Summer Training Report

on

‘Impact of mass media in behaviour change of people during COVID-19’

By

Yogesh Tejwani

MBA (Hospital and Health Management)

2019-2021

IIHMR UNIVERSITY

Acknowledgement

I would like to express my special thanks of gratitude to my mentor Prof. Dr Anoop Khanna as well as our dean Dr PR Sodani who gave me the golden opportunity to do this wonderful review research on the topic ‘Impact of mass media in behaviour change of people during COVID-19’, which also helped me in learning about many new things I am really thankful to them.
Secondly I would also like to thank my parents and friends who helped me a lot in completing this research within the limited time frame.

I am are over helmed in all humbleness and gratefulness to acknowledge my depth to all those who have helped me to put these ideas, well above the level of simplicity and into something concrete.
I would like to express my special thanks of gratitude to Journalist Venugopal Pillai and social media expert Anu Dua Sehgal who gave me deep and important insights for the research. I am really thankful to them.
Any attempt at any level can 't be satisfactorily completed without the support and guidance of my seniors and mentors.

Thanking you,
Yogesh Tejwani

HM first year, IIHMR University

Table of contents

PART -1

Sr No.	Contents	Page No.
1.	Introduction	1
2.	Objective and Methodology	3
3.	Literature Review	4
4.	Data Reviewed	9
5.	Discussion	12
6.	Recommendations	26
7.	Keywords	27
8.	Images	28
9.	References	30

PART-2

Sr No.	Contents	Page No.
1.	Introduction	35
2.	About the Course (level 1)	36
3.	Course Content and learnings	37
4.	About the Course (level 2)	39
5.	Course Content and learnings	40
6.	Certificates	42

PART-1

‘Impact of mass media in behaviour change of people during COVID-19’

1. Introduction

Coronaviruses are from a broad family of infectious viruses that can cause severe communicable animal or human disease.

In research from World Health Organization: WHO (2020) "Most of the coronaviruses are well-known for causing respiratory diseases in humans varying from common cold to severe diseases like Middle East Respiratory Syndrome (MERS) and Extreme Acute Respiratory Syndrome (SARS). The recently coronavirus found is COVID-19 coronavirus disease."

The virus was unknown in December 2019, before it spread in Wuhan, China. "It is now a global pandemic which has affected dozens of countries across the world."

"The most common symptoms of COVID-19 are fever, dry cough, and fatigue. The rare signs that can take place in various patients include aches and pains, fever, conjunctivitis, nasal congestion, sore throat, lack of taste or scent, nausea, or a skin rash or finger or toe discoloration. Usually, these symptoms are moderate, and starts gradually. Many people get diseased but with very mild signs."

It is anyways essential to keep hand and respiratory cleanliness, which is the best way to safeguard others and yourself. You should keep a distance of at least 2 meters from others, where possible.

Talking about mass media, it is the means used to connect to the public. It is just a technology which targets a mass audience. "It is the major way of contact which is used to draw the attention of vast majority of the population. Newspapers, radio, tv, and Internet are the most common platforms for it. The people are generally dependent on news media which educates them about various national issues, social issues, news in pop culture, and entertainment."

Regulation of virus transmission to decrease the impact of the virus on a people is very important public health directive. The media coverage of a pandemic will give valuable knowledge to the people that, in addition, will promote beneficial safe coping behaviours (i.e., handwashing, social distance) in people, which can minimize the risk of contracting the disease.

The mass media includes radio, in which various radio jockeys are spreading awareness about social distancing and are trying various ways to aware people and inform them. While the other is advertising in which releasing influencing theme advertisements help people to stay aware and change their behaviour by following precautions and staying positive. While the next is entertainment sector including music videos and web series where special theme based content is being produced including 'Muskuraega India' songs which spread positivity and producing content showing ways of doing creative artworks or how they can spend their time in productive use.

While the other mass media includes YouTube channels where people have come up with their own creative ways of learning new things at home or providing tutorials from home. These mass media option have actually played a major role in influencing and creating an impact in the public.

It has created and delivered alternatives to distract your mind from the increasing negative news by publishing content about special time, like cooking food at home together. These types of connections not just showed a sense of ease to households, but also tried to ease the anxiety amongst the people.

Amongst all this the mass media has played a key role by communicating critical as well as verified information to all. They have not just communicated the information about virus and its containment but about vaccine and ways to cure it and prevent it sitting from home. The media also played a major role by providing positive news to people and keeping people hopeful and reducing the mental health.

Various news channels also started special programmes including yoga sessions, meditation session in morning hours while entertainment sessions in afternoon hours to keep people stress free.

The mass media should have major role in creating an impact on behaviour change of the people in the time of COVID-19 pandemic. However, further it should take more measures and educate people about way of living their life with COVID-19 by taking precautions.

They should help people to understand the gravity and instead of focusing on political statements of various leaders, they should show things that are really important for people and do not create hype in such things that can lead to various communal or political tension amongst the people.

They should try and ensure that this fight is against coronavirus for everyone and everyone must get united in order to fight against the deadly virus.

However, mass media has also inflated the amount of fake news in this crucial period. Along with fake news, mass media has led to panic in the general public.

2. Objective

- To analyse role of mass media in transforming the behaviour of people during pandemic.
- To analyse the effect of mass media on decreasing the rate of spread of virus during COVID-19.
- To enumerate the disadvantages of mass media in different pandemics including COVID-19.
- To analyse the role of mass media in public awareness and education of people about pandemics.

3. Methodology:

It is based on literature review. In order to gain a better insight into the several research papers, scientific journals, newspaper articles, various publications of the centre, state and local government, books, magazine articles and different publication of foreign government and their subordinate organisation are reviewed.

Exclusion: The role played by mass media in reducing non-contagious diseases is excluded. While the reports of mass media reporting fake or incorrect news is also excluded from the study.

Inclusion: All the reports showing the key role played by mass media in reducing the spread of virus in pandemics and educating people about virus and how to take precautions are included. Articles about mass media helping people to overcome the stress due to pandemic are also included.

Literature Review:

Date	Title	Authors and link	Objective	Result/Conclusion
3-Nov-2015	The Effects of Media Reports on Disease Spread and Important Public Health Measurements	Shannon Collinson, Kamran Khan, and Jane M. Heffernan https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4631512/	To find out the effects of Media Reports on Disease Spread and Important Public Health Measurements	Mass media campaigns should be used to inform the public so that behaviour change can result. It has been shown that information conveyed by the media is becoming the critical factor as to whether a vaccination campaign will succeed. It is believed that the media coverage of the recent SARS and 2009 H1N1 epidemics influenced the total spread of these pathogens. More recently, MERS-CoV, Ebola, and H7N9 have been the subject of many media reports.
4-Feb-2011	Effect of media-induced social distancing on disease transmission in a two-patch setting	Sun C, Yang W, Arino J, Khan K https://www.ncbi.nlm.nih.gov/pubmed/21296092/	To find out the effect of media-induced social distancing on disease transmission in a two-patch setting	A global qualitative analysis is carried out, showing that the typical threshold behaviour holds, with solutions either tending to an equilibrium without disease, or the system being persistent and solutions converging to an endemic equilibrium. Numerical analysis is employed to gain insight in both the analytically tractable and intractable cases; these simulations indicate that media coverage can reduce the burden of the epidemic and shorten the duration of the disease outbreak.
28-april-2020	Health Communication Through News Media During the Early Stage of	Wai-Kit Ming https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7189789/	To collect media reports on COVID-19 and investigate the patterns of media-directed	Topic modelling of news articles can produce useful information about the significance of mass media for early health communication. Comparing the number of articles for each day and the outbreak development, we

	the COVID-19 Outbreak in China: Digital Topic Modeling Approach		health communications as well as the role of the media in this ongoing COVID-19 crisis in China.	noted that mass media news reports in China lagged the development of COVID-19. The major themes accounted for around half the content and tended to focus on the larger society rather than on individuals. The COVID-19 crisis has become a worldwide issue, and society has become concerned about donations and support as well as mental health among others. We recommend that future work addresses the mass media's actual impact on readers during the COVID-19 crisis through sentiment analysis of news data.
10-may-2016	Impact of Mass Media on Public Behavior and Physicians: An Ecological Study of the H1N1 Influenza Pandemic	Shlomi Codish, Lena Novack, Jacob Dreiher, Leonid Barski, Alan Jotkowitz, Lior Zeller and Victor Novack https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/impact-of-mass-media-on-public-behavior-and-physicians-an-ecological-study-of-the-h1n1-influenza-pandemic/8FDB	To investigate the effect of mass media coverage of the H1N1 pandemic on the number of emergency department (ED) visits and hospital admission rates	During the 2009 H1N1 influenza outbreak in Israel, an increase in mass media coverage was associated with an increase in paediatric ED visits.

