Patient safety in health care professional educational curricula: Examining the learning experience

Some initial findings

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On behalf of the Patient Safety Education study Group

Background

Education, *be it formal or informal*, is the 'key' to how health care professionals think about, talk about and write about mishaps, errors and keeping patients safe.

Pre-qualification education has a central role in enhancing patient safety *but* we need to develop a better understanding of the formal and informal learning which takes place.
The study

NPSA funded

Two and a half years

5 partner institutions exploring undergraduate education for 4 health care professions: Medicine, Nursing, Physiotherapy, Pharmacy

- Newcastle University (Revd Dr Pauline Pearson - PI) (Dr Alison Steven – Lead researcher)
- University of East Anglia (Professor Amanda Howe)
- University of Edinburgh (Professor Aziz Sheikh)
- University of Manchester (Dr Darren Ashcroft)
- University of Surrey (Professor Pam Smith)

The study aim

To study the formal and informal ways pre-qualification students from a range of healthcare professions learn about keeping patients safe from errors, mishaps and other adverse events (broadly known as Patient Safety).
Theoretical framework

Knowledge contexts
(Stewart 2006 Drawn from Eraut 1994)

- **Academic context**
  - Theories and models, views and debate
  - Experts validate knowledge

- **Professional Knowledge**
  - How it is learned
  - How it is used

- **Organisational context**
  - Development and implementation of policy
  - Validated by public debate

- **Practice context**
  - Action – doing, experience and knowing
  - Validated by personal judgement


The study design

Phased by context:

- **1 Academic context**
  - (Course content as planned and delivered)
  - *Part 1 Curriculum analysis and exploration (13 courses)*
  - Part 2 focusing down on 8 case study courses

- **2a Organisational context**
  - (Influences on courses and practice)

- **2b Practice context**
  - (The cultures to which students are exposed)
Outcomes
Detailed understanding of
• a range of PS curricula
• the ways in which curricula are
translated and interpreted in
academic and practice
contexts,
• organisational influences,
• cultural factors influencing
translation and interpretation of
curricula,
• Everyday practices/PS practice.

Phase 2a: ‘Organisational contexts’ (Influences on courses and practice)

6a) Collect organisational documentation from practice settings (guidelines, protocols)
6b) Collect policy documents from professional bodies (policies, recommendations)
6c) Undertake interviews in relation to organisational and practice contexts. (e.g. Managers, Risk managers, Audit and quality leads)

Phase 2b: ‘Practice contexts’ (How PS is undertaken in day to day
working: the cultures to which students are exposed)

9) Invite participants at each collaboration site to feedback presentations of findings. For respondent validation and refinement of analysis.
7b) Analyse for espoused notions and perceptions of PS practice, policy and education
7a) Undertake focus groups in practice contexts (Staff including where possible those newly qualified)
8a) Undertake observations of practice context (Maximum 25 days in total)
8b) Analyse for Patient Safety in practice

Who and where

Red = Case study sites
## Curriculum analysis: Documents collected

<table>
<thead>
<tr>
<th>Course / site</th>
<th>Documents</th>
</tr>
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<tbody>
<tr>
<td>Medicine C</td>
<td>Handbooks years 1-5</td>
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<tr>
<td>Medicine B</td>
<td>Degree programme handbook</td>
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<tr>
<td>Medicine A</td>
<td>Electronic Medical Curriculum</td>
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<tr>
<td>Medicine D</td>
<td>Validation documents</td>
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<tr>
<td>Nursing D</td>
<td>Validation documents</td>
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<tr>
<td>Nursing E</td>
<td>Validated curriculum submission document</td>
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<tr>
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<td>General programme handbook</td>
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<td>Nursing B</td>
<td>Programme specification</td>
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<td>Pharmacy C</td>
<td>Accreditation document RPSGB</td>
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<tr>
<td>Pharmacy B</td>
<td>Web based course description</td>
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<td>Physio D</td>
<td>Revalidation submission 2001</td>
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<tr>
<td>Physio B</td>
<td>Programme specification / course handbook</td>
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</table>

## Findings

### Curriculum analysis: Exploring the micro

Specific words and concepts:

- Adverse events,
- Critical incidents
- Error
- Failures
- Harm
- Mishaps
- Mistakes
- Near misses
- Negligence
- Risk (risk assessment)
- Safety (safety cycles)
- Safe practice
- Serious events
- Significant events

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## Findings
### Curriculum analysis: Exploring the micro

<table>
<thead>
<tr>
<th>Courses</th>
<th>Medicine (4)</th>
<th>Nursing (4)</th>
<th>Pharmacy (3)</th>
<th>Physiotherapy (2)</th>
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<td>C</td>
<td>B</td>
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## Findings
### Curriculum analysis: Exploring the meso

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<th>Courses</th>
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<th>Physiotherapy / 2</th>
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<td>C</td>
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Findings
Curriculum analysis: Exploring the meso

Personal and professional development and skills

1. Management of self and others to facilitate safe systems of working practice
2. Clinical judgement
3. Competence in the safe and effective application of a range of skills (including communication)
4. Risk assessment, tools and prevention
5. Implementation of safe, effective (evidence based) and efficient treatment

Organisational structures and processes

6. Clinical governance including audit, risk, patient safety, error reporting
7. Compliance with health and safety procedures / legal requirements / regulations / ethical principles
8. Threats to safety / causes of error

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Findings
Curriculum analysis: Exploring the macro

Overarching dimensions:

Clinical skills

• issues about procedures, use of equipment, interpretation (closely linked to decision making), communication with patients (incorporating complaints, explanations, apology, openness and respect) and dealing with contingencies.

Prescribing

• linked to key words in the vocabulary used in thinking about patient safety – adverse, effective, safe, error, harm - and also considering both the behaviour and its function.

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Findings
Curriculum analysis: Exploring the macro

Overarching dimensions:

The individual,

- their actions or omissions and decisions, and their relationship with the health care system and its assumptions and responses to error or accident.

Ethics and the law,

- incorporating the balance of benefit and harm, autonomy and risk.

Finally there is a dimension which balances patient and professional, and their expectations and choices.

Issues arising from this data set

- Limitations of data
- Definitions of ‘patient safety’
- Curriculum delivery
- Professional vocabularies
Next steps

- Part of a much larger study
- Some of the issues highlighted are explored in subsequent data collection
- Study ongoing
- Due to finish Dec 2008

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