

**Title:** Longitudinal integration of patient safety competencies into anesthetists' training

**Author:** Yohannes Molla Asemu

**What problem was addressed:** Graduating anesthetists in Ethiopia have limited learning opportunities to Patient Safety (PS) as supported by a task analysis study where only one-quarter of them claimed to be taught on the topic informally. This attributes to limited performance of anesthetists in demonstrating PS competencies thereby contributing to a significant rise in perioperative medical errors and poor management of incidences when already happened. Strengthening anesthetists' curriculum to integrate relevant and purposeful learning activities addressing culture of patient safety will facilitate the achievement of PS competencies thereby minimizing the occurrences of preventable medical errors.

**What was tried:** Competency based training curriculum on PS has been adopted from the WHO multi-professional patient safety curriculum guide for Ethiopian anesthetists' training. Competencies were redesigned into three (Communication, safety culture, and error management) to fit the existing anesthetists' curriculum for integration. Eleven content areas were arranged under these competencies and distributed across a four-year training maintaining horizontal and vertical integration to each other and the clinical courses in existing curriculum. In order to gain support for the PS curriculum, strategic partnerships with multiple stakeholders such as institutional leaders and faculty were developed. Their advocacy helped convince the Ethiopian Association of Anesthetists to highlight PS at their 14<sup>th</sup> annual meeting and allocate a session to PS. Consequently, sustained stakeholder advocacy promoted integration and ownership of the curriculum at a national level. Early lessons from a pilot test showed improvements in knowledge and perceptions of anesthetists.

**What lessons were learned:** The WHO training curriculum on PS can be customized and transferred into multiple health care providers' curricula to deliberately teach PS. To achieve most out of it, every component of the WHO curriculum has to be translated into a culturally meaningful sense fitting the local context. The current curriculum was redesigned to promote early and longitudinal clinical exposure across training years thereby promoting immersive experiences. A two-hour weekly session has been allocated for PS across the four-year training where the final year will involve weekly morbidity-mortality meetings and establishment of departmental critical incident reporting system.

To address challenges related to course ownership, designed training curriculum was integrated into existing courses of the current curriculum. Based on feedback from faculty and professional association experts, integrating PS into the national curriculum will help to officially recognize faculty workload, thereby answering the commonly asked question "*What is in it for me?*" Findings from the pilot session revealed a positive effect of the session in improving safety knowledge and attitudes among anesthesia students. More in-depth qualitative feedback from different stakeholders will provide better insight to evaluate national level implementation challenges and opportunities.

In summary, we learned that integrating PS longitudinally into anesthetists' training is a sustainable way to teach patient safety issues. This will improve the competency level of graduates and establish a system of learning from errors, thereby minimizing preventable errors. In order to ensure large scale expansion and sustainability of such initiatives, rigorous advocacy

and stakeholder' engagement (including professional associations) is vital. Moreover, aligning changes with existing systems (e.g. integrating contents into existing courses) will have long-lasting effect. Finally, the more we involve champions and celebrate early successes the higher the likelihood of ideas getting buy-in and sustainability.