		49BB074EDD3783B8F0AC281D7E59#		
26-jan-2016	Mass media coverage helps slow down disease spread in an epidemic	Qinling Yan, Sanyi Tang, Sandra Gabriele, Jianhong Wu. https://www.sciencedaily.com/releases/2016/01/160126130819.htm	To check if there is an impact of media reports on behaviour change of people in epidemic	There is an importance of responses by individuals to the media reports, with behaviour changes having important consequence for the emerging infectious disease control. Therefore, for mitigating emerging infectious diseases, media reports should be focused on how to guide people's behavioural changes, which are critical for limiting the spread of disease.
22-march-2020	#COVID19: Social media both a blessing and a curse during coronavirus pandemic #COVID19: Social media both a blessing and a curse during coronavirus pandemic	S. Harris Ali, Fuyuki Kurasawa https://theconversation.com/covid19-social-media-both-a-blessing-and-a-curse-during-coronavirus-pandemic-133596	To find how social media has helped behaviour change in people during COVID19 pandemic.	As the outbreak intensified, social media has taken on new and increased importance with the large-scale implementation of social distancing, quarantine measures and lockdowns of complete cities. Social media platforms have become a way to enable homebound people survive isolation and seek help, co-ordinate donations, entertain and socialize with each other.

18-january-2018	Untapped aspects of mass media campaigns for changing health behaviour towards non-communicable diseases in Bangladesh	Reshman Tabassum, Guenter Froeschl, Jonas P. Cruz, Paolo C. Colet, Sukhen Dey & Sheikh Mohammed Shariful Islam https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0325-1	To identify the role of mass media campaigns for NCDs and the challenges along it, whilst stressing on NCD preventive programmes (with the examples from different countries) to change health behaviours in Bangladesh.	Mass media has enormous potential to support healthy behavioural changes and should be integrated into the NCD prevention programmes in Bangladesh. Bangladesh needs to pledge for effective measures through strategic routes, while planning to assimilate additional evidence on preventing and managing NCDs with appropriate mass media channels. Further research on emerging digital technologies necessitates to be explored in developing countries, such as Bangladesh, for changing health behaviour towards NCDs among target population.
October 2010	Use of Mass Media Campaigns to Change Health Behaviour The Effectiveness of Mass	Melanie Wakefield, Barbara Loken, Robert C Hornik https://pubmed.ncbi.nlm.nih.gov/20933263/ Lorien C. Abroms and Edward W. Maibach	To check the impact of mass media campaigns in health behaviour change. To find the ways in which mass communicatio	Mass media campaigns can produce positive changes or prevent negative changes in health-related behaviours across large populations. We assess what contributes to these outcomes, such as concurrent availability of required services and products, availability of community-based programmes, and policies that support behaviour change. Finally, we propose areas for improvement, such as investment in longer better-funded campaigns to achieve adequate population exposure to media messages. Our assessment of the published research on mass media campaigns finds that the preponderance of evaluated interventions has targeted
3-january-2003				

	Communication to Change Public Behaviour	https://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.29.020907.090824	n has been used—or can be used—to promote beneficial changes in behaviour among members of populations.	the individual field of influence, and to a lesser extent, the social network field of influence. We would be wise to turn our attention to exploring systematically how we can use public health communication interventions to cultivate change in these fields of influence. There is clearly a need to review, synthesize, and if possible meta-analyse the extant public health communication literature that has sought to create change at the social network and the community or population level, as well as at the local and distal level of place.

Data Reviewed:

(Use of Mass Media Campaigns to Change Health Behaviour, 2010) .

Campaign	Type of Behaviour	Competing Influences	Numbers and Characteristics of Mass Media Campaigns in Reviews	Summary Conclusions
Tobacco	Ongoing	Addiction, tobacco marketing, pricing, social norms	121: 25 controlled field experiments on youth and 40 on adults, and 57 population-based state/national mass media campaigns (NCI, 2008) 11 adult-focused with control groups/interrupted time series (Bala et al, 2008)	Strong evidence for benefit
Alcohol	Ongoing	Alcohol marketing, pricing and availability, social norms, addiction	15: eight on safe drinking (seven with counter-advertising components to improve literacy about alcohol advertising; Babor et al, 2003) 0 that were mass media only (Spoth et al, 2008) 17 (Anderson et al, 2009) Two social norms media campaigns (Moreira et al, 2009)	Little evidence for benefit
Physical activity	Ongoing	Lack of environmental support (eg, walking paths), safety concerns, labour-saving product	19: ten community-wide, three mass media only, six point-of-decision (Kahn et al, 2002) 15 mass media with community programmes (Cavill and Bauman, 2004) 17 mass media with community programmes (Finlay and Faulkner, 2005)	Moderate evidence for benefit, especially in motivated individuals and with prompts at point of decision

			Four mass media with community programmes (Matson-Koffman et al, 2005) Five point-of-decision (Williams et al, 2008)	
Nutrition	Ongoing	Food marketing and pricing lack of access to fresh fruit and vegetables	Eight (Pomerleau et al, 2005) Three community and three labelling fruit and vegetables (Matson-Koffman et al, 2005) 29 point-of-purchase (Brownson et al, 2006)	Moderate evidence for benefit when specific healthy food choices promoted
CVD prevention	Ongoing	As for nutrition and physical activity	Five (Shea and Basch, 1990) Five (Atienza and King, 2002) Seven community based (before 1998) with media components (Snyder et al, 2004)	Moderate evidence for benefit
Birth-rate reduction	Ongoing	Social norms for family size, lack of access to services	15 (Hornik and McAnany, 2001)	Moderate evidence for benefit, especially among motivated individuals
HIV infection prevention	Ongoing	Sexual drive, cultural reinforcement of risky behaviour, lack of access to services	Eight (Wellings 2002) 24 (Bertrand et al, 2006) 34 complementary to other interventions and routine media coverage of AIDS (Noar et al, 2009)	Moderate evidence for benefit on condom use; little evidence for benefit on number of sex partners

