

Final report

Embedding patient safety in education & training



www.ikwerkveiligindezorg.nl

Colophon

This report is a publication of the Netherlands Association of Hospitals (NVZ), the Society of Medical Specialists (OMS), the Netherlands Federation of University Medical Centres (NFU), and the Netherlands Association of Nurses & Caregivers (V&VN) as part of the VMS Safety Program.

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Summary

Vision

The national VMS project Patient Safety in Education & Training stemmed from the vision that “all workers in healthcare should be adequately equipped to be aware of risks and to be able to think and act in practice in accordance with patient safety, so as to eliminate avoidable harm, or the chance of it, inflicted on the patient (consumer, client) through the actions or neglect of employees or through failings in the healthcare system”.



Objective

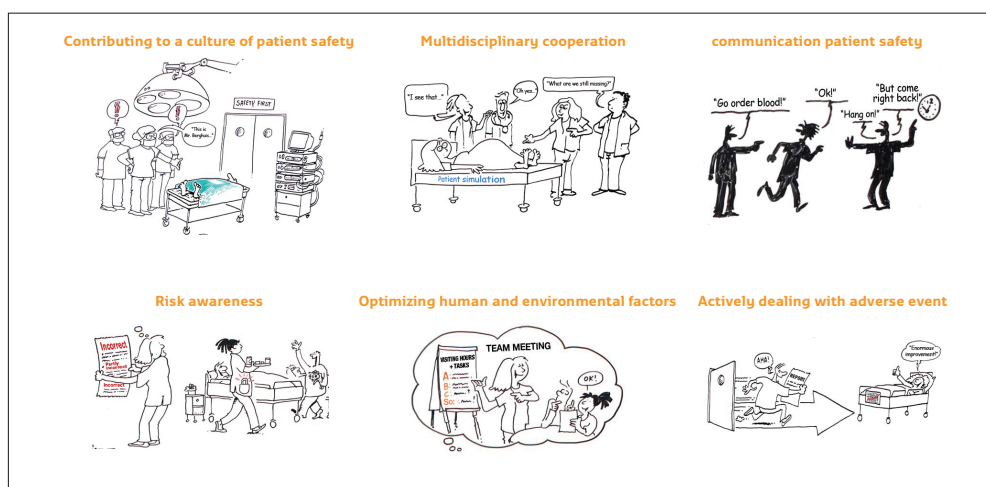
The goal of the project was to support, facilitate and accelerate the implementation of a coherent and structured teaching module for patient safety in basic and advanced education for doctors, nurses and the supporting professions (medical or otherwise), with the help of a national incentive program and the corresponding support structure. The development of knowledge and teaching tools promotes healthcare professionals' risk awareness and ability to think and act in accordance with patient safety. The ultimate goal being that every healthcare professional, now and in the future, works in a way that safeguards the safety of patients. To achieve this, a number of sub-objectives were devised:

- The development of a clear starting point (a minimum requirement in the form of basic competencies) for all healthcare professionals (phase 1).
- The inclusion of patient safety as a “continuous curriculum” from a healthcare professional's basic education and throughout his/her lifelong learning in the field (phase 2).
- The application (digital, etc.) of the education initiatives developed for safety training (phase 2).
- Equipping trainers (workplace, etc.) in the area of patient safety (phase 3).
- The assessment/development of teaching and testing tools (phase 3).
- The introduction and official establishment of patient safety training (phase 4).

Integrated approach: target groups

The implementation and establishment of safety training demands an integrated approach. This means addressing formal education and cultural development in the workplace (organizational learning as well as lifelong learning) simultaneously. For healthcare professionals in training and practicing professionals alike, there is an identical starting point where patient safety is concerned. The immediate target groups of the project were stakeholders in education, training and organizational learning in the medical, supporting and nursing fields. Namely:

- Medical education;
- Advanced medical education;
- Nursing education (MBO and HBO);
- Advanced nursing education;
- Medical support training;
- Workplace training.



The project was conducted in as multidisciplinary a way as possible, and safety competencies and tools (e.g. for training) were developed that apply to all workers in healthcare: “here you’ll work safely or you won’t work here”. These are general, and thus every employee and specialist bears individual responsibility: “safety is everyone’s job”. These constitute the basic level of the competencies developed. The project went on in “working groups for each level of education” to translate these to the various professions and disciplines (doctors, nurses, supporting staff, etc.).

Results

The original multi-year project plan aimed to develop the full spectrum of continuous curricula, to develop teaching tools and testing, and to professionalize teachers and trainers. Due to limited financial resources, a “lean” project was chosen (see paragraph 3.4). The execution of this project led to the following results.

Patient safety competencies for healthcare professionals

The mandatory competencies (basic knowledge, skills and attitude, based on all competencies developed internationally) and teaching material regarding patient safety for all workers in healthcare were identified. These can act as a “benchmark” and tool for embedding patient safety in education, training, organizational and lifelong learning, and testing.

