

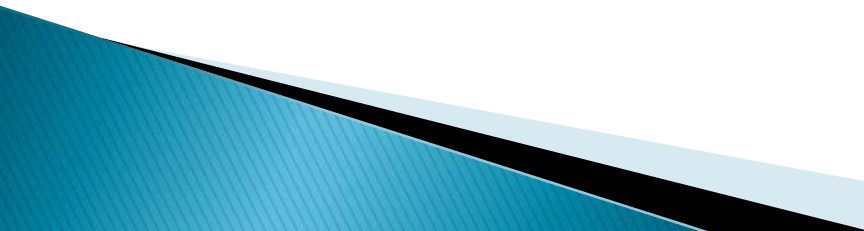
# Nursing Faculty's Competency to Teach Patient Safety to Their Students

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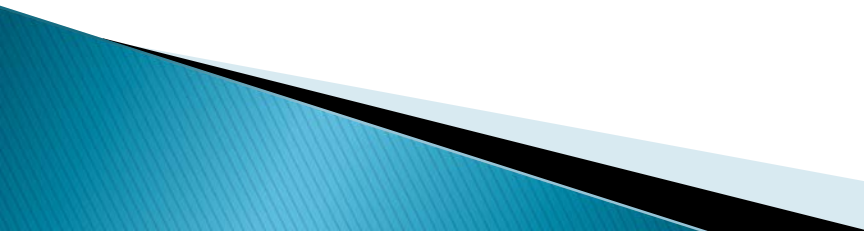
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# Introduction

- ▶ To Err is Human Report 1999
    - 44,000 to 99,000 deaths per year from adverse events
  - ▶ Every evolving discipline – Science of Safety
  - ▶ Has the faculty kept up?
  - ▶ Faculty needs assessment & analysis of results
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# Faculty

## Patient Safety Needs Assessment

- ▶ Patient safety is a prominent topic in all nursing education courses/topics
  - ▶ QSEN – Quality and Safety Education in Nursing
  - ▶ Need to not only know what patient safety concepts are, but how to utilize them to improve patient safety
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# Information that should be taught includes, but is not limited to:

Adverse event;  
Near miss;  
Sentinel Event;  
Patient Safety barriers;  
Just Culture;  
Human Factors;  
Swiss Cheese Model;  
Drift;

Healthcare associated  
infections/conditions  
prevention;

Prioritization of patient  
safety initiatives;


Root Cause Analysis;

And more!

# Needs Assessment

- ▶ Self assessment by faculty
  - How they perceive their knowledge
  - How well they could teach the topic
- ▶ But also a 'quiz' to determine if their perceived knowledge is demonstrated in answers to the quiz
  - WHO 10 question Patient Safety Quiz
    - <http://www.who.int/patientsafety/education/quiz.html>

