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Just Culture: Improve Reporting of Near Misses and Errors in the Clinical Experience

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Chapter 1 INTRODUCTION

Description of the Problem

When something goes wrong, there is a tendency to place blame for the situation and find fault with the key players in the circumstance. This trend is no different in the healthcare environment where there is a blame culture that is prominent when errors are reported. The first response when errors happen is to discipline the participants that made the error instead of analyzing the situation thoroughly. A Just Culture Model develops an approach that determines if any behaviors were reckless, risky, or unintentional in the decision making process. The structure of a Just Culture Model ensures accountability for individuals and the healthcare organization responsible for planning and cultivating safe systems in the workplace (Ochsner, 2013). Patient safety has been a focus and priority in the healthcare setting. Healthcare organizations need to continually evaluate where they are in the Just Culture Model and create an environment that promotes justice (fairness to the workforce) and safety, reduction of at-risk-behaviors, design of safe systems, and establishment of a reporting and learning environment (Institute of Safe Medication Practices, 2012).

The number of errors in health care is enormous and likely underreported with approximately 20% of all medications administered to the wrong person, site or route (Barnsteiner & Disch, 2012). In 1999, the Institute of Medicine (IOM) published information on a concept “To Err is Human” not with the idea of pointing fingers at individuals who make honest mistakes, but by improving patient safety initiatives through the design of a safer health care system. In order to provide lasting safety changes, it is important to understand how Just

Culture will impact healthcare organizations and the nursing education curriculum. The Just Culture framework has changed the standard norm of punishing an individual for making an error to an accountability framework. The Just Culture Model creates an atmosphere of trust with opportunities for providers and nursing students to report errors so healthcare systems or educational facilities can be improved. These frameworks of accountability build on interdisciplinary communication and provide opportunities to learn from near misses and errors, so future medical errors can be avoided. The primary goal of this research is to improve reporting of near misses and errors in the clinical experience, to evaluate if an interdisciplinary approach improves safe medical practices, and to create a high-reliability framework that meets patient safety goals.

Definitions of Terms

The key terms and concepts that will be used to understand Just Culture Model and the different definitions that will be used in this project include the following:

Adverse event. An adverse event is defined as an incident in which harm resulted to a person receiving health care (Australian Institute of Health and Welfare, n.d.).

At-risk behavior. This is when a health care provider puts their patient at increased risk by ignoring an established patient safety protocol or policy (Frank-Cooper, 2014).

Blame culture or punitive culture. A blame culture within an organization is when leadership is unwilling to accept responsibility for mistakes and leadership find someone to blame for the mistake (Khatri, Brown & Hicks, 2009).

High-Reliability Organization. A high-reliability organization is a firm that has consistent high-levels of safety performance over a long period of time (Chassin & Loeb, 2013).

Human error. This is when a healthcare provider inadvertently causes or could cause an "undesirable outcome, mistake, slip or lapse" in execution of patient care (Marx, 2001, p. 6).

Just culture. A just culture is when an organization builds an atmosphere of trust and when "reporting errors and near misses are supported without fear of retribution" (Barnsteiner & Disch, 2012, p 407-408).

Near miss or close call. This is a breakdown of a planned action to be accomplished as required and has the potential to cause possible patient harm (Sherwood & Barnsteiner, 2012).

Negligence. This is when there is a failure to "exercise the skill, care, and learning expected of a reasonably prudent health care provider" (Marx, 2001, p. 6).

Patient safety culture. A patient safety culture focuses on accountability, integrity and mutual respect with shared core values and goals that have a non-penalized response to adverse events and errors, and promotes safety through education and training (Sherwood & Barnsteiner, 2012)

Psychological safety. This is another term for just culture where there is a sense of safety when admitting mistakes "without suffering ridicule or punishment" (Tucker, Nembhard, & Edmondson, 2007).

Reckless behavior. A reckless behavior is making a "conscious choice" to disregard a safety standard while doing something carelessly and is not unconcerned with the outcome or consequence (Mayer & Cronin, 2008, p. 429).

Sentinel events. A sentinel event results in death, serious injury or severe temporary harm to a patient "not primarily related to the natural course of the patient's illness or underlying condition" (The Joint Commission, 2015, p. 3).

System factors. This is when all elements within a system interact and function to achieve common system goals (Mayer & Cronin, 2008).