Training documents screened and embedded in education and training

With the help of the safety competencies, formal training documents, such as the medical blueprint, medical specialist profiles, etc., were screened. This led to recommendations for adjustments. The various responsible parties then worked to embed patient safety in their trainings. The following activities are underway or have been committed to:

Nursing MBO: <ul style="list-style-type: none"> • Integration of patient safety into new qualification reports for nurses, healthcare workers and social work • Addition to healthcare assistant files (anesthesiologist assistant, dental assistant, technical assistant) 	Nursing HBO: <ul style="list-style-type: none"> • HBO nursing education groups working together to develop a new training profile. Started in November 2013. • The integration of patient safety will be included
Medical practice: <ul style="list-style-type: none"> • An addition to the course requirements will address patient safety and will be developed soon. • The VUmc has been developing a patient safety curriculum, and has checked this against the safety competencies. 	Advanced medical education: <ul style="list-style-type: none"> • The CanBetter project has added patient safety as a theme. • The project includes the professionalization of trainers. A teach-the-teacher track is coming. • Spin-off for intern trainers. • Visiting criteria will add patient safety.
The Netherlands Board of Hospital Education (CZO) trainings: <ul style="list-style-type: none"> • A random sample of three trainings has been screened, and recommendations for improvement have been given. • CZO will screen the other trainings and embed patient safety in the graduation requirements and in the CZO assessment framework. 	Organizational learning and teaching centers: <ul style="list-style-type: none"> • Since “organizational learning” has no formal training documents, good examples are being identified and shared • A portal at vmszorg.nl/onderwijs and newsletters are being developed. • Information is collected and obtained via existing networks, such as VMS and STZ. • Input is being used to develop tools (training, etc.) for the workplace.

Attention and enthusiasm for patient safety training / connecting existing programs

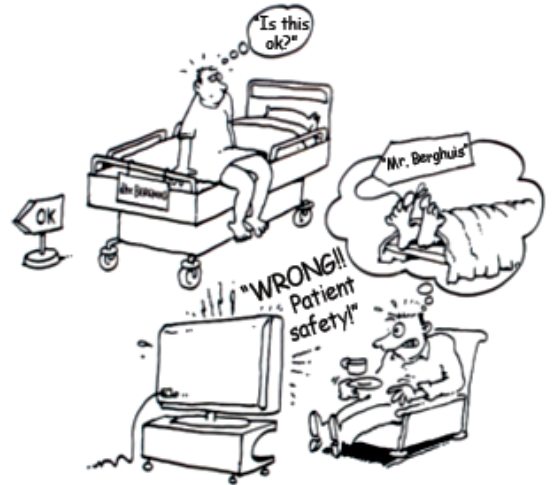
The project aimed to garner as much attention and enthusiasm for safety training as possible. Ultimately, there were many parties and projects involved. The project has improved awareness around patient safety education. Contact was sought and made with various projects which were already working on education programs around patient safety, such as: CanBetter, the NFU master’s in quality and safety in patient care, in curriculum being developed at the VUmc, and the WHO proposal, which is seeking alignment between safety competencies. The competencies are also being brought to these projects’ attention.

Toolkit: ikwerkveiligindezorg.nl

All findings from the project are compiled in the digital portal and campaign website www.ikwerkveiligindezorg.nl. This site should make as many tools, as much information and as many other websites about patient safety and education available. The site includes an animated film “Mr. Berghuis is worried; from blame and shame to safe healthcare”. This is one of the tools developed to familiarize current and future healthcare professionals with the six safety competencies and to build awareness.

The “Patient Safety Training Toolkit” has been developed to make it easier to address patient safety in education and the workplace. This toolkit consists of the following tools:

- Tips and manuals for using the patient safety training toolkit.
- Safety competencies for healthcare professionals.
- Safety competency self-assessment. Tool for healthcare professionals to “screen” themselves on their safety competencies.
- The film “Mr. Berghuis is worried”.
- The Patient Safety Curriculum. The curriculum helps management and teachers discuss the film and develop safety education.
- Tips for the design of safety education.
- Suggested literature and resources.
- Posters: competencies, films, awareness.

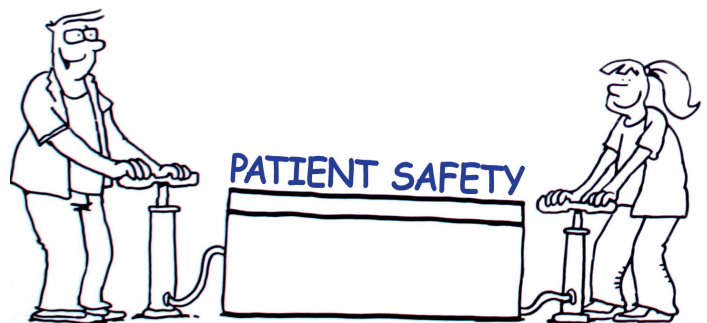


Collecting good examples

Many good examples for patient safety education have been developed in education and in the field in the last few years. During the project, many of these examples were gathered and made available as inspiration to the general public via www.vmszorg.nl/onderwijs. The public can also peruse these examples via the campaign website.

Final event and campaign

On November 6, 2013, the VMS project Patient Safety in Education & Training ended in celebration. This included the screening of the film and the launch of the campaign website ikwerkveiligindezorg.nl. Project participants and interested parties could explore the results and the learning tools hands-on. The film was hailed as a useful tool that could certainly be used in lectures or in on-the-job learning situations. Many attendees decided to use the film in their lectures the next day. The film had around 2,500 views in the first week. People were also enthusiastic about the examples presented and the learning tools developed: practical and useful in both education and in professional practice. The campaign has been widely distributed to the various target groups, and where possible linked to other projects, to Nivel’s current research, and to the “2013 patient safety week”. A good start to a future where education and hospital practice work together towards patient safety, so that every patient is guaranteed safe healthcare.



Recommendations

The process of embedding patient safety in the learning process is underway thanks to the Patient Safety in Education & Training project. The process is not yet complete, and it will be continued by the individual parties themselves. The recommended follow-up actions are:

Educational parties

- Continue to actively oversee tangible, formal establishment in trainings.
- Further translate competencies to education (continuous curriculum) and learning tools, working with the field as much as possible.
- Make patient safety a part of certification and testing.

