

D.6.2 Project Management Plans



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TAME

Training Against Medical Error

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1. INTRODUCTION

This deliverable details the project management plans for the project. It includes the following:

- Overall project plan
- Online meeting plan
- Dates for reporting periods

Each section of the deliverable will outline the intended purpose of the documents and how they will be used.

2. PROJECT PLAN

2.1. Introduction

The project plan details the plan for the projects duration. Its aim it to provide a descriptive narrative of the plan based on the workplan and Gantt charts in the project proposal. Partners can refer to this document to refresh their understanding of the plans.

2.2. Project Plan

WP 1. Curriculum modification to implement teaching against medical error.

Lead: SGUL

Period : 15.10.2015 (M1 Year 1) - 14.05.2016 (M6, Year 1)

PCUs will produce a curriculum plan for the Paediatric case and new cases in their chosen subject.

D 1.1 Curriculum Plan. Lead by P8 AMU

Activity 1.1.1, PC will analyse their curriculum for teaching against medical error to fit the Paediatric cases. Learning objectives for 6 cases provided by SGUL were used for comparison with National Curriculum and cases will be distributed in weeks. The whole week will be built around cases, lectures, and practical sessions. A special schedule will be prepared by the appropriate departments in each PCU. Of critical importance in this period will be the advice and viewpoints of the three education ministries, and the

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accreditation agencies. The new curriculum plans will consider the appropriate year for Paediatric cases implementation, oriented to clinical training on teaching medical error using PBL with VPs.

D1.2 Repurposed Paediatric cases in English . Lead by P2 SGUL

Activity 1.2.1, Each PC University will analyse existing curriculum to identify and agree on subject areas for new cases. New cases will be distributed in weeks. The whole week will be built around new cases, including lectures and practical sessions. PCU will create schedules for these cases after mapping to the national curriculum. New subject areas should be considered and chosen by each PCU to implement teaching against medical error.

Activity 1.2.2, Meanwhile SGUL will work on repurposing paediatric cases in English to train against medical error and modify according to project needs. Ready cases will be sent out to partners in Ukraine, Kazakhstan and Vietnam. At this stage 6 paediatric cases will be ready for further translation and adaptation to partners local language and culture.

D1.3 Training plan created and staff trained . Lead by P1 KSMU

Activity 1.3.1, meanwhile PC will review the resources available to train staff, purchase necessary equipment and set up training room in each PCU. Equipment purchase should be done according to EC rules written in Guidelines for the Use of the Grant for grants awarded in 2015 under Call EAC/A04/2014 and call for tenders must be made. List of equipment and amount for each PCU indicated in Budget excel sheet. Rooms should be arranged as for PBL sessions. All equipment should have EC stickers provided by Coordinator.

Activity 1.3.2, a training lead will be designated in each PCU and will be trained to facilitate the error cases. PCU needs to select internally medical teachers who will be tutors for further training. Tutors from each PCU will train medical teachers locally. For this purpose 4 main tutors will be chosen and trained: 2 tutors in paediatric and 2 tutors in new field.

D1.4 Create assessment strategy for comparison of student performance before and after exposure to the Paediatric and new case. Lead by P2 SGUL

Activity 1.4.1, an assessment strategy will be created for student performance based on the defined learning outcomes. Each PCU need to decide which method for assessment is suitable for PCU according to local rules and education system. For paediatric cases one assessment tool with same questions will be used. For new cases the same tools will be used but with different questions.

WP 2. Modification, implementation of Paediatric cases.

Lead: KI

Period: 15.10.2015 (M1 Year 1) - 14-05-2018 (M8 Year 3)

SGUL will create paediatric cases in English. PCU would need to translate paediatric cases into local languages, modify to local healthcare needs and implement into everyday teaching activity.

D2.1 Paediatric cases modified to local languages and healthcare culture . Lead by P8 AMU

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Activity 2.1.1 SGUL will complete the adaption of VPs with medical errors in English and distribute to partners.

