

Media Coverage

AEME Conference 2013 and 16th AKU Symposium

January 25, 2013

These clippings mention AKU and are being circulated to concerned AKU members for information or action

Magazine

English

Pulse

AEME 2013 and AKU Symposium on Medical Education at Karachi

Newspaper

English

Daily Times

‘Medical errors 8th leading cause of patients death in US’

Daily Times

AKU symposium concludes : ‘Healthcare is changing in Pakistan like rest of world’

Dawn

Need to reform education, health sectors stressed

Pakistan Observer

Reducing medical errors, key to good quality medical care

Pakistan Observer

Changes be made in context with healthcare, education

The Finance

Reducing medical errors, key to good quality medical care

The Frontier Post

Focus on family medicine urged to improve healthcare delivery

The Leader

Focus on family medicine urged to improve healthcare delivery

The Nation

Reducing medical errors, key to good quality medical care

The Nation

Symposium suggests Pakistan focus on improving healthcare

The News

‘Reducing medical errors key to quality healthcare’

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Focus on family medicine urged to improve healthcare delivery

The News

‘Healthcare planners need to focus on family medicine’

Urdu

Dunya

Reducing medical errors, key to good quality medical care

Jehan Pakistan

AEME Conference 2013 and 16th AKU Symposium from January 25

Radio

Urdu

FM 107

Reducing Medical Errors and Better Patient Safety

TV

Urdu

Health TV

Drs Ara Tekian and Umar Ali Khan in Clinic Onlin on AEME Conference 2013 and 16th AKU Symposium - January 13, 2013 - Pre-event

Health TV

News Coverage - Day 2 - AEME 2013 and 16th AKU Symposium - 26 Jan 13

Health TV

News Coverage - Day 3 - AEME 2013 and 16th AKU Symposium - 27 Jan 13

Health TV

News Coverage - Inaugural Dinner- AEME 2013 and 16th AKU Symposium- 25 Jan 13

Health TV
Health TV

News Coverage - Day 1 - AEME 2013 and 16th AKU Symposium - 25 Jan 13
Drs Kauser Ali and Fauziya Ali in Clinic Online on AEME Conference 2013 and
16th AKU Symposium - Feb 14, 2013 - Post-event

Website

English
friendsmania.net

AEME Conference 2013, 16th AKU Symposium 25-27 Aga Khan University

Need to reform education, health sectors stressed

January 28, 2013 Dawn



KARACHI, Jan 27: Pakistan's education and health sectors require immediate reformation based on global demands and indigenous needs, said speakers at an international symposium on Sunday.

Titled 'Education for service and patient safety in health profession', the event was the concluding session of the three-day Association for Excellence in Medical Education Conference 2013 held at the Aga Khan University.

"Pakistan needs to focus on improving healthcare with special focus on family medicine. There is a great deal of evidence suggesting that family medicine doctors can help save a great deal of money, especially in areas of preventative health care and non-communicable diseases such as diabetes," said Prof Valerie Wass, head of the School of Medicine at Keele University in the United Kingdom.

A focus on family medicine, according to Prof Wass, could help Pakistanis allocate resources to other important areas, such as research and development, which had largely remained ignored.

Sharing his ideas, Prof Zulfiqar Bhutta, chairperson for the Women and Child Health at the AKU, said that ripples of change were already being felt among medical students who were using technology to their advantage.

"Students equipped with iPads and other devices in classrooms now have instantaneous access to information that enhances their learning experience," he said while highlighting the need for reforming health and education systems keeping in view local needs.

The deputy chairman of the Planning Commission, Dr Nadeem ul Haque, said that the need to make use of resources

efficiently became more crucial in such countries as Pakistan which had limited resources.

“Change is long overdue, not just in health care but across the board. We have limited resources and we cannot afford to give more money [to health care] because people just do not pay taxes,” he said, adding that roughly 0.5 per cent of the GDP was allocated to health care whereas over two per cent of the GDP was lost in dealing with the energy crisis. “We cannot just change in microcosm but we need to change everywhere,” he said.

Giving presentations on education for service and patient safety the other day, speakers informed the audience about several methods of improving patient safety that included making the subject part of medical education.

A reference was made to a report according to which medical errors were the eighth leading cause of death in patients in the United States. The estimated national cost of medical errors was found up to \$29 billion.

“In teaching students [about patient safety] one must recognise the limits of their influence,” said Professor Janet Grant of the Open University for Institute of Educational Technology, the UK.