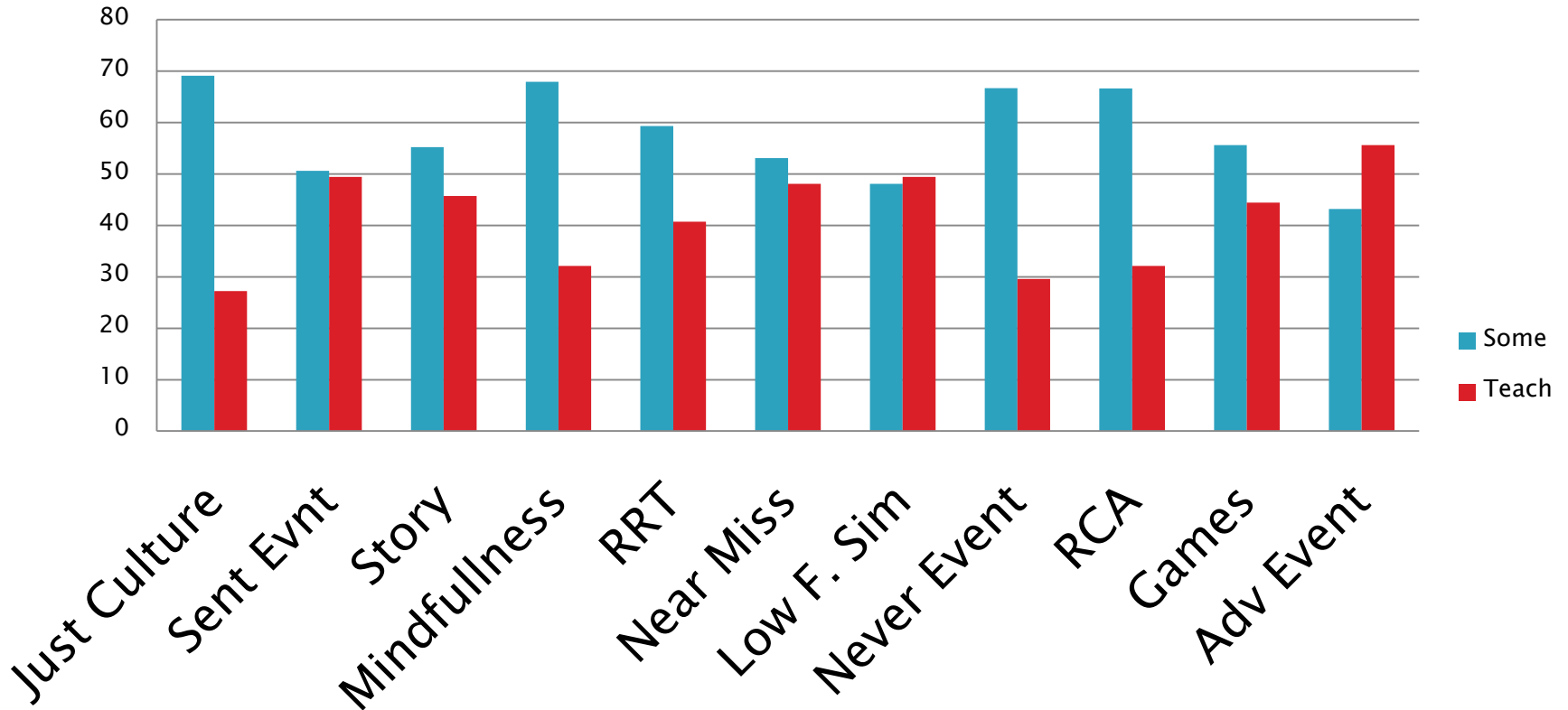
# Demographics

- ▶ A majority of sample taught undergraduate students (69.1%).
  - ▶ RN/BS/MS: Only a few participants taught RN/BS/MS (9.9%).
  - ▶ Masters: Over one third of sample taught Masters Students (35.8%).
  - ▶ PhD/DNP: Around one third of sample taught PhD/DNP programs (33.3%).
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4. Please read the items listed in the first column (A) and then indicate in columns B, C, or D what your knowledge levels are. Then in column E, indicate if you want/need more information on this topic.