Activity 2.1.2 Partner county Institutions will translate paediatric cases to local (Ukraine, Russian, Vietnamese) languages. Each PCU will create working groups from appropriate departments for translation (with good English language knowledge), and in adaptation (staff who are content persons) to local healthcare system. PCU will ensure that (i) the cases meet the learning objectives for the learning period of each PBL intervention week, (ii) the cases are tested with students, and modified according to feedback (iii) procedures, logins and passwords are organised for students to access the cases for their sessions in the coming year.

Activity 2.1.3 Translated paediatric cases on medical error will be repurposed, reconsidered and adapted to local healthcare culture. Adaption will include changing names, events, hospital names, geographical location, adding images, clinical details etc. PCU should insure that cases reflect their local healthcare culture and needs.

D2.2 Modified paediatric cases evaluated and implemented . Lead by P8 AMU

Activity 2.2.1 Translated and adapted cases in Russian, Ukraine, Vietnamese and English languages will be tested by staff and senior students (not control and not intervention groups). Appropriate feedback forms will be created to gather responses for further improvement of the cases. Partners will agree a feedback form to use, partners can use one standard for or create a different one to fit their needs.

Activity 2.2.2 Preliminary feedback will be obtained from the usage of the VP/PBL cases, peer-reviewed and tested in a series of staff and student sessions with trial PBL groups. Each PCU will modify Paediatric cases according to feedback results from staff and students. Each PCU will consider what the necessary changes are required to improve the cases (translation, images, test results etc). Completed cases will be implemented to the OpenLabyrinth software.

Activity 2.2.3 Based on feedback received, modifications and any additions of new resource (e.g. clinical images) will be carried out. Relevant IT technologies, particularly the VP delivery systems, will be considered for local distribution in the MEC. These technologies will be implemented and resources uploaded, with involvement from the IT staff of each PCMU. Ready pediatric cases will go live on appropriate devices in each PCU. Tutorials will start in each PCU in rooms prepared for the project. Rooms will be equipped with projector, round table, smart board. Tutors will have access to OpenLabyrinth to use the cases at tutorials.

D2.3 Assessment instruments to measure student performance in paediatric cases . Lead by P10 HUMP

Activity 2.3.1 Formative assessment instruments applicable will be choose and implemented by all partners (MCQs/mini cases/VP cases) for assessment of student's knowledge after paediatric cases will be implemented. Each PCU will use the same assessment tool. Final results will be compared and reported.

Activity 2.3.2 Questionnaires for assessment of students' attitude to paediatric cases will be created. PCU will use questionnaire according to Evaluation plan.

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Activity 2.3.3. Students' performance will be assessed before exposure to paediatric cases. PCUs need to identify which assessment tool will be used for assessment. After exposure to paediatric cases students' will use assessment method, which first will be created for all PCUs and then translated into local languages.

Activity 2.3.4. Survey of student's attitude to paediatric cases will be conducted by each PCU based on the Evaluation Plan developed in D 4.1.

WP 3. Development and implementation of new cases to teach against medical error.

Lead: ZSMU

Period: 15-08-2016 (M11 Year 1) - 14-05-2018 (M8 Year 3)

This WP will develop and implement new cases in the chosen subject area of each PCU.

D3.1 Plan training for new case authoring and train staff. Lead by P2 SGUL

Activity 3.1.1. Newly involved staff will start writing 6 new cases in their chosen subject area and curriculum maps developed in D1.1. Cases will be written and delivered in local languages. Working groups will be created in each PCU among trained staff for the creation of these cases, they will develop and implement the cases in their institutions.

Activity 3.1.2. Each PCU will provide Internal Workshops for sharing experience between staff involved with paediatric cases and newly involved staff.

