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Development of an international tool for students to record and reflect on patient safety learning experiences.

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1   Abstract

2   **Background:** Underpinning all nursing education is the development of safe practitioners

3   who provide quality care. Learning in practice settings is important, but student

4   experiences vary.

5   **Purpose:** This study aimed to systematically develop a robust multi-lingual, multi-

6   professional data collection tool, which prompts students to describe and reflect on patient

7   safety experiences.

8   **Approach:** Core to a 3-year, 5 country, European project was development of the

9   'SLIPPS' Learning Event Recording Tool (SLERT). Tool construction drew on literature,

10   theory, multinational and multidisciplinary experience, and involved pretesting and

11   translation. Piloting included assessing usability and an initial exploration of impact via

12   student interviews.

13   **Outcomes:**   The final SLERT is freely available in 5 languages, has face validity for

14   nursing across 5 countries. 368 student reports were collected using the tool.

15   **Conclusions:** The tool functions well in assisting student learning and for collecting data.

16   Interviews indicated the tool promoted individual learning and has potential for wider

17   clinical teams.

18   **Key words**: Education, Patient safety, Healthcare, Tool development, Reflection

19

20   Introduction

21   While education of nurses and health professionals is central to improving care

22   quality and patient safety, [1] learning about patient safety is complex as pre-registration

23   programs generally include both academic and practice experience.[2] Emphasis is often

24   given to developing patient safety curricula,[3] courses and educational initiatives[4] with less

25   attention to students' experiential learning during practice placements.[5-8] Learning in, and

26   from, practice is recognized as an educational mechanism which encompasses varying

27   levels of observation and immersion in activities and professional communities of the

28   placement context. [9] Informal learning from experience influences student behavior and

29   includes mimicking role models and conformity to social or professional norms.[10,11]

30   During placements students may encounter patient safety episodes spanning 'good'

31   practice, near misses, incidents and adverse events.[7,12] Such experiences are sometimes,

32   but not always, explored and reflected on,[13] using approaches such as Critical Incident

33   Technique,[14] (CIT) and/or reflective models.[15] CIT is used to describe, explore and reflect

34   upon significant, [16] events and experiences and is widely used in health professions'

35   research and education.[15,17] Small scale comparisons of Finnish and United Kingdom (UK)

36   students' important patient safety learning events' using CIT,[8] reported national differences

37   in event topics, potentially highlighting variations in health care policy or educational focus.

38   UK patient safety education research identified differences across educational contexts,

39   which may cause discomfort or dissonance for students.[5,7] However, helping students

40   make sense of placement experiences and maximize learning through reflection is

41   complex, requiring some level of facilitation and resource which is not always available.

42   Students do not necessarily have the same support and opportunities across placement

43   settings and for them reporting issues can be difficult for many reasons.[18,19] Thus,

44   involvement in a patient safety related episode may constitute a memorable learning

45   experience which remains with them for a variety of reasons.

46   While attending to the 'hidden curriculum' may be difficult given its implicit

47   nature,[9,10] more could be done to harness placement experiences students feel are

48   important to their learning. These learning events could be utilized both as educational

49   opportunities and as a window into students' experience of patient safety, concomitantly

50   highlighting informal learning mechanisms. While some studies have considered the

51 importance of work placement learning experiences,[5,7,8] little has been done to

52 systematically develop or utilize tools to explore patient safety events and prompt students

53 to record and reflect on them. Learning from patient safety related experiences may vary

54 between countries,[8] with inter-professional and international comparisons bringing new or

55 enhanced insights into learning about patient safety. International sharing of student

56 accounts and insights and new knowledge derived from their analysis, could benefit

57 multiple stakeholders.

58   'SLIPPS' was a 3-year multinational project aiming to; collect student placement

59 learning experiences related to patient safety, enhance learning opportunities, share

60 student accounts, develop freely available educational resources and undertake research.

61 An overview of the study design is published elsewhere.[20] This paper outlines the

62 systematic development and piloting of the SLIPPS Learning Event Recording Tool

63 (SLERT), core to the project. The purpose of the SLERT is to offer students an accessible

64 way of recording experiences, promote reflection and learning, and function as a method

65 of data collection. The project sought to produce a tool with relevance for nursing across

66 the countries involved, and future potential for other professions and nations.