Cervical cancer screening	Episodic	Lack of access to screening services	10: four mass media alone, six with other components (Black et al 2002) Three mass media alone (Baron et al 2008)	Moderate evidence or benefit when used with other programmes
Breast cancer screening	Episodic	Lack of access to screening services	Four with community programmes (Snyder et al, 2004) 0 that were mass media only (Baron et al, 2008)	Moderate evidence for benefit, but no findings for mass media only
Bowel cancer screening	Episodic	Lack of access to screening services	0 that were mass media only (Baron et al, 2008)	No evidence for mass media only
Skin cancer prevention	Ongoing	Social norms for tanning	47: 12 mass media only, 35 with community interventions (Saraiya et al, 2004)	Insufficient evidence for individual behaviour change
Immunisation	One-off or episodic	Lack of access to vaccines	Seven complementing improved vaccination access (Hornik et al, 2002) Four mass media (Pegurri et al, 2005)	Moderate evidence for benefit
Diarrhoeal disease	Episodic	Previous custom of withdrawing food and liquids	Five with improved access to premixed rehydration solution and health-worker training (Hornik et al, 2002)	Moderate evidence for benefit
Breastfeeding	One-off or episodic	Cultural preferences, hospital practices	Two with health-worker retraining (McDivitt et al, 1993) Three with health-worker retraining or restricted marketing of infant formula (Wilmoth and Elder, 1995)	Weak evidence for benefit
Road safety	Ongoing	Alcohol marketing and	15 with enforcement campaigns (Dinh-Zarr et al, 2001)	Strong evidence for increased

		pricing, drowsiness, road and vehicle design	87 and 35 with other campaigns for road safety and comparison groups (Morrison, et al, 2003) Nine (Ditter et al, 2005) Eight with campaigns for drink-driving (Elder et al, 2004)	use of safety belts and decreased drink driving when enforcement campaigns used, mixed conclusions for designated driver campaigns
Organ donation	One-off	Cultural and religious beliefs, family relationships	14 complementing World Transplant Games Federation events (Slapak, 2004)	Moderate evidence for benefit
Mental health, violence, and child maltreatment	Ongoing	Social norms, access to violent means of harm (weapons, drugs, etc)	Five (Mikton and Butchert, 2009) Five (Mann et al, 2005)	Inconclusive findings for child maltreatment; little evidence for benefit in suicide prevention
Prehospital response times for potential heart attack symptoms	Episodic	Rural location, failure to recognise severity	16 with other components (Finn et al, 2007)	Moderate evidence for decreased delay and emergency calls

4. Discussion:

4.1 Mass Media

Mass media as the term itself means something which can reach to large number. Mass media is medium through which we can communicate an information, an idea, a content or an emotion to large number of people at one time. It can be through multiple ways including advertisement, television news, newspaper, radio, music, movies, internet, mobile apps, social media platforms, emails etc.

Broadcast media electronically relay information through outlets such as videos, radio, recorded music, or television. Online networking includes smartphone and Web mass contact. Digital networking comprises resources such as e-mail, social media platforms, blogs, and radio and television focused on the Digital. Some other media organizations have extra digital existence, such as connecting to internet TV ads, else providing public or printed QR codes to send smartphone visitors to their website. Through this way, they are able to leverage the Internet's simple connectivity and outreach tools, since they can conveniently distribute information simultaneously and cost-efficiently through several different regions of the world. Outdoor media relay information through media like AR ads; banners; blimps; inside and outside busses; flying banners (aircraft tow signs) stores, sports grounds, cars or trains. Print media communicates information through tangible items, like books, comic books, magazines, brochures or newspapers. Mass media may also be considered forms of event management and public speaking.

In the 1920s mass media was developed as an concept. Modern mass media have three primary forms: print, television, and cinema. They are continually developing new forms.

The Web has altered the essence of mass media by producing consumers who monitor and even construct their own mass media, and makers who can track customer responses easily.

Being a smart media user means exposing yourself to a range of perspectives, so you can become more expert at identifying subtle, not subtle, ways of misinformation and prejudice.

Mass media are types of communications that can be described as delivery of messages to wide and diverse audiences widely, rapidly and continuously in the try to impact them in some or the other way.

According to new research… (*Understanding Mass Media and Mass Communication*, 2018). “As per American communication scholars Melvin DeFleur and Everette Dennis, there are five definite phases of mass communication:

- Specialized communicators create different kinds of "messages" for specific display.
- The messages are distributed via some kind of mechanistic media in a "fast and continuous" way.
- A huge and diverse audience embraces the messages.
- Those signals are perceived and given meaning by the audience.
- In some way the viewer gets affected or changed.

There are six commonly known results intended for mass media. The two best known are television advertisements and election campaigns. Public service ads were created for educating people on health issues such as prevention of smoking or HIV diagnosis. Popular media were used (for example, by the Nazi party in Germany in the 1920s) to indoctrinate voters in government ideology. Sporting activities such as the World Series, World Cup Baseball, Wimbledon, and the Super Bowl are used by mass media to serve as a ceremonial occurrence in which viewers participate."

Studies into the influences of mass media started in the 1920s and 1930s, with the advent of muckraking journalism — elites became concerned about the influence of investigative reporting on political decision-making in magazines like McClure's. When television became readily available, mass media was a significant subject of research in the 1950s, and university departments devoted to communication studies were created. Such early experiments explored the perceptual, social, attitudinal, and behavioural impact of advertising on both children and adults; scholars started using these earlier findings in the 1990s to expand hypotheses about advertising use today.

Theorists like Irving J. Rein and Marshall McLuhan in the 1970s cautioned that reviewers of the media required to look at how media influences people. This stays a core issue today; much consideration has been given, like, the effects of false news spread on social media on the 2016 election. But today's innumerable types of mass communication have urged certain scholars to initiate investigation about "what people do with media".

4.2 Forms of Mass Media

In research from Edu (2020) “Based on their local language and culture, people have developed various means of communication. Modern media is unique in all the eldest styles of media for generational transmission of values and culture. Communication mechanisms were developed from society's values, customs, and traditions. Traditional media conveys age-long ethnic method of contact.”

Forms of Traditional Media

• Folk Dances and music

• Theatre, Painting, and announcements

• Puppetry

• Storytelling

• Rural Radio

Print Media

“Print Media is regarding the written mode of reports as well as data, in plain terms. Before the invention of the machine, it absolutely was necessary to handwritten printed materials which made mass circulation next to impossible. Medium is the essential forms of tool in mass media that creates about to a wider audience extremely popular and convenient.”

Forms of medium

• Newspapers

• Periodicals, Magazine, and Newsletters

• Brochures, Pamphlets and Leaflets

• Books, Comics and Novels

Electronic Broadcasting Media

“A delivery of audio as well as video information over the web media medium to a distributed audience is called broadcasting. The term 'broadcasting' initially applied to the planting the seeds in the farm by dispersing seeds in vast area. It makes it easy for even an ignoramus to disseminate news, because it attracts to both audible and optical senses and makes it the one in all foremost productive forms of mass media.”

Types of Broadcasting Media

• Television

• Radio

• Film

• Games

Outdoor Media

“It is also called Out of Home media, which focuses on broadcasting info and news when the public is not at their home. It emphasis on showcasing ads and drawing individuals toward new goods, any social purpose, or other social growth or improvement. Those are significant within the promotion of brands seen on houses, highways, roadside, electric polls, screens, vehicles, etc.”

Forms of Outdoor Media

• Billboards or Inflatable Billboards

• Mobile Billboards

• Banner

Transit Media

“Transport Advertising centers round the idea of visibility and distribution of data when users are "on the move" publically areas or in transport. Those provide car and freight ads show. With the goal of "driving a message home," it is used considerably for the huge marketing of brands to voluminous those that travel the streets and highways of the country daily.”

Some might imagine that such sort of mass media is irrelevant, however, it's commonly seen on the bus sides, in trains, at stations where passengers pass from transport.

Forms of Transit Media

• Bus Advertising

• Railway Advertising

• Taxi Advertising

• Transit Shelter Advertising

New Media or Digital Media

“After globe wide web by English physicist Tim Berners-Lee was introduced in 1989, as a result of quicker transmission speed and improved computer technologies, the net has dramatically appropriated all styles of

mass media. Digital Media could be a two-way collaborative contact between consumers who are involved content and material providers.

Normally Digital Media could be a new form of traditional newspapers. It is majorly a fastest growing mass media as it just need a computer and Internet connection providing easy accessibility. From writing a story and designing graphics, it will be extremely advantageous to pursue a career during this field."

