

Bridging Between Meta Profile and Reality: Reflection on the Coincidences and Differences

Example from University of Malaya in Medicine Programme

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What did we do?

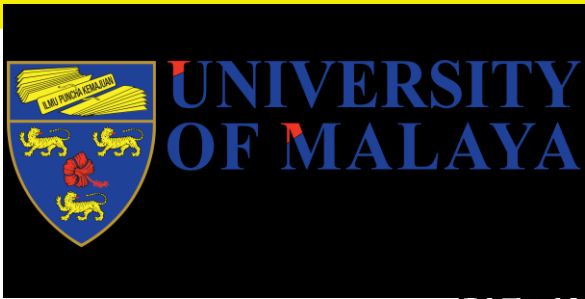
Re-Design of Programme with Patient Safety introduced formally in medical training

Why did we emphasise on Patient Safety?

- Ministry of Health Malaysia Action Plan 2016 – 2020
- Thrust 2: Strengthening health system governance and organisational capacity; strategic measure is in enhancing safety for patients and healthcare personnel

How did the conception of the implementation idea came about?

- Mapping of World Health Organisation (WHO) Curriculum on patient safety with existing medical curriculum
- Mapping of SEA-Med Framework with Programme Learning Outcomes (PLO) of existing medical curriculum



UM Med Framework

G1: work collaboratively and effectively in diverse contexts
 G4: demonstrate responsibility and accountability towards the society and environment

G2: use information and communication technology purposefully and responsibly
 G3: uphold professional, moral and ethical values
 G7: understand, value, and respect diversity and multiculturalism
 S13: demonstrate a balanced dedication to serve the interest of individual patient and the commitment to social justice and the common good

G5: communicate clearly and effectively
 S7: explain the benefit and risk of any therapeutic options
 S8: perform consultation with patients and family with empathy

G8: carry out lifelong learning and continuous professional development
 S1: practice according to good clinical practice (GCP) in various clinical settings

S10: ensure and maintain patient safety

G6: think critically, reflectively and innovatively
 G11: conduct research
 G12: demonstrate leadership attributes

S6: provide appropriate therapy with a biopsychosocial approach
 S9: manage medical record appropriately

G10: initiate, plan, organise, implement and evaluate course of actions

G9: Demonstrate problem solving abilities
 G13: apply knowledge into practice
 S2: appropriately perform history taking
 S3: appropriately perform physical examination
 S4: appropriately perform diagnostic investigation
 S5: integrate clinical and work-up information to make diagnosis and differential diagnosis

S11: promote health and preventive medicine
 S12: recognize and address public concerns and controversial issues related to health
 S14: recognize and estimate the health risks and healthcare needs of a defined population, particularly of vulnerable groups

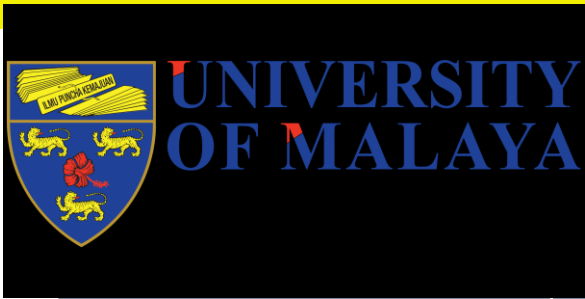




- Fundamental domains of medical training:
 - Patient Care
 - Family, Community & Population Care
 - Knowledge and Skills
 - Ethics and Professionalism
 - Communication
 - Quality Assurance
- much emphasis on knowledge and skills in the program
- areas of ethics and professionalism have to be emphasized - this area is always delivered as a hidden curriculum
- patient safety module adds value and to ensure students are formally taken through important professional knowledge, skills and attitude that is required in patient care



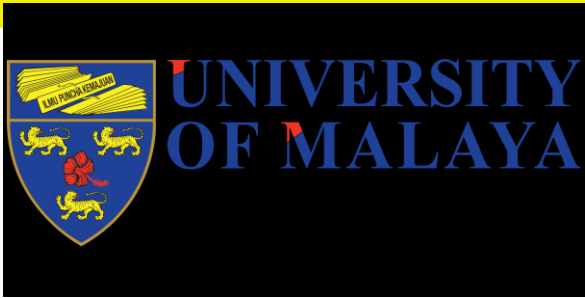
Domains	Coincidences	Differences
Patient care	<ul style="list-style-type: none">- Implemented variably across all departments- Patient care is the utmost important	<ul style="list-style-type: none">- No differences
Family, community & population care	<ul style="list-style-type: none">- Implemented variably across all departments and is one of the themes (Population Medicine) in the programme	<ul style="list-style-type: none">- No differences



Domains	Coincidences	Differences
Ethics & professionalism	<ul style="list-style-type: none">- Implemented variably across all departments during clinical immersions- Health law and ethics related topics are addressed- Lifelong learning and professional development are promoted	<ul style="list-style-type: none">- Little importance is placed on having role models for the students. The focus should be on how students learn- Ultimately behaviour of the students is the most important focus and supersedes all other domains- Ethics and professionalism between departments requires consistence. Delivery of this domain to produce the desired outcome and the governance of this area is still a gap to be addressed



Domains	Coincidences	Differences
Knowledge & skills	<ul style="list-style-type: none"> - Implemented variably across all departments for pre-clinical and clinical years 	<ul style="list-style-type: none"> - Overemphasis has been given on the knowledge component
Communication	<ul style="list-style-type: none"> - Implemented variably during clinical immersion - Communication skills workshops are organised for students 	<ul style="list-style-type: none"> - No differences
Quality assurance	<ul style="list-style-type: none"> - Accreditation process is carried out - Audits (internal and external) are continuously conducted 	<ul style="list-style-type: none"> - Quality assurance could include patient education, cost benefits, cost efficiency. In depth description of quality vs costs vs effectiveness and health economics



More information on
<http://tuningasia-southeast.org>

Thank you!