Dear Colleague,

The WHO World Alliance for Patient Safety has developed a curriculum guide for Medical Schools for teaching patient safety to medical students. As part of your medical course you will participate in learning experiences which have been derived from this curriculum guide. One of these learning experiences focuses on patient safety and invasive procedures. The following questionnaire has been designed in order to evaluate the levels of knowledge and attitudes to this topic regarding this topic. Completion of this questionnaire will be very helpful in evaluating the effectiveness of the patient safety curriculum but it is not mandatory. We estimate it will take approximately 10 minutes to complete the questionnaire. Please respond to the questions honestly, and if you would prefer not to respond to a particular question then just leave it blank. The questionnaire is anonymous and any information you provide will be reported at a group level, not individually. The data collected will be used to inform future revision of the patient safety curriculum and its delivery to make it more effective and responsive to student needs.

You are being asked to complete this form as part of a study. This will not form part of your final assessment. Completing it is not compulsory.

Introductory question
What is your current year of study? (Please circle as appropriate)
1st year 2nd year 3rd year 4th year 5th year 6th year

Questionnaire
Section 1
Please consider the following scenario and then answer the questions that follow.

Scenario
You are working as a junior doctor in a surgical unit shortly after graduation. As part of the training programme in the unit all junior doctors are asked to take a lead role in the organisation of one of the educational meetings for the unit multidisciplinary team. You are asked by your supervisor to organise a morbidity and mortality meeting after an adverse event, where a patient suffered a thromboembolic event post-operatively. The patient had not received appropriate prophylaxis in the peri-operative period. The purpose of the meeting is to promote learning in the unit in order to minimise the chances of such an event happening again. You might perform the following actions when arranging this meeting.

- Retrieving prior knowledge about the clinical problem being considered.
- Reviewing the relevant unit guidelines for their completeness and ease of use.
- Checking whether there are any factors particular to this patient which increased risk on this occasion.
- Searching for guidelines or processes which could usefully be considered for adoption to the surgical unit given the adverse event being considered.
- Auditing the current use of departmental guidelines.

1.01 After you qualify as a doctor you may attend morbidity & mortality meetings. Try to imagine the first 10 such meetings you attend: in how many of those would you expect the actions detailed in the box above to have been performed as part of the meeting preparation? (Please circle as appropriate).

0 1 2 3 4 5 6 7 8 9 10

The following statements all relate to the meeting and actions detailed in the box above. Please circle the option which mostly closely describes your response.
WHO Medical School Curricular Guide for Patient Safety: Patient Safety and Invasive Procedures. After

1.02 I know how to undertake these actions.
1.03 I expect to perform these actions.
1.04 I want to perform these actions.
1.05 I intend to perform these actions.
1.06 Performing these actions when this morbidity & mortality meeting would be

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmful</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Good</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Pleasant (for me)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Worthless</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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1.07 If I perform these actions the morbidity & mortality meeting will promote change in the surgical unit.
1.08 If I perform these actions it will take too much time to prepare for the morbidity & mortality meeting.
1.09 Performing these actions is required when organising the morbidity & mortality meeting.

1.10 Most people who are important to me (e.g. colleagues, tutors, friends, family) think that I should perform these actions when organising such a meeting.
1.11 It is expected that I will perform these actions when organising such a meeting.
1.12 I feel under social pressure to perform these actions when organising such a meeting.
1.13 People who are important to me (e.g. colleagues, tutors, friends, family) want me to perform these actions when organising such a meeting.

1.14 The following people think that I should perform these actions when organising such a meeting:
- Patients
- Tutors
- Senior Doctors
- Junior Doctors
- Other Students

1.15 Other doctors would perform these actions if organising the morbidity & mortality meeting.
1.16 Other students’ approval of my practice is important to me.  
1.17 Doctors’ approval of my practice is important to me.  
1.18 My tutors’ approval of my practice is important to me.  
1.19 Nursing colleagues’ approval of my practice is important to me.  

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<tr>
<th>1.20 I am confident that I could perform these actions if organising a morbidity &amp; mortality meeting.</th>
<th>Not at all</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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1.21 For me to perform the actions listed above when organising such a meeting would be  

<table>
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<tr>
<th>1.22 The decision to perform these actions or not when organising a morbidity &amp; mortality meeting is beyond my control.</th>
<th>Not at all</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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1.23 Whether I perform these actions or not when organising a morbidity & mortality meeting is entirely up to me.  
1.24 Time pressures when I start work as a doctor are likely to make it difficult for me to perform these actions when organising a morbidity & mortality meeting.  
1.25 Other demands in the workplace are likely to make it difficult for me to perform these actions when organising a morbidity & mortality meeting.  

<table>
<thead>
<tr>
<th>1.26 Organising a morbidity &amp; mortality meeting for learning is</th>
<th>Not at all</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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1.27 Taking more time to prepare for the morbidity & mortality meeting is  

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<th>1.28 When there are time pressures at work I am less likely to consider these issues if organising a morbidity &amp; mortality meeting.</th>
<th>Not at all</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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1.29 When I am distracted by other work I am less likely to consider these issues if organising a morbidity & mortality meeting.  

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Thank you for taking the time to complete this questionnaire.