Theoretical Framework

The theoretical framework chosen for this research study is Ajzen's Theory of Planned Behavior (TPB) which will help to initiate a successful Just Culture training program for student nurses by understanding how behaviors play a role in making critical decisions. The TPB model help faculty understand student behaviors while incorporating a Just Culture Model that is fair, and focuses on justice and accountability (Solomon, 2014). The theory framework provides a way to understand how prior behavior can have an impact on future behavior. According to TPB (Figure 1), beliefs, attitudes, subjective norms, and intentions are the factors that contribute to performing the behavior and how the behavior is perceived either positively or negatively.

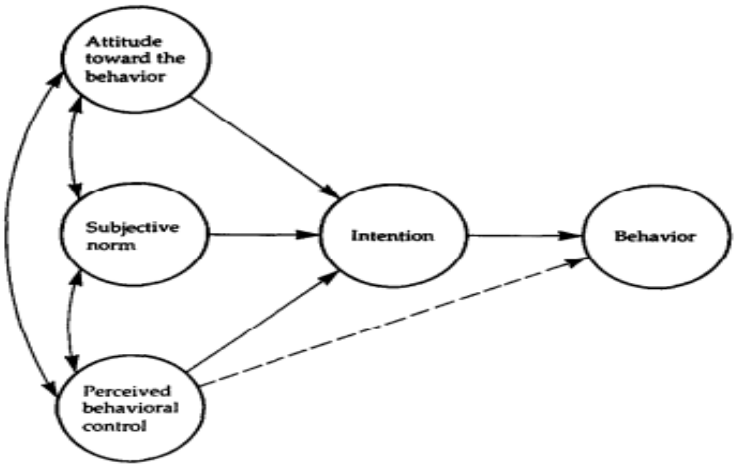

FIG. 1. Theory of planned behavior.

(Ajzen, 1991, p. 182).

Intention, perception of behavioral control, attitude toward the behavior, and subjective norm each reveals a different aspect of the behavior, and each can serve as a point of attack in attempts to change the behavior (Ajzen, 1991). The intention to perform a behavior will be an indication of how resolute an individual is in performing the task, and how much effort they will

expend in completion of the planned behavior. Past behavior can be a measure of habit and can influence other internal and external factors that will affect future behavior. The stronger the intention is to engage in the planned behavior, the more likely the individual will perform and repeat the behavior. Another aspect of TBP is how subjective norm affects the decision-making process. Subjective norm is the perceived social pressures to perform or not perform the behavior (Ajzen, 1991). The TPB emphasize aspects that influence subjective norm that impact whether or not an individual will speak up in reporting errors or near misses. Subjective norm affect self-esteem, belongingness, and safety that affects the perception of an individual being ostracized by others, deceased job security, or added stress when reporting near misses or errors (Karsh, Escoto, Beasley & Holden, 2006). In a Just Culture Model, the TPB analyzes the intent or the reason why someone made the decision to perform or not perform within the standard of best practices. The evaluation identifies at-risk behavior and whether or not the attitude or subjective norm played a part in the provider's decision-making process. An important aspect of a Just Culture Model is to create an atmosphere of trust and accountability that can help reduce the negative impact of subjective norm. Improving interdisciplinary communication between caregivers and a perception of trust will also increase reporting of adverse medical errors or near misses without fear of punishment because of better working relations between caregivers. The TPB suggests that positive reinforcement is a key element in promoting consistent behavior changes that can improve patient outcomes by building better communication and provider decisions.

Purpose Statement/PICO Question

In healthcare, there is a complex system of casting blame or a punitive-based culture when medication errors or near misses happen in a patient care setting. The general consensus is

that medical errors are underreported, and in order to off-set this statistic, it is vital that new methods and continuing education be taught to healthcare providers to improve patient outcomes. There is an urgency to create a safe environment for student nurses to progress from performing simple to more complex clinical judgment skills during their participation in a multi-patient collaborative simulation experience. This will help student nurses improve their interdisciplinary communication and give them confidence to report a medical error in a nursing school that uses a Just Culture Model. The Just Culture Model uses a root cause analysis approach to determine if the process in the system was at fault, or if the healthcare provider's behavior put the patient at additional risk. This will ensure that an unbiased and impartial approach will be utilized to safeguard overall patient care when evaluating a near miss or medical error. The primary goal of this research is to improve nursing student's ability to report near misses and errors through a multi-patient interdisciplinary collaborative simulation experience.