67

68 Ethical procedure

69   The lead UK team gained necessary ethical approvals (Northumbria University, and

70 the UK Health Research Authority), sharing documents with partners who obtained

71 relevant national ethical approvals. A completed SLERT constituted informed consent.

72

73   Methods

74   Design

75   The tool was developed in 2 stages: construction and piloting. Construction involved

76   establishing content and structure, pretesting and translation. Piloting included assessing

77   usability, using the tool to collect 368 student reports across 5 countries, and undertaking

78   a small interview study to explore students experiences of using the tool.

79   The SLERT is primarily a tool for gathering student accounts and prompting

80   reflections, not a questionnaire which measures or tests standardized constructs or

81   psychometric properties. Therefore usability, content, construct and face validity were the

82   main considerations during construction and piloting.[21]

83

84   Stage 1: Tool Construction

85   The process used for developing the SLIPPS Learning Event Recording Tool

86   (SLERT) (see Supplemental Digital Content Figure 1) drew on interdisciplinary, 'design

87   thinking'.[22] Initial drafting of the tools content and structure involved multiple iterations

88   across core team members and was underpinned by literature, the teams previous work

89   and extensive experience, commonly used reflective models [15] and established

90   terminology lists and internationally established definitions.[23-25] This approach ensured

91   content and construct validity.[21,26] The prototype included: instructions and definitions; 2

92   sections with prompts for students to describe an event and then reflect on it; and a final

93   section requesting student demographic data, and event characteristics.

94   The prototype was pre-tested using cognitive interviewing, frequently used in

95   questionnaire development,[27] enhancing face validity and identifying issues through

96   participant immersion, observation and engagement. Twenty-nine health and/or social

4

97   care students volunteered and were individually interviewed in the university setting

98   [Finland (n=10), Italy (n=10), Norway (n=3), Spain (n=4), UK (n=4)]. The students were

99   asked to explain how they understood questions, would construct answers, and any

100   difficulties encountered.[27] Interviewers facilitated verbalization of thought process with

101   minimal interruption. Feedback was content analyzed at each site, collated, then

102   discussed by the wider project group and used to refine and finalize the tool. Students

103   found the terminology in the tool easy to understand with only minor suggestions made for

104   changes to instructions and the professions listed.

105   The final English SLERT was translated into Spanish, Italian, Finnish and

106   Norwegian using a 4-phase blind-back translation process to maintain faithfulness of

107   meaning and cultural relevance (See Supplemental Digital Content, Figure 2). [28]

108

109   Stage 2: Piloting

110   Assessing usability

111   The System Usability Scale (SUS) was used to assess the 5 different language

112   versions of the SLERT. [26] This widely used scale encompasses user interaction and

113   satisfaction, and was developed as a pragmatic approach to assessing how easy or

114   difficult a system or product is to use.[26] The SUS instrument was translated into relevant

115   languages using the same protocol as the SLERT translation, which is often used in health

116   care research. [28] The SUS has been shown to be valuable and robust with tranlsations

117   also showing estimates of validity well above typical minimum criterion. [29] SUS studies

118   with smaller samples (e.g.20) show acceptable reliability (Coefficient alpha 0.84).[26]

119   The SUS was administered via email to a total of 28 students [Italy (n=5), Spain

120   (n=5), Finland (n=11), UK (n=7]). SUS data analysis[29] shows an average score of 80

121 (percentile ranks) across all countries. Results ranging from 70s to upper 80s, represent

122 "good" through to "excellent" acceptability/usability. Individual country scores indicate

123 some variation; the Finnish 87.05 indicates high acceptability compared to the United

124 Kingdom 71.08. In line with the suggestion that western countries might display 'different

125 culturally motivated problems when interacting with the same application localized only

126 through translation,[30] (p366), Given scores were in the 'acceptable' range, differences

127 were not sufficiently significant to merit further refinement of the SLERT. Supplemental

128 Digital Content, Table 1 presents the SUS results, calculated SUS scores, categorized

129 with Acceptability and Usability.

130

131 Implementation

132 The final tool (see Supplemental Digital Content, Figure 3) was used by each partner site,

133 mainly with nursing students from various year groups and as an adjunct to existing

134 pedagogical resources. 368 SLIPPS Learning Event Reports were returned across the 5

135 countries.