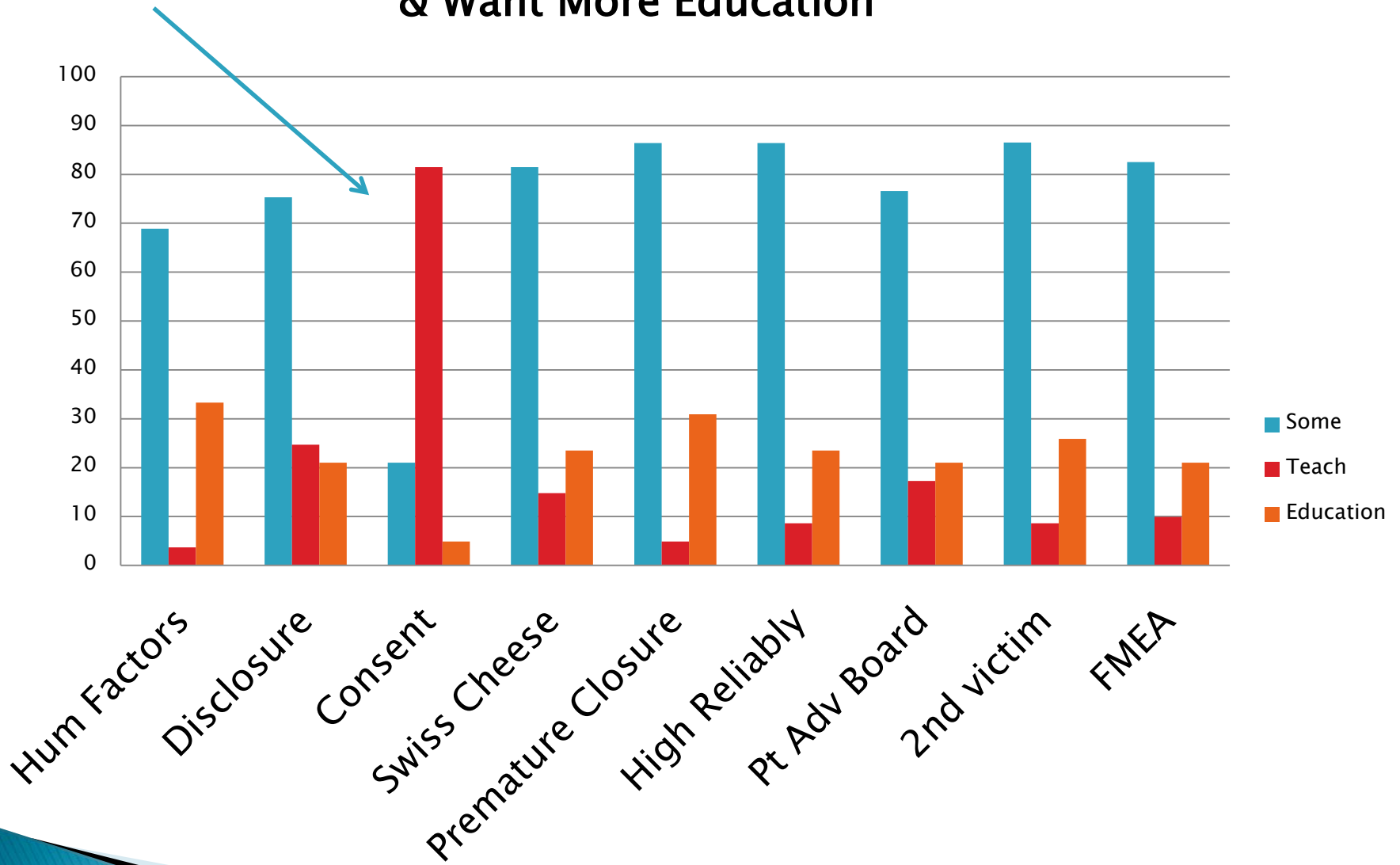
Column A	Column B	Column C	Column D	Column E
Topic	Know very little about this	Know what this topic is about	Would feel comfortable teaching this topic to students	Want/need more information on this topic
Just Culture				
Human factors Engineering				
Disclosure of Harm				
Sentinel event				
Informed Consent				
Storytelling in teaching				