Chapter 2 LITERATURE REVIEW

The focus of this literature review is to provide information regarding how the Just Culture Model initiates a reporting platform of near misses or errors for student nurses to feel comfortable with error reporting. The review of literature will examine how to implement a system that promotes a fair and just culture in nursing education, how to improve patient safety through collaborative interdisciplinary education simulation experience, and engage leadership in creating a high-reliability framework that promotes a culture of safety.

The concept of "To Err is Human" is reaching an all-time high with medical errors being reported as the third leading cause of death behind heart disease and cancer. According to Dr. Martin Makary, from Johns Hopkins, the increase of medical errors is "system-wide failings and poorly coordinated care" (Sternberg, 2016). An estimated annual death rate in the United States was approximated 44,000 to 98,000 deaths in a year with an estimate that over 1 % of deaths are caused by medical errors, which is roughly 400,201 deaths per year (Sternberg, 2016). In the study completed at Johns Hopkins, the analysis of 35 million hospitalized patients found a death rate of 251,454 from medical mistakes (Sternberg, 2016). The study related that this problem of medical errors is underreported and that the numbers are much larger than originally reported by the Institute of Medicine. The Agency for Healthcare Research and Quality (AHRQ) revealed that 405,281 hospital staff respondents from 653 hospitals showed that 76% rated patient safety in their work area either as excellent or very good, 50% felt that mistakes would be held against them, and 56% had not reported any events in the previous 12 months (Joint Commission Center for Transforming Healthcare, 2011). This might mean that adverse and sentinel events might be improving when the opposite could be true.

Fair and Just Culture in Nursing Education

Many nursing schools continue to operate in an environment of secrecy, shame and blame where it is easier to reprimand or dismiss students from programs than take a deeper look at the reason why an error may have taken place. Prior to a Just Culture Model, the student may have been viewed as the "root cause" of the error. Healthcare organizations and educational facilities are quick to blame the student instead of investigating to see if there is a gap in the curriculum or clinical experience. According to the case study done by Dolansky et al., (2013), it was found that the nursing student population has not been studied to understand why medical errors are happening, especially when student nurses have multiple clinical advisors available to ask questions if they are unsure about a procedure or medication. When a thorough analysis is not completed, then the opportunity is lost to learn from the error and to prevent future errors. In a fair and just culture framework, the method incorporates a system to evaluate if the student displayed reckless behavior or if the system is at fault in some way. It is important to have transparency in distinguishing if a student made a deliberate error or if there were other factors that contributed to the mistake. When a Just Culture Model is used in educational facilities, it ensures that processes are in place for faculty to assess the best approach to reinforce safety protocols or whether some type of discipline is necessary because of the student's reckless behavior. Nursing students benefit from clear expectations of a Just Culture Model because they understand if they make an error, then a fair and objective approach will be used. If errors occur in a Just Culture Model, it facilitates an educational platform to help faculty and students learn from the mistakes by mapping the events prior to the error and discussing alternative approaches in patient care. Barnsteiner's work (as cited in Bilykon, 2015), that have implemented a Just Culture Model in the nursing educational facility help faculty to focus on identifying how to

improve the system while reinforcing best practice protocols for the students. As nursing students better understand a Just Culture Model, they will report near misses or errors because they are not afraid of being dismissed from the nursing program for making "honest" mistakes. The literature confirms that implementing a Just Culture Model in nursing education will have an overall positive impact that will prepare graduates to be contributors to safer healthcare delivery.

Interdisciplinary Simulation and Education Experience

In any healthcare environment, there is a focus on preparing future healthcare clinicians to promote and advance a culture of safety. The study by Duhn et al., (2012) was a cross-sectional study done to address the perspectives on patient safety among undergraduate nursing students. The study reveals that 81% (238 of 293) of nursing students felt they were being taught a variety of patient safety competencies throughout their curriculum. The study found that four-year students were less confident in their safety competencies than junior year students. The reason for less confidence was that four-year students were exposed to more "real-life" clinical situations and witnessed first-hand that patient safety measures were not consistently performed in the healthcare environment (Duhn et al., 2012). Students benefit from a simulation experience by building concepts and theories that enhance critical thinking skills, while obtaining immediate feedback without the possibility of causing patient harm. The simulation process promotes interdisciplinary communication, teamwork, prioritizing workflows and allows nurses to practice in a safe environment.

