesiologists' Society
- Canadian Association of Allied Health Programs
- Canadian Association of Occupational Therapists
- Canadian Association of Schools of Nursing
- Canadian Council of Registered Nurse Regulators
- Canadian Interprofessional Health Collaborative
- Canadian Medical Association
- Canadian Medical Protective Association
- Canadian Nurses Association
- Canadian Nursing Students' Association
- Canadian Patient Safety Institute
- Canadian Physiotherapy Association
- Canadian Society of Respiratory Therapists
- Canadian Health Leadership Network (CHLNet)
- The College of Family Physicians of Canada
- Dalhousie University
- Federation of Medical Regulatory Authorities of Canada
- Health Canada
- Health Quality Council of Alberta
- Health Quality Ontario
- HealthCareCAN
- Healthcare Insurance Reciprocal of Canada
- Improving and Driving Excellence Across Sectors (IDEAS)
- Institute for Safe Medication Practices Canada
- Manitoba Institute for Patient Safety
- Medical Council of Canada
- National Association of Pharmacy Regulatory Authorities
- Northern Alberta Institute of Technology
- Paramedic Association of Canada
- Patients for Patient Safety Canada
- Prairie Mountain Health
- Queen's University
- Regina Qu'Appelle Health Region
- Resident Doctors of Canada
- Royal College of Physicians and Surgeons of Canada
- Safer Healthcare Now!
- Saskatchewan Health Quality Council
- SIM-one
- Sunnybrook Research Institute
- Thompson Rivers University
- University Health Network
- University of Alberta
- University of British Columbia
- University of Calgary
- University of Manitoba
- University of Toronto
- Winnipeg Regional Health Authority