The field: umbrella organizations

- Regional promotion and support of the integration of patient safety in education, with the help of the toolkit, etc.
- Modify professional profiles where necessary.
- Embed in lifelong learning.

The field: hospital organizations

- Further integrate patient safety in organizational learning, with the help of the toolkit, etc.
- Work together with educational organizations and with the field, at the regional level and in a multidisciplinary way.

Other

- Monitor and evaluate the implementation of results and actual anchoring.
- Maintain the tools created, such as the websites.



Project rationale

1.1 Background



Since 2008, the national VMS Safety Program has worked to secure patient safety in daily practice. Its aim has been to help Dutch hospitals reduce accidental, avoidable harm by 50%. The program thus offers a knowledge and cooperation structure. Hospitals were directed to have an accredited or certified safety management system by December 31, 2012, as well as to have achieved the objectives of the ten themes:

1. Prevention of POWIs
2. Early detection and treatment of critically ill patients
3. Early detection and treatment of pain
4. Verification of medicines upon admission and discharge
5. Prevention of renal failure from the use of iodinated contrast agents
6. High-risk medication: parenteral preparation and administration
7. Optimized care for acute coronary syndrome
8. Prevention of line sepsis and the treatment of severe sepsis
9. Vulnerable elderly
10. Safe patient transfer

In the final phase of the VMS Safety Program, it was of major importance to address the establishment of patient safety for the long term, and the corresponding knowledge and tools developed. This could be done through mandatory implementation in the basic and advanced education for doctors and nurses. Halfway through 2011, the VMS partners, led by the NFU, began the “embedding safety training” project. The goal was to develop recommendations and to underscore the fact that education around patient safety by relevant education partners can be implemented in educational practice. To this end, an assessment and analysis were conducted, commissioned by the VMS Safety Program and the NFU to MB Educational Theory Design & Advice (Marieke Bolk). This led to an advisory report with conclusions, recommendations and an initial action plan (“Towards a continuous patient safety curriculum”, M. Bolk, October 2011), hereafter referred to simply as the “advisory report”. A summary is provided in appendix 1.

1.2 Formulating the problem

Embedding patient safety can be done in a mandatory way by implementing it in the basic and advanced education for doctors and nurses. The advisory report ascertained that there is public support and enthusiasm to improve patient safety training. However, adequate implementation of patient safety training is insufficient and slow when various organizations within a professional and educational field try to do it alone. Among other things, this conclusion is based on the following findings from the advisory report:

- Public support and enthusiasm in the field to work on education in patient safety
- Education authorities mainly work on development separately.
- Structure and consistency in education around patient safety are still lacking (pragmatically, very little structure and consistency between the various programs).
- Regional cooperation between OOR, HBO and MBO partners is either nonexistent or suboptimal.
- In many programs that have been developed, there is a lack of connection to the practical/workplace context.

Respondents indicated a strong desire for coordination and cooperation at the national level in the form of a national incentive program and the corresponding support structure. This would facilitate and accelerate the practical implementation of patient safety training.

Vision

All workers in healthcare should be adequately equipped to be aware of risks and to be able to think and act in practice in accordance with patient safety, so as to eliminate avoidable harm, or the chance of it, inflicted on the patient (consumer, client) through the actions or neglect of employees or through failings in the healthcare system.



Objectives, results and approach

2.1 Objectives

The overarching objective of the project was as follows:

To support, facilitate and accelerate the implementation of a consistent and structured teaching module for patient safety in the basic and advanced education for doctors, nurses and the supporting professions (medical or otherwise), with the help of a national incentive program and the corresponding support structure.

To reach this goal, several sub-objectives were devised:

- The development of a clear starting point (field standard and/or minimum requirement) for themes and competencies in “patient safety training” for all healthcare professionals (phase 1).
- The inclusion of patient safety as a “continuous curriculum” from a healthcare professional’s basic education and throughout his/her lifelong learning in the field (phase 2).
- The application (digital, etc.) of the educational initiatives developed in education or by the field in the area of safety training (phase 2).
- Equipping trainers (workplace, etc.) to act as role models and to teach the materials of patient safety education (phase 3).
- The cooperative assessment and/or development of teaching and testing tools in the curriculum (phase 3).
- The introduction, implementation and official establishment of patient safety training in formal professional and education profiles and testing (phase 4).

2.2 Target group

The direct target groups of the project were stakeholders in education, training and organizational learning in the medical, supporting and nursing fields. Namely:

- Medical education.
- Advanced medical education.
- Lifelong learning for licensed doctors and specialists.
- Nursing education (MBO and HBO).
- Advanced nursing education.
- Specialized nursing education.
- Lifelong learning for licensed nurses.
- Medical support training.
- Advanced medical support training.
- Specialized medical support training.
- Lifelong learning for medical support.
- Workplace training.

Educational developers ensure that patient safety is embedded in education and training for all healthcare professionals so that they are equipped to be aware of risks and to work in a way that is safe for patients.

Target group: “here you’ll work safely or you won’t work here; safety is everyone’s job”

There are safety competencies that all workers in healthcare must have: “here you’ll work safely or you won’t work here”. These are general, and thus every employee and specialist bears individual responsibility: “safety is everyone’s job”. These constitute the basic level of the framework. Furthermore, in healthcare organizations there are distinctions to be made between groups of workers, who on the basis of their level of responsibility should manage more extensive and/or additional safety competencies. For example: the following categories are distinguished in Australia: 1) supporting services, 2) individuals who provide, under supervision, direct clinical care to patients, 3) those with management, team leadership and/or advanced clinical responsibilities and 4) clinical and managerial leaders responsible for the categories 1-3. After devising the “general” competencies, these can be fundamentally translated to the levels of responsibility. They can then be further translated to the various professions and disciplines (doctors, nurses, support staff, etc.).

