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PROCEEDINGS OF THE LATVIAN ACADEMY OF SCIENCES. Section B,
Vol. 78 (2024), No. 4 (751), pp. 249–256.

DOI: 10.2478/prolas-2024-0035

Original Paper

INTERDISCIPLINARY SIMULATION-BASED EDUCATION CURRICULUMS ON PATIENT RIGHTS: FOR THE SAFETY OF HEALTHCARE PROFESSIONALS AND PATIENTS

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In 2020, the World Health Organisation (WHO) published the document "Charter: Health Worker Safety: a Priority for Patient Safety", which emphasised the importance of enhancing health worker safety to improve patient safety. The significance of patient safety remains undiminished, as evidenced by the recent WHO document, "Patient Safety Rights Charter" (2024), which encompasses critical aspects of patient rights. It must be acknowledged that patient safety is intricately linked to the domain of patient rights, which in turn underpins that healthcare professionals require interdisciplinary competence to effectively fulfil their professional duties and provide comprehensive patient care. However, it is essential to accurately determine and justify the specific knowledge and skills from other fields that are necessary for healthcare professionals. And furthermore, it is crucial for healthcare specialists not only to acquire knowledge, but also to develop the ability to apply and integrate this knowledge into professional practice – participation in interdisciplinary clinical simulations that incorporate aspects of patient rights enables learners to develop the ability to think and act in clinical situations according to generally accepted algorithms and evidence-based practices, while also considering the legal aspects of patients' rights. The study was carried out at the Medical Education Technology Centre, Rīga Stradiņš University, between 2023 and 2024, involving 107 residents from different specialties. The survey results reflect a strong interest and positive attitude towards interdisciplinary simulation-based training on patient rights. Participants emphasised its significance and value in enhancing resident education, highlighting the need for its continued and expanded implementation.

Keywords: *medical and healthcare education, interdisciplinary education, interdisciplinary competence, interdisciplinary clinical simulation scenarios, patient rights.*

INTRODUCTION

According to Directive 2005/36/EC of the European Parliament and of the Council, basic medical training shall provide that the person by becoming a doctor has adequate knowledge of the sciences on which medicine is based and a good understanding of the scientific methods including the principles of measuring biological functions, the evaluation of scientific established facts and the analysis of data, as well as sufficient understanding of the structure, functions, and behaviour of healthy and sick persons, as well as relations between the state of health and physical and social surroundings of the human being, and also, adequate knowledge of clinical disciplines and practices, with a coherent picture of mental and physical diseases, of medicine from the points of view of prophylaxis, diagnosis and therapy, and human reproduction, and also suitable clinical experience in hospitals under appropriate supervision (Directive - 2005/36 - EN - EUR-Lex, 2005). The Directive provides general rules for specialist medical training, while specific

specialties and methods in Latvia are regulated by the Cabinet of Ministers (Regulation No. 460 Regulations regarding Professions Regulated by Lists of Specialities, Sub-specialities and Additional Specialities). For example, according to the Latvian legal framework, gastroenterology is a medical specialty that includes such medical competencies as gastrointestinal tract disease diagnostics, treatment, rehabilitation, and prevention. A gastroenterologist has to know disease aetiology, pathogenesis, and clinical symptoms; the basis of this knowledge is rooted in haematology, microbiology, and epidemiology. Disease diagnostics, differential diagnostics, and patient examination have to be done with instrumental methods. A medical professional has to be familiar with diagnostic examination (endoscopic, radiological, and invasive) indication, contraindications, complications and their use in treatment. A gastroenterologist has to be knowledgeable not only in disease diagnostics, treatment, rehabilitation, and prevention but also in questions of a legal nature (legal foundations of professional activity) (Republic of Latvia Cabinet Regulation No. 268 ...).

According to the standard of the medical profession in Latvia, a doctor must be able to navigate the regulatory acts governing the rights of doctors in Europe and Latvia. They should have the ability to adhere to the rights of patients and doctors in their professional activities in accordance with the requirements of the regulatory acts in force in the European Union and Latvia. An understanding of the issues related to the protection of children's rights is also necessary. Additionally, doctors should be capable of communicating with law enforcement agencies and non-governmental organisations that aid victims of violence and their relatives (Standard for the medical profession, 2019). It is evident that the range of questions is very broad.