# Less Disparity Between Perceived Knowledge and Ability to Teach

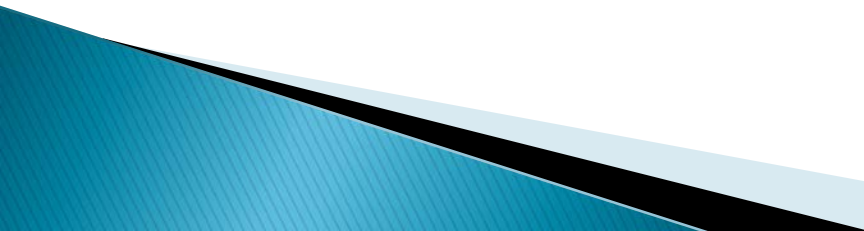




# Perceived Knowledge, Ability to Teach Topic & Want More Education



# Analysis of the Data – Ability to Teach Patient Safety Topics

- ▶ A greater proportion of participants who taught UG
  - ▶ felt they were **able to teach** about just culture, sentinel event, patient activated Rapid Response Team, near miss, low fidelity simulation, never events, Root Cause Analysis, and adverse events
  - ▶ than those who did not teach UG.
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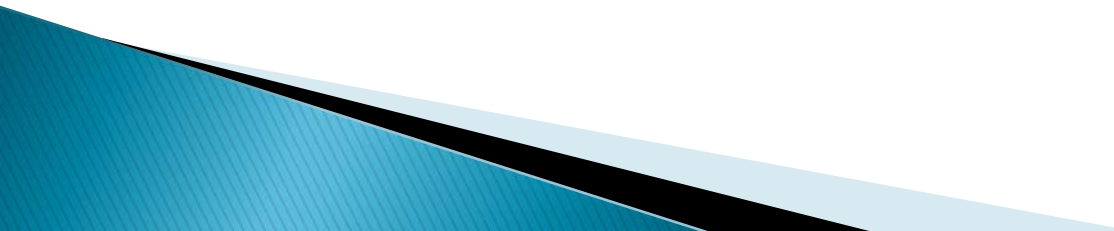
# Analysis of the Data

- ▶ **All clinical associate professors** have some education in teaching Patient activated RRT, but only some clinical assistant and full professors were able to teach this topic.
- ▶ A greater proportion of participants **who did not teach Masters** were able to teach sentinel event, storytelling, Swiss cheese model, and Patient activated Rapid Response Team
  - than the participants who taught Masters.

# Analysis of the Data

- ▶ Around one third of the participants who **did not teach** in the RN–BS–MS program felt they were able to teach about never events.
- ▶ All eight participants who taught **RN/BS/MS** had some education in never events, but none of them reported to be able to teach about never events.

# Analysis of the Data

- ▶ A greater proportion of participants who taught RN/BS/MS were **able to teach mindfulness and gaming** than those who did not teach RN/BS/MS.
  - ▶ A greater proportion of participants who did not teach PhD/DNP program were able to teach low fidelity simulation than those who taught PhD/DNP.
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# Analysis of the Data

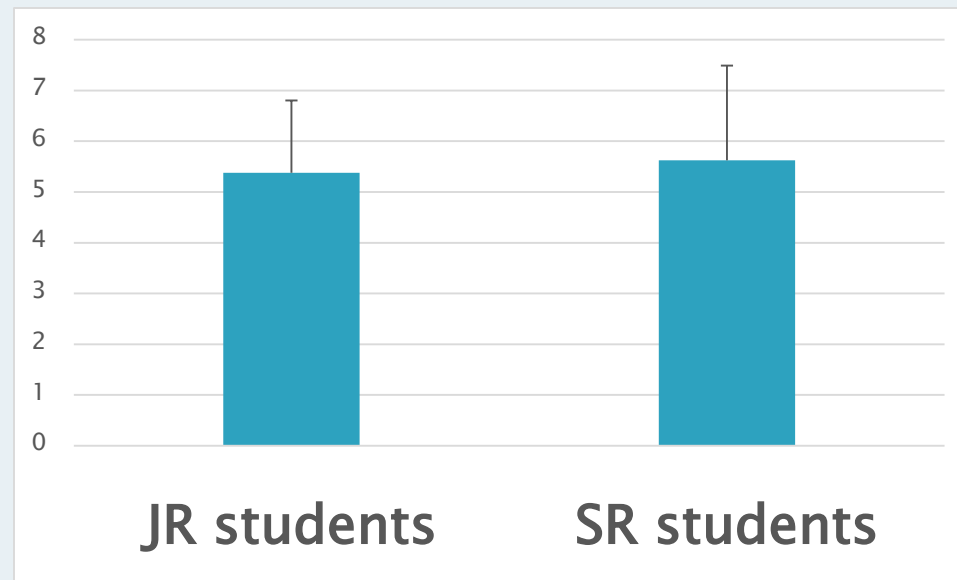
- ▶ All participants who did not teach PhD/DNP had just some education on human factors engineering, but none of them were able to teach Human Factor Engineering.
- ▶ There were only three professors who taught in the PhD/DNP programs who felt they were able to teach Human Factors Engineering

