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

Alison Steven, PhD, RN, Pauline Pearson, PhD, RN, Hannele Turunen, PhD, RN, Kristin Myhre, PhD, RN, Loredana Sasso, PhD, RN, Maria Flores Vizcaya-Moreno, PhD, RN, Rosa María Pérez-Cañaveras, PhD, RN, Arja Sara-Aho, RN, Annamaria Bagnasco, PhD, RN, Giuseppe Aleo, PhD, Lucy Patterson, PgD,RN, Valerie Larkin, PhD, RM, Milko Zanini, PhD, RN, Jari Porras, PhD, Jayden Khakurel, PhD, Mina Azimirad, RN, Øystein Ringstad, PhD, MD, Lasse Johnsen, MSc, Kaisa Haatainen, PhD, RN, Gemma Wilson, PhD, CHP, Silvia Rossi, PhD, RN, Sarah Morey, PhD, RN, Susanna Tella, PhD, RN,

Professor (Dr Steven), Professor (Dr Pearson), Lecturer (Ms Patterson), Senior lecturer (Dr Larkin), Senior lecturer(Dr Wilson), Senior Lecturer (Dr Morey), Department of Nursing, Midwifery and Health, Northumbria University, Newcastle upon Tyne, UK; Professor (Dr Turunen), Researcher (Ms Azimirad), Docent/Patient safety manager (Dr Haatainen) Department of Nursing Science/Kuopio University Hospital, University of Eastern Finland, Kuopio, Finland; Associate Professor (Dr Myhre), Associate Professor (Dr Ringstad), Ostfold University College of Health and Social Studies, Halden, Norway; Professor (Dr Sasso), Professor (Dr Bagnasco), Lecturer (Dr Aleo), Assistant Professor (Dr Zannini), Department of Health Sciences, University of Genoa, Italy; Associate Professor (Dr Vizcaya-Moreno), Associate Professor (Dr Pérez-Cañaveras) Nursing Department, Faculty of Health Sciences, University of Alicante, Spain; Professor (Dr Porras) Department of Software Engineering, LUT University, Lappeenranta, Finland; Senior Researcher (Dr Khakurel) Department of Child Psychiatry, University of Turku, Finland; Legal special adviser (Mr Johnsen) Fredrikstad municipality, Norway; Childrens Nurse (Dr Rossi) Istituto Giannina Gaslini, Genova, Italy;Senior Lecturer (Ms Sara-Aho), Chief Specialist (Dr Tella), Department of Health and Social Care, LAB University of Applied Sciences, Lappeenranta, Finland;

Corresponding Author: Professor A Steven, Department of Nursing, Midwifery and Health, Faculty of Health and Life sciences, Northumbria University, Newcastle upon Tyne, NE7 7XA, UK (alison.steven@northumbria.ac.uk). The authors declare no conflict of interest.

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Abstract

Background: Underpinning all nursing education is the development of safe practitioners who provide quality care. Learning in practice settings is important, but student experiences vary.

Purpose: This study aimed to systematically develop a robust multi-lingual, multi-professional data collection tool, which prompts students to describe and reflect on patient safety experiences.

Approach: Core to a 3-year, 5 country, European project was development of the ‘SLIPPS’ Learning Event Recording Tool (SLERT). Tool construction drew on literature, theory, multinational and multidisciplinary experience, and involved pretesting and translation. Piloting included assessing usability and an initial exploration of impact via student interviews.

Outcomes: The final SLERT is freely available in 5 languages, has face validity for nursing across 5 countries. 368 student reports were collected using the tool.

Conclusions: The tool functions well in assisting student learning and for collecting data. Interviews indicated the tool promoted individual learning and has potential for wider clinical teams.

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

Introduction

While education of nurses and health professionals is central to improving care quality and patient safety, learning about patient safety is complex as pre-registration programs generally include both academic and practice experience. Emphasis is often given to developing patient safety curricula, courses and educational initiatives with less attention to students’ experiential learning during practice placements. Learning in, and
from, practice is recognized as an educational mechanism which encompasses varying
designs observation and immersion in activities and professional communities of the
placement context. Informal learning from experience influences student behavior and
includes mimicking role models and conformity to social or professional norms.