There have been studies aimed at evaluating physicians' knowledge of legal standards and these have demonstrated a dearth of medical law knowledge among physicians (Plaiasu *et al*., 2022). This fact is confirmed also by other research, mentioning that in health care there is a clear lack of knowledge of relevant law (Sokol and Rooij, 2021). In the Republic of Latvia, it is acknowledged that most patients complain to the Health Inspectorate about communication problems of medical practitioners and non-observance of the patient's right to kind treatment, as well as about various types of violations of the right to information. Inadequate knowledge of patients' rights in the context of medical treatment is also a common problem. This issue has been widely discussed in the Latvian media (Inspectorate..., n.d.).

Modern medicine requires physicians to perform at higher standards and exceed the minimum level of care. Physicians should incorporate legal knowledge into their clinical practice on an equal footing with scientific techniques in disease ethology and treatment. A profound comprehension of medical legislation is crucial, as it substantially influences legal compliance and, consequently, the safeguarding of patient rights. It is important, because non-compliance with the law may expose physicians to significant risks in the event of malpractice claims (Plaiasu *et al*., 2022). Furthermore, it should be noted that the presumption of legal knowledge is a jurisprudential postulate indicating that individuals are assumed to know the law. Although ignorance of the law is not punishable, it may result in sanctions if it manifests as illegal conduct. Fundamentally, even if the state does not compel legal knowledge, it does impose conformity with the law. Knowledge of the law is a prerequisite for ensuring compliance and solving ethical dilemmas (Plaiasu *et al*., 2022). Experts in the field of medical law in Latvia express the opinion that all medical personnel, including a doctor, should be familiar with the laws and regulations applicable to the healthcare industry, including the laws and regulations governing patients' rights (Šāberte and Slokenberga, 2022). In the Latvian context, this is supported by the requirements of the Cabinet of Ministers Regulation No. 268 of 24 March 2009, "Regulations on the Competence of Medical Practitioners and Students Studying First or Second Level Professional Higher Medical Education Programmes in Medical Practice and their Theoretical and Practical Knowledge", which applies to medical practitioners and stipulates that medical practitioners must be familiar with the legal foundations of professional activity and general principles of ethics (Republic of Latvia Cabinet Regulation No. 268 ...).

"The requirements for the acquisition of medical ethics and the legal foundations of professional activity in the basic medical education programme and the requirements for knowledge of patients' rights in the residency education programme included in the Cabinet of Ministers' Regulation No. 268 of 24 March 2009, on the competence of medical practitioners and students studying first- or second-level professional higher medical education programmes in medicine and the scope of their theoretical and practical knowledge (Cabinet of Ministers' Regulation No 268 of 24 March 2009) are not sufficient to ensure that medical practitioners have knowledge of professional ethical standards and deontological principles" (Šāberte, 2024). Similarly, the requirements in Article 48 of the Law on Medical Treatment regarding the obligations of medical practitioners to regularly update their knowledge and skills are insufficient (Medical Treatment Law, n.d.). "Regular updating of knowledge and skills should be a professional duty of the medical practitioners, not only in the field of emergency care, but also in the field of patients' rights and ethics and deontology."" (Šāberte, 2024). However, it should be noted that the legislation does not specify what the acquisition of the legal foundations of professional activity entails and how this acquisition should take place. This concept is broad and overly general. It lacks detail regarding which legal aspects medical personnel must be aware of and able to apply in their professional practice.

The legal framework does not disclose what is encompassed by the concept of the legal foundations of professional activity. However, there is no doubt that issues of patient rights within the context of medical and healthcare education should be considered a fundamental matter that every

healthcare professional must understand and be able to apply into their professional practice. The Council Recommendation on patient safety (2009/C 151/01) stipulates: Promote, at the appropriate level, education and training of healthcare workers on patient safety by:

1. Encouraging interdisciplinary patient safety education and training of all health professionals, other healthcare workers and relevant management and administrative staff in healthcare settings.

2. Embedding patient safety in undergraduate and postgraduate education, on-the-job training and the continuing professional development of health professionals (Council Recommendation of 9 June 2009 on Patient Safety, Including the Prevention and Control of Healthcare Associated Infections, 2009).