Activity 3.1.3. For the creation and development of new cases, newly involved staff will be trained on writing new cases to teach against medical error. This training will take place face-to-face and PCUs should send staff who will be writing the new case and those who will be supporting the software to the training sessions.

D3.2 New case identified and created. Lead by P9 HMU

Activity 3.2.1. Each PCU should identify learning outcomes for their new cases (Year of education, field of clinical attachment) according to the National curriculum in each country and healthcare needs. Cases will be created in Open Labyrinth.

Activity 3.2.2. Each PCU will create new cases according to identified learning outcomes. Working groups will start writing cases.

Activity 3.2.3. PCU will share new cases for peer-review. Ready cases should be shared with partner institution in each country. Modifications should be done to the cases according to the feedback.

D3.3 New cases tested, evaluated and implemented. Lead by P9 HMU

Activity 3.3.1. Newly created cases will be tested by staff and students in each PCU. Newly created cases will be tested with staff.

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Activity 3.3.2. Cases will be tested by staff and senior students (not control and intervention groups). Appropriate feedback form will be created to gather responses for further modification.

Activity 3.3.3. Cases will go live in all institutions and tutors will teach lessons based on the new new cases.

D3.4 Assessment instruments to measure student performance in newly created cases. Lead by P10 HUMP

Activity 3.4.1. Formative assessment instruments (MCQs/mini cases/VP cases) will be created for assessment of student's performance. Each PCU will chose an appropriate assessment tool suitable to match their learning objectives.

WP4. Evaluation, Quality Control

Lead: MU

Period: 15-12-2015 (M3 Year 1) - 14-09-2018 (M12 Year 3)

Throughout the project quality will be monitored based on the quality control and quality assurance plan and project activities will be evaluated.

D4.1 Quality control plan. Lead by P3 KI

Activity 4.1.1 Quality plan will be created for evaluation of deliverables and activities. Document will include Quality Assurance Plan and Quality Control Plan. Quality Control Plan will be used to check off indicators of progress in project implementation.

Activity 4.1.2 On-line meetings, agenda, decisions made at the meetings, report days will be used as quality assurance checks.

D4.2 Evaluation plan. Lead by P4 SGUL

Activity 4.2.1 A detailed evaluation plan will be available for all partners. All partners need to provide data according to the plan, gather information from stakeholders, and reply to questionnaires. Evaluation will be conducted with groups of the students divided into: Intervention and Control groups. Intervention group will receive error cases and Control group will work with standard VPs.

D4.3 Quality control report. Lead by P6 ZSMU

Activity 4.3.1 The quality control report will describe the establishment of Quality Control procedures, demonstrate the approval of ministries, and provide evidence of national certification where applicable.

D4.4 Evaluation report. Lead by P6 ZSMU

Activity 4.4.1 Data gathered from the assessment tools from those who participated in curriculum modification, students' feedback on paediatric cases will be analyzed. Each PCU should be actively involved to gather data. The evaluation report will provide an overall summary of progress of the project, including strengths and weaknesses, and all new areas of development within the curriculum transformation for

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medical error cases in paediatric and new subject area, will demonstrate changes with implementation of VPs in medical error.

WP5 Dissemination

Lead: AUTH

Period: 15-01-2016 (M4 Year 1) - 14-09-2018 (M12 Year 3)

Dissemination of the project will take place via the project website, national and international conferences, within institutions and publications.

D5.1 Project website. Lead by P5 MU

Activity 5.1.1 Project web-site will be created and actively used by Partners. The project website will be the first dissemination material to be produced, and will be the most widely used. It will be continuously updated with news and may include social networking aspects, including links/integration with Facebook. English text will be approved by KSMU, and published by MU in the respective PC languages.