According to her, teaching patient safety in theory was not a substitute for practical role models. “There is no accurate way to assess the understanding medical students have of patient safety till you do not assess their actions once they begin practice. Still, it is critical to create a culture of patient safety and care in medical professionals from the onset of their education into the field,” she said.

The head of the School of Medicine at Keele University in the United Kingdom, Professor Valerie Wass, focused her presentation on a greater need for social accountability. Her presentation titled ‘Integrating professionalism into the curriculum to foster a culture of patient safety’ touched on several key factors, including the importance of institutions to define professionalism in providing quality education for quality service.

“Death due to an overdose during chemotherapy, having the wrong leg amputated and a drug-mix up during a minor surgery have all made headlines and caused grave concern in the US,” said Professor Ara Tekian, Associate Dean and Professor of Medicine at the University of Illinois in Chicago.

“I believe identifying role models who promote zero tolerance for medical errors is one method [to improve patient safety],” he said. “In doing so [identifying role models] others can learn from practice rather than just theory.”

He also suggested allowing students access to speak with families who were willing to share their tragic experiences. “This will help students to fully comprehend the consequences of their actions,” she said.

Professor Umar Ali Khan, Pro Vice Chancellor at Isra University, Islamabad; Professor Stephen Lindgren, president of the World Federation for Medical Education; Professor John Boulet, Vice President for Educational Commission for Foreign Medical Graduates; Professor Somaya Hosny, Dean for Faculty of Medicine at Suez Canan University; Professor Mohamed Elhassan, Medical Education Specialist at Jazan University were among the speakers.

‘Healthcare planners need to focus on family medicine’

January 29, 2013 The News

‘Healthcare planners need to focus on family medicine’

M. Waqar Bhatti
Tuesday, January 29, 2013
From Print Edition

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Karachi

Pakistan's healthcare planners need to pay more attention to family medicine so that precious resources can be saved and spent on research and development, a UK professor said on Monday.

"There is a great deal of evidence suggesting that family medicine doctors can help save a great deal of money especially in the areas of preventative healthcare and non-communicable diseases such as diabetes," said Prof Valerie Wass, the head of the School of Medicine at Keele University in the UK.

She was speaking at the concluding session of the Association for Excellence in Medical Education and 16th Aga Khan University (AKU) symposium. The symposium was titled "Education for service and patient safety in health professions".

Dr Nadeem ul Haque, the deputy chairman of the Planning Commission, who was the chief guest at the event, pointed out in his address that in a country with limited resources the need to use resources present more efficiently was even more crucial.

"Change is long overdue, not just in healthcare but across the board," he added. "We have limited resources and we can't afford to give more money [to healthcare] because people just don't pay taxes."

Roughly 0.5 percent of the GDP is allocated to healthcare, whereas over two percent is lost in dealing with the energy crisis. "We can't just change in microcosm but we need to change everywhere," Haque observed.

Moderating the concluding session of the conference, Prof Ara Tekian, an associate dean at the University of Illinois in Chicago, said, "Between understanding, elaboration and implementation [of change] comes another stage which is adapting [the change] to local circumstances in context."

'Ripples of change'

Ripples of change are already being felt among medical students who are using technology to their advantage. "Students are moving at a fast, if not at an almost exponential pace, in using technology which is a great equaliser for them to compete locally as well as globally," said Prof Zulfiqar Bhutta, the chair for Women And Child Health at the AKU.

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Prof Bhutta also stressed the need for technological change to be in context. “India, for example, is completing reforming their health and education systems to meet their nation’s needs. Also in Thailand, the process has already begun. We need to do the same.”

Professor Rukhsana W Zuberi, the associate dean for education, FHS and chair of the Department for Educational Development at the AKU, took the springing of medical colleges as a prime example to highlight the importance of contextual change.

“In a conversation between two people commenting on the number of medical colleges in the country one person said ‘well there are 114 medical colleges’, and the other replied ‘that was last night!’. The comment points to a deep-rooted problem of a lack of recognising the needs of the community and offering solution that may that may be inappropriate.” she remarked.

Professor Stephen Lindgren, the president of the World Federation for Medical Education, said in the revised standards for basic medical education, the WFME had paid special attention to the social accountability of medical education.

“The standards reflect whether the educational institution addresses the need for health promotion in the society they serve and globally. This includes the needs in society for knowledge development and research,” he noted.

Focus on family medicine urged to improve healthcare delivery

January 28, 2013 The News

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Monday, January 28, 2013
From Print Edition

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Healthcare is changing in Pakistan as much as anywhere in the world, commented Professor Valerie Wass, Head of the School of Medicine at Keele University in the United Kingdom, while speaking at the concluding session of the Association for Excellence in Medical Education (AEME) and 16th Aga Khan University (AKU) symposium titled 'education for service and patient safety in health professions' on Sunday.