Types of Digital Media

• Websites

• Emails

• Social Media and Social Networking Sites (SNS)

• Webcast and Podcast

• Blogging and Vlogging

• IPTV (Internet Protocol Television)

• E-forums and E-books

4.3 Mass Media in Pandemics

Control of influenza transmission to scale back the impact of the virus on a population is a crucial public health directive. Large media coverage about an endemic or pandemic that provide the general public with valuable knowledge which, in effect, will promote beneficial safe behavioural behaviours in people, which may decrease the chance of catching disease.

Statistical models are accustomed study the consequences on epidemic / pandemic outcomes of the mass media reports. During the study we employed a model based on stochastic agent to quantify media reports about variability in the important measurements of healthcare in public. We will provide evidence from the social media survey gathered by world Public Health Research Network to analyse the impact of the 2009 H1N1 pandemic on fourth estate coverage. They consider that the pace of coverage and therefore individuals lose healthier habits significantly at higher degree that affects variation in critical measures of healthcare in public. However, when the data of news for the mass media were employed in the study, two levels of infection occur.

According to (*Use of Mass Media Campaigns to Change Health Behaviour*, 2010b) "Enlightening literature like newspaper articles and advertisements, posters, radio and television messages, and social media posts are used to inform the public daily on recent health updates.
The mass media stores can help in spreading of the message. Researches on campaigns based on mass media and healthy actions have informed that these campaigns can produce optimistic behaviour modification and even avoid negative change amongst people. Hence it is concluded that such campaigns can be used to enlighten the public so that behaviour change may cause.

It's been depicted that data communicated by media is becoming the major factor that whether or not a immunization campaign will be successful, it's considered that the news covered by media of recent SARS and 2009 H1N1 outbreaks had a influence on the whole spread of pathogens.

Lately MERS-CoV, Ebola, and H7N9 were the hot topic in many media reports. Widespread coverage of social problems by media can result in desensitization to news reports. A reduced emotional reaction to a pessimistic or a negative motivation after frequent contact. A similar spectacle can happen with health proceedings – individuals is also possible to require protections against getting ill with the key reports of an widespread threat, but specific understanding to reports may decrease with time, and social distancing practices is also relaxed, affecting disease spread.

To control virulent diseases, a better knowledge of the outcomes of mass media on the application and weakening of social distancing practices is needed. Virus control is accomplished by a range of strategies including immunization, use of drug therapy, hand washing and social distancing — avoiding the visit in crowded places or having close contact with others.

However, serums and medical treatments are in vain or inaccessible. Hence, precautionary measures like washing hands and social distancing activities, which should be always applied during awidespread of transmissible disease, as they play a major role in reducing the possibility of catching and spreading disease.

Mass media campaigns can be used to generate awareness through communicating information on present and successful vaccination, medical therapy and social distancing precautions."

Public health awareness and educative campaigns, which include useful literature like posters, newspaper articles, radio and tv broadcasts, and social media creatives are used to tell people about present health issues. Mass media can okay a major role in publicizing that material. Researches of media works and positive conduct have showed that such campaigns can encourage change in optimistic behaviour and even avoid a shift in particular person's pessimistic attitude.

Therefore, it's believed that mass media initiatives should be accustomed educate the general public therefore the improvement of behaviour. The worldwide coverage of the latest H1N1 and SARS widespread of 2009 is considered to impact the general spreading of pathogens. More lately, various media reports have included MERS-CoV, Ebola and H7N9.

Pervasive media coverage of social issues can result in media reports being desensitized. Similar trend will arise along with emergencies related to health-with the initial news of an endemic or health danger, people are more likely to require action against being sick, however individual vulnerability to evidence of disease can decrease with time and practices like social distancing can relax, manipulating the spread of disease. A deeper awareness about impact of mass media on the adoption as well as weakening of social distancing practices is required to assist monitor communicable disease.

4.4 Impact of mass media in behaviour change

Dramatic growth of info and interaction technology like social and digital media is occurring everywhere creating rapid shifts. Gradually the mass media take society into a new societal paradigm and continue to decide the collective mentality and actions of the people.

News media presence in transmitting the information helps to cause a transition and an impact on taking decision on group life habits. Separate provided evidence is well-known to provide positive and negative measurable impact. The media slowly but steadily forms public opinions of how a person sees his or her own and how one can react to the reality of daily life.

The media tells the public whether a human being's quality of life is acceptable, thereby implicitly allowing the society to determine if their environment is viable or if it has reached these expectations, and this metric is highly affected by what the media see, hear and learn. The media's message / information can be a helpful community for the safer, trying to make people feel positive about themselves, feel equally. The behavioural change model due to mass media can take place in a public environment, school, or in social life.

The flow of information in socio-psychological way still hit our lives causes different impacts, especially for younger children and teenagers, on mental growth. The model of their conduct, slowly gets inspired by what they get, may diverge from the period of mental growth as well as from the rules.

Mass media influence may involve wide variety of things that diverge from public expectations. In current times the people generally believe that it is not something that would violate the standard but instead it considers it as a part of mainstream phenomenon. Additionally, its development is quick, and can be enjoyed easily because people try to think in practical sense.

"Knowing" smoking by smokers causes serious illness, but they don’t feel the harm. Advertising initiatives will make that more tangible, make it more important to leave, and remember and emphasize the requirement to leave. Narrative letters and many can understand graphic texts.

Studies have shown that well performing advertisements try to do this in various subsections of the population. This results that it is not required to make advertisement customized to smaller subsection of the population – nevertheless, it is required to assure that advertisement has a touch to groups. Output – major involvement in recycling current high-running ads which can be used in other countries.

Mass media campaigns have ability to play a major role in changing the behaviour of health in population. These campaigns are not the magic bullets and are best backed by other plans. Attracting enough population coverage is needed to experience both direct and indirect ways of inspiration and to compete with health-destroying information effects on the way of behaviour and so needs continuous investment information need slow and steady growth and prior testing with actual targeted audiences

According to (*Use of Mass Media Campaigns to Change Health Behaviour*, 2010b) ‘The major promising results on mass media campaign are from Stanford study performing a system to reduce cardiac disease

vulnerability among three community residents. Campaigns used in combining with mass media have reported positive change in nutrition and smoking attitudes and change in public behaviour.”

4.5 Role of mass media in COVID-19

In the scenario where no individual can walk out of his house in the fear of catching the deadly virus which can infect a person in just 15 minutes of a contact with a infected person, it was just one way of reaching mass, teaching mass, and motivating mass to ensure taking precautions and to communicate the important information. It is mass media, which not only can reach each Indian but even people living overseas in other parts of the globe with just one click.

Mass media whether it is print media, broadcast media, radio, social media or digital media has a power to reach every person and is playing a major an important role at the time of COVID19 in communicating the true and valuable information, educating and motivating the people with the information hence changing their behaviour to improve health scenario in the society.

As soon as coronavirus outbreak took place in China's Wuhan it was mainstream media and social media which was continuously providing the information about the situation there and precautions that people need to take to rest of the world.

After the deadly virus spread to other parts of the world, and when countries went under strict lockdowns, it was social media, digital media and mainstream media which helped world to be aware about the virus and the situation around them.

Starting from Janta Curfew and informing people to start practising social distancing, politicians, celebrities and influencers around the globe either used broadcast media or social media to influence people, inform them and motivate them to follow the precautionary measures.

Even honourable prime minister Narendra Modi used mass media including TV broadcast and Radio to share his thoughts, and addressed nation and also came up with great unifying campaigns including beat thalis or bells to say thankyou to health workers, light diyas at home to pray and create a hope of overcoming the situation. *(as shown in fig 1)*

Even the celebrities started influencing people and educated people to stay positive and get together to fight against the virus by staying at home – 'Jeet Jayega India', 'Salman Khan's video on social media asking people to stay at home, Taylor Swift, Lady Gaga, Emmy Rossum, Akshay Kumar, even Barack Obama used social media as a medium to motivate people.

