

Development of an International Tool for Students to Record and Reflect on Patient Safety Learning Experiences

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ABSTRACT

Background: Underpinning all nursing education is the development of safe practitioners who provide quality care. Learning in practice settings is important, but student experiences vary.

Purpose: This study aimed to systematically develop a robust multilingual, multiprofessional data collection tool, which prompts students to describe and reflect on patient safety experiences.

Approach: Core to a 3-year, 5-country, European project was development of the SLIPPS (Sharing Learning from Practice for Patient Safety) Learning Event Recording Tool (SLERT). Tool construction drew on literature, theory, multinational and multidisciplinary experience, and involved pretesting and translation. Piloting included assessing usability and an initial exploration of impact via student interviews.

Outcomes: The final SLERT (provided for readers) is freely available in 5 languages and has face validity for nursing across 5 countries. Student reports ($n = 368$) were collected using the tool.

Conclusions: The tool functions well in assisting student learning and for collecting data. Interviews indicated the tool promoted individual learning and has potential for wider clinical teams.

Keywords: clinical practice, nursing education, patient safety, reflection, tool development

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Although education of nurses and health professionals is central to improving care quality and patient safety,¹ learning about patient safety is complex as preregistration programs generally include both academic and practice experience.² Emphasis is often given to developing patient safety curricula,³ courses, and educational initiatives⁴ with less attention to students' experiential

learning during practice placements.⁵⁻⁸ Learning in, and from, practice is recognized as an educational mechanism that encompasses varying levels of observation and immersion in activities and professional communities of the placement context.⁹ Informal learning from experience influences student behavior and includes mimicking role models and conformity to social or professional norms.^{10,11}

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During clinical placements, students may encounter patient safety episodes spanning “good” practice, near misses, incidents, and adverse events.^{7,12} Such experiences are sometimes, but not always, explored and reflected on¹³ using approaches such as the critical incident technique¹⁴ (CIT) and/or reflective models.¹⁵ The CIT is used to describe, explore, and reflect on significant¹⁶ events and experiences and is widely used in health professions’ research and education.^{15,17} Small-scale comparisons of Finnish and UK students’ important patient safety learning events using CIT⁸ reported national differences in event topics, potentially highlighting variations in health care policy or educational focus. UK patient safety education research identified differences across educational contexts, which may cause discomfort or dissonance for students.^{5,7} However, helping students make sense of placement experiences and maximize learning through reflection is complex, requiring some level of facilitation and resource, which is not always available. Students do not necessarily have the same support and opportunities across placement settings, and for them, reporting issues can be difficult for many reasons.^{18,19} Thus, involvement in a patient safety–related episode may constitute a memorable learning experience that remains with a student for a variety of reasons.

Although attending to the “hidden curriculum” may be difficult given its implicit nature,^{9,10} more could be done to harness placement experiences students feel are important to their learning. These learning events could be used both as educational opportunities and as a window into students’ experience of patient safety, concomitantly highlighting informal learning mechanisms. Although some studies have considered the importance of work placement learning experiences,^{5,7,8} little has been done to systematically develop or use tools to explore patient safety events and prompt students to record and reflect on them. Learning from patient safety–related experiences may vary between countries,⁸ with interprofessional and international comparisons bringing new or enhanced insights into learning about patient safety. International sharing of student accounts and insights and new knowledge derived from their analysis could benefit multiple stakeholders.

Sharing Learning from Practice for Patient Safety (SLIPPS) was a 3-year multinational project aiming to collect student placement learning experiences related to patient safety, enhance learning opportunities, share student accounts, develop freely available educational resources, and undertake research. An overview of the study design is published elsewhere.²⁰ This article outlines the systematic development and piloting of the SLIPPS Learning Event Recording Tool (SLERT) core to the project. The purpose of the SLERT is to offer students an accessible way of recording experiences, promote reflection and learning, and function as a method of data collection. The project sought to produce a tool with relevance for nursing across the countries involved, and future potential for other professions and nations.

