Speaking Up:
A Team Based Approach to Patient Safety

J. Meek & L. Dodd
K. Fenwick
J. Fisher

NHS
Northumbria Healthcare
NHS Foundation Trust

Newcastle University

E-mail:lorna.dodd2@nhct.nhs.uk

IPL & Patient Safety

‘Enables two or more professions to learn **with, from and about** each other to improve collaborative practice and quality of care [1]'

Research Questions:

Can IPL encourage healthcare students to identify patient safety issues?

Can IPL encourage healthcare students to communicate concerns about patient safety?

Method:

The Students

84 undergraduate students

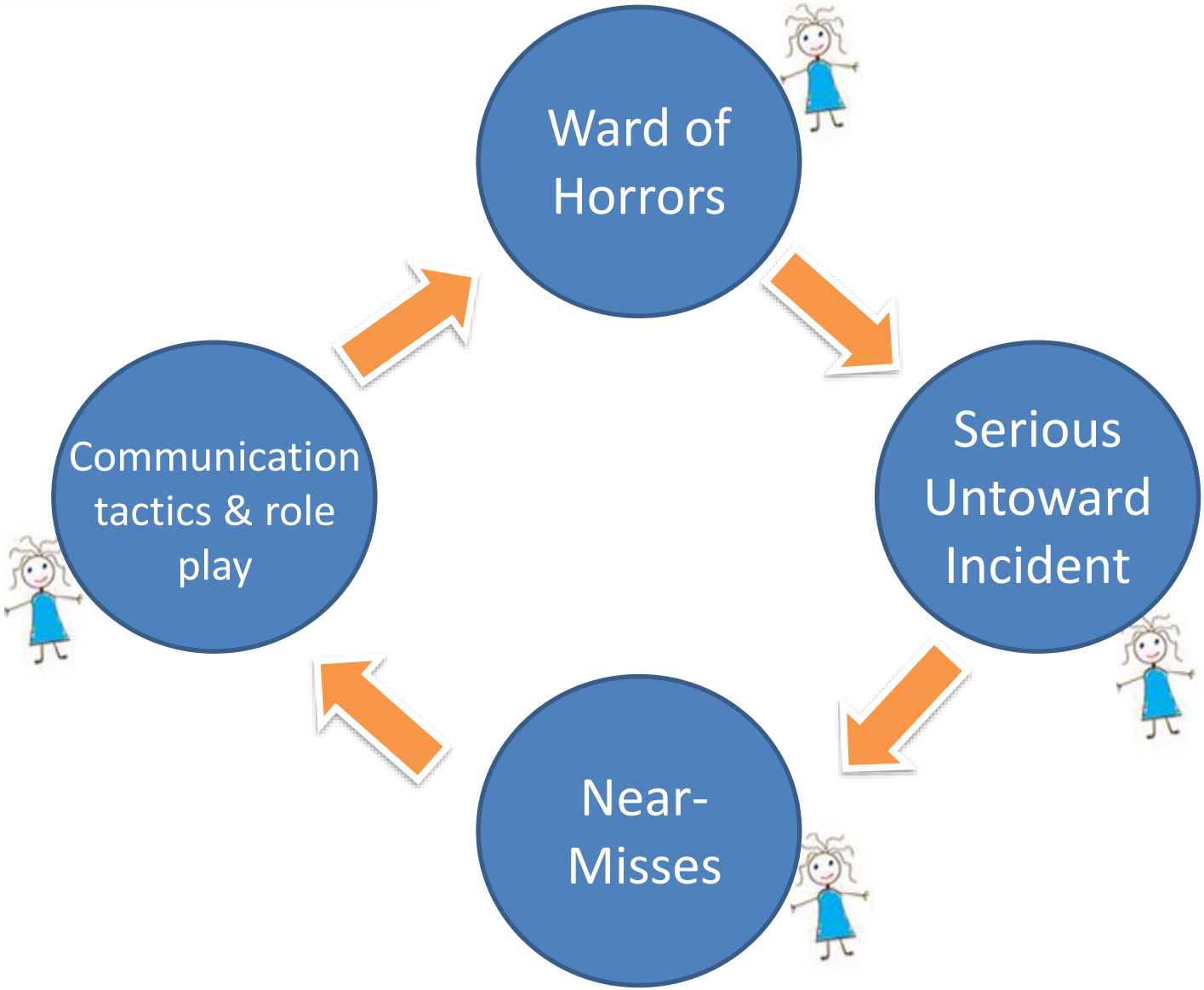
6 different healthcare backgrounds

The Faculty

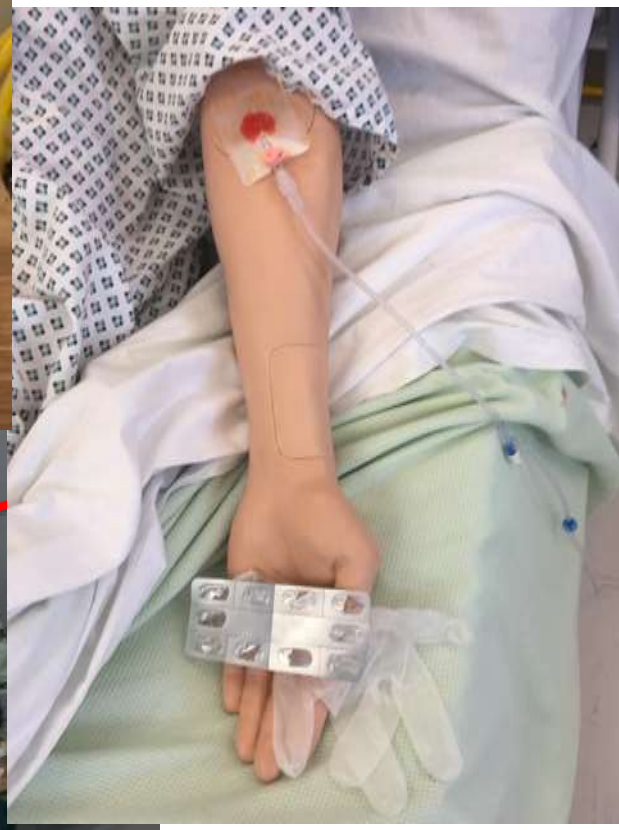
Inter-professional faculty:

