

What can medical students learn through the collection of patient feedback about ward safety? A pilot exercise using tools from the PRASE intervention (Patient Reporting & Action for a Safer Environment).

Introduction;

The PRASE (Patient Reporting and Action for a Safe Environment) intervention was developed through a National Institute for Health Research (NIHR) funded research programme and comprises two tools with which to collect patient feedback about safety in hospital settings, combined with systems for presenting feedback to staff and action planning for improvement. We know staff value feedback collected with these tools, and we are now interested in learning more about how such feedback could be collected more regularly, and by whom. Whilst educational initiatives that involve direct contact with patients are becoming increasingly popular within medical curricula, the impacts on students' learning is poorly understood (Jha V et al 2008). An RCT designed to address this dearth of understanding revealed that students do gain through emotional engagement and enhanced communication skills but concluded that the long-term impacts on medical practice have not been explored (Jha V et al 2014). Indeed this is true of broader attempts to develop empathy within the medical curriculum, not necessarily involving patients. A review indicates that these are thought to have value, but the longevity of effects are not known (Batt-Rawden et al 2013)).

A small cohort of Year 3 medical students from the Leeds Institute of Medical Education (LIME) were trained and supported to administer these two tools on four wards in the Leeds Teaching Hospitals NHS Trust (LTHT) to support their patient safety curriculum. PRASE as an intervention requires innovative ways to collect the feedback and there seems to be an appetite to integrate direct contact experiences into their curriculum. This small-scale study looks at practicalities as well as the potential learning outcomes with a view to designing a larger study that could contribute to a clear gap in knowledge around impact of such educational interventions.

The PRASE tools are included with this report as Appendix 1a (questionnaire) and Appendix 1b (reporting tool).

Research objectives;

- To identify learning outcomes for medical students collecting patient feedback using the PRASE intervention tools
- To explore from the students' perspective, the feasibility of integrating this exercise into the MBChB Programme at LIME

University of Leeds ethical approval;

Approval received on the 9/12/2014.

Recruitment of Year 3 medical students from LIME; December 2014

Members of the research team attended a teaching session to deliver a short presentation to the medical students regarding the project and requesting interested

parties that would be attached to LTHT wards during the project period to contact them directly for more information.

Initially sixteen students were to be recruited, but due to a high level of interest nineteen students attended the information and training session. All consented to take part in the project.

Recruitment of project wards at LTHT; November 2014

Four inpatient wards within LTHT, which were already participating in patient safety improvement work in partnership with the Yorkshire & Humber Improvement Academy, were recruited for the project.

- Two elderly admission wards at St. James's Hospital, J27 and J28
- Two stroke wards at Leeds General Infirmary, L21 and L21s.

Medical student training session; Held 8th January 2015

The research team delivered a 90 minute training session for the students on the administration of the PRASE tools and how the wards currently use such feedback for patient safety improvement. This session included all procedures put in place by the research team to support students with difficult issues they may encounter, and the 'safety net' procedures for escalating concerns immediately where necessary.

All training documents are included as Appendices 2a-2d.

PRASE data collection; January to February 2015

The students were allocated to a specific ward at the hospital site where they were on placement, and requested to collect feedback from five patients each during the period January to February. Due to wards L21 and L21s being next to one another, students allocated to these wards decided to combine their efforts and collected patient feedback from either ward.

Ward	Number of patients completing PRASE tools	Number completed per student (range)
J27	18	1-5
J28	15	2-5
L21	15	3-7
L21s	20	

Table 1: Data collection numerical summary

Data collection from medical students; Held on 10th, 17th, 27th February 2015

Two focus groups were held and were attended by 11 and 6 students respectively. Three students attended for an individual interview, including two students that had been unable to attend the focus groups. Whilst we conducted fewer interviews than initially specified, this was because most students thought they had exhausted the discussion topics within the focus groups.

Data analysis and results; March to May 2015

In order to answer our research questions we used thematic analysis for the data from the student focus groups and semi-structured interviews. Digital recordings were transcribed and inputted into the NVivo software package (NVivo 10) to support the analysis.

1) Learning outcomes for students.

With respect to this objective, we identified two main themes. The first was that by using PRASE tools with patients, students felt that they *broadened their understanding of the notion of quality and safety*. They reported that previously they had received educational sessions that covered the 'never' events associated with patient safety, such as wrong site surgery, or fatal medications errors. They were previously less aware of other, less severe but still significant, issues relating to how safe and cared for a patient feels when in hospital. Through conducting PRASE, students gained an awareness of how day-to-day issues, such as noise and waiting for buzzers to be answered, were very important to patients. The ways that professionals engage and communicate with patients also fall into this category. Students learnt that patients need to understand who is speaking to them and why, and to understand what is being said to them, if they are to feel confident and at ease with their care and treatment. One student in particular was struck by how patients felt this level of communication often to be lacking. As a result of working with the PRASE tools in this project, he reported that he has made a commitment to change his own practice and always introduce himself and his role properly to patients.