136

137 Exploring student experiences of the SLERT

138   To qualitatively explore student's' experiences of using the SLERT as a formative,

139 learning exercise, an interview study was undertaken with 17 students (2 Pharmacy, 1

140 Midwifery, 14 Nursing) who had used the SLERT [UK (n=6), Italy (n=8), Spain (n=1),

141 Finland (n= 2)].

142   A semi-structured interview guide was developed drawing on team experience,

143 educational research and the project literature review.[15] The interview guide asked

144 students to describe experiences and feelings regarding: tool use; identifying events;

145 writing about events; perceived learning or impact; and examples of positive or negative

146 aspects of SLERT use. Students volunteered and semi structured interviews (~ 30

147 minutes) were undertaken by members of the research team in each country. Interviews

148 were audio recorded and transcribed verbatim.

149 Thematic analysis was employed. [31] UK and Spanish data were initially coded line-

150 by-line, emerging themes and subcategories were discussed and a coding frame agreed

151 and applied to remaining interviews. Consideration was given to similarities, differences

152 and any new emerging categories or themes. International team discussion was then used

153 to enhance reflexivity, challenge, or raise assumptions and agree findings. Three themes

154 were identified: Access and completion; Deciding on Events; Learning through SLERT

155 use.

156 Access and completion
157 Students generally found accessing the SLERT *"straightforward"*. When minor

158 accessibility problems occurred, they were easily resolved with overall experience

159 unaffected. Some used laptops, others favored the immediacy of mobile devices.

160 Navigation of the SLERT was self-explanatory with guidance provided helping organize

161 thoughts. While most preferred electronic format, one student reported handwriting their

162 account and reflecting on it before transferring it to the web-based tool. All students

163 interviewed intended to use SLERT reports as evidence in professional portfolios.

164 Event choices
165 Engagement with the SLERT gave students an opportunity to pause and

166 contemplate, not just single patient safety events, but the broader overview of their

167 experiences to date. Students noted how personal perceptions and multiple interpretations

168 of patient safety existed, which could complicate decisions regarding which event to write

169 about. Exposure to safety events also differed. Some found choosing an event to write

170 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 re-visit and write about.

"I chose this event because the nurse displayed a behavior I wasn't used to seeing"

[said with feeling]

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 appeared 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 and I had learnt a bit more"

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' felt, while 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.

194   *"[tool] made me reflect on this experience in a three-dimensional way. I had to think*

195   *about how I felt, what events lead to that precise moment and, it helped to*

196   *remember what I had learnt from this experience."*

197   Completing the SLERT raised awareness of patient safety as a key element of

198   practice, with comments on viewing situations through the lens of the SLERT structure

199   when returning to clinical areas. Comparing experiences and building personal

200   conceptualizations of events might help increase self-efficacy in future situations. Linking

201   empirical evidence and theory to experiences to gain a deeper understanding of what had

202   occurred helped some make sense of the events.

203   *"It helped me also at learning level because it stimulated me to look at updated*

204   *guidelines"*

205   One student explicitly noted *"I want to record every event if there is a recording system"*

206   highlighting potential development of incident reporting practice. Others noted the learning

207   potential of sharing accounts or described taking SLERT reports back into the placement

208   area as a focus for team discussions.

209   *"We went over the scenario with the…district nursing community placement…a few*

210   *district nurses (and) a couple of other students" [used event record taken back to*

211   *practice team].*

212   Although the SLERT facilitated reflection and sense making regarding events, one

213   student suggested discussing the event would have been useful, while another expressed

214   frustration at being unable to talk about their experience prior to using the SLERT. This

215   highlights the role of tools such as the SLERT as an adjunct to, and not a substitute for

216   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 regarding both placement-based experiential learning, and the scope and nature of experiences that students view as patient safety related. 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 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 five countries back translation was undertaken to obtain versions in five languages. Data from the interviews exploring students experiences of using the tool indicates 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 control',[34] and the desire to 'belong' is perhaps key in students' emotional and behavioral responses to patient safety issues and subsequent attitudes towards raising concerns[18]. The SLERT may give a sense of control by offering space to express emotions through

242 private guided reflection. This concurs with other research[35] reporting students' reluctance

243 to participate in face-to-face reflective debriefings immediately following events, preferring

244 first time to assimilate experiences. Including 'good practice' within the tool helped ensure

245 that notions of patient safety are not confined to the 'negative'.[36] Indeed students who

246 identify high quality safety and care in practice contexts are reported as more likely to

247 report and discuss safety issues.[34]

248   Students felt the tool offered an opportunity for self-directed debriefing, which

249 facilitated making sense of, and learning from events, and encouraged interrogation of

250 relevant theories and guidelines. They reported how the SLERT helped in unpicking and

251 reconstructing events, one student described reflecting in a three-dimensional way.