Methods

Design

The tool was developed in 2 stages: construction and piloting. Construction involved establishing content and structure, pretesting, and translation. Piloting included assessing usability, using the tool to collect 368 student reports across 5 countries, and undertaking a small interview study to explore students experiences of using the tool.

The SLERT is primarily a tool for gathering student accounts and prompting reflections, not a questionnaire that measures or tests standardized constructs or psychometric properties. Therefore, usability and content, construct, and face validity were the main considerations during construction and piloting.²¹

Ethical Procedure

The lead UK team gained necessary ethical approvals (Northumbria University and the UK Health Research Authority), sharing documents with partners who obtained relevant national ethical approvals. A completed SLERT constituted informed consent.

Stage 1: Tool Construction

The process used for developing the SLERT drew on interdisciplinary, design thinking (Supplemental Digital Content, Figure 1, <http://links.lww.com/NE/B31>).²² Initial drafting of the tools’ content and structure involved multiple iterations across core team members and was underpinned by literature, the teams’ previous work and extensive experience, commonly used reflective models,¹⁵ and established terminology lists and internationally established definitions.^{23–25} This approach ensured content and construct validity.^{21,26} The prototype included the following: instructions and definitions, 2 sections with prompts for students to describe an event and then reflect on it, and a final section requesting student demographic data and event characteristics.

The prototype was pretested using cognitive interviewing, frequently used in questionnaire development,²⁷ enhancing face validity and identifying issues through participant immersion, observation, and engagement. Twenty-nine health and/or social care students volunteered and were individually interviewed in the university setting (Finland [n = 10], Italy [n = 10], Norway [n = 3], Spain [n = 4], and United Kingdom [n = 4]). The students were asked to explain how they understood questions, how they would construct answers, and any difficulties encountered.²⁷ Interviewers facilitated verbalization of thought process with minimal interruption. Feedback was content analyzed at each site, collated, and then discussed by the wider project group and used to refine and finalize the tool. Students found the terminology in the tool easy to understand, with only minor suggestions made for changes to instructions and the professions listed. The final English SLERT was translated into Spanish, Italian, Finnish, and Norwegian using a 4-phase blind-back translation process to maintain faithfulness of meaning and cultural relevance (Supplemental Digital Content, Figure 2, <http://links.lww.com/NE/B32>).²⁸

Stage 2: Piloting

Assessing Usability

The System Usability Scale (SUS) was used to assess the 5 different language versions of the SLERT.²⁶ This widely used scale encompasses user interaction and satisfaction and was developed as a pragmatic approach to assess how easy or difficult a system or product is to use.²⁶ The SUS instrument was translated into relevant languages using the same protocol as the SLERT translation, which is often used in health care research.²⁸ The SUS has been shown to be valuable and robust, with translations also showing estimates of validity well above typical minimum criterion.²⁹ System Usability Scale studies with smaller samples (eg, 20) show acceptable reliability (coefficient alpha of .84).²⁶

The SUS was administered via email to a total of 28 students (Italy [n = 5], Spain [n = 5], Finland [n = 11], and United Kingdom [n = 7]). System Usability Scale data analysis²⁹ shows an average score of 80 (percentile ranks) across all countries. Results ranging from 70s to upper 80s represent good to excellent acceptability/usability. Individual country scores indicate some variation; the Finnish 87.05 indicates high acceptability compared with the UK 71.08. In line with the suggestion that Western countries might display different culturally motivated problems when interacting with the same application localized only through translation,^{35 (p366)} and given scores were in the acceptable range, differences were not sufficiently significant to merit further refinement of the SLERT. Supplemental Digital Content, Table 1, <http://links.lww.com/NE/B34>, presents the SUS results and calculated SUS scores, categorized with acceptability and usability.

Implementation

The final tool was used by each partner site, mainly with nursing students from various year groups and as an adjunct to existing pedagogical resources. The tool is provided in Supplemental Digital Content, Figure 3, <http://links.lww.com/NE/B33>. SLIPPS learning event reports (n = 368) were returned across the 5 countries.