2.3 Risks & dependencies

Risks

During the project, several risks, uncertainties and requirements were taken into account. As much as possible, the various levels of education, types of education and the field itself were brought on the same page. The individuality of participating parties was respected, and tailored solutions for each were sought. The level at which results were reached depended on the participating educational parties, hospitals and organizations' support and willingness to participate. Gradually, it became clear that the willingness was considerable. It also became clear that, after receiving positive encouragement, nearly all parties were willing to share good examples for wider use.

Advice & requirements

- Research prior to the project start revealed the following general advice and requirements for the execution of the project:
- Watch out for the feeling that a standard is being forced
- Watch out for brakes being put on launched initiatives
- Find connections to the ongoing cultural development in organizations\
- Find a good balance between national and regional activities
- Leave room for others' input and influence.
- Start with forerunners and develop and implement together.
- Avoid too much bureaucracy and overregulation, no complex project structures
- Initiate and execute concrete, practical and feasible activities.
- Make big themes "small" (bottom-up) and maintain this
- Do not do everything at once.

By developing close to, for and together with actual educational practice and by using existing good examples as starting points, the results would be linked to practical needs as much as possible. The developed framework of competencies is simply intended to be a guideline. Parties have the opportunity to customize these for their target audience, so that the framework does not feel like a "straightjacket" but rather like a useful tool.

We worked in a small and "flat" project organization in an efficient way. We sought out small, concrete and feasible activities which were further expanded.

2.4 Results

Patient safety competencies framework

At the national level, a single, concrete "patient safety competencies framework" (field standard or minimum requirement) was formulated with the corresponding competencies, objectives and outlines of the teaching materials (with the Canadian "The Safety Competencies" and the WHO Patient Safety Curriculum Guide for Medical Schools as a starting point).

The framework:

- is based on input from and for a number of parties representing the field.
- is determined by an established organization or established partnership.
- is translated into the various educational and training situations/sectors.
- is communicated to educational partners, teachers and trainers involved in learning.
- is used by an organization to develop policies for patient safety training.

Patient safety curriculum¹

Existing curricula were "scanned" for patient safety with the help of "the Framework", which was translated for each educational level/sector. For all educational levels (MBO, HBO(+) and WO(+)), including the educational phases and target groups, at least one appealing curriculum (or model curriculum) or suitable learning program (or model learning program) with the support of the program was developed. A curriculum indicates what material to address and the order in which to do so.

¹ Patient safety should be provided in an integrated way wherever possible, and is therefore not always visible in a competency-focused curriculum. A curriculum indicates along which line and how students/trainees can build their competencies in patient safety (see body of knowledge). Curricula indicate what teaching material is addressed and in what way. The structure is consistent with the phase in which the student/trainee is. The application of a curriculum begins with making transparent and explicit, where necessary, what already exists in the existing curricula or programs in terms of patient safety. The application or development of a continuous curriculum aims to achieve coherence and structure in a curriculum (competency-focused, etc.) and between curricula (coherence "across courses").

The Curriculum Guide topics

1. What is patient safety?
2. What is human factors and why is it important to patient safety?
3. Understanding systems and the impact of complexity on patient care
4. Being an effective team player
5. Understanding and learning from errors
6. Understanding and managing clinical risk
7. Introduction to quality improvement methods.
8. Engaging with patients and carers
9. Minimizing infection through improved infection control.
10. Patient safety and invasive procedures
11. Improving medication safety

Figure 2: The WHO patient safety topics

Master classes

Master classes were developed and organized by experts in order to educate/train educational developers, teachers and trainers about “the framework”. The master class aimed to share knowledge so that educational developers, teachers and trainers could check their own curricula/programs, could apply or develop curricula, and could disseminate the teaching material (as a “role model”, etc.).

Website

Relevant knowledge and tools developed in the field were collected, grouped and digitalized for the purpose of safety training, its development and execution. This information is made available, on behalf of the professional and educational field, at www.vmszorg.nl/onderwijs-en-opleiding.

Collection of teaching and testing tools

A collection of the developed and established teaching and testing tools for patient safety curricula is available at the national level. These are collected and/or (co-)developed.

Introduction, execution and establishment

Competencies in patient safety have been formally included in the materials, graduation requirements and educational plans/course requirements of the individual courses. Testing of the field standards for the benefit of embedding these was conducted in one or more established organizations (accrediting/examination authorities).