252 Although the SLERT appeared to promote confident independent learning, this could be

253 enhanced by access to face-to-face discussion, thus flexibly functioning as both as a

254 group pedagogical device and a tool for individual use. Taking completed SLERT reports

255 back to practice settings for discussion was unexpected, implying the tool's influence may

256 be broader than originally envisaged.

257 Limitations

258   We recognize that relatively small numbers of students were involved in tool pre-

259 testing, piloting, and exploration of its use. However, these were different groups each

260 time, from diverse program years and across all countries involved, thus enhancing rigor.

261 A wide range of professionals and academics were involved including clinicians, research

262 experts, university lecturers and tutors, managers and students, enhancing the tool's face

263 validity.

264   Further studies with a range of students, professions and countries would enable in-

265 depth, potentially longitudinal research regarding the impact and influence of SLERT use.

266   Further analysis of SLIPPS learning event reports is ongoing; however, care must be

267   taken in interpretation of this data. While the potential of these accounts should not be

268   diminished, they cannot indicate incident prevalence. Students may not have all relevant

269   information, are writing from their individual perspective, influenced by the point they are at

270   in their learning journeys and their level of professional development.

271   Conclusion

272   The SLERT demonstrated face validity and usability across 5 countries, indicating

273   multi-national, multi- professional relevance; the dual function of the tool allows for a wide

274   range of educational and research use going forward. Analysis of SLIPPS event reports

275   has resulted in development of educational resources (See SLIPPS project website), [37]

276   and offer powerful insights into a range of important patient safety areas; including:

277   practices and cultures within placement areas, practice-based learning, clinical supervision

278   and the emotional safety and wellbeing of students. Whilst reflection may be most positive

279   and useful when undertaken with expert facilitation, the SLERT may offer students

280   opportunities to explore and reflect on experiences, potentially developing their confidence

281   in raising issues.

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Figure 1: Flow diagram of SLERT development

Initial drafting of tool structure and content

Drawing on:
- Wide ranging experience / previous work of the SLIPPs partners *(including national projects and doctoral work)*
- Literature review of CIT and reflection use in Health professions (literature and theory)
- Established terminology lists

Multiple iterations across multinational group *(researchers, educationalists, registered health professionals, design and development academics)*

Draft SLERT tool agreed

Review by:
- Health care organisation colleagues
- SLIPPs country specific 'Quality assurance groups' *(including researchers, educators, and health and social care professionals)*

Appropriate changes incorporated into prototype SLERT

Pre-testing of tool:
- Cognitive interviewing /Think aloud methodology, by experienced researchers
- 31 health / social care students across partner countries

Pre-test results analysed; appropriate changes incorporated resulting in final SLERT version.

Translation
4 Phase blind back translation into 5 languages

Final SLERT
English, Finnish, Italian, Norwegian, Spanish

Assessing SLERT usability (using systems usability scale)
- 29 health / social care students
- across 5 partner countries

Usability issues considered & alterations made

Exploration of SLERT use
- 1:1 individual qualitative interviews by experienced researchers,
- With 17 students across 4 countries

Pilot implementation of SLERT
- In 6 institutions across 5 countries
- 368 reports collected

Tool Construction

Piloting

Figure 2. The SLERT translation process

PHASE 1: Forward translations from English to native language

- In each country: Finland, Italy, Norway & Spain
- 2 separate native translators but with fluent English (1st & 2nd) worked independently to translate from English to: Finnish, Italian; Norwegian; Spanish

PHASE 2: Comparison and combination

- In each country: Finland, Italy, Norway & Spain
- Single translator/bilingual expert (3rd), who had not seen the first English version Compared the 2 native language versions translated in phase 1 and combined them to create 'draft A' in each language

PHASE 3: Blind back translations to English

- In each country: Finland, Italy, Norway & Spain
- Single translator (4th) who had not seen the first English version undertook a translation of 'draft A' back into English