Along with this motivational steps, Ratan Tata stepped up to motivate people to stop going to workplace as this year is to save lives so that we can earn later, meanwhile various other directors including Mumbai police came up with a video in which cops urged people to stay at home so that they can stay safe.

Along with digital media, even radio channels initiated to put motivational talks on air – RJ Naved started doing pranks with people who were going out of their house to educate them so that others can understand the importance of staying at home and fighting against the COVID19 pandemic.

Along with radio, even broadcast media including news channels came up with special show in which they broadcasted funny and entertaining videos of people showing the ways they are spending the lockdown at home. They also viewers to send their videos to channel so that their videos can also be broadcasted.

Meanwhile newspapers also came front with various motivating campaigns – Times of India came up with *#MaskIndia* campaign in order to motivate people to wear mask while going out and motivating them to stay at home.

While even big social media platforms including YouTube, twitter, Facebook came up with separate section for COVID19, while even Government of India stepped up with an Arogya Setu app, a digital platform, in order to fight against COVID19 pandemic in India.

While, Paytm, GPay and various other payment apps came up with a separate section for COVID19 donation which motivated people and according to a news article, amount over one billion was donated to the PM Care Fund account in India.

Mass media has helped people in changing behaviour by educating the people about importance of wearing mask and importance of following social distancing rule.

(As shown in fig 2 and 3)

Within few months of online media campaigns, digital media and broadcast media played a major role in normalising the situation by telling people to take precaution but not fearing from the virus.

By promoting the UNLOCK phases in the country the media educated people to go out and work with precautions. Mass media also played a major role in boosting up the economic situation even during the lockdown by helping business through online while after the lockdown media helped by encouraging people to got out with precautions and accept the new normal.

Even various online platforms including zoom meeting apps, Microsoft teams helped students to stay connected to their studies and professionals to conduct meetings and continue their work from home, while webinars helped people to conduct live sessions for a mass public.

4.6 Fake news in pandemic due to mass media

Social media platforms like Facebook, Instagram, WhatsApp etc have faced a great reputational crisis in in 2020 during U.S. presidential election, however, it was managed.

The COVID-19 has pandemic let to altogether a different and serious issue: the life-threatening situations due to fake cures, misleading allegations, and conspiracy stories about the pandemic. Till now, AFP has revealed and exposed more than 200 rumours and myths about the disease. Experts have alleged a stricter action against such sources by tech companies in order to prevent fake and misleading information and the rate of speed at which it is getting spread online.

A consumer's influential thought towards the information that he or she thinks will get trend typically overtakes and influences decision-making during online. This can be understood by a little explanation that social media algorithms are made in such a way to attract to user's interests: the focus is on things that he sees, likes or stares for more time, it is not accurate.

In research from Freeze (2020) "With the help of a controlled tests with more than 1500 participants, the study found that fake claims were somewhat shared because people were unable to make out whether the claims or information was trustworthy. In the second test of same study, when consumers were retold to think about what they were visiting or sharing accurately, their level of awareness increased to the double fold. This approach — known as 'accuracy nudge intervention' — from these media companies could restrict the spread of fake news and information, the report claimed."

"There probably may be a concern from social networking companies about accuracy warnings degrading the user experience because you're exposing users to content that they didn't want to work out. But I hope by talking about this more we'll get them to require this seriously and check out it."

According to a media byte of Guy Berger, Director for Policies and methods regarding Communication and data, UNESCO, "There seems to be barely a section left untouched by disinformation in relevance the COVID-19 crisis, starting from the origin of the coronavirus, through to unproven prevention and 'cures', and encompassing responses by governments, companies, celebrities et al" The great risk is any individual falsehood that gets attention in public can overtake the position of a system with true facts and figures. "When disinformation is repeated and amplified, including by influential people, the grave danger is that information which relies on truth, lands up having only marginal impact."

"The motives behind spreading disinformation can be political aims, self-promotion, and attracting attention as a part of a business model. those that do so, play on emotions, fears, prejudices and ignorance, and claim to bring meaning and certainty to a reality that's complex, challenging and fast-changing. However, not everyone accountable for spreading untruths is doing so maliciously. Well-intentioned people are uncritically circulating dubious content. These different motives require different responses, but we must always not lose sight of the actual fact that, regardless of intention, the effect of sharing falsehoods is to disinform and disempower the general public, with deadly potential."

Recommendation/conclusion

After the detailed review on the topic and research, I think mass media should have worked more towards precautions then panic as flashing overloaded information in general public and repeated focus on increase in virus has created fear amongst the public.

Instead of creating fear, media should have worked on precautions and ways to stay safe.

The flow of information increased so much in last few months that rate of flow of fake news also increased mostly through social media including WhatsApp - for instance a fake news was broadcasted through WhatsApp about trains for migrants in Mumbai and a similar news was broadcasted in Delhi about buses due to which an exorbitant amount of crowd gathered in both the places which further pushed on the virus case. *(As shown in fig 4)*

Mass media should have kept a check and should have averted such incidents. Meanwhile mass media will have to prioritize their focus as their information drive the public's mindset. Instead of debating and discussing on Tablighi Jamaat case, media should have focussed on staying at home and following social distancing during initial days of outbreak in India, as we could have easily curbed the virus in that stage.

Media should have told people about importance of staying indoors and possible situations ahead. Verified and informative articles are required by the media to inform people with verified sources.

Mass media should also promote self help groups and drive community instead of distributing it in religion, caste or financial groups.

The fear of COVID was furthermore escalated after mass media brought up the identities of positive cases on public platform. Publishing their identity created stigma in the people's mind against them as people started discriminating them.

Mass media also showed various disturbing footages of hospitals or cremation which further created more stigma in people.

In all mass media should work on curbing mental stress of people and should promote safety and precaution instead of fear.

Focusing more on recovery numbers and active numbers will be more helpful instead of flashing total positive number of cases on news channels or social media platforms.

Keywords:

COVID-19, mass media, behaviour change, impact, coronavirus, pandemic, recovery, fake news, information.

Fig 1 (image source: pmindia.gov.in)

Fig 2, 3 (images source: fssai)

Fig 4 (image source: Deccan Hearald)

References

1. ThoughtCo. 2020. *Understanding Mass Media And Mass Communication*. [online] Available at: <https://www.thoughtco.com/mass-media-and-communication-4177301> [Accessed 30 May 2020].
2. 2020. [online] Available at: <https://www.researchgate.net/publication/283492667_The_Effects_of_Media_Reports_on_Disease_Spread_and_Important_Public_Health_Measurements> [Accessed 30 May 2020].
3. Leverage Edu. 2020. *Types Of Mass Media - A Complete Guide To Mass Media - Leverage Edu*. [online] Available at: <https://leverageedu.com/blog/types-of-mass-media/> [Accessed 30 May 2020].
4. Isbnpa.org. 2020. [online] Available at: <https://www.isbnpa.org/files/annual_meetings/2015/12/17/32/attachments/56730970e0bdc.pdf> [Accessed 30 May 2020].
5. Annual Reviews. 2020. *The Effectiveness Of Mass Communication To Change Public Behavior*. [online] Available at: <https://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.29.020907.090824> [Accessed 30 May 2020].
6. Robertson, T. and Wortzel, L., 2020. *Consumer Behavior And Health Care Change: The Role Of Mass Media*. [online] Acrwebsite.org. Available at: <https://www.acrwebsite.org/volumes/9478/volumes/v05/NA-05> [Accessed 30 May 2020].
7. The Hindu. 2020. *A New Wave Of The Fake News Pandemic Is Born*. [online] Available at: <https://www.thehindu.com/news/international/a-new-wave-of-the-fake-news-pandemic-is-born/article31200970.ece> [Accessed 30 May 2020].
8. UN News. 2020. *During This Coronavirus Pandemic, 'Fake News' Is Putting Lives At Risk: UNESCO*. [online] Available at: <https://news.un.org/en/story/2020/04/1061592> [Accessed 30 May 2020]
9. Sahoo, N., 2020. *How Fake News Is Complicating India'S War Against COVID-19 | ORF*. [online] ORF. Available at: <https://www.orfonline.org/expert-speak/how-fake-news-complicating-india-war-against-covid19-66052/> [Accessed 30 May 2020].
10. Wakefield, M., Loken, B. and Hornik, R., 2020. *Use Of Mass Media Campaigns To Change Health Behaviour*.
11. Hauck FR, Tanabe KO. International trends in sudden infant death syndrome: stabilization of rates requires further action. Pediatrics. 2008;122:660–66. [PubMed] [Google Scholar]
12. Soumerai SB, Ross-Degnan D, Kahn JS. Effects of professional and media warnings about the association between aspirin use in children and Reye's syndrome. Milbank Q. 1992;70:155–82. [PubMed] [Google Scholar]
13. Morrison DS, Petticrew M, Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. J Epidemiol Community Health. 2003;57:327–33. [PMC free article] [PubMed] [Google Scholar]

14. Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab W. Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes: a systematic review. Am J Prev Med. 2004;27:57–65. [PubMed] [Google Scholar]
15. Ditter SM, Elder RW, Shults RA, Sleet DA, Compton R, Nichols JL. Effectiveness of designated driver programs for reducing alcohol-impaired driving: a systematic review. Am J Prev Med. 2005;28 (suppl 5):280–87. [PubMed] [Google Scholar]
16. Dinh-Zarr TB, Sleet DA, Shults RA, et al. Reviews of evidence regarding interventions to increase the use of safety belts. Am J Prev Med. 2001;21 (suppl 4):48–65. [PubMed] [Google Scholar]
17. Williams AF, Reinfurt D, Wells JK. Increasing seat belt use in North Carolina. J Safety Res. 1996;27:33–41. [Google Scholar]
18. Salzberg PM, Moffat JM. Ninety five percent: an evaluation of law, policy, and programs to promote seat belt use in Washington state. J Safety Res. 2004;35:215–22. [PubMed] [Google Scholar]
19. Slapak M. The effect of The World Transplant Games on transplant rates in five continents. Ann Transplant. 2004;9:46–50. [PubMed] [Google Scholar]
20. Morgan SE. The intersection of conversation, cognitions, and campaigns: The social representation of organ donation. Commun Theory. 2009;19:29–48. [Google Scholar]
21. Pomerleau J, Lock K, Knai C, McKee M. Interventions designed to increase adult fruit and vegetable intake can be effective: a systematic review of the literature. J Nutr. 2005;135:2486–95. [PubMed] [Google Scholar]
22. Matson-Koffman DM, Brownstein JN, Neiner JA, Greaney ML. A site-specific literature review of policy and environmental interventions that promote physical activity and nutrition for cardiovascular health: what works? Am J Health Promot. 2005;19:167–93. [PubMed] [Google Scholar]
23. Huhman ME, Potter LD, Duke JC, Judkins DR, Heitzler CD, Wong FL. Evaluation of a national physical activity intervention for children: VERB™ campaign, 2002–2004. Am J Prev Med. 2007;32:38–43. [PubMed] [Google Scholar]
24. Economos CD, Hyatt RR, Goldberg JP, et al. A community intervention reduces BMI z-score in children: Shape Up Somerville first year results. Obesity. 2007;15:1325–36. [PubMed] [Google Scholar]
25. Sanigorski AM, Bell AC, Kremer PJ, Cuttler R, Swinburn BA. Reducing unhealthy weight gain in children through community capacity-building: results of a quasi-experimental intervention program, Be Active Eat Well. Int J Obes. 2008;32:1060–67. [PubMed] [Google Scholar]
26. Shea S, Basch CE. A review of five major community-based cardiovascular disease prevention programs. Part II: intervention strategies, evaluation methods, and results. Am J Health Promot. 1990;4:279–87. [PubMed] [Google Scholar]
27. Atienza AA, King AC. Community-based health intervention trials: an overview of methodological issues. Epidemiol Rev. 2002;24:72–79. [PubMed] [Google Scholar]
28. Roccella EJ. The contributions of public health education toward the reduction of cardiovascular disease mortality: experiences from the National High Blood Pressure Education Program. In: Hornik

RC, editor. Public Health Communication. Mahwah, NJ: Lawrence Erlbaum Associates; 2002. pp. 73–83. [Google Scholar]

29. Snyder LB, Hamilton MA, Mitchell EW, Kiwanuka-Tondo J, Fleming-Milici F, Proctor D. A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. J Health Commun. 2004;9 (suppl 1):71–96. [PubMed] [Google Scholar]
30. Brownson RC, Haire-Joshu D, Luke DA. Shaping the context of health: a review of environmental and policy approaches in the prevention of chronic diseases. Annu Rev Public Health. 2006;27:341–70. [PubMed] [Google Scholar]
31. Reger B, Wootan MG, Booth-Butterfield S. A comparison of different approaches to promote community-wide dietary change. Am J Prev Med. 2000;18:271–75. [PubMed] [Google Scholar]
32. Cavill N, Bauman A. Changing the way people think about health-enhancing physical activity: do mass media campaigns have a role? J Sports Sci. 2004;22:771–90. [PubMed] [Google Scholar]
33. Marcus BH, Williams DM, Dubbert PM, et al. Physical activity intervention studies: what we know and what we need to know: a scientific statement from the American Heart Association Council on Nutrition, Physical Activity, and Metabolism (Subcommittee on Physical Activity); Council on Cardiovascular Disease in the Young; and the Interdisciplinary Working Group on Quality of Care and Outcomes Research. Circulation. 2006;114:2739–52. [PubMed] [Google Scholar]
34. Kahn EB, Ramsey LT, Brownson RC, et al. The effectiveness of interventions to increase physical activity. A systematic review. Am J Prev Med. 2002;22 (suppl 4):73–107. [PubMed] [Google Scholar]
35. Williams DM, Matthews CE, Rutt C, Napolitano MA, Marcus BH. Interventions to increase walking behavior. Med Sci Sports Exerc. 2008;40 (suppl 7):S567–73. [PMC free article] [PubMed] [Google Scholar]
36. Swaim RC, Kelly K. Efficacy of a randomized trial of a community and school-based anti-violence media intervention among small-town middle school youth. Prev Sci. 2008;9:202–14. [PubMed] [Google Scholar]
37. Mikton C, Butchart A. Child maltreatment prevention: a systematic review of reviews. Bull World Health Organ. 2009;87:353–61. [PMC free article] [PubMed] [Google Scholar]
38. Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ, Lutzker JR. Population-based prevention of child maltreatment: the U.S. Triple p system population trial. Prev Sci. 2009;10:1–12. [PMC free article] [PubMed] [Google Scholar]
39. Potter SJ, Moynihan MM, Stapleton JG, Banyard VL. Empowering bystanders to prevent campus violence against women: a preliminary evaluation of a poster campaign. Violence Against Women. 2009;15:106–21. [PubMed] [Google Scholar]
40. Mann JJ, Apter A, Bertolote J, et al. Suicide prevention strategies: a systematic review. J Am Med Assoc. 2005;294:2064–74. [PubMed] [Google Scholar]
41. Finn JC, Bett JH, Shilton TR, Cunningham C, Thompson PL. Patient delay in responding to symptoms of possible heart attack: can we reduce time to care? Med J Aust. 2007;187:293–98. [PubMed] [Google Scholar]