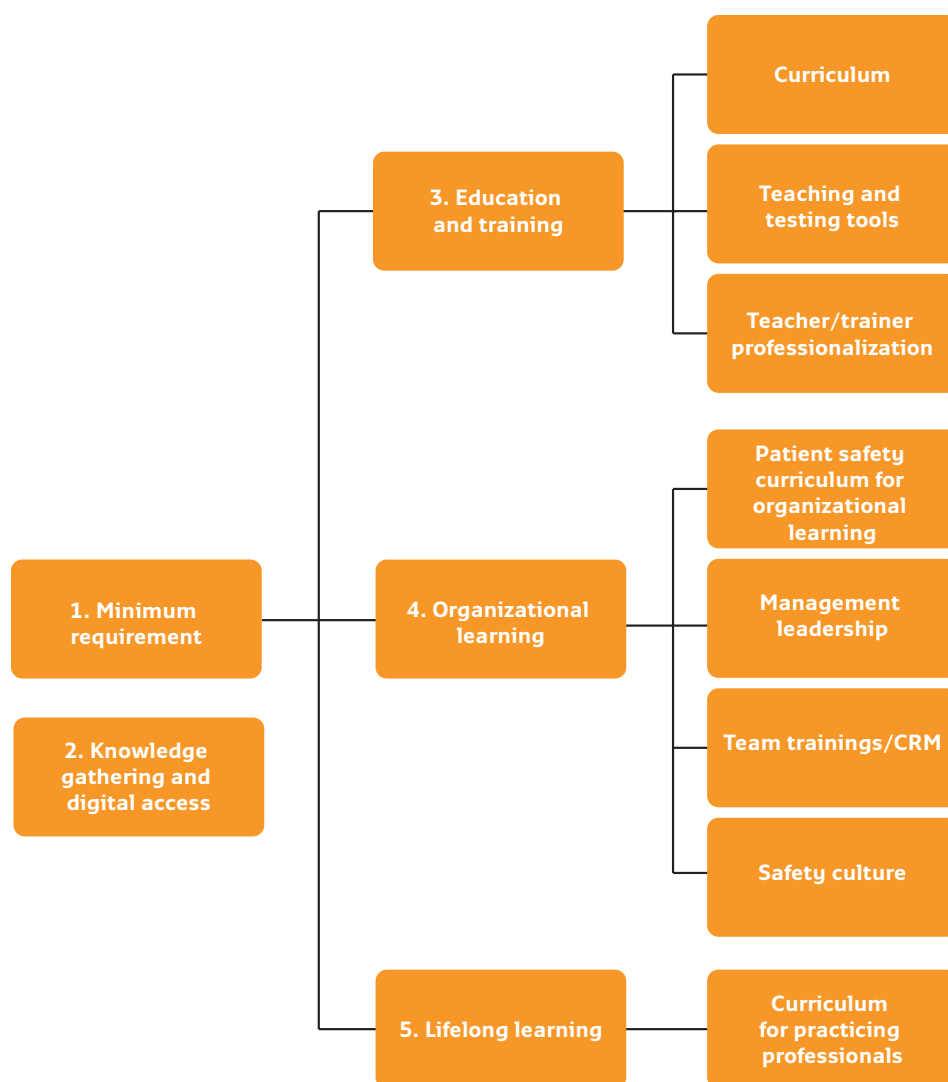
2.5 Integrated approach

The implementation and establishment of safety training demands an integrated approach. This means addressing formal education and cultural development in the workplace (organizational learning as well as lifelong learning) simultaneously. For healthcare professionals in training and practicing professionals alike, there is an identical starting point where patient safety is concerned. Too often today, what is learned in education does not resonate in the actual workplace. This is mostly due to the fact that trainers, workplace trainers and colleagues are not adequately trained in patient safety and because of weak connections between education and the workplace.



Figure 1: The Canadian safety competencies

The diagram below shows which results were intended for which education and training categories.



For formal education and training (basic and advanced), it is important to identify or develop patient safety curricula with the corresponding teaching and testing tools, and to professionalize teachers, trainers and workplace trainers. For organizational learning, the following themes are especially important: management leadership, team trainings/CRM and safety culture. The scientific and professional associations are responsible for offering lifelong learning. It is also important to integrate patient safety into the offer with the help of continuous curricula.

Developing a framework for patient safety in education & training

Objective

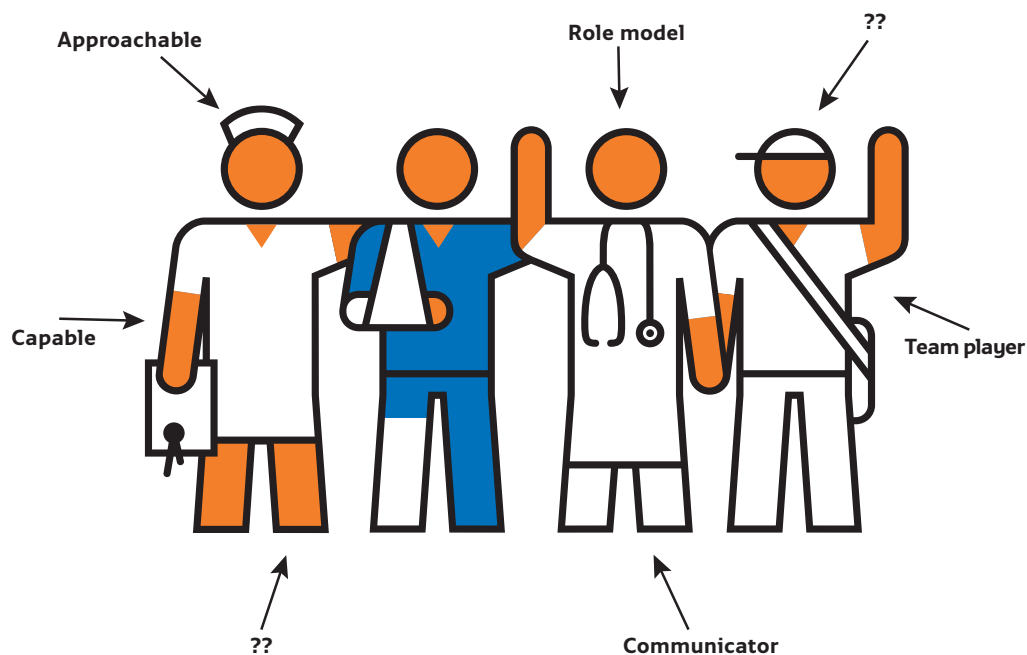
The development of the framework for patient safety competencies addressed the first of the sub-objectives of the project. The objective was:

Optimize patient safety by identifying the necessary competencies that everyone working in healthcare must have (basic knowledge, skills and attitudes) with respect to patient safety, and formulate these into a framework (basic requirement). With this, training, education and organizational learning can be enriched, and consistency and structure can be brought into "patient safety training" so that students and practicing healthcare professionals learn to be aware of risks and to think and act in their professions in accordance with patient safety.