PHASE 4: Comparison of all five English language versions

- SLIPPs international core group meeting: compared all phase back translated English versions and consensus reached
- **Resulting in**: SLERT-Eng, SLERT-Ita, SLERT-Spa, SLERT-Nor, SLERT-Fin
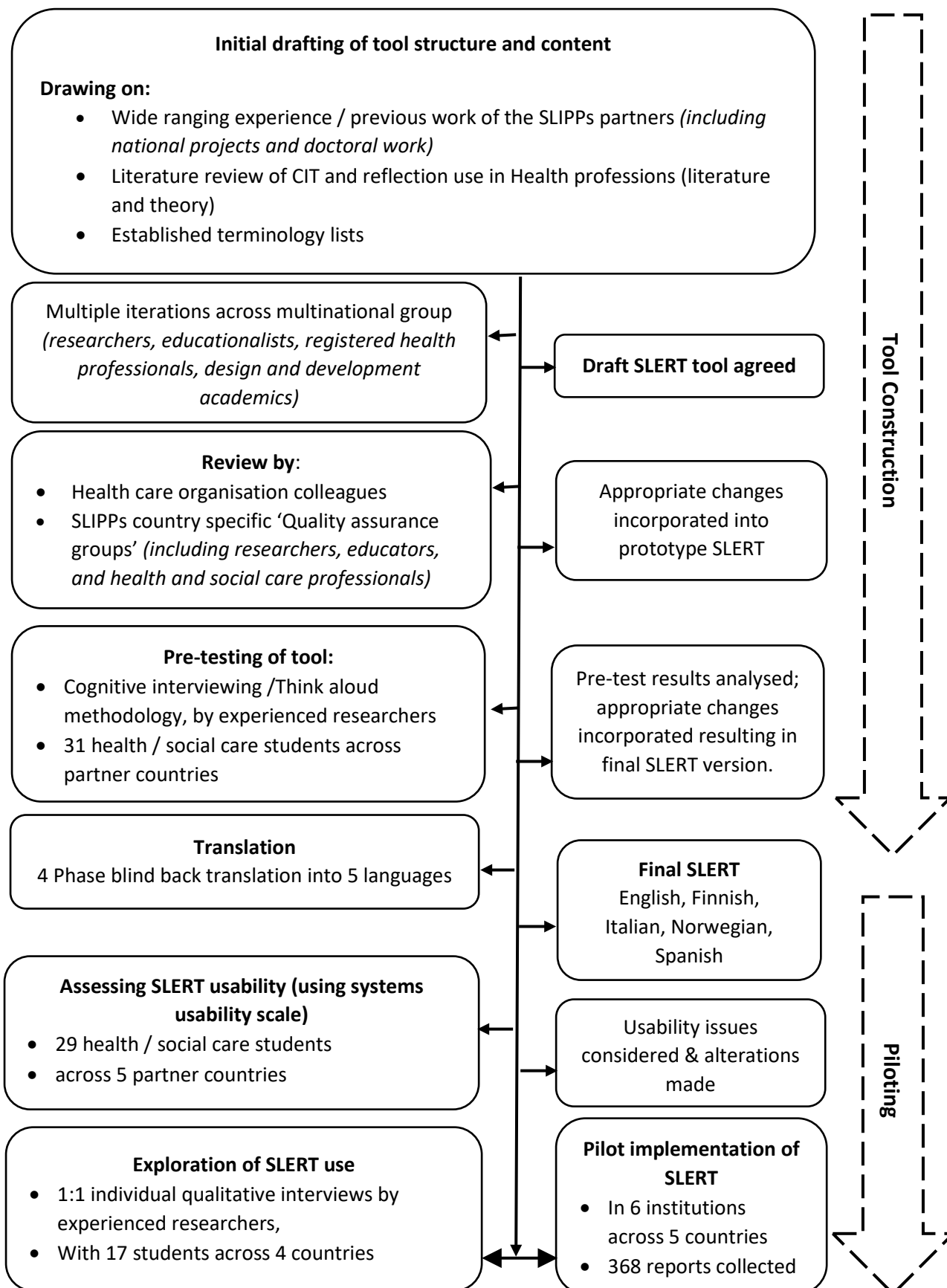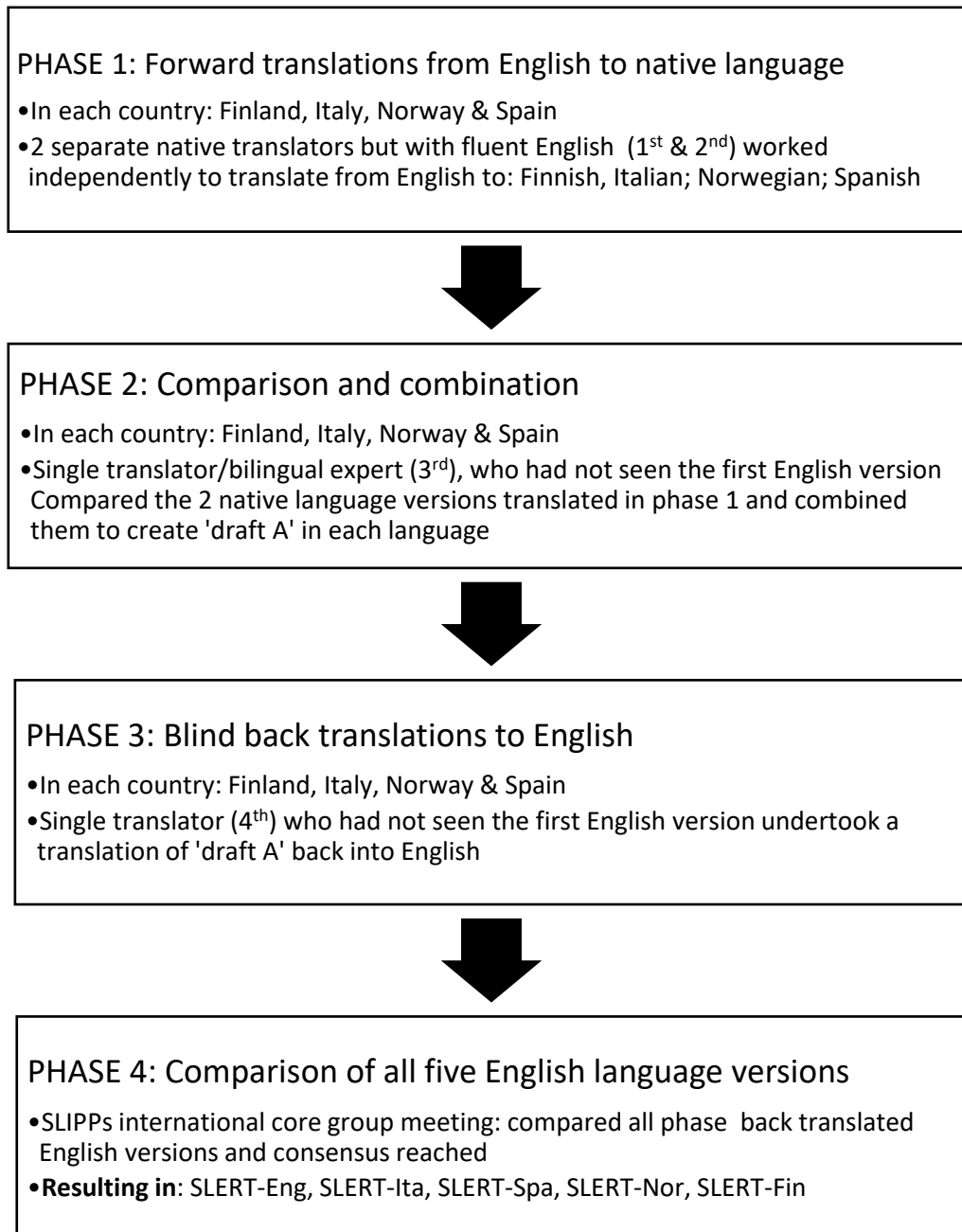
Figure 3: SLIPPs Learning Event Recording Tool (SLERT)