# Analysis of the WHO Quiz Data

- ▶ Ten WHO patient safety questions also given to:
  - A cohort of **Senior 2 nursing students** at time of graduation
  - A cohort of **Junior 1 nursing students** just at the beginning the nursing program
  - **NO statistical differences between the two groups**
- ▶ Students versus the Faculty:
  - **NO statistical differences between the two groups**

	Mean	SD
JR students	5.3810	1.42357
SR students	5.6271	1.86528

### Student Cohort

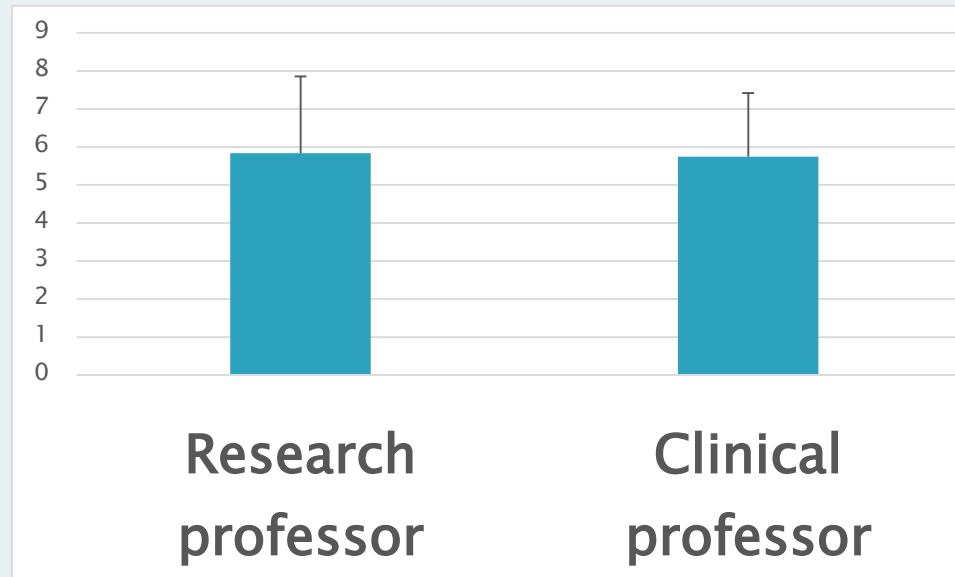


**Notes. Data are expressed in Mean $\pm$ SD.  $p = .345$**



	Mean	SD
Research professor	5.8333	2.02131
Clinical professor	5.7442	1.67748

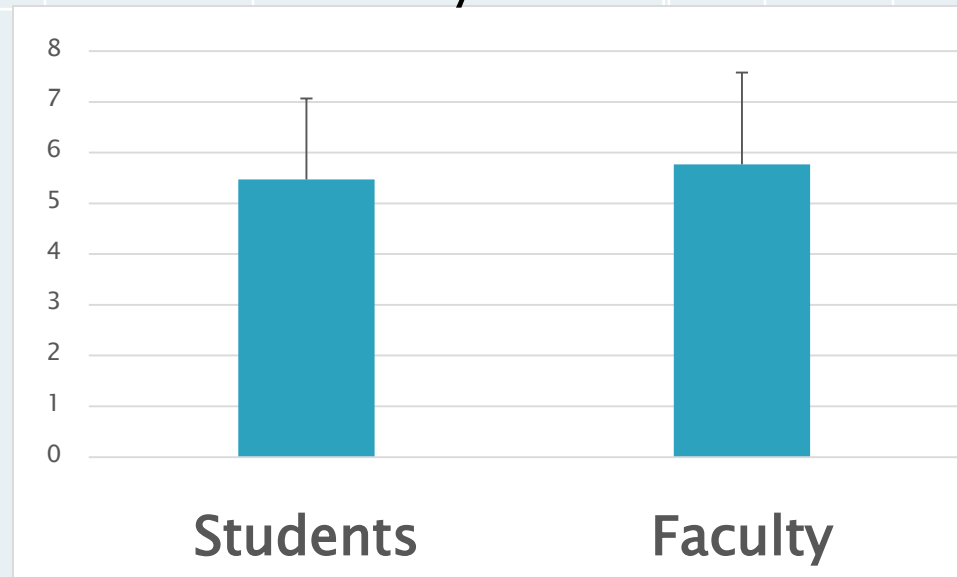
Faculty Position



Notes. Data are expressed in Mean $\pm$ SD.  
p = .831

	Mean	SD
Students	5.4695	1.59533
Faculty	5.7654	1.81157

### Between Faculty and Students




Notes. Data are expressed in Mean $\pm$ SD.  $p = .193$

# Developing an Action Plan

- ▶ Provide Educational Resources
  - Include National Patient Safety Goals in every skills checklist as appropriate
  - Patient Safety posters in Skills/Simulation Lab
  - IHI Open School modules & information
- ▶ Utilize Brown Bag Lunch Events to provide education to faculty in all 3 campuses

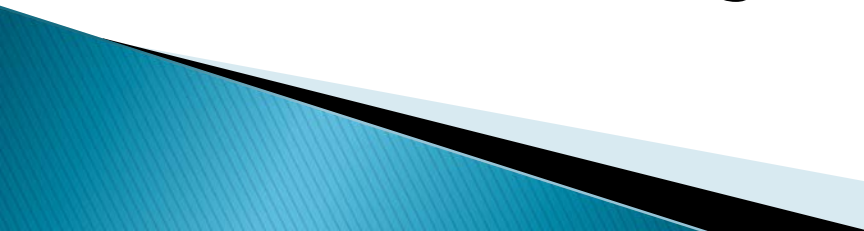
# Developing an Action Plan

- ▶ Develop a Patient Safety Newsletter that faculty & students can contribute to
  - ▶ Place a 5 minute “Safety Moment” at the beginning of every faculty meeting where brief patient safety topics are presented
  - ▶ Send out monthly patient safety specific information/articles to all nursing faculty
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# Developing an Action Plan

- ▶ Biggest Item – More Research:
  - Integration of a Patient Safety thread through all 4 semesters of the nursing curriculum
  - Utilizing a valid & reliable tool to measure student knowledge, confidence, and ability to apply the patient safety concepts into their practice upon graduation
  - Currently have completed the first pilot phase and beginning the actual research cohort this January 2018 class that will graduate in December 2019.

# Conclusion

- ▶ The provision of staff development information/materials will assist the faculty in including the information in their courses
  - ▶ Complete another needs assessment in 1–2 years to ascertain what the faculty's self-perceptions are at that time
  - ▶ Keep faculty involved and let them have ownership in the patient safety content threaded through the UG curriculum
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# Conclusion

- ▶ Remember that faculty knowledge does not always translate to student learning
  - ▶ So, don't forget to also integrate the patient safety into the clinical experiences to reinforce the content taught
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