42. The Effects of Media Reports on Disease Spread and Important Public Health Measurements. (2020, July 13). PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4631512/
43. Elsevier. (2016, January 26). Mass media coverage helps slow down disease spread in an epidemic: Reports should focus on changing behavior, say researchers. *ScienceDaily*. Retrieved July 13, 2020 from www.sciencedaily.com/releases/2016/01/160126130819.htm
44. Lorien C (2008, January 3). The Effectiveness of Mass Communication to Change Public Behavior. Annual Review of Public Health 2008 29:1, 219-234. https://www.annualreviews.org/doi/10.1146/annurev.publhealth.29.020907.090824
45. Ali, H. S. (2020, March 22). *#COVID19: Social media both a blessing and a curse during coronavirus pandemic*. The Conversation. https://theconversation.com/covid19-social-media-both-a-blessing-and-a-curse-during-coronavirus-pandemic-133596

46. Codish, S. (2014, June 1). *Impact of Mass Media on Public Behavior and Physicians: An Ecological Study of the H1N1 Influenza Pandemic | Infection Control & Hospital Epidemiology*. Cambridge Core. https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/impact-of-mass-media-on-public-behavior-and-physicians-an-ecological-study-of-the-h1n1-influenza-pandemic/8FDB49BB074EDD3783B8F0AC281D7E59#

47. *Health Communication Through News Media During the Early Stage of the COVID-19 Outbreak in China: Digital Topic Modeling Approach*. (2020, April 1). PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7189789/

48. *Media coverage and hospital notifications: Correlation analysis and optimal media impact duration to manage a pandemic*. (2016, February 7). ScienceDirect. https://www.sciencedirect.com/science/article/abs/pii/S0022519315005366?via%3Dihub

49. Sun, C. (2011, January 5). *Effect of Media-Induced Social Distancing on Disease Transmission in a Two Patch Setting*. PubMed. https://pubmed.ncbi.nlm.nih.gov/21296092/

50. Tabassum, R. (2018, January 18). *Untapped aspects of mass media campaigns for changing health behaviour towards non-communicable diseases in Bangladesh*. Globalization and Health. https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0325-1

51. *The Effects of Media Reports on Disease Spread and Important Public Health Measurements*. (2020, July 13). PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4631512/

52. *Use of mass media campaigns to change health behaviour*. (2010, October 9). PubMed Central (PMC). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4248563/

PART-2

Patient Safety Specialisation:

(Safety level I & II)

By Johns Hopkins University

Introduction

What is Patient Safety?

Patient Safety is a health care discipline that emerged with the evolving complexity in health care systems and thus the resulting rise of patient harm in health care facilities. It aims to forestall and reduce risks, errors and harm that occur to patients during provision of health care. A cornerstone of the discipline is continuous improvement supported learning from errors and adverse events.

Patient safety is prime to delivering quality essential health services. Indeed, there's a transparent consensus that quality health services across the planet should be effective, safe and people-centred. additionally, to grasp the advantages of quality health care, health services must be timely, equitable, integrated and efficient.

To ensure successful implementation of patient safety strategies; clear policies, leadership capacity, data to drive safety improvements, skilled health care professionals and effective involvement of patients in their care, are all needed.

Preventable patient harms, including medical errors and healthcare-associated complications, are a worldwide public health threat. Moreover, patients frequently don't receive treatments and interventions known to boost their outcomes. These shortcomings typically result not from individual clinicians' mistakes, but from systemic problems -- communication breakdowns, poor teamwork, and poorly designed care processes, to call some. The Patient Safety & Quality Leadership Specialization covers the concepts and methodologies employed in process improvement within healthcare. Successful participants will develop a system's view of safety and quality challenges and should learn strategies for improving culture, enhancing teamwork, managing change and measuring success. they'll also lead all aspects of a patient safety and/or quality improvement project, applying the methods described over the seven courses within the specialization.

Some facts on patient safety (source: WHO.int)

- The occurrence of adverse events due to unsafe care is likely one of the 10 leading causes of death and disability in the world.
- In high-income countries, it is estimated that one in every 10 patients is harmed while receiving hospital care. The harm can be caused by a range of adverse events, with nearly 50% of them being preventable.
- Each year, 134 million adverse events occur in hospitals in low- and middle-income countries (LMICs), due to unsafe care, resulting in 2.6 million deaths.
- Another study has estimated that around two-thirds of all adverse events resulting from unsafe care, and the years lost to disability and death (known as disability adjusted life years, or DALYs) occur in LMICs.
- Globally, as many as 4 in 10 patients are harmed in primary and outpatient health care. Up to 80% of harm is preventable. The most detrimental errors are related to diagnosis, prescription and the use of medicines.
- In OECD countries, 15% of total hospital activity and expenditure is a direct result of adverse events.
- Investments in reducing patient harm can lead to significant financial savings, and more importantly better patient outcomes. An example of prevention is engaging patients, if done well, it can reduce the burden of harm by up to 15%.

About the course

Course 1: Patient Safety and Quality Improvement: Developing a Systems View (Patient Safety I)

Instructor: Melinda Sawyer, Director, Patient Safety

Course Objective:

A system view for patient safety and quality improvement in healthcare.

By this course, I would be able to:

- Describe a minimum of 4 key events within the history of patient safety and quality improvement.
- Define the key characteristics of high reliability organizations.
- Explain the advantages of getting strategies for both proactive and reactive systems thinking.

Course Duration: 5 hours

Learning Methodology: Course content was online with videos followed by quizzes which can be accessed for free.

Course Content

Week 1 - The History of Patient Safety and Quality Improvement

In this module, I reviewed the history of patient safety and quality improvement in healthcare. I started with defining the scope of the matter of preventable harm in healthcare which leads into the history of the work that has been done to this point that has helped to define, measure and improve preventable harm. I reviewed three landmark reports to make sure I've got a deep understanding of this work.

Learnings:

1) Identify a minimum of 4 key events within the history of patient safety a high-quality improvement.

2) Describe the key characteristics of every of the three landmark patient safety publications.

3) Summarize the impact of preventable harm on patients, communities, and society.

Week 2 - Definitions in Patient Safety and Quality Improvement: An Overview

I reviewed several key terms and tools that are utilized in patient safety and quality improvement. This allowed me to begin bent develop the common language used among patient safety and quality improvement experts and practitioners.

Learnings:

1) Differentiate between the terms harm, hazard, error and risk within a patient safety and quality improvement framework.

2) Describe how quality and safety overlap and how they are different.

3) Differentiate between root cause analysis and a failure mode and effects analysis.

Week 3 - High Reliability Organizing and Why it Matters

I learnt the fundamental principles of high reliability organizing.

Learnings:

1)Describe the socio-cultural characteristics of high reliability organizations (HROs).

2) Compare and contrast healthcare with high reliability organizations.

3) Identify three improvement tools for high reliability organizing.

Week 4 - Applying a Systems Lens to Healthcare

I learnt the basics of systems thinking and then apply these to a healthcare setting.

Learning:

1) Explain the basic components of a system.

2) Differentiate first order problem solving and second order problem solving.

3) Explain the benefits of having strategies for both proactive and reactive systems thinking.

Skills Gained after this course:

- Patient Care
- Systems Thinking
- Quality Improvement

About the Course

Course 2 – Setting the Stage for Success: An Eye on Safety Culture and Teamwork (Patient Safety II)

Instructor: Eileen Kasda

Course Objective:

Safety culture may be a facet of organizational culture that captures attitudes, beliefs, perceptions, and values about safety. A culture of safety is important in high reliability organizations and could be a critical mechanism for the delivery of safe and high-quality care. It requires a powerful commitment from leadership and staff. during this course, a secure culture is promoted through the employment of identifying and reporting patient safety hazards, accountability and transparency, involvement with patients and families, and effective teamwork.

Course Duration: 8 hours

Learning Methodology: Course content was online with videos followed by quizzes which can be accessed for free.

Course Content

Week 1 - Patient Safety Culture and Just Culture

I developed an understanding of what safety culture is and why it matters, how safety culture influences outcomes, how culture is assessed, and how strategies for improvement can be developed. Became familiar with the Just Culture model and how it is used when appropriating blame and accountability for human error, at risk behaviors, and reckless behaviors.

