



Patient safety content and delivery in pre-registration nursing curricula: A national cross-sectional survey study

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ABSTRACT

Background: Patient safety is a core principle of health professional practice and as such requires significant attention within undergraduate curricula. However, patient safety practice is complex requiring a broad range of skills and behaviours including the application of sound clinical knowledge within a range of health care contexts and cultures. There is very little research that explores how this is taught within Australian nursing curricula.

Objectives: To examine how Australian nursing curricula address patient safety; identify where and how patient safety learning occurs; and describe who is responsible for facilitating this learning.

Design: A cross-sectional study.

Setting: Eighteen universities across seven Australian States and Territories.

Participants: The sample consisted of 18 nursing course coordinators or those responsible for the inclusion of patient safety content within a Bachelor of Nursing course at Australian universities.

Methods: An online survey was conducted to evaluate the patient safety content included and teaching methods used in Australian pre-registration nursing curricula.

Results: Approaches to teaching patient safety vary considerably between universities where patient safety tended to be integrated within undergraduate nursing course subjects rather than explicitly taught in separate, stand-alone subjects. Three-quarters of the surveyed staff believed patient safety was currently being adequately covered in their undergraduate nursing curricula.

Conclusion: Although there is consensus in relation to the importance of patient safety across universities, and similarity in views about what knowledge, skills and attitudes should be taught, there were differences in: the amount of time allocated, who was responsible for the teaching and learning, and in which setting the learning occurred and was assessed. There was little indication of the existence of a systematic approach to learning patient safety, with most participants reporting emphasis on learning applied to infection control and medication safety.

1. Introduction

Patient safety is a growing area of concern in the healthcare arena (Ellis, 2009; Kohn et al., 2000; Leape and Berwick, 2005; Waterson, 2014) as high numbers of adverse events cause unnecessary harm to patients (Soop et al., 2009; Vlayen et al., 2012). Nurses are central to improving patient safety, because they work closely with patients in the clinical setting (Maeda et al., 2011). A key role of nurse educators and

nurse education is to ensure nursing students are well prepared to implement evidenced-based safe practice in the clinical setting (Tella et al., 2014) and demonstrate the competencies necessary to ensure a quality of care and safety for patients (Firth-Cozens, 2001; Henderson et al., 2006; Conway and McMillan, 2017).

Despite the increasing focus on patient safety in the clinical setting, patient safety content needs to be afforded greater significance, and be clearly and explicitly located in the undergraduate nursing curricula

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(Stevens, 2002; Weinger et al., 2003; Tella et al., 2014). In fact, previous researchers have identified a gap between our knowledge of the extent and nature of university nurse education and clinical practice relevant to patient safety (Attree et al., 2008; Vaismoradi et al., 2011).

2. Background

Patient safety is defined as, “the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum” (Runciman, Hibbert, Thomson, Van Der Shaaf, Sherman & Lewalle, 2009, p. 19; World Health Organization, 2009, p. 15). The National Safety and Quality Health Service Standards (The Australian Commission on Safety and Quality in Healthcare (ACSQH), 2012) are a set of ten national standards designed to improve the quality of health service provision and protect patients from harm. These standards are linked to the accreditation process for Australian health services.

The Standards address the following areas:

- Governance for Safety and Quality in Health Service Organisations
- Partnering with Consumers
- Preventing and Controlling Healthcare Associated Infections
- Medication Safety
- Patient Identification and Procedure Matching
- Clinical Handover
- Blood and Blood Products
- Preventing and Managing Pressure Injuries
- Recognising and Responding to Clinical Deterioration in Acute Health Care
- Preventing Falls and Harm from Falls

These standards were updated in 2017 but at the time of the study, the above standards were current. The updated standards (Australian Commission on Safety and Quality in Health Care, 2017) consist of eight national standards that have a greater focus on person-centred care than the previous standards. The new standards consist of two overarching standards, *clinical governance* and *partnering with consumers*, and the following six standards, *preventing and controlling healthcare-associated infection*, *medication safety*, *comprehensive care*, *communicating for safety*, *blood management*, and *recognising and responding to acute deterioration*.

