Urbanetto JS, Gerhardt LM. Patient safety in the healthcare education research triad [Editorial]. Rev Gaúcha Enferm. 2013;34(3):12-13.

EDITORIAL

PATIENT SAFETY IN THE HEALTHCARE EDUCATION RESEARCH TRIAD

Janete de Souza URBANETTO[a], Luiza Maria GERHARDT[b]

Safe healthcare has been at the core of discussions in the field of health nearly everywhere in the world. On its own or in collaboration with other organizations, the World Health Organization (WHO) has been launching several challenges and guidelines meant to provide inputs for discussions about local circumstances and especially for healthcare institutions to have a starting point to implement and foster imperative, urgent safety measures. The topic is not new. Much to the contrary, it is as old as healthcare itself. However, the importance of healthcare and the high risks associated to it began being acknowledged after the 1999 publication of the US Institute of Medicine report, *To Err is Human*[1].

Last April in Brazil, the Ministry of Health instituted the National Patient Safety Program in response to individual and/or collective entreaties by healthcare professionals and the population at large for safe healthcare free of incidents that may compromise people's health. In nursing, educators, care providers, researchers and undergraduate and graduate students have been voluntarily rallying since 2008 to create and develop the Brazilian Nursing and Patient Safety Network (REBRAENSP, in Portuguese). Nearly all Brazilian states have REBRAENSP hubs and centers, which create valuable settings for discussions that impact healthcare, teaching and research practices.

For healthcare to be safe, it is necessary to build a culture of safety, which the National Patient Safety Program[2] defines as:

- a culture under which all workers, including healthcare providers and managers, take responsibility for their own safety and that of their coworkers, patients, and family members;
- a culture that places safety above financial and operating goals;
- a culture that encourages and rewards people to spot, notify about, and solve safety-related problems;
- a culture which, after an incident has taken place, fosters education within the organization; and
- a culture that supplies resources, a framework, and accountability for safety to be effectively upheld.

As we can see, the challenges in the way of developing a patient safety culture are massive but not insurmountable, and encompass the need to set effective strategies on three fronts: healthcare professional education, overall healthcare, and research.

In education, the topic of patient safety should be included throughout the curriculum and focus on specific risks and measures to prevent harm in the various healthcare scenarios. Patient safety should be addressed by means of teaching-learning actions through which students and educators experience significant practices that lead to safe work in the course of their training and which are sustained into their professional work. To that end, educators need to uphold permanent/continued education strategies, and the teaching projects for undergraduate/graduate and technical programs need clear guidelines so the safety aspect is not minimized among other important ones in healthcare education.

When providing **healthcare** at all levels, one's eyes must look beyond one's own professional practice towards the multiple factors that endanger patient safety in the process of care. All actions become more complex within this scope of healthcare and require intense, coordinated efforts for healthcare processes to be feasible starting from their planning. In other words, regulations, procedures, routines,

a Nurse, PhD in Heath Sciences. Member of the national group coordinating the Brazilian Nursing and Patient Safety Network (REBRAENSP). REBRAENSP coordinator – RS chapter. Associate professor with the Undergraduate Nursing Program at Pontifícia Universidade Católica do Rio Grande do Sul – PUCRS, Brazil. E-mail: jurbanetto@pucrs.br.

b Nurse, PhD in Education. Member of the Brazilian Nursing and Patient Safety Network (REBRAENSP) – RS chapter/Porto Alegre center. Professor with the Undergraduate Nursing Program, Universidade Federal do Rio Grande do Sul, Brazil. E-mail: luizamaria@cpovo.net.

strategic maps, checklists, and others must be actually implemented to advance safety and impact the quality of healthcare. Another extremely relevant aspect requires changing the culture of punishment that penalizes the professionals and fails to look into the context in which a safety incident has occurred. Such outdated model still guides the actions of many managers and institutions, and ends up leading to the recurrence of safety incidents instead of to their prevention.

Both in **teaching** and **care**, education that is focused on safety competencies may help ensure safer patient healthcare. The Safety Competencies framework proposed by the Canadian Patient Safety Institute in 2008[3] comprises six core domains: (1) contribute to a Culture of Patient Safety, (2) work in teams for patient safety, (3) communicate effectively for patient safety, (4) manage safety risks, (5) optimize human and environmental factors, (6) recognize, respond to, and disclose adverse events.

Given **research** is one of the most valuable strategies to gather evidence pointing to improvement advances and needs, the concerted efforts by researchers are essential as well. WHO points out the types of research more likely to contribute towards patient safety: (1) measuring harm and types of harm, (2) understanding the causes of adverse events, (3) developing safety solutions, (4) learning from safety solution implementation, (5) evaluating the impact of solutions, and (6) translating research results into policy and practice[4].

WHO also provides recommendations regarding the six priority research areas according to the countries' development level – developing, in transition, and developed. Developing countries such as Brazil should focus on applied and evaluative research leading to the development of local cost-effective solutions. The six research priorities in those countries comprise counterfeit and substandard drugs, inadequate competencies and skills, maternal and newborn care, healthcare-associated infections, unsafe injection practices, and unsafe blood and blood product transfusion practices[4].

Therefore, it is imperative to understand that the path towards achieving safe healthcare practices is long and challenging, especially considering the differences and difficulties existing in the access to healthcare and in health care, education and research structures. However, we are also ware that this is a path of no return, and so we can see positive changes ahead.

REFERENCES

1 World Health Organization. WHO patient safety curriculum guide: multi-professional edition. Geneva: WHO; 2011 [cited 2013 May 27]. Available from: http://whqlibdoc.who.int/publications/2011/9789241501958_eng.pdf.

2 Ministério da Saúde (BR). Portaria n. 529, de 1º de abril de 2013: institui o Programa Nacional de Segurança do Paciente (PNSP) [Internet]. Brasília (DF); 2013 [cited 2013 May 5]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt0529_01_04_2013.html.

3 Frank JR, Brien S, editors. The safety competencies: enhancing patient safety across the health professions [Internet]. Ottawa (ON): Canadian Patient Safety Institute; 2008 [cited 2013 Aug 31]. Available from: http://www.patientsafetyinstitute.ca/English/toolsResources/safetyCompetencies/Pages/default.aspx.

4 World Health Organization. WHO patient safety research: better knowledge for safer care [Internet]. Geneva; 2009 [cited 2013 Sep 1]. Available from: whqlibdoc.who.int/hq/2009/WHO_IER_PSP_2009.10_eng.pdf.