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Other speakers include Professor Umar Ali Khan, Pro Vice Chancellor at Isra University, Islamabad who spoke on patient safety. "We need to educate health professionals to do service before self.

Patient safety is such a vital concern that it must become part of our undergraduate and postgraduate curriculums. If we are able to keep patient safety in our cognizance in all clinical workings, only then health care provision is made safe. Patient Safety should be the agenda item number 1 for all hospital activities," he said.

Symposium suggests Pakistan focus on improving healthcare

January 28, 2013 The Nation

AKU symposium concludes : 'Healthcare is changing in Pakistan like rest of world'

January 28, 2013 Daily Times

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Staff Report

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It is vital that the change Professor Wass is referring to be made taking into account the needs of the particular community and not just by lifting broader principles used globally. She also suggests that Pakistan focus on improving healthcare with special focus on family medicine. "There is a great deal of evidence suggesting that family medicine doctors can help save a great deal of money especially in areas of preventative healthcare and non-communicable diseases such as diabetes."

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Karachi: One of the most crucial aspects of medicine and medical education is perhaps ensuring education for service and patient safety, said health experts attending a seminar on Saturday.

The three-day Association for Excellence in Medical Education 2013 Conference and the 16th Aga Khan University (AKU) Symposium, a meeting of leading healthcare providers on education for service and patient safety as well as to help develop a better understanding of global trends and practices, started on Friday.

Quoting a report of the Institute of Medicine while speaking on the second day of the conference, the experts said medical errors were the eighth leading cause of death in patients in the US, adding that the estimated national cost of medical errors was between \$17 billion and \$29 billion.

The speakers highlighted several methods of improving patient safety in practice as well as in the medical curriculum.

They emphasised starting with simple steps such as instilling patient safety into the institutional – educational and professional – culture at the undergraduate and postgraduate education levels as well as in practice.

They said creating such a culture would in turn help in honest disclosure and acceptance of mistakes to rectify them in future.

There is no doubt that patient safety has reached a significant and visible level of importance in medical practice, they added.

They also said medical professionals across the globe had been testing various approaches for years to improve the standard of patient care and safety.

However, the debate on whether the ability to grasp and apply patient safety is more theoretical or practical is ongoing, they added.

“In teaching students [about patient safety], one must recognise the limits of their influence,” said Prof Janet Grant, Director, Centre for Medical Education in Context. Teaching patient safety in theory is not a substitute for practical role models, she added.

She said, “There is no accurate way to assess the understanding medical students have of patient safety until you assess their actions once they begin practising.”

Still, it is critical to create a culture of patient safety and care in medical professionals from the onset of their education in the field,” she added.

Prof Valerie Wass, Head, School of Medicine, Keele University, focused her presentation on a greater need for social accountability.

Her presentation titled ‘Integrating professionalism into the curriculum to foster a culture of patient safety’ touched on several key factors, including the importance of institutions in defining professionalism in providing quality education for quality service.

She said, “We need a common set of values around social accountability. Institutions must start by defining their local definition of professionalism, which must be culturally acceptable and be shared across all areas of patient care.”

The framework on which professionalism rests is laid by a foundation comprising clinical competence, communication skills, and ethical and legal understanding, she added.

She also said the pillars included excellence in the field, humanism, accountability and altruism. Loss of life and limb are among the most severe consequences of lack of patient safety, she added.

“Death due to an overdose during chemotherapy, having the wrong leg amputated and a drug mix-up during a minor surgery have all made headlines and caused grave concern in the US,” said Dr Ara Tekian, Associate Dean, International Affairs, College of Medicine, University of Illinois at Chicago.

“I believe that identifying role models who promote zero tolerance for medical errors is one method [to improve patient safety],” he added.

He said that in doing so [identifying role models], others could learn from practise rather than just theory.

He suggested allowing students to speak with families that are willing to share their tragic experiences, adding that it would help students to fully comprehend the consequences of medical errors.

