

MODULE DESCRIPTION (SUMMARY PROGRAM).

1. Module Information Code:	
• Name of the Institution and School	Universidad Autónoma de Nuevo León, School of Medicine
• Name of the Learning Unit	Quality and Safety in Health Care
• <u>Total classroom hours for theory and/or practice.</u>	42 hours
• <u>Total extra classroom hours</u>	48 hours
• <u>Course Modality</u>	Schooled
• <u>Type of academic period in which the module is offered</u>	5th Semester
• <u>Type of Learning Unit in the Curriculum</u>	Compulsory
• <u>Curriculum area:</u>	ACFP-F
• <u>UANL credit points</u>	3
• <u>Date of module creation:</u>	May 21, 2014
• <u>Date of last amendment:</u>	January 10, 2021
• Person(s) responsible for the module design and amendments:	Dr. med. Víctor Manuel Peña Martínez Dr. med. Rodolfo Márquez Martín Dra. Adriana Pérez Garza <u>Dra. Jessica Belinda Escobedo Peña</u>

2. Purpose

The purpose of this learning unit is to establish the basis on which the future physician will develop a culture of quality and patient safety, based on the knowledge, understanding and application of the concepts and tools related to quality, with the aim of adopting them as an integral part of their professional training.

Quality is an intangible concept that should ideally be present as an integral characteristic of all human activities, especially those related to services, such as medicine, which ideally should provide satisfaction not only to the client (patient) but also to the service providers (in this case health personnel), so that efforts should be oriented towards the fact that the physician perceives the concept of quality not as a requirement, a document or as another burden to his/her daily work, but rather that he/she integrates it as a lifestyle or as a way of being.

The Quality and Safety in Care learning unit is therefore closely related to practically all the other learning units that comprise the Medicine Career, mainly in all the clinical units having a transversal relationship with Public Health, and vertically with the following learning units: Medical Sciences I, Surgical Sciences I, Gynecology and Obstetrics, Forensic Medicine, Medical Sciences II, Psychiatry, Family Medicine, Surgical Sciences and Pediatrics.

Likewise, it is closely related to the general and specific competencies of the medical profession since in the search for excellence in the teaching-learning process, the competencies that doctors must acquire, develop and subsequently internalize, which is perhaps the most important of all properties that competencies must have, is precisely that they be carried out in the best possible way in time, space, opportunity and values, which

3. Competences of the graduate profile

a. General competences contributing to this learning unit.

Instrumental skills:

5. Employ logical, critical, creative and proactive thinking to analyze natural and social phenomena that let them make relevant decisions in its area of influence with social responsibility.

8. Use methods and techniques of traditional and cutting-edge research for the development of their academic work, the practice of their profession and the generation of knowledge.

Personal and social interaction skills

9. Maintain an attitude of commitment and respect towards the diversity of social and cultural practices that reaffirm the principle of integration in the local, national and international context with the purpose of promoting environments of peaceful coexistence.

10. Intervene in front of the challenges of contemporary society at the local and global level with a critical attitude and human, academic and professional commitment to help consolidate the general wellness and sustainable development.

11. Practice the values promoted by the UANL: truth, equality, honesty, liberty, solidarity, respect for life and anyone's, peace, respect for nature, integrity, ethics behavior and justice, within their personal and professional environment in order to make a sustainable society.

Integrative skills

13. Take the lead according to social and professional needs to promote relevant social change.

14. Resolve personal and social conflicts in accordance with specific techniques in the academic field and their profession for the proper decision making.

15. Achieve the adaptability required in uncertain professional and social environments of our time to improve living conditions.

b. Specific competences of the graduate profile that contributes to the learning unit

Specific competencies of the Bachelor of Science in Surgery and Midwifery

Professional Clinical Practice

2.- Solves clinical problems through deductive reasoning, interpretation of findings and definition of their nature with the aim of making decisions and determine action principles of the medical practice to follow in a responsible way, impacting individual and collective health.

4.- Manages properly patients with the most frequent diseases from a biopsychosocial perspective, through the application of knowledge, technical procedures and basic diagnostic, based on clinical guides and attention protocols in order to solve the main health problems from the Primary Health Care level from individuals and the community.

6.- Manages human resources, diagnostic interventions, therapeutic modalities, and options on health care according to national standards, promoting a quality culture in attention and guaranteeing patients' security.

Professional Values and Ethics

9.- Respects the patient's integrity keeping the patient's medical information as an essential part of their professional secret in order to preserve his rights.

Organizational Work

10.- Promotes an organizational work culture for the health field, acknowledging the multidisciplinary work, respect for institutional policies and the observance of rules in order to contribute to a comprehensive treatment of patients.

Communication

11.- Applies effective communication principles, establishing a respectful and sympathetic relationship with the patient, relatives, the community and other health professionals in order to use the information properly.

4. Summative Evaluation:

- Practical case
- Presentation
- Analyze information.
- Cause analysis
- Design
- Exam

5. Course Integrative Product

The Integrator Project of the Quality and Security in Care of Health, consists of carrying out an Improvement Project in an individual way, related to some need, risk or problem detected in the hospital or health care environment, using the knowledge acquired during the whole semester in this matter and based on good practices published in some scientific article.

6. References

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- b) Calidad y Seguridad en la Atención del Paciente. Ed. UANL. 2014.
- c) To err is Human: Building a Safer Health System. Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Editors Committee on Quality of Health Care in America Institute Of Medicine National Academy Press. Washington, D.C.2000.
- d) The Wrong Patient, Mark R. Chassin, MD, MPP, MPH, and Elise C. Becher, MD, MA*. Ann Intern Med. 2002;136:826-833.
- e) Unexpected Hypoglycemia in a Critically Ill Patient. David W. Bates, MD, MSc. Ann Intern Med. 2002;137:110-116.
- f) Hospital-Onset Infections: A Patient Safety Issue. Julie Louise Gerberding, MD, MPH. Ann Intern Med. 2002;137:665-670.
- g) Advance Care Planning for Fatal Chronic Illness: Avoiding Commonplace Errors and Unwarranted Suffering. Joanne Lynn, MD, MA, MS, and Nathan E. Goldstein, MD*. Ann Intern Med. 2003;138:812-818.
- h) Fumbled Handoffs: One Dropped Ball after Another. Tejal K. Gandhi, MD, MPH. Ann Intern Med. 2005;142:352-358.
- i) Computerization Can Create Safety Hazards: A Bar-Coding Near Miss. Clement J. McDonald, MD. Ann Intern Med. 2006;144:510-516.
- j) Graduate Medical Education and Patient Safety: A Busy—and Occasionally Hazardous—Intersection. Kaveh G. Shojania, MD; Kathryn E. Fletcher, MD, MA; and Sanjay Saint, MD, MPH. Ann Intern Med. 2006;145:592-598.
- k) Effectiveness and Efficiency of Root Cause Analysis in Medicine. Albert W. Wu, MD, MPH, Angela K. M. Lipshutz, MPH, Peter J. Pronovost, MD, PhD. JAMA, February 13, 2008—Vol 299, No.6.
- l) The need for medication reconciliation: a cross-sectional observational study in adult patients. Lea Kneza, Stanislav Suskovic,