Exploring Student Experiences With the SLERT

To qualitatively explore students' experiences of using the SLERT as a formative, learning exercise, an interview study was undertaken with 17 students (2 pharmacy, 1 midwifery, and 14 nursing) who had used the SLERT in the United Kingdom (n = 6), Italy (n = 8), Spain (n = 1), and Finland (n = 2). A semistructured interview guide was developed drawing on team experience, educational research, and the project literature review.¹⁵ The interview guide asked students to describe experiences and feelings regarding tool use, identifying events, writing about events, perceived learning or impact, and examples of positive or negative aspects of SLERT use. Students volunteered and semistructured interviews (~30 minutes) were undertaken by members of the research team in each country. Interviews were audio recorded and transcribed verbatim.

Thematic analysis was used.³¹ UK and Spanish data were initially coded line by line, emerging themes and sub-categories were discussed, and a coding frame was agreed upon and applied to remaining interviews. Consideration was given to similarities, differences, and any new emerging categories or themes. International team discussion was then used to enhance reflexivity, challenge, or raise assumptions and agree findings. Three themes were identified: access and completion, deciding on events, learning through SLERT use.

Access and Completion

Students generally found accessing the SLERT “straightforward.” When minor accessibility problems occurred, they were easily resolved with overall experience unaffected. Some used laptops, whereas others favored the immediacy of mobile devices. Navigation of the SLERT was self-explanatory, with guidance provided helping with thought organization. Whereas most preferred the electronic format, one student reported handwriting his or her account and reflecting on it before transferring it to the web-based tool. All students interviewed intended to use SLERT reports as evidence in professional portfolios.

Event Choices

Engagement with the SLERT gave students an opportunity to pause and contemplate on not only single patient safety events but also the broader overview of their experiences to date. Students noted how personal perceptions and multiple interpretations of patient safety existed, which could complicate decisions regarding which event to write about. Exposure to safety events also differed. Some found choosing an event to write about difficult, considering impact and/or commonality to help inform choices.

However, the personal significance of the event and emotions evoked during and after emerged as the most powerful and common factor in selecting an experience to revisit and write about. “I chose this event because the nurse displayed a behavior I wasn't used to seeing.” One described feeling “out of [their] depth” during an event, implying feelings of discomfort and insecurity. Others expressed a need to expose practices that concerned them or conversely to highlight positive practice that seemed to inspire them. “After writing about it, I remembered the satisfaction that I felt in that moment, because I had participated in a good practice.” Overall, there was a sense of the lasting imprint of emotions.

Learning Through SLERT Use

Students gave detailed insights into how the tool enabled them to process events, through dissecting, organizing, rationalizing, and piecing together thoughts. Narration via the writing process seemed to function as a form of self-debrief, often prompting deeper reflection: “If you write it down, you can pick it apart.” One described the emotional burden, whereas another noted re-living, working through, and making peace with an event: “At the moment that I had to rewrite it [event], I experienced a form of acceptance of

the event and anger, and then, slowly, I thought about the event during the subsequent days, and I made peace with that event.”

Such comments highlight the affective nature of practice learning experiences and potential benefits of guided reflection. The tool “made me reflect on this experience in a 3-dimensional way. I had to think about how I felt, what events lead to that precise moment, and it helped to remember what I had learnt from this experience.”

Completing the SLERT raised awareness of patient safety as a key element of practice, with comments on viewing situations through the lens of the SLERT structure when returning to clinical areas. Comparing experiences and building personal conceptualizations of events might help increase self-efficacy in future situations. Linking empirical evidence and theory to experiences to gain a deeper understanding of what had occurred helped some make sense of the events. “It also helped me at the learning level because it stimulated me to look at updated guidelines.” One student explicitly noted: “I want to record every event if there is a recording system,” highlighting potential development of incident reporting practice. Others noted the learning potential of sharing accounts or described taking SLERT reports back into the placement area (back to the practice team) as a focus for team discussions: “We went over the scenario with the...district nursing community placement...a few district nurses (and) a couple of other students.”

