BJN

EDITORIAL BOARD

Irene Anderson, Principal Lecturer and Reader in Learning and Teaching in Healthcare Practice, University of Hertfordshire

Steve Ashurst, Critical Care Nurse Lecturer, Maelor Hospital, Wrexham Christopher Barber, Freelance Lecturer and Writer

Jacqueline Boulton, Lecturer in Adult Nursing, Faculty Lead for student mobility, electives and global health, Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London Beverley Brathwaite, Senior lecturer University of Roehampton

Amanda Callow, Director of Nursing, Professional Leadership & Quality Improvement, Nottingham University Hospitals NHS Trust

Nicholas Castle, Head of Professions/ Assistant Executive Director, Hamad Medical Corporation Ambulance Service, Qatar

Emma Collins, Matron for Breast, Gynaecology and SHiP, University Hospitals Plymouth NHS Trust

Alison Coull, Lecturer at Queen Margaret University, Edinburgh

Elaine Crosby-Jones, Acute Oncology Lead Nurse, East Sussex Healthcare Trust (ESHT) Angela Grainger, Professor of Nursing, BPP University School of Nursing darry Hill, Associate Professor of Nursing & Critical Care, Northumbria University, UK Helen Holder, Senior Lecturer, Nursing Studies, Birmingham City University Felicia Kwaku, Associate Director of Nursing/Senior Head of Nursing Acute Speciality Medicine, Kings Hospital NHS Foundation Trust and Chair Chief Nursing Officer & Chief Midwifery Officer's Black Minority Ethnic Strategic Advisory Group,NHS England

Jacqueline Leigh, Professor and Director of Nursing and Midwifery Education, Edge Hill University, Ormskirk

John McKinnon, Senior Lecturer, School of Health and Social Care, University of Lincoln Aby Mitchell, Senior Lecturer in Nursing Education, King's College London

Eliana Naser, Assistant Professor, University of Glasgow

Joy Notter, Professor, Birmingham City University & Saxion University of Applied Science, Netherlands

Hilary Paniagua, Principal Lecturer/Head of Doctoral Studies Faculty of Health & Well Being at the University of Wolverhampton Ian Peate, Visiting Professor, Northumbria University; Senior Clinical Fellow, University of Hertfordshire: Professorial Fellow.

University of Roehampton Jo Rixon, Head of Nursing (Croydon),

University of Roehampton

Kendra Schneller, Nurse Practitioner, Health Inclusion Team – Vulnerable Adults and Prevention Services, Guy's & St Thomas' NHS Foundation Trust

Laura Smith, Registered Nursing Associate at Derbyshire Community Health Services NHS Foundation Trust; Associate lecturer in Nursing Associate and Assistant Practitioner Programmes at the University of Derby

John Tingle, Lecturer in Law, Birmingham Law School, University of Birmingham Geoffrey Walker, Matron for Medicine, Cardiology and Specialist Nursing Services Poole Hospital NHS Foundation Trust Jamie Waterall, Deputy Chief Public Health Nurse, Office for Health Improvement & Disparities; Honorary Professor, University of Nottingham

Cate Wood, Director of Programmes (Leadership and Standards) QNI

COMMENT

Improving patient safety through nurse education

Melanie Maddison, Lecturer in Nursing Education, Department of Adult Nursing, Florence Nightingale Faculty of Nursing, Midwifery and Palliative care, King's College London (melanie.maddison@kcl.ac.uk)

atient safety is central to the delivery of care and is, therefore, an essential component of the education of current and future health professionals (Health Education England, 2016; Nursing and Midwifery Council, 2023). Students need to acknowledge that, although the health service aims to do no harm, patients receiving health care come to harm every day (NHS England, 2022a). This can be upsetting for students and requires educational support and innovative teaching to prevent a negative learning experience and demotivation.

Rising incident figures and yearly recurrence of failures in patient safety continue, suggesting the need for innovative ways of embedding patient safety into education. The new Patient Safety Incident Response Framework (PSIRF) (NHS England, 2022b) uses a systems-based approach that moves away from individual blame and looks at how incidents happen and their impact on all those involved, including patients, relatives and staff. The framework aims to improve ways of working and enhance institutional memory by learning from incidents. Working to create a positive patient safety culture needs to start with undergraduate nurse training.

Nursing students need to understand the complex dynamics that contribute to patient care and practise responding to patient safety incidents using the PSIRF (NHS England, 2022b). Yet they often cannot see themselves as being able to speak up, and struggle to gain the confidence to rise to the challenges of dealing with an unpredictable healthcare environment. Educational innovations such as exposure to simulated patient journeys can enhance the acquisition of this skill set in the psychological safety of the classroom.

A third-year undergraduate leadership session explored serious incidents in health care using three anonymised scenarios based on a real clinical incident. The incident involved an elderly patient's unwitnessed fall on a ward, resulting in a traumatic, fatal injury. The session aimed to increase students' awareness of protocols and frameworks and develop skills in handling challenging situations, escalating patient safety concerns and implementing change to reduce patient harm. This aligned with the four-part focus of the NHS Patient Safety Syllabus: systems, safety culture, risk, and raising concerns (NHS England and Academy of Medical Royal Colleges, 2022).

The session encouraged students to identify multifactorial causes of the incident to formulate an action plan using quality improvement methodology. Methods used to escalate concerns were explored through the Plus Delta debriefing framework and role play, applying advanced communication techniques. Peer-to-peer feedback was an important aspect of the learning process for students to effectively communicate ideas, opening the opportunity for self-evaluation and problem-based learning. They could explore their feelings about the incident through reflective practice and were encouraged away from blaming individuals. This approach meant that they could identify their own agency as they were asked to explore ways in which the outcome could have been avoided.

A post-session reflection activity enabled students to further explore how their feelings had changed through the learning process. The students stated that they enjoyed the interactive nature of the session and building on communication techniques.

Teaching patient safety at the undergraduate level is essential to equip students with the skill set to respond to similar events in practice. It requires the acquisition of these skills through practical application. With support, simulation allows students to develop and actively practice these skills in a safe and nurturing environment. **BJN**

- Health Education England. Improving safety through education and training. Report by the Commission on Education and Training for Patient Safety. March 2016. https://tinyurl.com/ycuw5ppt (accessed 12 March 2024)
- NHS England. National Reporting and Learning System (NRLS) national patient safety incident reports: commentary. October 2022a. https://tinyurl.com/mryhj545 (accessed 12 March 2024)
- NHS England. Patient safety incident response framework. August 2022b. https://tinyurl.com/4kc7kwpk (accessed 12 March 2024)
- NHS England, Academy of Medical Royal Colleges. NHS patient safety syllabus. 2022. https://tinyurl.com/yck6zn8b (accessed 12 March 2024)
- Nursing and Midwifery Council. Standards for education and training. Part 1: Standards framework for nursing and midwifery education. 2023. https://tinyurl.com/mw369h7z (accessed 12 March 2024)