D5.2 Dissemination events . Lead by P7 BSMU

Activity 5.2.2 PCU will be actively involved to disseminate the project and present at medical education conferences and congresses locally and internationally. A summary at the end of the project will be provided listing meetings held, workshops delivered and major international conferences attended; each event will represent an opportunity to present evaluation findings and network with other colleagues. The language of the meetings will depend on the country in which they are hosted and the type of meeting. This process will include and engagement with the other partners including MEFANET who are already linked with eViP/mEducator networks; ePBLnet network. In this way the project can create a critical mass of interested parties and enthusiasts as soon as possible, in line with previously successful experiences such as eViP. There are plans to disseminate project results at 3rd Central Asia Conference in Medical Education, Symposium, connected to eLearning initiatives at KI, Conference on Medical Education Informatics at AUTH, MEFANET Conference at MU. All Conferences initially tied with TAME Meetings. Funding for non-European meetings is of course not supported by the Erasmus+ programme.

D5.3 Publications . Lead by P 1 AUTH

Activity 5.3.1 During the life of the project, PCU will report on publications about the project and keep originals of articles or any other evidences for confirmation. Originals should be kept by beneficiaries. Originals and/or copies should be sent to deliverable leader by the request and accompany the Report provided by Coordinator to EACEA.

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WP 6. Project management

Lead: KSMU

Period: 15-10-2015 (M1 Year 1) - 14-09-2018 (M12 Year 3)

This WP focuses on the overall management of the project and the consortium.

D6.1 Signed consortium agreement. Lead by P1 KSMU

Activity 6.1.1 Starting up the project. Kick off meeting will be initiated with all partners. Partners will be informed on Overview of the project, Partner presentation of each PCU, description of VPs, overview on medical error, evaluation represented by experts. Management details such as: regularity of the on-line meetings, distribution of responsibilities between partners, communications will be agreed.

Activity 6.1.2 Partnership Agreement will be signed by all partners, which includes the main responsibilities of the Coordinator and beneficiaries. All terms should be discussed prior of signature by all parties.

D6.2 Project management plans. Lead by P1 KSMU

Activity 6.2.1 Delivery of the project will be done according to Workplan for 3 years, with following to timescale, using communication platform for meeting (<https://v7.omnijoin.com/join?dn=8VBF276>), setting up check points and reporting dates. Coordination of the project is done by Coordinating Institution (KSMU). Distribution of the responsibilities (Appendix 5.1) for each Workpackage and deliverable is done at Kick-off Meeting, Brno 27-28 November 2015. The overall meeting for the project will be ones per month, every last Tuesday. WP leaders will have separate meetings with deliverable leaders and Coordinator. Deliverable leaders is responsible for leading deliverable, for setting up structure of the report, collecting appropriate information. Draft versions of the reports will be considered by WP leaders and coordinator. Partner country universities identified responsible staff for each deliverable in each Institution and provided contact details for easy correspondence (Appendix 5.2).

Each University needs to point project manager responsible for managing the project, project coordinator, responsible for content part of the project, one person responsible for evaluation, leading tutor to work with medical teachers locally (Annex 5.3). For financial management each University points one person responsible for budget in the project (Appendix 5.4).

Face to face meetings will be discussed with all partners beforehand and dates will be agreed jointly (Annex 5.6). Overall activities should be done and implementation in partner country should be conducted according to Workplan for 1,2,3 (Appendix 5.7).

Management of the project will consist of three parts:

1. Contractual management will be delivering essential information on the E+, Capacity Building in Higher Education rules, insuring signing Grant Agreement and sharing important documents with partners, contact EACEA officer on relevant issues.

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2. Financial management on delivering information on general financing principles (Actual costs, rules and budget headings, Unit costs, rules and budget headings), insuring managing grant amount and providing appropriate reporting to Coordinator with all supporting documentation.
3. Project management is on preparing delivery reports in time.

Activity 6.2.2 the project will have will have F2F meetings with the consortium, arranged in a partner institution twice per year, on-line meetings arranged through teleconference system and will be done ones per months, WP leaders' meeting, which will be done separately according the project activity. Other ways for communication are emails, Skype, what's up messenger is useful tool for interaction between partners. Email for group communication were created by KSMU: tame@kgmu.kz

Activity 6.2.3 Budget management is done by Coordinator. Each University points one person responsible for budget. For finance reports timely manner.