Other speakers included Prof Dr Umar Ali Khan, Pro-Vice Chancellor, Isra University; Dr Rukhsana W Zuberi, Associate Dean, Education, Faculty of Health Sciences, AKU; Prof Stefan Lindgren, President, World Federation for Medical Education; Dr John Norcini, President and Chief Executive Officer, Foundation for Advancement of International Medical Education and Research; Dr John R Boulet, Assistant Vice President, Research and Evaluation, Educational Commission for Foreign Medical Graduates; Prof Somaya Hosny, Dean, Faculty of Medicine, Suez Canal University; Mohamed Elhassan Abdalla, Faculty Member, Medical Education, Jazan University; Prof Dr Abdul Majeed Chaudhry, Principal, Lahore Medical & Dental College; Prof Dr Mohammad Hafizullah, Vice Chancellor, Khyber Medical University; and Prof Dr S Sohail H Naqvi, former executive director, Higher Education Commission.

Reducing medical errors, key to good quality medical care

January 27, 2013 The Nation

‘Medical errors 8th leading cause of patients death in US’

January 27, 2013 Daily Times

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By Ahtesham Azhar

KARACHI: Perhaps one of the most crucial aspects of medicine and medical education is ensuring education for service and patient safety. According to a report by the Institute of Medicine, medical errors are the eighth leading cause of death in patients in the United States (US). The estimated national cost of medical errors is \$17 to \$29 billion.

To help develop a better understanding of global trends and practices, the three-day Association for Excellence in Medical Education (AEME) and 16th Aga Khan University (AKU) symposium titled ‘Education for Service and Patient Safety in Health Professions’ is continued from Friday till Sunday at AKU.

Speaking on the second day of the conference, presenters highlighted several methods of improving patient safety in practice as well as in the medical curriculum. The speakers emphasised on starting with simple steps such as instilling patient safety into the institutional-educational as well as professional-culture, at the undergraduate and postgraduate education levels and in practice. Creating such a culture would in return help in honest disclosure and acceptance of mistakes in order to rectify them for the future.

There is no doubt that patient safety has reached a significant and visible level of importance in medical practice. For years medical professionals worldwide have been testing various approaches to improve the standard and quality of patient care and safety. However, the debate on whether the ability to grasp and apply patient safety is more theoretical or practical is ongoing.

“In teaching students about patient safety, one must recognise the limits of their influence,” explained Director for the Centre of Medical Education in Context, Professor Janet Grant.

Head of the School of Medicine at Keele University in the United Kingdom, Professor Valerie Wass, focused her presentation on a greater need for social accountability. Her presentation titled ‘Integrating professionalism into the curriculum to foster a culture of patient safety’ touched on several key factors, including the importance of institutions to define professionalism in providing quality education for quality service.

“We need a common set of values around social accountability. Institutions must start by defining their local definition of professionalism, which must be culturally acceptable and shares across all areas of patient care,” Prof Wass said. The framework on which professionalism rests is laid by a foundation, comprising clinical competence, communication skills and ethical and legal understanding. The pillars include excellence in the field, humanism, accountability and altruism.

Loss of life and limb are among the most severe consequences of a lack of patient safety. “Death due to an overdose during chemotherapy, having the wrong leg amputated and a drug-mix up during a minor surgery have all made headlines and caused grave concern in the US,”

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Speaking on the second day of the conference, presenters highlighted several methods of improving patient safety in practice as well as in the medical curriculum. The speakers emphasised on starting with simple steps such as instilling patient safety into the institutional-educational as well as professional-culture, at the undergraduate and postgraduate education levels and in practice. Creating such a culture would in return help in honest disclosure and acceptance of mistakes in order to rectify them for the future.

There is no doubt that patient safety has reached a significant and visible level of importance in medical practice. For years medical professionals worldwide have been testing various approaches to improve the standard and quality of patient care and safety. However, the debate on whether the ability to grasp and apply patient safety is more theoretical or practical is ongoing.

“In teaching students about patient safety, one must recognise the limits of their influence,” explained Director for the Centre of Medical Education in Context, Professor Janet Grant.

Head of the School of Medicine at Keele University in the United Kingdom, Professor Valerie Wass, focused her presentation on a greater need for social accountability. Her presentation titled ‘Integrating professionalism into the curriculum to foster a culture of patient safety’ touched on several key factors, including the importance of institutions to define professionalism in providing quality education for quality service.

“We need a common set of values around social accountability. Institutions must start by defining their local definition of professionalism, which must be culturally acceptable and shares across all areas of patient care,” Prof Wass said. The framework on which professionalism rests is laid by a foundation, comprising clinical competence, communication skills and ethical and legal understanding. The pillars include excellence in the field, humanism, accountability and altruism.