It is clear from the above that health professionals have to obtain interdisciplinary competencies. These involve the ability to integrate knowledge and perspectives from two or more disciplines to identify, analyse, and solve complex problems that cannot be solved effectively or adequately and in an ethically responsible manner using mono-disciplinary approaches alone (INTED, Centre for Interdisciplinary Education, n.d.). In this context, it is worth noting that interdisciplinary teaching and learning in higher education institutions have been identified as key to 21st century education (Brassler and Dettmers, 2017).

Medical education programmes should be designed to prepare physicians not only for excellent clinical practice but also for the capability to integrate and apply interdisciplinary knowledge in real clinical situations. This is crucial for ensuring comprehensive and effective patient care. However, it is important to take into consideration that a decisive feature of interdisciplinarity is the ability to integrate disciplinary knowledge. If there is no cultivation and training of this ability during teaching, but simply increased knowledge of different disciplines, it can still only be called multidisciplinary education (Xu *et al*., 2022).

In this context, it is important to emphasise that medical and healthcare education has evolved considerably, notably through the increased adoption of simulation-based learning. This paradigm shift from traditional didactic methods to simulation-based education offers manifold benefits. This approach enables learners to acquire practical experience in patient care scenarios in a risk-free environment before transitioning to real clinical settings. This approach enhances skill acquisition, interdisciplinary training, decision-making, critical thinking, and emotional resilience, and it prepares learners for rare and complex cases (Slavinska *et al*., 2024).

The Network of Accredited Clinical Skills Centres of Europe (NASCE) is a multidisciplinary joint committee of the European Union of Medical Specialists (UEMS), which is an active community working for quality in undergraduate and post-graduate medical education and progression in teaching techniques. NASCE accreditation documentation also confirms the need to integrate simulations into educational programmes (NASCE – Accreditation..., n.d.).

This article is based on a study that was grounded on the assumptions that:

1. The primary competence of healthcare professionals lies within the domain of medicine and healthcare.

2. It is essential to accurately determine and justify the specific knowledge and skills from other fields that are necessary for healthcare professionals.

3. When developing the interdisciplinary competencies of healthcare professionals, it is crucial to pay attention and to take into consideration the specificities of each specialty.

4. Training and cultivating the ability to think and act in clinical situations characteristic to a specific specialty, in accordance with universally accepted algorithms and evidence-based practices, while simultaneously considering legal aspects, can be achieved in the teaching and learning process by integrating interdisciplinary clinical simulation scenarios tailored to this purpose.

This article aims to identify the key aspects of patient rights that healthcare professionals need to understand and respect in various clinical situations. It also shows how integrating these aspects into interdisciplinary clinical simulation scenarios can improve learning outcomes in medical education programmes.

The added value of the research is that it reveals an issue that needs to be addressed – the term "legal foundations of professional activity" lacks a clear definition. However, this aspect directly impacts the requirements for educational content in medical and healthcare disciplines. Within the framework of this research, it has been possible to identify the aspects of patient rights that every healthcare professional must be aware of and able to integrate into their professional practice (this is only one segment of the entire range of issues within the legal framework) and this research provides insight into how the integration of simulation-based educational approach can foster the development of interdisciplinary competencies.

This article is interdisciplinary, covering medicine, healthcare, legal science, and education.

MATERIALS AND METHODS

The study first identified key aspects of patient rights that healthcare professionals must know and uphold. This was done by examining international and national legal frameworks on patient rights. General scientific research methods were used in this study. To solve the research problems and meet research goals, descriptive research as a type of quantitative research was used. The content of the legislation, legal literature and scientific articles were analysed and vari-

ous methods of interpretation of legal norms were used. The grammatical (philological) method of interpretation will be used to clarify the meaning of legal norms from a linguistic point of view. The historical method of interpretation was used to clarify the meaning of legal provisions in the light of the circumstances based on which they were created. The systematic method of interpretation was used to clarify the meaning of legal provisions in relation to other legal provisions. The teleological method of interpretation (meaning and purpose) was used to ascertain the meaning of the provisions based on a useful and equitable aim to be attained by the relevant provisions.

The next stage involved developing interdisciplinary clinical simulation scenarios focused on the topic of patient rights, tailored to the specific clinical situations of each specialty. To achieve this objective, guidelines for the development of simulation-based educational activities were utilised (ASPiH Standards 2023 – ASPiH, n.d.; Charnetski and Jarvill, 2021; Society for Simulation in Healthcare, n.d.) along with the engagement of domain experts within each specific specialty and experts from the field of legal sciences. In this context, it is worth noting that the Society for Simulation in Healthcare (Society for Simulation in Healthcare, n.d.),, the International Nursing Association for Clinical Simulation and Learning (International Nursing Association for Clinical Simulation and Learning, n.d.), and Association for Simulated Practice in Healthcare (ASPiH – Association for Simulated Practice in Healthcare, n.d.) are leading organisations in the field of medicine and healthcare simulation, recognised by the entire community of practitioners implementing simulation-based education.