Through:

- national standards for clear teaching material (information, competencies) and the accompanying goals and learning outcomes (graduation requirements, learning objectives) in order to make patient safety training visible, understandable and embedded.
- affirming the importance of standardization for the various disciplines.
- the development of a simple, flexible framework that can serve as a benchmark and tool for the contextual application of patient safety in education, training, organizational learning and lifelong learning and in the testing of employees in healthcare.
- introducing structure and consistency into patient safety training, by making it visible and by reinforcing the theme throughout the entire curriculum.

The framework is a description of competencies (knowledge, skills, conduct and attitudes) that are needed in the workplace to work in a safe way for patients and thus to prevent harm. Elements of conduct are emphasized within the competencies. The competencies in the framework can be further translated into graduation requirements or learning objectives for education and training.



The framework describes competencies that apply to everyone who works in a healthcare organization (especially in the cure sector). To formulate this framework, internationally recognized source documents were used:

- The Safety Competencies. First edition; Revised August 2009 (Canadian Patient Safety Institute CPSI, 2009).
- WHO Patient Safety Curriculum Guide. Multi-professional edition (2011).
- National Patient Safety Education Framework (Australian Council for Safety and Quality in Health Care, 2005).

The framework of patient safety competencies is grouped into six distinct “competency domains”.







Patient safety competencies for healthcare professionals (VMS, version March 2013)			
Competency or competency domain	Contributing to a culture of patient safety Displays knowledge, skills and attitude with respect to safety in daily practice by working safely and continuing to learn. 	Multidisciplinary cooperation Works efficiently and purposefully with others in a multidisciplinary team in order to optimize patient safety and the quality of care. 	patient - safe communication Improves patient safety through clear and open communication with both colleagues and patients and with those around the patients. 
	Risk awareness Anticipates and takes control of potentially risky situations for patients, with attention to the system which is used. 	Optimizing human and environmental factors Optimizing patient safety by recognizing and identifying links between human activity and environmental characteristics, techniques, tasks and organization. 	Active handling of incidents Recognizing and identifying incidents and near-incidents and acting appropriately to limit damage to a patient, to be forthcoming, and to prevent the incidents from being repeated. 

Figure 5: Competency domains from the “patient safety competencies for healthcare professionals” framework

For each competency domain, the Advisory Committee devised or set out sub-competencies. These constitute the conduct that should be displayed in practice. The framework was the basis for the implementation of activities in the follow-up phases of the project. The framework was and will be further developed and used as a benchmark to screen existing education for the presence of the theme of patient safety in the complete educational package.



Summary of the advisory report

“Towards a continuous curriculum in patient safety” (Bolk, 2011)

Reasoning

The NFU was commissioned by the VMS Safety Program to take on the project “embedding patient safety training”, to commit to developing recommendations, and to underscore the fact that teaching around patient safety by applicable education partners can be implemented in educational practice. Patient safety education should be commonplace. To this end, with input from relevant parties and in a short period of time, this “implementation plan” was developed.

The project carried out must contribute to the overall objective of the VMS project: “embedding risk awareness and patient-safe thinking, action, knowledge and tools”. In this particular educational project, this is targeted by:

- Making recommendations for the implementation of patient safety training
- Encouraging the implementation of patient safety and patient safety training in education & training

Current situation in safety training

The support and enthusiasm for working on safety training are considerable, and the sense of urgency around this theme is strong. Various good examples of educational programs and tools exist. Therefore, the time to work on improving patient safety training is now. However, not all of the recommendations from the analytical studies that have been conducted into patient safety in education and training have yet been applied. It can be said that educational organizations are mostly independently developing various educational programs and tools. From there it can be concluded that structure and consistency regarding patient safety in education are still lacking. It looks fragmented and there seems to be little advancement and consistency between different programs. It also seems that regional cooperation with OOR, HBO and MBO partners is still missing or suboptimal.

When it comes to advanced medical education, scientific associations and OORs are busy introducing modernized curricula and thus have their hands full. Attention to general competencies, which would give patient safety a place, differs by specialty (in-house programs or via cross-disciplined education in the OOR, mandatory or not). When it comes to this attention and lifelong learning (activities for practicing professionals), the sense of urgency and awareness of risks differ by specialty. Various factors can contribute to heightened risk awareness, which helps in the implementation of safety training. Various respondents indicated a sense of “heavily centralized standards put on them” and thus little room for their own interpretations.

The collective HBO schools in nursing have made patient safety an explicit theme in the “body of knowledge” of the degree. Additional realization, materials, design and execution of this are determined by the college itself. They are mostly doing this independently. The situation in the MBO schools in nursing is unclear.

