



Clinical incidents involving students on placement: an analysis of incident reports to identify potential risk factors

J.E. Gaida^{a,b,*}, S. Maloney^a, K. Lo^a, P. Morgan^a

^a Department of Physiotherapy, Monash University, Frankston, VIC, Australia

^b Discipline of Physiotherapy, University of Canberra, Bruce, ACT, Australia

Abstract

Background Students are sometimes involved in incidents during clinical training. To the authors' knowledge, no quantitative studies of incidents specifically involving physiotherapy students on clinical placement are available in the literature.

Methods A retrospective audit (2008 to 2011) of incident reports involving physiotherapy students was conducted to identify the nature and features of incidents. The study aimed to determine if injuries to a student or patient were more or less likely when the supervisor was in close proximity, and whether students with lower academic performance in their preclinical semester were more likely to be involved in an incident.

Results There were 19 care-delivery-related and three equipment-related incidents. There were no incidents of violent, aggressive or demeaning behaviour towards students. The incident rate was 9.0/100,000 student-hours for third-year students and 6.8/100,000 student-hours for fourth-year students. The majority of incidents (55%) occurred from 11 am to 12-noon and from 3 pm to 3.30 pm. Incidents more often resulted in patient or student injury when the supervisor was not in close proximity (approximately 50% vs approximately 20%), although the difference was not significant ($P=0.336$). The academic results of students involved in incidents were equivalent to the whole cohort in their preclinical semester {mean 75 [standard deviation (SD) 6] vs 76 (SD 7); $P=0.488$ }.

Conclusions The unexpected temporal clustering of incidents warrants further investigation. Student fatigue may warrant attention as a potential contributor; however, contextual factors, such as staff workload, along with organisational systems, structures and procedures may be more relevant. The potential relationship between supervisor proximity and injury also warrants further exploration. The findings of the present study should be integrated into clinical education curricula and communicated to clinical educators.

© 2014 Chartered Society of Physiotherapy. Published by Elsevier Ltd. All rights reserved.

Keywords: Clinical incident; Clinical education; Clinical placement; Student; Audit; Physical therapy; Physiotherapy; Allied health

Introduction

Clinical experience is essential for the education of health-care professionals. Students apply theoretical and practical knowledge in real-world situations, develop their communication skills, and enhance their capacity to work as part of a multidisciplinary team. Physiotherapy students are required to reach graduate competency (i.e. first-contact-practitioner status) by the completion of their final undergraduate year to qualify for registration [1]. Training is typically structured

to ensure adequate exposure to authentic patient interactions along with ample opportunities for formal assessment and feedback [2]. Clinical educators are typically senior clinicians with additional training to support their education role.

Clinical educators must submit a hazard and incident report form to the university if a student is involved in an incident while on clinical placement. This requirement is in addition to incident reporting processes implemented by the healthcare facility. An incident is defined by Monash University as 'any occurrence that leads to, or might have led to, injury or illness to people, danger to health and/or damage to property or the environment', with a clarification that 'the term "incident" is used as an inclusive term for injuries/illnesses, accidents and near misses' [3].

* Correspondence: Discipline of Physiotherapy, University of Canberra, Bruce, ACT 2601, Australia. Tel.: +61 02 6206 8657; fax: +61 02 6201 5727.
E-mail address: Jamie.Gaida@canberra.edu.au (J.E. Gaida).

Incidents affecting healthcare students can occur during care-delivery interactions with patients, during interactions with equipment, or may be the result of violent, aggressive or demeaning behaviour from staff or patients. An example of an incident during care delivery is a patient fainting when getting out of bed after hip joint replacement surgery. Physiotherapists implement risk management procedures by identifying relevant factors such as low blood pressure or high pain levels. However, the clinician must strike a balance between cautious progression of mobility (risk minimisation) and early mobilisation (enhanced recovery). Early mobilisation and rapid progression of mobility is typically emphasised as this is known to improve both patient survival and recovery [4]. Equipment-related incidents may include injury to the student while moving or adjusting unfamiliar equipment. Incidents arising from violent, aggressive or demeaning behaviour towards students have been described among physiotherapy students [5].