In the concluding stage of the study, training programmes for various residency specialties — including Surgery, Paediatric Surgery, General Practice, Paediatrics, Traumatology, and Orthopaedics – incorporated interdisciplinary clinical simulation scenarios with elements of patient rights. These scenarios underwent approbation in a clinical simulation setting that closely replicated actual clinical conditions and conformed to the established standards for a simulation-based educational approach. The residents included in the study had not previously acquired knowledge of patient rights. During these simulations, experts from the relevant medical specialties and legal scholars were present to observe and assess the process (how residents deal with a clinical situation in which the problematics of patients' rights issues are integrated). Consistent with the principles of simulation-based education, a debriefing session was organised and executed following the simulation. This session included participation from an expert in the relevant residency specialty and a legal expert, who, along with the residents, discussed the events that transpired during the simulation. Together, they analysed the appropriateness of the actions taken with respect to clinical algorithms and patient rights.

After the simulation, the residents completed a survey questionnaire that included the following three points:

Rating of the Simulation Scenario:

- Residents were asked to rate each simulation scenario used to assess their overall experience and satisfaction with the scenarios.

Evaluation of the Simulation Session:

Residents were asked to evaluate the simulation session by marking the appropriate statements that applied to their experience. The statements included:

- "I gained new knowledge."
- "I reinforced existing knowledge."
- "I acquired new skills."
- "I improved my existing skills."
- "I gained confidence in my abilities."
- "I reinforced confidence in my abilities."

Suggestions and Comments:

- Residents were invited to provide any additional suggestions and comments to further improve the simulation sessions. This feedback was crucial for refining and enhancing the training programmes based on participant experiences and insights.

Qualitative methods were employed to analyse the survey data collected from the residents. This approach facilitated the evaluation of residents' ratings of the simulation scenarios and their self-assessment of the knowledge and skills they gained or reinforced.

RESULTS

Results of the first stage. The research identified critical aspects of patient rights that healthcare professionals in Latvia must know well. These key aspects include:

Patient's Right to Autonomy

This encompasses the right to self-determination, enabling patients to make informed, uncoerced decisions regarding their treatment. Key considerations include:

- *Healthcare Consent:* Treatment against a patient's will is prohibited. The patient's will must also be respected by the patient's authorised person, spouse, or adult, able-bodied relatives.
- *Informed Consent:* Treatment is permissible only if the patient has provided informed consent. If a patient cannot make decisions due to health conditions or age, the right to decide transfers to the authorised person, spouse, or an adult, able-bodied next of kin. For minors (up to 14 years), consent must come from the legal representative. For minors aged 14 and above, their own consent is required.

- *Right to Refuse Treatment:* Patients can refuse treatment before it begins, reject specific methods without refusing treatment altogether, or discontinue treatment at any time.

Patient's Right to Information

Patients have the right to comprehensive information about their healthcare, including:

- *Identification of Healthcare Providers:* Patients have the right to know the name, surname, position, profession, specialty, and qualifications of the treating doctor and other medical personnel involved in their care.
- *Post-Treatment Information:* After treatment or any of its stages, patients are entitled to information about the services provided, the justification for treatment completion, results of diagnostic examinations and functional assessments, and further treatment and social service recommendations. Referrals to other medical institutions for continued treatment, if necessary, should also be provided.
- *Comprehensible Information***:** Information must be delivered in an understandable form, with medical terms explained, considering the patient's age, maturity, and experience.
- *Access to Medical Documents:* Patients have the right to access their medical records and can request corrections or additions if they believe the information is inaccurate or erroneous.

Patient's Right to Data Protection

- *Confidentiality:* Patient information can only be disclosed with written consent or under specific exceptional circumstances as defined by law.
- *Minor Patients:* Legal representatives of minor patients (up to age 14) have the right to receive information about the patient's health, except in cases where disclosure might harm the minor's interests.