Nurses
Pharmacists
Doctors

The Intervention:

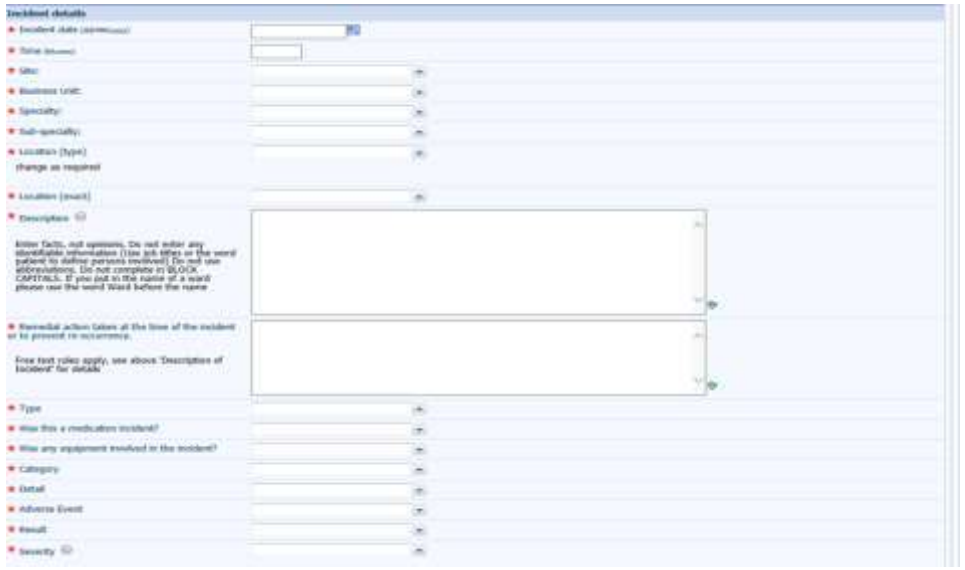


Ward of Horrors:



Serious Untoward Incident (SUI)[3]

Near-Misses:



Stress

Distracted

Lack of Knowledge

Poor Communication

NHS Improvement

The National Patient Safety Alerting System

Communication Tactics & Role Play (4):

CUSS approach

- Concern – "I'm concerned that…"
- Unsure – "I'm unsure that…"
- Safety – "It is not safe…"
- Stop – "Stop what you are doing…"

Data Collection & Analysis [5][6]:

Data Collection	Analysis
Quantitative SAQ RIPL	Wilcoxon Signed Rank Test
Qualitative Free text feedback	Inductive Approach

Results:

Ward of Horrors

SUI

Near-Misses

Working with other professionals was great for sharing knowledge and skills. The ward of horrors was especially useful for demonstrating how we are safer when combining all professionals' view point.'

Appreciation of other disciplines

Positively identifying patient hazards

Learning from other perspectives

Results:

Communication skills should be learned with other health care students/professionals

Role Play

Quantitative data revealed that 12 of the 14 questions within pre- & post-questionnaire statistically significant shift

I think it would be difficult to speak up if I perceived a problem with patient care during my clinical practice

I feel that my training has adequately prepared me for communicating with other health care professionals **in a challenging environment**

Unexpected Findings:

Reflections and Limitations:

Barriers

- Hidden curriculum – making the implicit, explicit
- What cultures, behaviours are the trainees observing?

Limitations

- Data collection
- MDT mix

Thank you

- Dr Janis Meek and Dr Lorna Dodd
- Dr James Fisher
- Fiona Robinson (physiotherapy lead)
- Marie McKeown (Nursing placement lead)
- Chris Shepherd (Occupational therapy lead)
- Dr Jenny Yeo (Physician Associate lead)
- Kate Smith (Pharmacy placement lead)
- Sharon Hartley (IPL lead)

And all the fantastic facilitators in the education department!

References

1. CAIPE (2002) Interprofessional education - a definition. www.caipe.org [Accessed on 11/6/19]
2. O'Daniel, M & Rosenstein, A. (2008) Chapter 33: Patient safety & quality: an evidence based handbook for nurses. Agency for healthcare research and quality.
3. Recognising Risk and Improving Patient Safety - Mildred's Story (2010) YouTube added by the University of Leicester. Available at https://www.youtube.com/watch?v=8TpnPoSyuJg. [Accessed 11/06/2019]
4. Nickson, C. (2019). Speaking Up. https://litfl.com/speaking-up/. [Accessed on 11/6/2019]
5. The Health Foundation (2011). https://www.health.org.uk/sites/default/files/MeasuringSafetyCulture.pdf [Accessed on 11/6/2019]
6. Yu, Jowsey & Henning (2018) Evaluation of a modified 16-item Readiness for Interprofessional Learning Scale (RIPLS): Exploratory and confirmatory factor analyses. Journal for interprofessional care. 32(5)584-591
7. Case, G. A. (2014) Performance and the Hidden Curriculum in Medicine. Peformance research. Vol. 19. Pg 6-13
8. Darbyshire, P & Thompson, D. Gosport must be a tipping point professional hierarchies in healthcare. BMJ.2018.363