The second theme was *a perception that there was intrinsic value in the act of talking to patients, both for the students and for the patients*. Students reported a sense of improved confidence in talking to patients. All had some level of prior experience in this regard but they felt this process gave them scope to talk more generally and openly than they could when the purpose of their interactions with patients was to administer a procedure. They felt that the more communication practice they could get in a situation like this, the better. They reported needing to use tact and diplomacy when asking a patient about care they were still receiving. One student referred to this as 'situational awareness', specifically referring an awareness about staff being able to hear patient responses. All students felt that the patients enjoyed the chance to speak to the students about their experiences and, in turn, students enjoyed feeling useful and building rapport with patients whilst settling into a placement.

Appendix 3 contains direct quotes that illustrate these themes.

2) Feasibility

In general, we found that the students were able to collect patient feedback in sufficient numbers for this project whilst on placement. We identified a number of themes that appear important in ensuring feasibility that would be important factors to consider in any development of this initiative. We summarise these as a series of questions and responses using the insights gained in this study.

a) Would students have adequate time on a placement?

Most of these students had time to administer the required numbers of PRASE questionnaires but this did vary. For example, students who were on placement on medical admissions wards had less time away from allocated duties than those on other wards who reported the benefits of using this task as a time-filler. Whilst some students did find it harder to find time outside of required duties, there appeared to

be an acceptance from their consultant-led teams that it is acceptable and positive for students to take part in such 'extra-curricular' activities. Factors that appeared to facilitate students finding the time included proximity of participating ward to student placement ward, and the restrictions placed on access by the participating ward. For example, the medical admissions wards involved requested that no students came during the busy morning periods. This gave a restricted window of opportunity compared to other wards who did not state such restrictions.

b) What input is required by ward staff to support the process?

It is extremely important that ward staff are briefed on the project as they are required to direct students to suitable patients (those with capacity to take part), and keep a ward folder of confidential patient responses and patient participation log. In this project it was helpful to have at least one senior nurse acting as the PRASE contact available for student queries especially in their first few days when other staff were less aware. Ward staff often directed students to patients who were not actually well enough to take part therefore students had to use their own discretion in addition to staff advice.

c) What other recommendations were made by students to facilitate such an initiative?

- i) Training and preparation – students felt that by the time they were in their 3rd year of studies they had adequately-developed communication skills for the task. Students felt the 2 hour training session provided was sufficient to brief them in the PRASE tools and the practicalities of the project, however some suggested the integration of a demonstration of questionnaire administration as an addition. At the session, students were provided with induction packs which included copies of the PRASE tools and supporting guidance on how to administer these. This pack is included in this report as *Appendix 2*.
- ii) Numbers of students per ward – in some cases there were not enough patients suitable to participate, for the numbers of students. This is an important consideration on wards where patients are particularly frail and poorly where a large proportion will not be able to take part.
- iii) Incentivising students – students taking part in this study did so in a voluntary capacity. Many indicated that they liked the fact that this was voluntary as it was therefore markedly different to all their other curriculum demands. Those who took part recognised a value to their development and appreciated the letter of thanks and certificates provided by the project team.
- iv) PRASE tools – a number of students remarked on the length and complexity of the questionnaire and felt that many patients experienced difficulties understanding questions and maintaining interest. Students suggested that some questions could be removed, and made the point that facilitation and explanation and interpretation of the questions was necessary.

Feedback workshop with stakeholders

An objective of this study was to convene a stakeholder workshop to share findings and discuss possible developments of the initiative. This was held on 10th June at Leeds Institute for Medical Education with the following participants attending:

Rob Lane, Jane O'Hara (Leeds Institute for Medical Education, University of Leeds)
Joan Maclean (School of Healthcare, University of Leeds)
Lesley Dewhurst, Claire Marsh, Caroline Reynolds (Bradford Institute for Health Research)
Phil Seridan, Win Stocks, Angela Stocks (Patient & Carer Community PCC, Leeds Institute for Medical Education).

Other interested parties unable to attend:

Ali Cracknell, Jackie Whittle, Dale Walshaw (Leeds Teaching Hospitals Trust)
Richard Fuller (Leeds Institute for Medical Education, University of Leeds)

Key points from meeting:

- All attendees agreed on the potential for developing this initiative within LIME and within the School of Healthcare.
- The format requires further discussion but suggestions made included links to 4th & 5th year research/improvement projects, links to patient mentor workshops (supported by the PCC).
- Integration with existing patient safety curriculum sessions very important.
- Other Trusts in addition to Leeds could be interested.
- An evaluation of any extension of this initiative could be developed by the academic teams involved and should include 'impact on quality of care', 'impact on ward staff' and 'impact on students'.
- Jane O'Hara and Claire Marsh to circulate this report as a means of convening a follow-up meeting with additional invitees suggested (Virginia Aylett, Dan Stark, Gerry Armitage, Helen Cooke).

Funding: No underspend to report.

References:

Batt-Rawden S, et al (2013) *Academic Medicine* 88 (08).
Jha V et al (2009) *Medical Education* 43, pp10–20.
Jha V et al (2014) *BMJ Qual Saf* 2014;0:1–10. doi:10.1136/bmjqs-2014-002987.

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