The study by Dillon, Noble & Kaplan (2009), analyzed student's perceptions of collaboration between nursing and medical students which revealed "better communication and teamwork as an essential component of the nurse-physician relationship" (p. 89). The interdisciplinary simulation experience allowed nursing and medical students to practice in a safe

critical care environment by participating in a “mock code.” Collaboration and nurse autonomy were statistically significantly ($p < 0.05$) in the posttest of the medical students (Dillon, Noble & Kaplan, 2009, p. 87). It is essential that there is open communication and teamwork to provide safe medication practices not only in the academic setting, but also in the healthcare environment. According to Gunnell, Madsen & Foley (2016), “Students reported the desire to practice communication skills between physicians and nurses to prepare for real-world practice, and valued the ability to practice skills in a safe environment” (p. 46). Implementing a culture of safety in nursing education simulation has improved better communication between interdisciplinary providers and reduced medication errors. In the review of literature the findings have shown that graduate nurses abilities have improved patient outcomes by having more confidence from participating in multi-patient, multi-disciplinary collaborative simulation experiences.

Leadership Implementing High-Reliability Standards

In order to reduce medical errors, leadership teams study high-reliability organizations. There are three steps that need to take place in order to implement a high-reliability organization that reflects zero tolerance for patient harm, incorporates principles and practices of a patient safety culture throughout the organization, and find the best evidence-based practices in providing consistent patient care. High-reliability organizations focus on the safety standards by being mindful of where the next possible errors could occur and increasing vigilance in monitoring potential problem areas. There are several factors that inhibit a culture of high-reliability because lack of communication between providers or intimidating behaviors decrease reporting of safety problems (Chassin & Becher, 2002). According to Institute for Safe Medical Practices (2004), which reported over two thousand respondents (N=2095) of nurses,

pharmacists, and others had experienced intimidating behaviors from phone calls or pages not being returned, condescending language, and impatience with questions. The findings showed that nurses with less than two years' experience felt less intimidated than nurses with more experience. This seems like a surprising finding because the intimidating prescriber would seem to be more frustrated with a new graduate nurse, but the study showed that new graduate nurses are likely shielded from intimidating providers and they would not be as confident to speak up about drug safety issues. In order to sustain a high-reliability organization, there are three components that build a safety culture: trust, report and improve (Chassin & Loeb, 2013, p. 477). In order for an organization to implement a high-reliability culture throughout the organization, there needs to be a process that will reduce intimidating behaviors from physicians so new nursing graduates will not make an error because they were afraid to approach the provider to get clarification on medication orders.

Summary

Healthcare providers should be held accountable for making reckless decisions in their practice, but not blamed for system faults beyond their control. Implementing a Just Culture Model, there needs to be a fair and equitable approach in providing patient care to understand why errors happen and where there could be a breach in system. The review of literature is showing that nursing education is shifting toward a Just Culture Model. This shift provides multiple simulation experiences for student nurses to think and function as nursing professionals with improved opportunities for autonomy with reduced risk to the patient. In order to assist faculty and students in creating a culture of safety in nursing education, it is vital to have a practical learning experience that involves high-risk clinical areas to enhance critical thinking skills, promote better communication between disciplines and that endorse a Just Culture Model.

Chapter 3 METHODOLOGY

Research Design

The research design used for this study applied both a mixed-method of quantitative and qualitative data. The sample consisted of university nursing students at Southern Adventist University from the Schools of Nursing (ASN, BSN, and MSN), Social Work departments, and a Pre-Med and Medical student. After the simulation, students were asked their role-specific responses in the debrief session and were given a quantitative online survey. Students were asked questions about their perceptions of the principles of a Just Culture Model. The questions they were asked included whether or not they could benefit from open discussion of good catches, near miss or errors, if they felt safe in the simulation experience to report good catches, near misses or errors, and what it was like to participate in the debriefing session where good catches, near misses or errors were discussed.