These findings underscore the essential legal and ethical standards that healthcare professionals in Latvia must uphold to protect and promote patient rights effectively.

Results of the second stage. To address the critical need for integrating patient rights into medical education, a comprehensive set of interdisciplinary clinical simulation scenarios was meticulously developed and implemented. These scenarios are tailored for various residency specialties, ensuring that healthcare professionals acquire essential knowledge and skills in both clinical and legal aspects. The breakdown of these scenarios is as follows:

Surgery Residency:

- *Post-Emergency Laparotomy:* Managing a patient following an emergency laparotomy due to a stab wound in the abdominal cavity.
- *Massive Oesophageal Bleeding:* Treating a patient with severe bleeding from oesophageal veins.
- *Pregnant Adolescent Trauma:* Caring for a 17-year-old pregnant girl with a cut wound on her upper arm.

Traumatology and Orthopaedics Residency:

- *Emergency Ankle Fixation:* Managing a patient post-emergency fixation of an open ankle fracture of the lower leg with an external fixation device.
- *Femur Fracture and Anaemia:* Treating a patient with a fracture of the diaphysis of the left femur and chronic anaemia.
- *Pregnant Adolescent with Leg Fracture:* Caring for a 16-year-old pregnant girl with a broken leg.

General Practice Residency:

- *Elderly Fall Patient:* Evaluating and treating a 75-year-old female patient with heart palpitations and left upper arm pain after a fall at home.
- *Chest Pain Management:* Addressing a patient presenting with chest pain.
- *Hypertension Non-compliance:* Managing a patient with high blood pressure who is non-compliant with medication.
- *Sick Leave Request:* Handling a patient who requests a sick leave without medical justification.
- *Child Vaccination:* Administering and discussing vaccination for a child.
- *Home Visit:* Conducting a home visit to a child living in unfavourable conditions.

Paediatrics Residency:

- *Paediatric Abdominal Pain:* Evaluating a two-year-old girl brought to the emergency department by her mother due to stomach pain.
- *Adolescent Violence Signs:* Addressing a 15-year-old girl who presents with signs of violence.
- *Severe Paediatric Anaemia:* Treating a three-year-old child with severe anaemia due to an oncohaematological disease.
- *Abandoned Baby Care:* Managing the care of a baby found in a baby box.
- *Acute Psychosis in Adolescent:* Caring for a 16-year-old girl with acute psychosis.
- *Shaken Baby Syndrome:* Identifying and managing a case of shaken baby syndrome.

Each scenario is designed to integrate clinical algorithms for the residency specialty and include key aspects of patient rights. This integration ensures that learners can apply evidence-based practices and universally accepted clinical

protocols while simultaneously considering the legal implications and rights of patients in their care.

Results of the third stage. Interdisciplinary clinical simulation scenarios focused on patient rights were successfully implemented across four residency specialties, training a total of 107 residents. The study examined respondents' self-assessment of benefits gained from participating in interdisciplinary simulations. The survey results were overwhelmingly positive, indicating significant perceived improvements across various areas. A remarkable 96% of respondents reported gaining new knowledge, while 97% stated that they reinforced their existing knowledge. Additionally, 85% of participants acquired new skills, and 93% improved their existing skills. Confidence in their abilities also saw a substantial boost, with 85% of respondents feeling they gained confidence and 89% reinforcing their existing confidence. These findings underscore the effectiveness of interdisciplinary simulations in enhancing both the knowledge and skills of participants, as well as boosting their self-confidence. Furthermore, feedback from respondents was collected to provide qualitative insights into their experiences and the results underscore the value of integrating patient rights into clinical training. Key findings from the participant feedback are as follows:

Annual Repetition and Knowledge Acquisition:

- *Frequency:* Most respondents advocated for organising such training sessions at least once a year. This regular repetition is deemed essential for both current doctors and residents to update and refresh their knowledge continuously.

- *Learning Opportunities:* Participants highlighted the importance of providing repeated learning opportunities to reinforce and expand their understanding.

Integration of Clinical and Legal Fields:

- *Appreciation:* Participants highly valued the inclusion of legal aspects in clinical scenarios, as it helped them understand the necessary actions within specific contexts better.

- *Additional Scenarios:* There was a desire for more scenarios that specifically address patient data and confidentiality issues.

Demand for Additional Legal Education:

- *Classes on Legal Matters:* There was a clear demand for additional classes focused on legal topics, indicating a need to deepen the understanding of legal aspects and their implications for medical practice.