In addition to the National Standards, the Australian National Patient Safety Education Framework (ACSQH, 2012) identifies the “knowledge, skills, behaviours, attitudes and performance required by all health care workers in relation to patient safety” (p. iii) in seven learning areas:

- Communicating effectively
- Identifying, preventing and managing adverse events and near misses
- Using evidence and information
- Working safely
- Being ethical
- Continuing learning
- Specific issues

1. Preventing wrong site, wrong procedure and wrong patient treatment
2. Medicating safely

The international patient safety guidelines for healthcare education (EUNetPaS, 2010) outline the need for all healthcare workers to have the knowledge and skills relevant to promote safer environments for patients. Despite the uniformity of these guidelines, previous studies have shown variation in both the content and process of teaching about patient safety. For example, studies have identified patient safety related content in nursing curricula to include learning from errors (Tella

et al., 2014), teamwork (Tella et al., 2014; Lee et al., 2016), anticipatory actions in complex environments (Tella et al., 2014), evidenced-based practice (Lee et al., 2016), quality improvement (Lee et al., 2016), and patient safety-centred care (Tella et al., 2014). Similarly, patient safety teaching practices vary to include clinical practice, simulation (Tella et al., 2014; Lee et al., 2016), lectures, role-play, group discussions (Lee and Kim, 2011) and, assignment (Lee et al., 2016). Furthermore, studies of patient safety content and teaching approaches have been found to vary across different school curricula (Steven et al., 2014; Lee et al., 2016).

It is important to develop a better understanding of the inclusion of content and the teaching of patient safety in undergraduate nursing curricula to ensure students are well prepared for their future role in clinical practice. Given that the need to improve patient safety has been recognised as a key priority, both nationally and internationally, a study was undertaken to explore the inclusion of patient safety content in Australian undergraduate nursing curricula. This is an area not previously researched in Australia, therefore this study was undertaken to investigate the inclusion of patient safety content whilst examining the settings and how the content is both taught and assessed throughout undergraduate nursing curricula.

3. Methods

3.1. Study design

A descriptive, cross-sectional study using a web-based survey was conducted to evaluate the content included and teaching methods used in Australian pre-registration nursing curricula.

3.2. Survey instrument

The research team developed a survey based on available literature related to the inclusion of patient safety content in nursing curricula and relevant local documents related to patient safety (such as the National Patient Safety Education Framework, 2005). The survey instrument was revised a number of times in a Delphi type process by members of the research team to ensure face validity. The final instrument (see Appendix 1) includes a demographic section and nine questions. The questions relate to the approach to inclusion of patient safety as a stand-alone or integrated subject, where and how it is taught, who is responsible for teaching it, and how it is assessed within the course. The questionnaire asks course coordinators to list the three patient safety issues they consider to be the most important for student nurses to understand. The definition of patient safety was purposely omitted from the questionnaire in order to assess differences in individual respondents' understanding of what patient safety encompasses, and the importance they gave to particular aspects of patient safety. After this section, the remaining questions focus on the topics that are covered and behaviours that are included as learning outcomes. It also includes a free text section where the participant is asked to add any further comment or content.

3.3. Sample

The sample consisted of nursing course coordinators or those responsible for the inclusion of patient safety content within a Bachelor of Nursing course at all relevant Australian universities. An email invitation to participate in the study was sent to each Australian University ($n = 32$) offering an undergraduate Bachelor of Nursing (or equivalent) course (on campus) by the Council of Deans of Nursing and Midwifery in 2016, on behalf of the researchers. The email invitation contained a link to the survey, hosted on Survey Monkey. After two reminder emails were sent to the group, a follow up telephone call to those who had not responded was organised by the research team. Completed questionnaires were received from 50% ($n = 16$) of Australian universities

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