During placements students may encounter patient safety episodes spanning ‘good’
practice, near misses, incidents and adverse events. Such experiences are sometimes,
but not always, explored and reflected on, using approaches such as Critical Incident
Technique, (CIT) and/or reflective models. CIT is used to describe, explore and reflect
upon significant, events and experiences and is widely used in health professions’
research and education. Small scale comparisons of Finnish and United Kingdom (UK)
students’ important patient safety learning events’ using CIT, reported national differences
in event topics, potentially highlighting variations in health care policy or educational focus.

UK patient safety education research identified differences across educational contexts,
which may cause discomfort or dissonance for students. However, helping students
make sense of placement experiences and maximize learning through reflection is
complex, requiring some level of facilitation and resource which is not always available.

Students do not necessarily have the same support and opportunities across placement
settings and for them reporting issues can be difficult for many reasons. Thus,

experience which remains with them for a variety of reasons.

While attending to the ‘hidden curriculum’ may be difficult given its implicit
nature, more could be done to harness placement experiences students feel are
important to their learning. These learning events could be utilized both as educational
opportunities and as a window into students’ experience of patient safety, concomitantly
highlighting informal learning mechanisms. While some studies have considered the
importance of work placement learning experiences,\textsuperscript{5,7,8} little has been done to systematically develop or utilize tools to explore patient safety events and prompt students to record and reflect on them. Learning from patient safety related experiences may vary between countries,\textsuperscript{8} with inter-professional and international comparisons bringing new or enhanced insights into learning about patient safety. International sharing of student accounts and insights and new knowledge derived from their analysis, could benefit multiple stakeholders.

‘SLIPPS’ was a 3-year multinational project aiming to; collect student placement learning experiences related to patient safety, enhance learning opportunities, share student accounts, develop freely available educational resources and undertake research. An overview of the study design is published elsewhere.\textsuperscript{20} This paper outlines the systematic development and piloting of the SLIPPS Learning Event Recording Tool (SLERT), core to the project. The purpose of the SLERT is to offer students an accessible way of recording experiences, promote reflection and learning, and function as a method of data collection. The project sought to produce a tool with relevance for nursing across the countries involved, and future potential for other professions and nations.

Ethical procedure

The lead UK team gained necessary ethical approvals (Northumbria University, and the UK Health Research Authority), sharing documents with partners who obtained relevant national ethical approvals. A completed SLERT constituted informed consent.
Methods

Design

The tool was developed in 2 stages: construction and piloting. Construction involved establishing content and structure, pretesting and translation. Piloting included assessing usability, using the tool to collect 368 student reports across 5 countries, and undertaking a small interview study to explore students experiences of using the tool.

The SLERT is primarily a tool for gathering student accounts and prompting reflections, not a questionnaire which measures or tests standardized constructs or psychometric properties. Therefore usability, content, construct and face validity were the main considerations during construction and piloting.21

Stage 1: Tool Construction

The process used for developing the SLIPPS Learning Event Recording Tool (SLERT) (see Supplemental Digital Content Figure 1) drew on interdisciplinary, ‘design thinking’.22 Initial drafting of the tools content and structure involved multiple iterations across core team members and was underpinned by literature, the teams previous work and extensive experience, commonly used reflective models 15 and established terminology lists and internationally established definitions.23-25 This approach ensured content and construct validity.21,26 The prototype included: instructions and definitions; 2 sections with prompts for students to describe an event and then reflect on it; and a final section requesting student demographic data, and event characteristics.

The prototype was pre-tested using cognitive interviewing, frequently used in questionnaire development,27 enhancing face validity and identifying issues through participant immersion, observation and engagement. Twenty-nine health and/or social
care students volunteered and were individually interviewed in the university setting [Finland (n=10), Italy (n=10), Norway (n=3), Spain (n=4), UK (n=4)]. The students were asked to explain how they understood questions, would construct answers, and any difficulties encountered. Interviewers facilitated verbalization of thought process with minimal interruption. Feedback was content analyzed at each site, collated, then discussed by the wider project group and used to refine and finalize the tool. Students found the terminology in the tool easy to understand with only minor suggestions made for changes to instructions and the professions listed.