Procedure

The proposed research seeks to introduce the Just Culture principles into the nursing curriculum and aid faculty to provide a safe learning environment when adverse events or near misses occur in clinical settings. Prior to any students participating in this research study, approval from the Institutional Review Board (IRB) was obtained to ensure that the student's rights and safety were protected. Each student signed an informed consent which described the study, and the student was guaranteed that their participation was voluntary. If at any time the student wished to withdraw from participating they were allowed to do so without any negative result. The degree of risk to the student in this study was expected to be minimal, but throughout the simulation experience there were trained professional counselors available for the student.

Students arrived and participated in a Pilot simulation in July 2016 and a second simulation that took place in October 2016. Immediately following the simulation in the Pilot Study, there was a recorded qualitative debriefing session. Students were emailed questions to complete the quantitative online survey utilizing smart phones and iPads. The link was made available to participants immediately after the simulation experience to help improve data collection. The groups were divided into their respective roles and an interview process was initiated. Recorded interviews were reviewed, evaluated and reexamined for accuracy, and then data was analyzed for recurring themes and topics. The simulation from October 2016 was similar in many respects, with the addition of two components: orientation and the use of a group facilitator who was available throughout the simulation experience for the students as an additional resource person.

Measures

The approach used for the research study was recorded debrief sessions that interviewed students after the multi-patient collaborative simulation. The interviewer asked questions from a written script and recorded the answers verbatim. The Quantitative online survey included 12 questions that related to student demographics, if they felt they were in a safe environment to report good catches, near misses or errors, and if they understood the importance of a Just Culture Model in a nursing curriculum. The recorded qualitative debrief session took approximately 45 minutes in length with students taking about 10-20 to fill out the online quantitative survey. The questions were reviewed from the Pilot Study to evaluate for duplicity and edited to improve the recorded sessions in further simulation experiences. To improve reliability and create a more consistent approach for debrief sessions, the facilitator advisor was designated to interview the students in the second simulation. There were 15 questions asked to

each discipline specific unit and recorded. One of the improvements made after the Pilot Study was to have an evaluation tool at the end of the simulation experience for the students to receive timely feedback of their patient care. The Multi-Patient Simulation Evaluation Tool asked 12 questions about basic patient care components that judged core safety measures like hand hygiene, if the student acted promptly to patient's needs, or if the student used two patient identifiers before giving medications. The students were able to review the feedback from the simulation experience and were able to discuss the comments with their facilitator advisor.

Study Population

The study population included 57 university students who were surveyed about perceptions of a Multi-Patient Interprofessional Collaborative Practice that infused a Just Culture Model in their simulation experience. These students were from Southern Adventist University in the Schools of Nursing (ASN, BSN, and MSN) program, Social Work and a Pre-Med and Medical student. Students from the various departments were 18 years or older who were physically and mentally capable of participating in the research study. The students participated in a role-specific qualitative recorded debrief sessions to ensure a more defined interview process and were sent an online survey to be completed in a timely manner.

Hypothesis

The outcome from the simulation experience was to promote a Just Culture Model in nursing curriculum that promotes a safe environment for students to report near misses and errors. The importance of the simulation is to gain better interdisciplinary communication techniques and provide opportunities to improve the system that will ultimately prevent patient harm. Participating in a simulation experience will improve critical thinking skills and time management competences. Schools of nursing that implement a Just Culture Model will have

students report near misses or medical errors because mistakes will be thoroughly investigated, and revisions to the curriculum will be made to improve the nurse clinical experience, and definite improvements to patient care.

Ethical Protections

A consent form was developed (see Appendix A) and distributed to all participants to provide information concerning the goal of the research study and how the research would be conducted. All participants were instructed prior to participating in the simulation experience their interdisciplinary debrief session would be recorded and an online survey would be emailed to them for completion. Participants were informed that recordings would be made and that they would be asked to share honest reflections following their clinical experience to report any near misses or errors. The IRB was obtained and approved to move forward with the research study. All students were given contact information to the Social Work counselor in the event of any psychological or social risk that they experience while participating in the simulation experience. There was no discrimination concerning provider inclusion or exclusion for this research based on age, ethnicity, years of practice, or specialty. No harm was anticipated during this research study and participants were free to not complete the simulation experience if they so desire. Efforts would be made to keep personal information confidential and that recordings would be transcribed into an electronic format with all anonymous information kept in the Principal Investigators (PIs) personal possession in a password protected electronic format.

