

**Title:**

An Assessment of Errors and Near-Misses From Pre-Licensure Student Nurses

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**Session Title:**

Research Poster Session 3

**Slot (superslotted):**

RSC PST 3: Sunday, 30 July 2017: 9:45 AM-10:15 AM

**Slot (superslotted):**

RSC PST 3: Sunday, 30 July 2017: 12:00 PM-1:15 PM

**Slot (superslotted):**

RSC PST 3: Sunday, 30 July 2017: 2:00 PM-2:30 PM

**Keywords:**

nursing safety education, pre-licensure nursing safety and student nurse safety

**References:**

Docherty, A., & Dieckmann, N. (2015). Is there evidence of failing to fail in our schools of nursing? *Nursing Education Perspectives*, 36(4), 226-231.

doi: <http://dx.doi.org.proxygw.wrlc.org/10.5480/14-1485>

National Council of State Boards of Nursing (NCSBN) (2011). *Public Policy Agenda*.

Saintsing, D., Gibson, L. M., & Pennington, A. W. (2011). The novice nurse and clinical decision-making: How to avoid errors. *Journal of Nursing Management*, 19(3), 354-359.

**Abstract Summary:**

An examination of quality and safety measures of a current hospital based associate degree nursing (ADN) educational program provided data regarding errors committed by prelicensure students. Tracking and analysis of frequency and type of student clinical errors provided for identification of similarities and an opportunity for system evaluation and improvements.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to assess the number and types of the clinical errors and near misses of pre-licensure students.	Data regarding the number and types of student clinical errors
The learner will be able to demonstrate modalities to track the number and type of student clinical errors.	An example of a prelicensure error tracking form

**Abstract Text:**

**Purpose:** Approximately one-half of new nurses with less than one year of experience who were involved in adverse patient events identified that their formal education preparation was a causal factor in their error (Saintsing, Gibson & Pennington, 2011). However, the concern arises that there is little to no standardized measurement or assessment practice that measures safe and effective practice at various

points in the time frame that precedes graduation (Docherty & Dieckmann, 2015). As there is little consensus and often contention in the determination of what precise behaviors and attitudes constitute a passing nursing student clinical grade, and as there is often further pressure amongst academic administrations and schools of nursing to demonstrate a significant student success percentage, these variables may in fact promote an academic climate of failing to fail. Students being rated as successful in a clinical setting that actually employ behaviors that do not promote a culture of safety have serious, immediate and long-lasting consequences that will affect public health, safety, and welfare (NCSBN, 2011).

To assist with the identification of students and clinical errors and near misses, a Student Opportunity for Improvement (SOFI) form is completed by our clinical faculty for each error or near miss at our hospital based Associate Degree Nursing (ADN) Program research site. SOFI reporting forms are considered part of the institution's clinical paperwork and all of the faculty at this hospital based ADN program have been trained regarding the criterion standards for the completion of the SOFI.

The purpose of the SOFI is to assist the student in the identification of the event, potential patient consequences, and actions that might have prevented the event(s) in question. Secondary purposes of the SOFI are to assist in the identification of student(s) requiring remediation as well as to assist in the identification and tracking of trends. This identification and measurement intervention process is essential to the provision of optimal, safe care.

An examination of quality and safety measures of a current hospital based associate degree nursing (ADN) educational program provided data regarding errors committed by prelicensure students. Tracking and analysis of frequency and type of student clinical errors provided for identification of similarities and an opportunity for system evaluation and improvements. The purpose of my project was to identify the number, types and categories of Student Opportunity for Improvement (SOFI) reports from a hospital based ADN program over a four-year period from July 30<sup>th</sup> 2012 through July 30<sup>th</sup> 2016 and compare the numbers of SOFIs by academic term, the student's previous healthcare experience, and student age. My project also examined the number of errors in the ADN hospital based program after a curricular change was implemented to condense the previously existing 24-month program to 18 months.

**Methods:** A twenty-four month retrospective comparative design was utilized, in a private, non-profit 2-year associate degree nursing program in the northeastern region of the United States with an enrollment of approximately 300 students. The target population was all enrolled prelicensure nursing students between the ages of 18 and 60 who have had a SOFI report filed. A convenience sample was utilized. Students who were dismissed from the program due to either academic or clinical failures but who have had at least one SOFI filed were included in the study population. The number and types of SOFI reports generated with the previously discussed demographic variables were measured.

The SOFI forms were physically stored in a locked cabinet in the Assistant Dean's or her designee's office. All data from the SOFI reporting forms since 2012 was available to all faculty in an Excel spreadsheet in a secure faculty share hard drive. This Excel spreadsheet was downloaded to the secure research computer, and data entered for the student SOFI category, student semester, student age, program option, and previous healthcare experience. The program option, student age, and previous healthcare experience demographic information was available to all faculty on a shared drive. The student course and therefore semester of enrollment is recorded on the SOFI form. Names were permanently removed prior to analysis. Approximately every 5<sup>th</sup> SOFI form entry was verified with the secure access Excel spreadsheet data as compared to the original SOFI forms for accuracy, and the Assistant Dean or her designee performed the check of each data entry from the SOFI to the Excel spreadsheet to verify accuracy. Data entries that were determined to be inaccurate were modified in the secure spreadsheet after consultation with the Assistant Dean or her designee. A running total of inaccurate entries was tabulated for further analysis if inaccurate entries are found. Once the data was cleaned and verified for accuracy it was downloaded from Excel to SPSS for data analysis.

Data from the SOFI reporting form have never been used in a pilot study, nor has the instrument been used in a related population or research study.

**Results:** Ongoing research

**Conclusion:** Ongoing research