Recommendations for Future Training:

- *Accessible Materials:* Participants recommended providing materials and notes that remain accessible long-term to support sustained knowledge retention.

- *Concise Legal Information:* Some respondents felt that the legal information provided was too detailed and suggested future sessions should offer more concise and specific guidance regarding legal actions required for medical personnel.

Overall impact. The survey results reflect a strong interest and positive attitude towards interdisciplinary simulation-based training on patient rights. Participants emphasised its significance and value in enhancing resident education, highlighting the need for its continued and expanded implementation.

DISCUSSION

Since the European Commission's "New Skills Agenda for Europe" aiming to balance skills acquisition and enhance lifelong learning (European Commission, 2016), there has been a lack of evidence on applying human capital management in healthcare (Grigorovica *et al*., 2022). Despite the agenda's emphasis on improving workforce capabilities and aligning educational outcomes with labour market needs, healthcare institutions have yet to effectively integrate these principles into their human capital management practices. This gap underscores the need for comprehensive strategies and frameworks that can facilitate the adoption of such approaches, ensuring that healthcare professionals are equipped with the necessary skills to meet the evolving demands of the sector. The regulatory enactments do not reveal what the learning of the legal foundations of professional activity includes (for healthcare professionals), when and how this learning should take place.

Answering the question "what". In the context of this study, one segment — patient rights — was delineated from the broader spectrum of legal issues and this is based on the argument that that safety in healthcare is a fundamental value, which is also confirmed by the legal and political framework in the field of healthcare, which emphasises the need to ensure quality and safe healthcare in general (Slavinska *et al*., 2024).

In the context of safe healthcare, it is important to recognise that both patient safety and the safety of healthcare professionals are critical. This is confirmed by: 1) The World Health Organisation (WHO) document published in 2020, "Charter: Health Worker Safety: A Priority for Patient Safety" (Charter…, n.d.) which emphasises the importance of improving the safety of healthcare workers to enhance patient safety. 2) The very recent WHO document "Patient Safety Rights Charter" (2024), which includes the essential aspects of patient rights.

Safety issues in healthcare, including the safety of patients and medical personnel, should not be viewed separately from patient rights. However, in educating physicians, it is crucial to clearly define which aspects of patient rights healthcare professionals need to know and be able to apply in their professional practice. Moreover, it is important to

distinguish between those aspects of patient rights for which healthcare professionals themselves can and it is possible to be directly responsible, and those aspects for which responsibility should be assumed by healthcare institutions or the creators of the healthcare system.

However, it should be noted that this segment of legal issues is not the only one that should be included in the education of healthcare professionals, thus necessitating further research.

Answering the question "when". Regarding the question of at which level of medical and healthcare education programmes (undergraduate, postgraduate education, or continuing professional development) it must be considered that prospective healthcare professionals already encounter patients during their studies, and according with Directive 2005/36/EC, basic medical training should comprise a total of at least six years of study or 5500 hours of theoretical and practical training (Directive - 2005/36 - EN - EUR-Lex, 2005). This aspect underscores the necessity of acquiring foundational knowledge on patient rights issues already during undergraduate studies. However, in the further stages of studies, it is important to provide the students with the opportunity to train their ability to apply this knowledge in a clinical situation.

Answering the question "how". It is crucial to recognise that the decisive factor is how healthcare professionals are able to apply this knowledge in their professional work, specifically in real clinical situations where aspects of patient rights become relevant, underpinning the need to develop interdisciplinary competence.

To develop interdisciplinary competence in healthcare professionals, it is important to ensure that the organisational model of the study process and the pedagogical methods and approaches used are appropriate for achieving this goal. Interdisciplinary competence can be developed in the study process by integrating pedagogical methods such as Project-Based Learning, Problem-Based Learning, and Case Study methods (Brassler and Dettmers, 2017). As research shows, simulation-based learning combined with case and problem-based learning teaching mode in the clinical education can effectively improve the theoretical knowledge and clinical skills of the students (Peng *et al.,* 2023). The benefit of simulation-based learning is providing a standardised and safe environment that mimics "real life" as a means of allowing students to hone key skills with respect to clearly defined learning outcomes (Le, 2023). Furthermore, healthcare simulation serves a greater purpose beyond its own existence. Its mission is to elevate the performance of healthcare providers, teams and systems, ultimately leading to improved health outcomes for patients, communities, and societies (Diaz-Navarro *et al*., 2024).