Plans for Analysis

Qualitative data was analyzed by examination and evaluation of the rich data from the recorded debriefing sessions and assessed for emerging themes. Following the debrief sessions, the students were emailed the link to complete the survey online. Students that participated in

the Pilot Study were asked if they had access to the link for the online survey. If they did not have their cell phone or computer available, then they were given access to a smart phone so they could complete the online survey while at the simulation experience. Every participant had opportunity to fill out the online survey. Quantitative data were identified and analyzed for percentages and frequencies. The transcripts of the qualitative data were reviewed and themes identified, and the findings were coded for recurring themes. For the October 2016 simulation experience, the students were emailed the follow-up survey to be completed. The information gathered at the simulations was used to create and plan future multi-patient interdisciplinary simulation experiences for nursing students at Southern Adventist University. The Just Culture Model approach was used to provide students the opportunity to report any near misses or errors while helping students formulate better critical thinking, and time management skills that improve patient care outcomes.

Following the Pilot Study, it was felt that there needed to be an orientation process for students to have an understanding of what to expect, such as where vital supplies and medications would be stored, and how to process any new orders. The facilitator advisor was on hand to walk the students though each step of the process that would ensure a smooth transition during each phase of the simulation. For the second simulation, there was brief instruction on the Just Culture Model and a 30-minute video presentation to identify review general instructions of the critical care unit before they entered the simulation lab. The simulation began and the students received a shift report and performed patient care for 90 minutes with the experience concluding with an end shift report given to the oncoming nurse. After giving the shift report, the facilitator escorted the students to a private classroom to complete the recorded debriefing sessions.

Chapter 4 RESULTS AND DISCUSSION

The Just Culture Model creates a unique environment that enhances accountability between healthcare provider and leadership teams to maintain patient safety practices. Organizations that implement the Just Culture Model accept that errors will occur with and without negative outcomes. The importance of utilizing the Just Culture Model encompasses system factors, errors and weaknesses for the purpose of turning them into educational opportunities. One of the benefits in implementing a simulation experience is to make the patient care scenarios as realistic as possible. The simulation experience allows the students to perform patient care with the potential of making errors without having the risk of injuring anyone. This gives the student nurse autonomy in the decision-making process while being totally responsible for the patient outcomes. The students can test their knowledge base, build their confidence level in interdisciplinary communication, and report errors or near misses to be used as an opportunity to improve the clinical experience and prevent patient harm.

Research Assistant Role

As a research assistant, my first experience was attending the introduction of the Just Culture Model to the nursing faculty at Southern Adventist University. After the introduction of the Just Culture Model to the faculty, I spent a great deal of time reviewing the literature on Just Culture, high-reliability organizations, and the benefit of an interdisciplinary simulation experience in an academic environment. There were multiple meetings with Dr. James and one of the tasks was creating a matrix of the review of literature. As a research assistant, I participated in the set-up of preparing for the first simulation experience. One of my assignments was to observe the overall clinical simulation experience. This helped me to understand the different scenarios that the student nurses would be describing in the debrief interviews. I helped to transcribe the debrief sessions, evaluate, and then code the debriefings for

any similar themes. After completing the pilot simulation, the nursing faculty decided to add another simulation that included a larger sample size and added extra critical care clinical situations. I was able to participate in the second simulation and help record the multiple debriefing sessions.

Findings

Implementing a Just Culture Model in the nursing program will ensure that new graduate nurses will be able to respond to the pressures of provider intimidation by building better interdisciplinary communication from the simulation experience. The simulation mimicked eight shift changes with multiple scenarios. After the pilot simulation, it was decided to streamline the qualitative questions to eliminate any duplication of the questions and allow more opportunities for the student to respond. For the second simulation experience, there was an orientation component and a one-hour debrief session. It was decided to have the facilitator of each group ask the pre-determined questions which I recorded 7 out of 8 debrief sessions and one orientation session. In observing and participating in both studies, there was opportunity to understand the details in creating a qualitative tool that allowed students to express their perceptions of the benefits or disadvantages of the interdisciplinary simulation experience.