SLIPPS Learning Event Recording Tool (SLERT)

Learning event recording tool: SLIPPS project information

Dear student,

The learning event recording tool you are about to access (this survey) is very flexible and may be used:

- As part of your studies or course
- For professional and personal purposes (e.g. as a template for recording placement reflections which can be downloaded and used as part of placement assessments or e-portfolios, or revalidation portfolios etc.)
- As many times and as often as you wish

you can also choose to have your 'data' added to SLIPPS- a multi-national EU project.

Reflecting on important patient safety learning events from your practice placements can help you to understand your own experiences and learn fromevents.

About SLIPPs
The learning event recording tool has been developed as part of the SLIPPS project co-funded by the Erasmus +programme of the European Union. SLIPPS is led by Northumbria University UK, in collaboration with Finland, Spain, Italy and Norway.
Through the following SLIPPs project website you may now, or in the future, also find opportunities to compare your events with other healthcare and/or social care students'experiences (www.slipps.eu).

The SLIPPS project has obtained ethical approval via your education institution. For further information see document.

If you agree to your learning event data (descriptions and reflections on important patient safety learning events, **which will all be anonymous and you will not be identified in any way**) **being part of the SLIPPs project** it will be used to:

- Develop freely available educational resources.
- As part of national and international research.
- In presentations and publications.
- To assist healthcare organisations and education institutions in improving patient safety education, processes and systems.

It will also become part of the SLIPPs databases and may be used for future research and educational developments.
If you would like further information please click here to see the study information sheet or contact:
contact@slipps.eu

Next >

Recording important patient safety learning events and informed consent

In the following pages you will be asked to complete these sections:

In section A: You are asked to describe the event

In section B: You are asked to think about and reflect on the event, and the learning you took from it

In section C: You are asked to answer some demographic questions

Analysis of the learning event records will summarise and amalgamate the records sothat no individuals or clinical areas can be identified.

You can complete the patient safety learning event record more than once.

Next >

Important Patient Safety learning event recording form: Section A

Please tell us about an event that was important for you when learning aboutpatient safety.

Important learning events can be described as significant events in a learners' life:

- something meaningful for you, it **does not** need to be a major event (e.g. does not need to have caused serious consequences)

- something **you** feel strongly influenced **your** learning

Please recall such learning events related to patient safety that took place during **your** work/clinical placements. Whether or not the event was resolved successfully **does not** matter.

The learning event can be:

1. A **positive**, satisfactory event
2. A **negative**, unsatisfactory event

Please note: Although the learning event may be negative in nature, the learning can be experienced as positive.

Describe ONE event and tell us as much as you can about:

- What happened (e.g. the event and what led up to it, if you were involved or only witnessed the event, if you had experienced this type of event before)

- Who was involved and what they did (e.g. Patient, relative, mentor, clinical

- supervisor, nurses, doctors, health care assistant, midwife, social care worker, or other staff or students and their job title or roles). **Please note: do not use any names of people or health care organisations**

- When it happened (e.g. which semester, which shift: day time or night time)

- Where it happened (e.g.in a patients home, a room, operating theatre)

- What did the person or people do, or not do, that had an effect

- What was the outcome or result (at the time or later if you know)

- Was it discussed with the person(s) involved (your mentor/clinical supervisor/clinical educator or any other staff, another student, or your teachers)

Please answer here:

Text box which expands to allow as much text as required to be added

<div align="right">

`Next >`

</div>

Important Patient Safety learning event recording form: Section B

Thinking of the event described in Section A, please say why that event was an important patient safety learning event for **you**. Tell us what you learnt and how **you** felt about the event afterwards:

- Please also describe the feelings before, during and after the event, and/or anything you noticed about emotions expressed by others

- What in your opinion preceded and contributed to the event?

- If you discussed it with someone afterwards, did this discussion help you to learn from this event?

- Why it seemed important and memorable for your learning?

- What you felt you learned or took from the experience?

- Why was the experience significant for you?

- What do you think others could learn from this event?

Please note: do not use any names of people or healthcare organisations

Please answer here:

Text box which expands to allow as much text as required to be added

<div align="right">

`Next >`

</div>

Important Patient Safety learning event recording form: Section C

Your profession

- ☐ Bioanalytics/Biology technician
- ☐ Dietitian/Nutritionist
- ☐ Medicine
- ☐ Midwifery
- ☐ Nursing
- ☐ Nursing (child/paediatrics)
- ☐ Nursing (mental health)
- ☐ Nursing (learning disabilities)
- ☐ Occupational therapy
- ☐ Paramedics
- ☐ Pharmacy
- ☐ Physiotherapy
- ☐ Psychiatric technician
- ☐ Radiographer
- ☐ Social work (children)
- ☐ Social work (adult)
- ☐ Social work
- ☐ Speech and language therapist
- ☐ Other