The argument above supports the need for interdisciplinary clinical simulation scenarios. These scenarios should be developed and implemented because healthcare professionals primarily work in medicine and healthcare, need to understand and apply specific aspects of patient rights in their professional work, and must consider the unique requirements of each specialty.

When developing interdisciplinary clinical scenarios on patient rights, it is important to consider that simulation-based education guidelines were mainly developed in the USA and are gradually being adopted by the EU. However, when incorporating aspects of patient rights into these scenarios, the specific national legal framework must be strictly followed.

CONCLUSIONS

Key patient rights, including autonomy, information, and data protection, should be mandatory in medical and healthcare education programmes. The study concludes that foundational knowledge of patient rights must be acquired during undergraduate studies.

Interdisciplinary competence can be developed using Project-Based Learning, Problem-Based Learning, and Case Studies. Combined with simulation-based learning, these methods enhance professional performance and necessitate developing interdisciplinary clinical simulation scenarios. Participating in these scenarios trains healthcare professionals to handle specialty-specific clinical situations using accepted algorithms and evidence-based practices while considering legal aspects.

Further research is needed to identify other relevant legal aspects for healthcare professionals. The study also highlights the importance and value of integrating simulation-based teaching into the educational process, as recognised by students.

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Received 20 June 2024
Accepted in the final form 23 July 2024

STARPDISCIPLINĀRĀS SIMULĀCIJAS IZGLĪTĪBAS PROGRAMMAS PAR PACIENTU TIESĪBĀM: VESELĪBAS APRŪPES PROFESIONĀĻU UN PACIENTU DROŠĪBAI

Tiesiskais regulējums nosaka, ka dažādu specialitāšu ārstiem, tajā skaitā arī gastroenterologiem, lai veiktu ārstniecisko darbību, ir nepieciešamas teorētiskās zināšanas un praktiskās iemaņas ne tikai dažādos ar nozares specifiku saistītos aspektos, bet ir svarīgi arī orientēties profesionālās darbības juridisko pamatu jautājumos. Tiesiskais regulējums nesniedz informāciju par to, kas tiek saprasts ar terminu "profesionālās darbības juridiskie pamati". Šāds formulējums ietver ļoti plašu juridisko jautājumu loku, taču nav šaubu, ka pacientu tiesības ir viens no aspektiem, kas katrai ārstniecības personai ir jāsaprot un jāspēj integrēt savā profesionālajā darbībā, lai stiprinātu gan pacientu drošību, gan pašas ārstniecības personas drošību. No iepriekš minētā izriet, ka ārstam ir svarīgi attīstīt starpdisciplināru kompetenci — spēju integrēt zināšanas no divām vai vairākām disciplīnām, lai identificētu, analizētu un atrisinātu sarežģītas problēmas, kuras nevar atrisināt efektīvi vai adekvāti un ētiski atbildīgā veidā, izmantojot tikai monodisciplināras pieejas. Izšķiroša nozīme ir spējai sintezēt dažādu disciplīnu zināšanas un pielietot tās praksē. Pētījuma rezultāti apliecina, ka attīstīt spēju domāt un rīkoties klīniskās situācijās, saskaņā ar atzītiem algoritmiem un pierādījumos balstītu praksi, vienlaikus ņemot vērā juridiskos aspektus, ir iespējams, integrējot izglītības programmā starpdisciplinārus klīnisko simulāciju scenārijus, ar nosacījumu, ka tiek ņemta vērā konkrētās specialitātes specifika un tai raksturīgās klīniskās situācijas, kā arī precīzi definētas tās citu disciplīnu zināšanas un prasmes, kuras tiešām ir nepieciešamas konkrētās jomas speciālistam. Šis pētījums: 1) uzsver nepieciešamību identificēt arī citus tiesību jomas aspektus, kas ārstniecības personai būtu jāzina un jāspēj integrēt profesionālajā darbībā; 2) apliecina nepieciešamību izglītības procesā integrēt simulācijā balstītu mācīšanas un mācīšanās pieeju; 3) norāda uz starpdisciplināru klīnisko simulāciju scenāriju integrācijas potenciālu un pievienoto vērtību ārstniecības personu kompetences stiprināšanā.