



# Designing and delivering clinical risk management education for graduate nurses: An Australian study

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**Summary** In order to enhance their capabilities in clinical risk management (CRM) and to be integrated into safe and effective patient safety organisational processes and systems, neophyte graduate nurses need to be provided with pertinent information on CRM at the beginning of their employment. What and how such information should be given to new graduate nurses, however, remains open to question and curiously something that has not been the subject either of critique or systematic investigation in the nursing literature. This article reports the findings of the third and final cycle of a 12 month action research (AR) project that has sought to redress this oversight by developing, implementing and evaluating a CRM education program for neophyte graduate nurses. Conducted in the cultural context of regional Victoria, Australia, the design, implementation and evaluation of the package revealed that it was a useful resource, served the intended purpose of ensuring that neophyte graduate nurses were provided with pertinent information on CRM upon the commencement and during their graduate nurse year, and enabled graduate nurses to be facilitated to translate that information into their everyday practice.

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## Introduction

It is widely accepted in the international clinical risk management (CRM) and patient safety literature that successful CRM by employees depends on the following key processes: the acquisition of pertinent CRM information, the translation of that information into practice, and the integration of employees into safe and effective organisational systems and processes (Kohn et al., 2000; McNeil et al., 2000; Page, 2004; Vincent, 2001). It is further accepted that, in order to enhance their CRM practices, employees need to be provided with information on CRM at the *beginning* of their employment.

Neophyte graduate nurses, like their more experienced co-workers, need knowledge and skills that will enable them to recognise and respond appropriately to clinical risks in health care, and to be involved with and respond effectively to organisational quality improvement and clinical risk management processes (after Moss and Paice, 2001). Accordingly, graduate nurses require education and training that will enable them to fulfil their safety responsibilities effectively and to contribute to broader initiatives aimed at achieving patient safety and quality care in health care domains (Page, 2004). Just what form this education should take, however, has not been systematically investigated (Johnstone and Kanitsaki, *in press* (a)).

An important aim of this article is to contribute to the positive project of redressing the paucity of literature that exists on this subject by reporting the outcomes of an action research (AR) project that had as its focus the development, implementation and evaluation of a self-directed CRM education package for neophyte graduate nurses. Framed around a critical collaboration between a nursing education provider (RMIT University) and a nursing service employer (the Western District Health Service (WDHS), located in regional Victoria, Australia), the development of the CRM learning package was just one of several processes progressed in the context of a broader project exploring the development of graduate nurse competence in CRM and harm minimisation during their first year of practice at the WDHS (see Johnstone and Kanitsaki, *in press* (b)).

## Literature review

In recent years, there has been increasing recognition that doctors, nurses and other health workers could be better prepared via patient safety education to participate in the CRM programs of the hos-

pitals in which they are employed. To this end, various national initiatives have sought to identify the specific topics that safety education programs for health workers should cover. In Australia, for instance, the *National patient safety education framework*, released in 2005, has been designed for the purposes of informing the development of health professional 'curricula, competency-based training programs and other safety and quality initiatives' (National Patient Safety Education Framework Project Team, 2005). In keeping with its stated purpose, the *Framework* sets out the following seven broad 'Learning Areas', under which an additional 22 learning topics are situated:

- Communicating effectively.
- Identifying, preventing and managing adverse events and near misses.
- Using evidence and information.
- Working safely.
- Being ethical.
- Continuing learning.
- Specific issues (e.g., wrong site, wrong procedure and wrong patient treatment).

The US Institute of Medicine's (2003) *Health professions education: a bridge to quality* takes a similar approach, identifying the following five core areas in which students and working professionals are expected to develop and maintain proficiency:

- delivering patient-centered care
- working as part of interdisciplinary teams
- practising evidence-based medicine/nursing
- focusing on quality improvement, and
- using information technology.

Nurses have long played a fundamental and central role in the detection, prevention and 'rescue' of errors and adverse events in health care and, accordingly, have contributed substantively to achieving positive patient safety outcomes (Aiken et al., 1994, 2001, 2003; Benner et al., 2002; Henneman and Gawlinski, 2004; Needleman et al., 2002; Page, 2004; Shindul-Rothschild et al., 1996; Shindul-Rothschild et al., 1997; Stone et al., 2004; Woods and Doan-Johnson, 2002). Despite their role and success in managing and improving patient safety outcomes, it is nevertheless recognised that nurses, like others, could be better prepared educationally to discover and prevent the risks of adverse events in health care and thereby contribute to the broader agenda for safety and quality in health care (Johnstone and Kanitsaki, *in press* (a), 2006). This stance applies equally to neophyte graduate nurses as it does to other more experienced registered

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