The final English SLERT was translated into Spanish, Italian, Finnish and Norwegian using a 4-phase blind-back translation process to maintain faithfulness of meaning and cultural relevance (See Supplemental Digital Content, Figure 2). 28

Stage 2: Piloting

Assessing usability

The System Usability Scale (SUS) was used to assess the 5 different language versions of the SLERT. 26 This widely used scale encompasses user interaction and satisfaction, and was developed as a pragmatic approach to assessing how easy or difficult a system or product is to use.26 The SUS instrument was translated into relevant languages using the same protocol as the SLERT translation, which is often used in health care research. 28 The SUS has been shown to be valuable and robust with translations also showing estimates of validity well above typical minimum criterion. 29 SUS studies with smaller samples (e.g.20 ) show acceptable reliability (Coefficient alpha 0.84).26

The SUS was administered via email to a total of 28 students [Italy (n=5), Spain (n=5), Finland (n=11), UK (n=7)]. SUS data analysis29 shows an average score of 80
(percentile ranks) across all countries. Results ranging from 70s to upper 80s, represent “good” through to “excellent” acceptability/usability. Individual country scores indicate some variation; the Finnish 87.05 indicates high acceptability compared to the United Kingdom 71.08. In line with the suggestion that western countries might display ‘different culturally motivated problems when interacting with the same application localized only through translation,’ (p366), Given scores were in the ‘acceptable’ range, differences were not sufficiently significant to merit further refinement of the SLERT. Supplemental Digital Content, Table 1 presents the SUS results, calculated SUS scores, categorized with Acceptability and Usability.

Implementation

The final tool (see Supplemental Digital Content, Figure 3) was used by each partner site, mainly with nursing students from various year groups and as an adjunct to existing pedagogical resources. 368 SLIPPS Learning Event Reports were returned across the 5 countries.

Exploring student experiences of the SLERT

To qualitatively explore student’s experiences of using the SLERT as a formative, learning exercise, an interview study was undertaken with 17 students (2 Pharmacy, 1 Midwifery, 14 Nursing) who had used the SLERT [UK (n=6), Italy (n=8), Spain (n=1), Finland (n=2)].

A semi-structured interview guide was developed drawing on team experience, educational research and the project literature review. The interview guide asked students to describe experiences and feelings regarding: tool use; identifying events; writing about events; perceived learning or impact; and examples of positive or negative
aspects of SLERT use. Students volunteered and semi structured interviews (~ 30 minutes) were undertaken by members of the research team in each country. Interviews were audio recorded and transcribed verbatim.

Thematic analysis was employed. 31 UK and Spanish data were initially coded line-by-line, emerging themes and subcategories were discussed and a coding frame agreed and applied to remaining interviews. Consideration was given to similarities, differences and any new emerging categories or themes. International team discussion was then used to enhance reflexivity, challenge, or raise assumptions and agree findings. Three themes were identified: Access and completion; Deciding on Events; Learning through SLERT use.

Access and completion
Students generally found accessing the SLERT “straightforward”. When minor accessibility problems occurred, they were easily resolved with overall experience unaffected. Some used laptops, others favored the immediacy of mobile devices. Navigation of the SLERT was self-explanatory with guidance provided helping organize thoughts. While most preferred electronic format, one student reported handwriting their account and reflecting on it before transferring it to the web-based tool. All students interviewed intended to use SLERT reports as evidence in professional portfolios.

Event choices
Engagement with the SLERT gave students an opportunity to pause and contemplate, not just single patient safety events, but the broader overview of their experiences to date. Students noted how personal perceptions and multiple interpretations of patient safety existed, which could complicate decisions regarding which event to write about. Exposure to safety events also differed. Some found choosing an event to write 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 revisit 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.
“[tool] made me reflect on this experience in a three-dimensional way. I had to think about how I felt, what events lead to that precise moment and, it helped to remember what I had learnt from this experience.”

Completing the SLERT raised awareness of patient safety as a key element of practice, with comments on viewing situations through the lens of the SLERT structure when returning to clinical areas. Comparing experiences and building personal conceptualizations of events might help increase self-efficacy in future situations. Linking empirical evidence and theory to experiences to gain a deeper understanding of what had occurred helped some make sense of the events.

“It helped me also at learning level because it stimulated me to look at updated guidelines”

One student explicitly noted “I want to record every event if there is a recording system” highlighting potential development of incident reporting practice. Others noted the learning potential of sharing accounts or described taking SLERT reports back into the placement area as a focus for team discussions.

“We went over the scenario with the…district nursing community placement…a few district nurses (and) a couple of other students” [used event record taken back to practice team].