Loss of life and limb are among the most severe consequences of a lack of patient safety. “Death due to an overdose during chemotherapy, having the wrong leg amputated and a drug-mix up during a minor surgery have all made headlines and caused grave concern in the US,” said Associate Dean and Professor of Medicine at the University of Illinois at Chicago Professor Ara Tekian. “I believe identifying role models who promote zero tolerance for medical errors is one method to improve patient safety,” he said. “In doing so, identifying role models, others can learn from practice rather than just theory.” Professor Tekian also suggested allowing students access to speak with families who were willing to share their tragic experiences.

“This will help students to fully comprehend the consequences of their actions.”

Other speakers include Professor Umar Ali Khan, Pro Vice Chancellor at Isra University, Islamabad; Professor Rukhsana W Zuberi, Associate Dean for Education, FHS, Chair of the Department for Educational Development at AKU; Professor Stefan Lindgren, President of the World Federation for Medical Education, Professor John Norcini, President and CEO of the Foundation for Advancement of International Medical Education and Research; Professor John Boulet, Vice President for Educational Commission for Foreign Medical Graduates; Professor Somaya Hosny, Dean for Faculty of Medicine at Suez Canan University; Professor Mohamed Elhassan, Medical Education Specialist at Jazan University; Professor Abdul Majeed Chaudhry, Principal of Lahore Medical and Dental College; Professor Mohammad Hafizullah, Vice Chancellor for Khyber Medical University; and Professor Sohail Naqvi, former executive director for HEC, Pakistan.

Focus on family medicine urged to improve healthcare delivery

January 27, 2013 The Frontier Post

Reducing medical errors, key to good quality medical care

January 27, 2013 Pakistan Observer

Changes be made in context with healthcare, education

January 27, 2013 Pakistan Observer

Changes be made in context with healthcare, education

KARACHI—An international conference has pointed to vital changes to be made in context of healthcare and health education in Pakistan.

"Healthcare is changing in Pakistan as much as anywhere in the world," commented Head of the School of Medicine at Keele University in the United Kingdom, Professor Valerie Wass, while speaking at the concluding session of the Association for Excellence in Medical Education (AEME) and 16th Aga Khan University (AKU) symposium titled education for service and patient safety in health professions" held at the Aga Khan University (AKU) here on Sunday.

It is vital that the change, Professor Wass is referring, should be made taking into account the needs of the particular community and not just by lifting broader principles used globally, said an AKU statement issued here on Sunday.

She (Valerie) also suggests that Pakistan focus on improving healthcare with special focus on family medicine.

"There is a great deal of evidence suggesting that family medicine doctors can help save a great deal of money especially in areas of preventive healthcare and non-communicable diseases such as diabetes."

By focusing on family medicine Pakistanis can allocate resources to other important areas such as research and development which remain largely ignored. In a country with limited resources the need to use available resources more efficiently becomes even more crucial as the chief guest for the conference, Deputy Chairman of the Planning Commission, Dr. Nadeem-ul-Haque pointed out in his address.

Moderating the concluding session of the conference Prof. Ara Tekian Associate Dean for University of Illinois at Chicago said, "Between understanding, elaboration and implementation for change comes another stage which is adapting the change to local circumstances in context."—APP



Reducing medical errors, key to good quality medical care

January 27, 2013 *Dunya*



Reducing medical errors, key to good quality medical care

January 27, 2013 The Finance

News Coverage - Day 2 - AEME 2013 and 16th AKU Symposium - 26 Jan 13

January 26, 2013 Health TV



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News Coverage - Day 1 - AEME 2013 and 16th AKU Symposium - 25 Jan 13

January 25, 2013 Health TV



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Conference 2013 and 16th AKU Symposium - January 13, 2013 - Pre-
event**

January 13, 2013 Health TV



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News Coverage - Inaugural Dinner- AEME 2013 and 16th AKU Symposium- 25 Jan 13

January 25, 2013 Health TV



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AEME Conference 2013, 16th AKU Symposium 25-27 Aga Khan University

January 24, 2013 friendsmania.net

AEME 2013 and AKU Symposium on Medical Education at Karachi

January 22, 2013 Pulse



AEME Conference 2013 and 16th AKU Symposium from January 25

January 22, 2013 Jehan Pakistan

**Drs Kauser Ali and Fauziya Ali in Clinic Online on AEME
Conference 2013 and 16th AKU Symposium - Feb 14, 2013 - Post-event**

February 14, 2013 Health TV



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News Coverage - Day 3 - AEME 2013 and 16th AKU Symposium - 27 Jan 13

January 27, 2013 Health TV



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Reducing Medical Errors and Better Patient Safety

February 2, 2013 FM 107

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