If you selected Other, please specify:

Your age

- ☐ 16-20
- ☐ 21-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-45
- ☐ 46-50
- ☐ 51 or over

Gender

- ☐ Male
- ☐ Female
- ☐ Other

☐ Prefer not to answer

Year in program

☐ 1st year

☐ 2nd year

☐ 3rd year

☐ 4th year

☐ 5th year

☐ 6th year

☐ 7th year

☐ Other

The type of clinical/work placement in which the event happened

☐ Critical care (including intensive care and A&E)

☐ Community care/home

☐ Elderly care (Geriatric) ward/unit

☐ Healthcare centre

☐ Medical/medicine unit/ward

☐ Children's health (Pediatric) ward/unit

☐ Midwifery ward/unit

☐ Neurological ward/unit

☐ Orthopedic ward/unit

☐ Mental health/Psychiatric ward/unit

☐ Physiotherapy unit

☐ Rehabilitation ward/unit

☐ Respiratory ward/unit

☐ Gynecology/polyclinics

☐ Monitory unit

☐ Outpatients

☐ Social work

☐ Surgery ward/unit/theatre

☐ Other

If you selected Other, please specify:

Was the important learning event broadly related to (you can tick multiple boxes):

- ☐ Communication
- ☐ Confidentiality
- ☐ Checking/Verification
- ☐ Decision making
- ☐ Food and nutrition
- ☐ Leadership, guidance and education
- ☐ Hand over/information transfer
- ☐ Infection prevention and control
- ☐ Invasive procedures
- ☐ Medications
- ☐ Moving and handling
- ☐ Teamwork
- ☐ Procedure and / or treatment
- ☐ Using technology or equipment
- ☐ Violence
- ☐ Other

If you selected Other, please specify:

> Next >

Section C, continued

What type of learning event do you feel it was: (e.g. a near miss, etc.)

Good practice = It is a successful experience, which you feel deserves to be shared. It may be 'effective caring practice' in which a health/social care professional seems togo further than usual or provide extra special care (SLIPPS)

Near miss = an incident that did not reach the patient (WHO)

Hazard = a circumstance, agent or action with the potential to cause harm (WHO)

Adverse event (Harmful incident) = an incident that resulted in harm to a patient (WHO)

What type of learning event do you feel it was?

- ☐ Good practice
- ☐ Near miss
- ☐ Hazard
- ☐ Adverse event

If the event was a patient safety incident, was it reported through a healthcare reporting system?

- ☐ Yes

- ☐ No

- ☐ I don't know

If you answered no, why not?

If the event was a patient safety incident, was it documented in the patient's files?

- ☐ Yes

- ☐ No

- ☐ I don't know

If you answered no, why not?

Next >

Please note:

If the event you describe makes you worried or concerned about patient or staff safety we recommend you talk to someone in your practice placement and/or education institution, and that you follow guidance from them.

If there may be immediate danger to patients, students or staff (e.g. nurses, doctors, physiotherapists or other members of staff in healthcare organisations), then **YOU MUST TAKE ACTION** to make sure everyone is safe and it may be that project team members in specific countries may also need to take action in accordance to their own rules and regulations.

Next >

Submit to SLIPPS

If you AGREE for this information to be included in the SLIPPS project, please click thebox below before progressing to the next page.

- ☐ I AGREE for this data to be used as part of SLIPPS

If you do not wish to submit this record to the SLIPPS project please click the box below before progressing to the next page.

- ☐ I DO NOT agree for this data to be used as part of SLIPPS

Next >

Download and print record

Thank you for taking the time to complete this record**.**
You can download and save this record for your own personal file once you have clicked finish on the next page.
Please press 'finish'. This will also allow you to print/download your record.
Thank you.

Finish

Table 1. The usability of the SLERT evaluated with the System Usability Scale

	No. Of Participants	SUS score (1=Strongly disagree…5=Strongly agree).	Acceptable	Adjective
United Kingdom	7	71.08	Acceptable	Good
Finland	12	87.05	Acceptable	Best Imaginable
Italy	5	75.5	Acceptable	Good
Spain	5	80	Acceptable	Good
Total/average	29	80	Acceptable	Good