A quick scan study by the VMS Safety Program (2011) demonstrates that nearly all responding hospitals are undertaking the ten themes. Several of the responding hospitals indicate that they will have achieved an VMS by the end of 2012 (VMS, 2011). Many hospitals have educational and improvement activities in the area of incidents reporting. Various departments within hospitals conduct activities for the improvement of quality and patient safety.

Considering the available programs, educational initiatives and materials, it can be concluded that the right ingredients exist in all stages of learning (basic, advanced and high-level education and lifelong learning) to create a consistent package for safety training.

Requirements for implementation

For the implementation and establishment of safety training, a number of requirements have been formulated:

Educational design and implementation criteria

- Formulate clear materials, goals and outcomes.
- Make it visible, integrated, and build on existing curricula.
- Comprehensive, continuous (and repeated) offering in a continuum: first “sensitize” (knowledge and understanding), then apply.
- Ensure a safe, supportive and encouraging environment.
- Involve and educate teachers, trainers and the workplace.
- It is thus linked to context: multidisciplinary and practical learning (direct application).
- Test, assess and certify.

Success factors observed:

- Leadership from management.
- Goals and plans (inspection, VMS, NFU, hospital) linked to education/training: allow students to participate in projects and organizational learning.
- Realization of changes (new or continued) in attitudes, conduct, culture (including: “blame free”, equality, imperfection, avoiding thinking only about one’s own sphere)
- Really putting the patient first: getting to know them, building connections, comprehensive view of the patient.

Requirements for embedding patient safety

- Formal anchoring of materials and goals in course requirements and educational plans.
- Certification, testing and evaluation of safety training.
- Initiation and execution of practical and feasible activities in daily practice.
- Inclusion in visitations.

Implementation risks

- Non-receptive (lacking sense of urgency or risk awareness) teachers, trainers and workplace (including management). The culture needed is not present (yet).
- Missing a relationship with context/workplace.
- No “go-getters” or role models in the organization.

Needs and wants

The list below of the most named needs and wants indicates how the field itself thinks about how implementation and establishment can best be realized. It also forms the basis for a plan of approach.

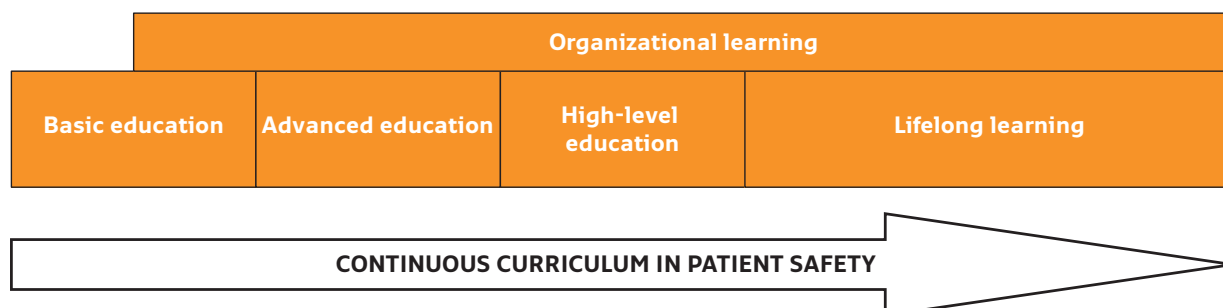
- Embed patient safety competencies in the materials, graduation requirements and educational plans nationwide (for each level of education/target group).
- Making existing programs and teaching materials accessible.
- Facilitate and support exchange and cooperation (including cooperative, nationwide teaching materials and case development).
- Professionalize teachers.
- Centrally develop and support team trainings (CRM) (including attention to multi-professional communication).
- Test and certify safety education.

Recommendation: towards continuous curricula

To bring more consistency, structure and continuity into patient safety training, it is recommended to conduct safety training at all stages of learning and to connect various target groups to each other, for and by each other. The connection must be made on several fronts:

- connection between safety trainings in the various stages of learning, which is currently fragmented and inconsistent
- connection between formal education/training and organizational and informal workplace learning.
- connection between stages of learning: guarantee continuous learning, continuous attention to safety training.
- connection to context and daily practice.
- connection to regular and medical material in existing education.

The connection can be realized by working with the parties concerned to develop a “continuous curriculum in patient safety”. The curriculum would have a number of specific characteristics, including: clear, fundamental information for various educational levels, phases and organizational learning (the WHO Patient Safety Curriculum Guide can be used here as a starting point), a comprehensive and repeated offer, starting with knowledge and awareness and progressing to integration in practice. For safety training to take root, the context of actual practice, whether in the workplace or in the learning environment, must be made ready for safety training – parallel to the development of the curriculum.






Plan of approach for implementing and embedding patient safety training

The support and enthusiasm to work on safety training are strong. The task now is to bring consistency and structure to the actions initiated, and to use the enthusiasm to apply safety training to the workplace through concrete action in the form of an action plan. The implementation and establishment of safety training demands an integrated approach. This means addressing formal education and cultural development in the workplace (organizational learning as well as lifelong learning) simultaneously. To achieve the desired results, a number of steps must be taken. These are described and are accompanied with suggestions in the form of an action plan, including a proposal for a support structure. The action plan has the following themes:

1. The formulation of a clear, concrete “minimum requirement” at the national level,
2. Knowledge gathering and digital access,
3. Education and training: curriculum, teaching/testing tools, teacher/trainer professionalization,
4. Organizational learning: curriculum for patient safety in organizational learning, management leadership, team trainings/CRM, safety culture and
5. Lifelong learning: curriculum for practicing professionals.