D6.3 Project reports. Lead by P1 KSMU

Activity 6.3.1 Budget Reports will be prepared by Coordinator for progress report and final report. Partners need to keep appropriate documentation indicated in the Guideline for the Use of the Grant and provide Coordinator on request.

Activity 6.3.2 Deliverable reports should be done by deliverable leaders. Progress report and final report is done by Coordinator together with WP leaders. WP leaders will be responsible for final review of the report.

3. ONLINE MEETING PLAN

On-line meetings will be done ones per month, every last Tuesday of month, 15:00 KZ time. On-line meeting plan with next dates is available at Google doc and shared with all partners. Schedule for Meeting and main dates provided by Coordinator beforehand through email.

4. DATES FOR REPORTING PERIOD

Duration of the project 36 months: starting date **15-10-2016**, ending date: **14-10-2018** unless we will receive approval for extension.

Progress report on implementation the project: **14-04-2017** at the latest. Preparation of progress report jointly with all partners is before **14-02-2017**. Template of report are available at: <https://drive.google.com/drive/folders/OB0Fgr9Dvb8h1djBHahNSbEYwNnc>. Progress report on technical implementation is responsibility of Coordinating Institution, P1 KSMU. Draft of the report will be uploaded to Google doc and shared with all partners. Sections will be divided according to WP and deliverable leads' responsibility. Table of achieved results will be written by WP leads. Progress report on finance need to be

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provided to P1. KSMU by P2 SGUL, P3 KI, P4 MU, P5 AUTH, P6 ZSMU, P7 BSMU, P8 AMU, P9 HMU, P10 HUMP before deadline 14th of March 2017.

Together with progress report Consortium need to upload drafts of outputs and outcomes, deliverable reports at Google drive appropriate folders.

Final report on implementation of the action: **14-09-2018** at the latest. Preparation of Final report jointly with all partners before **14-10-2018**. In case of extension additional information will be provided to Consortium. Final Report is responsibility of Coordinating Institution, P1 KSMU. Draft of the report will be uploaded to Google doc and shared with all partners. Sections will be divided according WP responsibility. Table of achieved results will be written by WP leads.

Budget Report should be provided one per 6 months with all supporting documents.

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5. APPENDIX

5.1. Deliverable distribution between partners

WP	WP Lead	Deliverable	Deliverable Lead
WP1 Curriculum modification	P2 SGUL	D1.1 Curriculum plan	P8 AMU
		D1.2 Repurposed paediatric cases in English	P2 SGUL
		D1.3 Training Plan, staff trained	P1 KSMU
		D1.4 Documented assessment strategy	P2 SGUL
WP2 Modification, implementation of paediatric cases	P3 KI	D2.1 Paediatric cases modified	P8 AMU
		D2.2 Cases tested, implemented	P8 AMU
		D2.3 Assessment instruments	P10 HUMU
WP3 Development, implementation new cases	P3 ZSMU	D3.1 Training Plan, writing new cases, staff trained	P2 SGUL
		D3.2 New cases created	P9 HMU
		D3.3 Cases tested, implemented	P9 HMU
		D3.4 Assessment instruments	P10 HUMU
WP4 Evaluation, QC	P4 MU	D4.1 QC Plan	P3 KI
		D4.2 Evaluation Plan	P4 SGUL
		D4.3 QC Report	P6 ZSMU
		D4.4 Evaluation Report	P6 ZSMU
WP5. Dissemination	P5 AUTH	D5.1 Project website	P5 MU
		D5.2 Dissemination events	P7 BSMU
		D5.3 Publications	P1 AUTH
WP6. Project management	P1 KSMU	D6.1 Signed consortium agreement	P1 KSMU
		D6.2 Project management plans	P1 KSMU