Although the SLERT facilitated reflection and sense making regarding events, one student suggested discussing the event would have been useful, whereas another expressed frustration at being unable to talk about his or her experience before using the SLERT. This highlights the role of tools such as the SLERT as an adjunct to, and not a substitute for, facilitators or tutors.

Discussion

This study aimed to develop a tool to both promote learning through reflection upon important patient safety learning events experienced in placements, and collect student accounts of, and reflections on, those experiences. There are gaps in existing knowledge about both placement-based experiential learning and the scope and nature of experiences that students view as related to patient safety. We are unaware of any other work to systematically develop a tool to gather such experiences and prompt additional learning.

Within the development process, ethical considerations addressed not only best practice for education but also challenges of confidentiality when describing incidents. The involvement of health care organizations and consultation with student groups facilitated a comprehensive approach. As the project spanned 5 countries, back translation was undertaken to obtain versions in 5 languages. Data from the interviews exploring students' experiences of using the tool indicate that the tool functioned effectively in each language. The tool was implemented on a variety of platforms, suggesting wide potential for use.

Interviews indicated students chose events to recount for various reasons. Alongside those viewed as possibly serious for patients and examples of good practice, students also considered commonality, interest, and, importantly, emotional impact or personal significance. Learning from good practice and near misses, together with serious incidents, is widely acknowledged as important.³² It is also vital that educators and health professionals attend to the emotional safety for learning of students.^{7,33} A sense of control³⁴ and the desire to belong are perhaps key in students' emotional and behavioral responses to patient safety issues and subsequent attitudes toward raising concerns.¹⁸ The SLERT may give a sense of control by offering space to express emotions through private guided reflection. This concurs with other research³⁵ reporting students' reluctance to participate in face-to-face reflective debriefings immediately after events, preferring the first time to assimilate experiences. Including good practice within the tool helped ensure that notions of patient safety are not confined to the negative.³⁶ Indeed students who identify high-quality safety and care in practice contexts are reported as more likely to report and discuss safety issues.³⁴

Students felt the tool offered an opportunity for self-directed debriefing, which facilitated making sense of, and learning from events, and encouraged interrogation of relevant theories and guidelines. They reported how the SLERT helped in unpicking and reconstructing events; one student described reflecting in a 3-dimensional way. Although the SLERT seemed to promote confident independent learning, this could be enhanced by access to face-to-face discussion, thus flexibly functioning both as a group pedagogical device and as a tool for individual use. Taking completed SLERT reports back to practice settings for discussion was unexpected, implying the tool's influence may be broader than originally envisaged.

Limitations

We recognize that relatively small numbers of students were involved in tool pretesting, piloting, and exploration of its use. However, these were different groups each time, from diverse program years and across all countries involved, thus enhancing rigor. A wide range of professionals and academics were involved including clinicians, research experts, university lecturers and tutors, managers, and students, enhancing the tool's face validity.

Further studies with a range of students, professions, and countries would enable in-depth, potentially longitudinal research regarding the impact and influence of SLERT use. Further analysis of SLIPPS learning event reports is ongoing; however, care must be taken in the interpretation of these data. Although the potential of these accounts should not be diminished, they cannot indicate incident prevalence. Students may not have all relevant information, are writing from their individual perspective, and are influenced by the point they are in at their learning journeys and their level of professional development.

Conclusion

The SLERT demonstrated face validity and usability across 5 countries, indicating multinational, multiprofessional relevance; the dual function of the tool allows for a wide range of educational and research use going forward. Analysis of SLIPPS event reports has resulted in the development of educational resources (see the SLIPPS project website)³⁷ and offers powerful insights into a range of important patient safety areas including practices and cultures within placement areas, practice-based learning, clinical supervision, and the emotional safety and well-being of students. Although reflection may be most positive and useful when undertaken with expert facilitation, the SLERT may offer students opportunities to explore and reflect on experiences, potentially developing their confidence in raising issues.

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