Learnings:

- Define safety culture and evidence linking safety culture and outcomes.
- Share ways to measure safety culture, debrief staff, and design interventions to improve safety culture.
- Review behavioral attributes and methods for managing unsafe acts.

Week 2 - Patient Safety, Quality, and the Patient Experience

The patient experience encompasses a range of interactions patients have with the healthcare system. Understanding patients' expectations and learning from their experiences is key to designing safer care delivery systems and providing patient and family-centered care.

Learnings:

- Distinguish patient and family centered care, patient satisfaction, patient experience and how that differs from patient and family engagement.
- Identify methods for measuring and improving the patient experience.
- Define the purpose and core elements of Patient Family Advisory Councils.

Week 3 - Event Reporting and Second Victims

Patient safety event reports are a critical data source for identifying and mitigating harm in high reliability organizations; yet, many healthcare organizations do not take full advantage of this data. At the conclusion of this module, I understood how event reports should be used to design safer care systems and how organizations can provide support to staff involved in medical errors.

Learnings:

- Identify the benefits of a robust event reporting system.
- Describe how event reporting data can be used to identify and mitigate harm.
- Discuss practices for disclosing adverse events to patients and families.
- Define second victims and the value of peer support programs.

Week 4 - Strengthening Safety Culture Through Teamwork

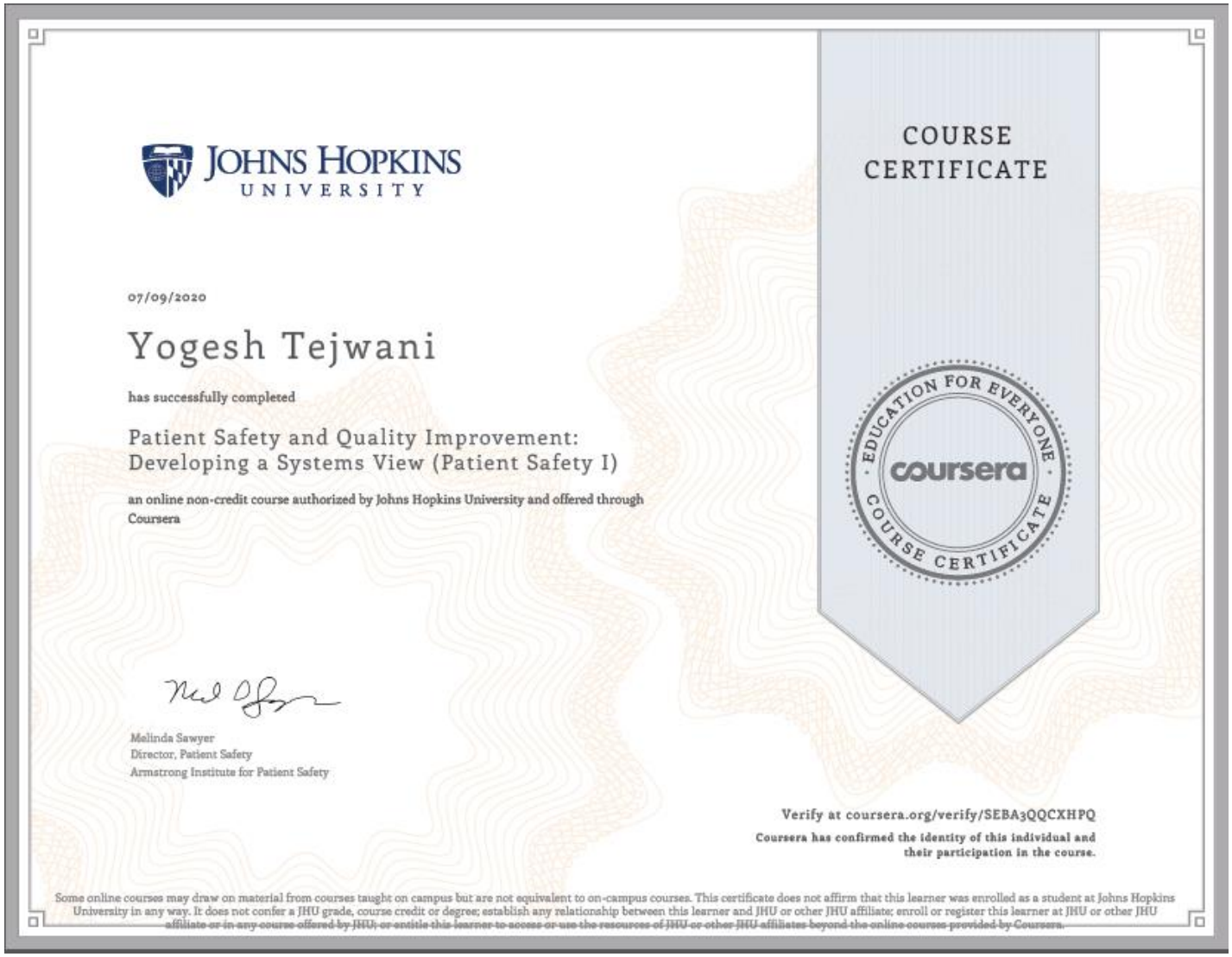
Research shows that many errors can be attributed to breakdowns in teamwork and communication. In this module, I learnt how safety culture can be strengthened though teamwork and communication. I also learnt skills critical in the prevention and mitigation of medical errors.

Learnings:

- Define teamwork and evidence linking teamwork to safety.

- Recognize methods to improve teamwork.
- Identify effective communication strategies.
- Define ways to build cross-collaboration across healthcare settings.

Patient Safety Specialisation: (Safety level I)



JOHNS HOPKINS UNIVERSITY

COURSE CERTIFICATE

07/09/2020

Yogesh Tejwani

has successfully completed

Patient Safety and Quality Improvement: Developing a Systems View (Patient Safety I)

an online non-credit course authorized by Johns Hopkins University and offered through Coursera

EDUCATION FOR EVERYONE · coursera · COURSE CERTIFICATE

Melinda Sawyer
Director, Patient Safety
Armstrong Institute for Patient Safety

Verify at coursera.org/verify/SEBA3QQCXHPQ

Coursera has confirmed the identity of this individual and their participation in the course.

Some online courses may draw on material from courses taught on campus but are not equivalent to on-campus courses. This certificate does not affirm that this learner was enrolled as a student at Johns Hopkins University in any way. It does not confer a JHU grade, course credit or degree; establish any relationship between this learner and JHU or other JHU affiliate; enroll or register this learner at JHU or other JHU affiliate or in any course offered by JHU; or entitle this learner to access or use the resources of JHU or other JHU affiliates beyond the online courses provided by Coursera.

Patient Safety Specialisation: (Safety level II)

JOHNS HOPKINS UNIVERSITY

COURSE CERTIFICATE

07/09/2020

Yogesh Tejwani

has successfully completed

Setting the Stage for Success: An Eye on Safety Culture and Teamwork (Patient Safety II)

an online non-credit course authorized by Johns Hopkins University and offered through Coursera

EDUCATION FOR EVERYONE · coursera · COURSE CERTIFICATE

Eileen M. Kasda

Verify at coursera.org/verify/Y5R87VTV3R8M

Coursera has confirmed the identity of this individual and their participation in the course.

Some online courses may draw on material from courses taught on campus but are not equivalent to on-campus courses. This certificate does not affirm that this learner was enrolled as a student at Johns Hopkins University in any way. It does not confer a JHU grade, course credit or degree; establish any relationship between this learner and JHU or other JHU affiliate; enroll or register this learner at JHU or other JHU affiliate or in any course offered by JHU; or entitle this learner to access or use the resources of JHU or other JHU affiliates beyond the online courses provided by Coursera.