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		D6.3 Project reports	P1 KSMU
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5.2. Responsible staff for deliverables in each PCUs

WP	WP Lead	Deliverable	Deliverable Lead	AMU	ZSMU	BSMU	KSMU	HMU	HUE UMP
WP1 Curriculum modification	P2 SGUL	D1.1 Curriculum plan	P8 AMU	Lilia Bilan liliana-bilan@mail.ru Syzdykova Ainur syzdykova.as@amu.kz Bukeeva Zhanar bukeeva.zh@amu.kz	Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com	Igor Gerush gerush.igor@bsmu.edu.ua, Tetiana Bilous bilous.tetiana@bsmu.edu.ua	Irina Riklefs Riklefs@kgmu.kz Viktor Riklefs v.riklefs@kgmu.kz Assem Shalbayeva Shalbaeva@kgmu.kz	Le Thi Huong lethihuong@hmu.edu.vn Nguyen Thu Van vantn86@gmail.com Do Thanh Huong DrDothanhuong@yahoo.com Nguyen Thuy Hanh nguyenthuyhanh@hmu.edu.vn Nguyen Thuy Linh linhngthuy.hmu@gmail.com Tran Xuan Bach bach.jhu@gmail.com	Nguyen Vu Quoc Huy nguyenhuy99@gmail.com Vo Van Thang vovanhang147@gmail.com Nguyen Van Hung drhung@gmail.com Nguyen Thi Cu binhcu@yahoo.com
		D1.2 Repurposed paediatric cases in English	P2 SGUL	Nurpeissova Riza nriza@mail.ru	Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com		SGUL	Nguyen Thu Van vantn86@gmail.com Do Thanh Huong DrDothanhuong@yahoo.com Tran Xuan Bach bach.jhu@gmail.com	Nguyen Thi Cu binhcu@yahoo.com Bui Binh Bao Son buibinhbaoson@gmail.com Vo Van Thang vovanhang@gmail.com Nguyen Van Hung drhung@gmail.com

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		D1.3 Training Plan, staff trained	P1 KSMU	Bekbergenova Zhanagul zhanna_bekbergen@mail.ru	Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com	Tetiana Bilous bilous.tetiana@bsmu.edu.ua	Ella Poulton eiskrenko@sgul.ac.uk	Nguyen Duc Hinh duc_hinh@yahoo.com Le Thi Huong lethihuong@hmu.edu.vn Tran Xuan Bach bach.jhu@gmail.com	Nguyen Van Hung drhung@gmail.com Nguyen Thi Cu binhcu@yahoo.com Ton Nu Van Anh vananhtonnu@gmail.com
		D1.4 Documente d assessment strategy	P3 SGUL	Bukeeva Zhanar bukeeva.zh@amu.kz	Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com	Olena Koloskova koloskov.ek@gmail.com	Viktor Riklefs v.riklefs@kgmu.kz	Nguyen Duc Hinh duc_hinh@yahoo.com Le Thi Huong lethihuong@hmu.edu.vn Tran Xuan Bach bach.jhu@gmail.com	Vo Van Thang vovanthang147@gmail.com Bui Binh Bao Son buibinhbaoson@gmail.com Ton Nu Van Anh vananhtonnu@gmail.com
WP2 Modificati on, implement ation of paediatric cases	P3 KI	D2.1 Paediatric cases modified	P8 AMU	Nurpeissova Riza nriza@mail.ru	Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com	Nataliia Bogutska nbohutska@ukr.net	Alma Muratova Muratova@kgmu.kz	Nguyen Thu Van vantn86@gmail.com Do Thanh Huong DrDothanhuong@yahoo.com Nguyen Thuy Linh linhngthuy.hmu@gmail.com Tran Xuan Bach bach.jhu@gmail.com	Nguyen Van Hung drhung@gmail.com Bui Binh Bao Son buibinhbaoson@gmail.com Ton Nu Van Anh vananhtonnu@gmail.com