Incidents involving students can be seen as a reflection of the underlying principles of risk management that are inherent in clinical education. At its core, clinical education is a process through which novices become competent healthcare professionals. During this process, a shift from close supervision to periods of independent practice is necessary for development [6,7]. In making this shift, students are entrusted with increasingly complex tasks. A supervisor must use his/her judgement to determine when a student is ready to be entrusted with tasks to complete independently. This judgement should acknowledge that students typically have a strong desire to demonstrate independence to their supervisor [8], and that students often overestimate their own competence [9]. Furthermore, it is argued that students maximise their learning potential by operating close to the edge of their competency [7]. As such, progressive independence of students in clinical education is not only a risk management approach, but is also the underpinning philosophy of teaching [6].

To the authors' knowledge, no quantitative studies of incident reports specifically involving physiotherapy students on clinical placement are available in the literature. These data are needed to inform best practice in clinical education, to provide effective support mechanisms and training for both students and their educators, and to guide future research on this topic. Therefore, the aim of this study was to identify and analyse the characteristics of incident reports involving physiotherapy students on clinical placement.

Methods

This retrospective study analysed incident reports involving third- and fourth-year physiotherapy students at Monash University on clinical placement between January 2008 (earliest cohort available in new programme) and December 2011 (end of data collection). Monash University Human Ethics Committee approved this study. Data were retrieved

from hazard and incident report forms and from hospital incident report paperwork. Submission of hospital incident report paperwork is not stipulated, but these documents are often sent along with the required paperwork. At the start of each academic year, clinical educators attend a training session where they are reminded to submit a hazard and incident report form if a student is involved in an incident. Key elements of the form and reporting requirements are also discussed. The Head of Department and the Occupational Health and Safety Officer review all submitted incident forms, coordinate clinician and student debriefings if needed, and implement any policy changes deemed necessary. For this study, the incident reports were transcribed verbatim and relevant data were extracted; this included: (1) time of day, (2) day of week, (3) location of incident, (4) proximity of supervisor, (5) nature of incident, (6) injury to patient, and (7) injury to student. Supervisor proximity was established using the description of events given on the incident report form. For the purpose of this study, close proximity was defined as the supervisor being within the line of sight of the student. For ease of communication, 'supervisor present' is used in this article to describe cases where the supervisor was in close proximity, and 'supervisor absent' is used to describe cases where the supervisor was not in close proximity. However, it should be stressed that physiotherapy students are not permitted to undertake any clinical activities unless their supervisor is onsite. Thus, if the supervisor was in another room or ward, this would be described as 'supervisor absent'.

An administrative officer retrieved information regarding the student and placement from departmental records. These included: (1) whether it was a third- or fourth-year student, (2) the week of the placement when the incident occurred, and (3) the overall mark achieved for the first semester of the third year (preclinical semester). Exposure was estimated as the number of enrolled students, multiplied by the number of weeks on clinic per year, multiplied by hours per week on location. In the third year of the course, three 5-week clinical placements are completed during the second semester, with 31 contact hours per week (typically Monday to Thursday), totalling 465 hours. In the fourth year of the course, three 4-week core placements (cardiothoracic, neurological and orthopaedic), two 4-week elective placements, and one 2-week paediatric clinic placement are completed with 34 contact hours per week (typically Monday to Friday lunchtime), totalling 748 hours. Incident rates were calculated per 100,000 student-hours on clinical placement.

Descriptive statistics were the primary method used to report the data. In addition, two specific questions were addressed with inferential statistics: (1) Were injuries to a student or patient more or less likely during incidents when the supervisor was in close proximity? (2) Were students with lower academic performance in their preclinical semester more likely to be involved in incidents? The first question was answered using a 2×2 contingency table and Fisher's exact test, and the second question was answered using an independent *t*-test. Significance was set at $p < 0.05$.

Download English Version:

<https://daneshyari.com/en/article/5865125>

Download Persian Version:

<https://daneshyari.com/article/5865125>

[Daneshyari.com](https://daneshyari.com)