Patient safety competencies framework




Patient safety competencies ² for healthcare professionals ³ (VMS, version March 2013)			
Competency or competency domain	Contributing to a culture of patient safety Displays knowledge, skills and attitude with respect to safety in daily practice by working safely and continuing to learn. 	Multidisciplinary cooperation Works efficiently and purposefully with others in a multidisciplinary team in order to optimize patient safety and the quality of care. 	Communicating patient safety Improves patient safety through clear and open communication with both colleagues and patients and with those around the patients. 
CanMEDs	Particular to the role: Professional ⁴ .	Particular to the role: Collaborator.	Particular to the role: Communicator.
Competencies	<ul style="list-style-type: none"> • Prioritizes the safety of the patient and care providers. • Endorses the fundamental elements of patient safety and acts accordingly. • Respects the integrity and autonomy of patients and their caregivers, and their role in their own care and safety. • Is motivated and actively works to continuously educate/train him/herself in the areas of quality and patient safety. • Dares to be critical and continuously asks questions, as the basic requirement for a professional mode of working and adequate patient care. • Knows and closely watches the limits of his/her own competencies, even when tired or stressed. • Is familiar with and conforms to the law, rules of conduct, guidelines and protocols, and observes these or discusses deviations from these responsibilities. • Is aware of the risks of his/her own actions and the consequences for him/herself and others. • Is a role model for working in a patient-safe way, and is open about incidents and near-incidents and the reporting of these. 	<ul style="list-style-type: none"> • Is a team player, both in and outside the boundaries of his/her working environment. • Actively involves patients and their caregivers as partners in the care team and invites them to contribute to their own safe healthcare. • Dares to speak up. • Makes conflicts discussible. • Makes use of all qualities in a team. • Contributes to the proper allocation of tasks and communication in the team. • Can take the lead if the situation demands, despite hierarchy. • Makes effective use of all available sources of information (team members, patients, equipment and supporting facilities), in the team and at the workplace, in order to perform in a safe and efficient way. 	<ul style="list-style-type: none"> • Communicates clearly in both verbal and non-verbal ways in order to prevent incidents. • Effectively communicates in high-risk situations. • Works according to communication and other standards where possible. • Makes clear written reports and ensures that files (for the patient, etc.) are complete and adequate. • Asks for, gives and receives feedback about professional and unprofessional conduct. • Discusses incidents and near-incidents in an open and honest way and respectfully communicates with both colleagues as well as patients and their caregivers.

² Based on, among others: *The Safety Competencies. First edition; Revised August 2009* (Canadian Patient Safety Institute CPSI, 2009) | *WHO Patient Safety Curriculum Guide. Multi-professional edition* (2011) | *National Patient Safety Education Framework* (Australian Council for Safety and Quality in Health Care, 2005)

³ "Healthcare professionals" refers to all people professionally employed in a healthcare organization.

⁴ Other terms are used for advanced medical education: medical expert (M) = medical practice, healthcare advocate (G) = social work, scholar (A) = knowledge and science, practitioner (B) = professionalism, communicator (C), collaborator (S), manager (O). Terms for nursing do not change.

Patient safety competencies² for healthcare professionals³ (VMS, version March 2013)

Competency or competency domain	<p>Risk awareness Anticipates and takes control of potentially risky situations for patients, with attention to the system which is used.</p> 	<p>Optimizing human and environmental factors Optimizing patient safety by recognizing and identifying links between human activity and environmental characteristics, techniques, tasks and organization.</p> 	<p>Active handling of incidents Recognizing and identifying incidents and near-incidents and acting appropriately to limit damage to a patient, to be forthcoming, and to prevent the incidents from being repeated.</p> 
CanMEDs	<p><i>Particular to the role: Manager.</i></p>	<p><i>Particular to the role: Manager & health advocate.</i></p>	<p><i>Particular to the role: Professional & Communicator & Manager</i></p>
Competencies	<ul style="list-style-type: none"> • Understands the complexities in healthcare, healthcare organizations and situations, and the influence this has on patient care. • Knows and understands his/her own role as a part of the system in which he/she works and takes this into account in his/her own actions. • Recognizes risky situations and the consequences for the patient, healthcare provider or system. • Puts everything into his/her work in order to prevent or limit incidents and near-incidents. • Introduces safety solutions, chooses what works best within the system by making use of available information, knowledge and evidence, and carries out the improvements. • Systematically works to implement safety solutions. 	<ul style="list-style-type: none"> • Recognizes the factors that influence human performance for both healthcare providers and patients. • Makes deliberate decisions to optimize patient safety. • Recognizes the impact of the interaction between humans and technology on safe healthcare and handles this accordingly. • Thinks critically in order to create a patient-safe working environment. • Understands the advantages and disadvantages of the use of information technology and mobilizes these appropriately to protect patient safety. • Handles materials and resources in a responsible way. 	<ul style="list-style-type: none"> • Identifies incidents and near-incidents, those with and without accidental harm. • Prevents or limits healthcare-related accidental harm to the patient after an incidents, and actively responds to impending, risky situations for patients and others who could fall victim to these. • Discusses the healthcare-related accidental harm with the patient and/or family in a timely manner, and according to the law, professional standards and/or guidelines of the organization to the greatest extent possible. • Offers apologies where appropriate. • Reports the incidents and near-incidents, those with and without accidental harm, within the organization and in the file. • Takes responsibility and is accountable for his/her own professional actions in incidents and near-incidents. • Learns from incidents by cooperating with complication reporting, incidents analysis, retrospective and prospective assessments, active reflections and safety solutions. • Promotes a climate that invites patients to report incidents and express complaints, and handles these with care.



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