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		D2.2 Cases tested, implemented	P8 AMU	Zhumambaeva Saule Salish.zh@gmail.com	Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com	Svitlana Tarnavska svetikpr07@mail.ru	Viktor Riklefs v.riklefs@kgmu.kz Alma Muratova Muratova@kgmu.kz	Nguyen Thu Van vantn86@gmail.com Do Thanh Huong DrDothanhuong@yahoo.com Nguyen Thuy Linh linhngthuy.hmu@gmail.com Tran Xuan Bach bach.jhu@gmail.com	Vo Van Thang vovanthang147@gmail.com Bui Binh Bao Son buibinhbaoson@gmail.com Ton Nu Van Anh vananhtonnu@gmail.com
		D2.3 Assessment instruments	P10 HUMP	Kureysh Khamchiyev kureysh2562@gmail.com	Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com	Bilyk Galyna panovasacura@gmail.com	Viktor Riklefs v.riklefs@kgmu.kz Aigul Munassipova munassipova@kgmu.kz	Tran Xuan Bach bach.jhu@gmail.com	Nguyen Van Hung drhung@gmail.com Bui Binh Bao Son buibinhbaoson@gmail.com Ton Nu Van Anh vananhtonnu@gmail.com

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<p>WP3 Development, implementation new cases</p>	<p>P3 ZSMU</p>	<p>D3.1 Training Plan, writing new cases, staff trained</p>	<p>P2 SGUL</p>	<p>Nurpeissova Riza nriza@mail.ru Bekbergenova Zhanagul zhanaga_bekbergen@mail.ru</p>	<p>Olga Cherkovska cherkovska2007@ukr.net Roman Sychov k9062008@gmail.com Olena Filatova international.dep.zsmu@gmail.com</p>	<p>Tetiana Bilous bilous.tetiana@bsmu.edu.ua Mykola Garas garasn2005@rambler.ru Svitlana Tarnavska svetikpr07@mail.ru</p>	<p>Ella Poulton eiskrenko@sgul.ac.uk</p>	<p>Le Thi Huong lethihuong@hmu.edu.vn Nguyen Thu Van vantn86@gmail.com Do Thanh Huong DrDothanhhuong@yahoo.com Nguyen Thuy Hanh nguyenthuyhanh@hmu.edu.vn Nguyen Thuy Linh linhngthuy.hmu@gmail.com Tran Xuan Bach bach.jhu@gmail.com</p>	<p>Vo Van Thang vovanhang147@gmail.com Bui Binh Bao Son buibinhbaoson@gmail.com Ton Nu Van Anh vananhtonnu@gmail.com Nguyen Thi Cu binhcu@yahoo.com Nguyen Van Hung drhhung@gmail.com</p>
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TAME

Training Against Medical Error

561583-EPP-1-2015-1-KZ-EPPKA2-CBHE-JP





D1.1, Curriculum adaptation

Deliverable number D.1.1

Action Number

Delivery date 2016

Status (draft)

Authors

TABLE OF CONTENTS

1.	INTRODUCTION
2.	CONTENT
3.	APPENDIX

5.6 Face to face meeting plan

	Event	Host	Dates
1.	Kick off Meeting	MU	27 – 28 November 2015
2.	Face –to-face meeting, multiplier event	SGUL	6-8 June 2016
3.	Face-to-face meeting, Workshop	HMU	9-11 November 2017
4.	Face-to-face meeting	BSMU	10-12 May 2017
5.	Central Asian Medical Education Conference	KSMU	2-3 October 2017
6.	Face-to-face meeting	KSMU	3-4 October 2017
7.	MEFANET (Medical Faculties Network)	MU	November 2017

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	Conference		
8.	Face-to-face meeting	AMU	May 2018
9.	Face-to-face meeting. Closure of the project	HUMP	September, 2018