Although the SLERT facilitated reflection and sense making regarding events, one student suggested discussing the event would have been useful, while another expressed frustration at being unable to talk about their experience prior to using the SLERT. This highlights the role of tools such as the SLERT as an adjunct to, and not a substitute for facilitators or tutors.
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. It is also vital that educators and health professionals attend to the ‘emotional safety for learning’ of students. A ‘sense of control’, and the desire to ‘belong’ is perhaps key in students’ emotional and behavioral responses to patient safety issues and subsequent attitudes towards raising concerns. The SLERT may give a sense of control by offering space to express emotions through
private guided reflection. This concurs with other research\textsuperscript{35} reporting students’ reluctance to participate in face-to-face reflective debriefings immediately following events, preferring first time to assimilate experiences. Including ‘good practice’ within the tool helped ensure that notions of patient safety are not confined to the ‘negative’.\textsuperscript{36} Indeed students who identify high quality safety and care in practice contexts are reported as more likely to report and discuss safety issues.\textsuperscript{34}

Students felt the tool offered an opportunity for self-directed debriefing, which facilitated making sense of, and learning from events, and encouraged interrogation of relevant theories and guidelines. They reported how the SLERT helped in unpicking and reconstructing events, one student described reflecting in a three-dimensional way. Although the SLERT appeared to promote confident independent learning, this could be enhanced by access to face-to-face discussion, thus flexibly functioning as both as a group pedagogical device and a tool for individual use. Taking completed SLERT reports back to practice settings for discussion was unexpected, implying the tool’s influence may be broader than originally envisaged.

Limitations

We recognize that relatively small numbers of students were involved in tool pre-testing, piloting, and exploration of its use. However, these were different groups each time, from diverse program years and across all countries involved, thus enhancing rigor. A wide range of professionals and academics were involved including clinicians, research experts, university lecturers and tutors, managers and students, enhancing the tool’s face validity.

Further studies with a range of students, professions and countries would enable in-depth, potentially longitudinal research regarding the impact and influence of SLERT use.
Further analysis of SLIPPS learning event reports is ongoing; however, care must be taken in interpretation of this data. While the potential of these accounts should not be diminished, they cannot indicate incident prevalence. Students may not have all relevant information, are writing from their individual perspective, influenced by the point they are at in their learning journeys and their level of professional development.

Conclusion

The SLERT demonstrated face validity and usability across 5 countries, indicating multi-national, multi-professional relevance; the dual function of the tool allows for a wide range of educational and research use going forward. Analysis of SLIPPS event reports has resulted in development of educational resources (See SLIPPS project website), and offer powerful insights into a range of important patient safety areas; including: practices and cultures within placement areas, practice-based learning, clinical supervision and the emotional safety and wellbeing of students. Whilst reflection may be most positive and useful when undertaken with expert facilitation, the SLERT may offer students opportunities to explore and reflect on experiences, potentially developing their confidence in raising issues.

References


20. Steven A, Tella S, Turunen H, et al. Shared learning from national to international contexts: a research and innovation collaboration to enhance education for patient

doi.10.1177/1744987118824628


doi.10.1080/10447318.2018.1455307


35. Andersen E, Olsen L, Denison J, Zerin I, Reekie M. "I will go if I don't have to talk": Nursing students' perceptions of reflective, debriefing discussions and intent to participate. *Nurse Educ Today*. 2018;70:96-102. doi.10.1016/j.nedt.2018.08.019

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)*

**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
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.

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

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 so that no individuals or clinical areas can be identified.

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

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Important Patient Safety learning event recording form: Section A

Please tell us about an event that was important for you when learning about patient 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 patient's 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

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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

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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:

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 to go 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?

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.

Submit to SLIPPS

If you AGREE for this information to be included in the SLIPPS project, please click the box 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

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

<table>
<thead>
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<th>Country</th>
<th>No. Of Participants</th>
<th>SUS score (1=Strongly disagree...5=Strongly agree)</th>
<th>Acceptable</th>
<th>Adjective</th>
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<td>7</td>
<td>71.08</td>
<td>Acceptable</td>
<td>Good</td>
</tr>
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<td>87.05</td>
<td>Acceptable</td>
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</tr>
<tr>
<td>Total/average</td>
<td>29</td>
<td>80</td>
<td>Acceptable</td>
<td>Good</td>
</tr>
</tbody>
</table>