Several of the students stated that they benefited from having open discussion of good catches, near misses and errors because of being able to discuss any problems that they encountered in the simulation. They did not feel like they were the only ones that could potentially make a mistake and there were opportunities of validation from instructors when they did something right. One student stated that the simulation made them more aware of their error of not scanning the medication before they gave it to the patient. During the debrief session, the student was able to reflect and state it was a “wake up” call and the simulation experience made

a huge impact to be more careful in a real-life clinical experience. Another finding is that students felt more comfortable in discussing near misses and errors because they were in a teaching environment and felt safe. Embracing a culture of safety and a Just Culture Model in the curriculum of the nursing program encourages open dialogue where students can learn from their mistakes and build the confidence to practice within the healthcare setting.

Chapter 5 EVALUATION

Learning Experience

What I have learned from my hours of being a research assistant for Dr. James is the commitment of Southern Adventist University faculty to improve the nursing curriculum. Participating in this interdisciplinary simulation experience was more meaningful because I was able to see first-hand the improvements that have taken place in the nursing program, since my graduation from Southern Adventist University with my ASN and BSN degrees. In the Pilot Study, I was able to participate and ask the scripted questions to the nursing students. In order to stimulate responses from the students, I interjected comments in hopes of getting a response. It was valuable for me to just record the debrief sessions and observe how each of the interviewers asked the debrief questions. In any research project, it is important to promote consistency and eliminate my personal bias from interjecting personal ideas to impressionable students. That probably has been my most important "take-away" from this research study. Another valuable learning experience was to understand the difficulties that health care organizations struggle with to implement a Just Culture Model.

Application to Advanced Practice

In my advanced leadership practice, I plan to implement a Just Culture Model. It will be an ongoing objective to ensure that anyone who works under my leadership will be treated with justice and impartiality in assessing any occurrences from making a near miss or error. I plan to maintain an environment that promotes best practice nursing protocols and reduce any "work arounds" or risky behaviors to decrease the impact of someone making a medical error. It will be my responsibility to build stronger nurses by educating them on the importance of reporting errors, so any gaps in the system can be fixed early to reduce any risk to patients. As a nurse

leader, it is important to lead by example and have an approachable demeanor that nursing staff will feel comfortable discussing any situation that could potentially cause patient harm. Currently, the estimated cost of medical errors is $17 to $29 billion a year nationwide from patient's lost income and productivity (IOM, 1999). It is difficult to measure the cost of trust that is lost in healthcare organizations from medical errors, so one of my biggest leadership responsibilities is to reduce every risk to patients while also reducing the overall financial burden to the health care facility. The best application in my advanced nursing practice is to provide a trusting, safe and just environment for all of my staff while promoting the best practices to reduce any risk of potential harm.

Conclusion

The Just Culture Model creates an atmosphere of trust with opportunities for providers and nursing students to report errors so educational facilities and healthcare systems can be improved. Implementing a Just Culture Model in the nursing curriculum does not happen overnight. Students benefit from a Just Culture Model because it is built on trust and provides a safe learning environment. Lack of good communication between providers has been proven to be the leading cause of many medical errors. The main focus of multi-disciplinary collaborative simulation experience is to give nursing students the opportunity to have autonomy in decision making while also improving their communication skills with other disciplines in order to provide better patient safety outcomes.

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Appendix A

The Infusion of Just Culture Behaviors into the Student Clinical Experience

INFORMED CONSENT FORM

You are being asked to participate in a study investigating the infusion of JUST CULTURE principles into the curriculum of the nursing program your where students gain the knowledge, skills, and attitudes necessary to provide safe care to patients. Principles of a JUST CULTURE include: fostering an atmosphere of trust, encouraging error and near-miss reporting, recognizing that there are clear lines between acceptable and unacceptable behaviors, and promoting learning from errors.

If you agree to participate, you will have the opportunity to take an online survey. You will also have the opportunity to participate in a group-specific debrief session which will be recorded. You will not be putting your name on anything. The first question of the survey will be this informed consent and if you click "yes – I voluntarily agree to participate" you will continue on and take the online survey. Your name will not be used in any public (oral or written) presentation of this research. The information collected is for research purposes and any information you give us will be kept totally confidential. Only group averages will be reported.

The online survey should only take 10 – 20 minutes of your time. The recorded group-specific debrief sessions may take up to 45 minutes. By signing this form, you are agreeing to participate and are giving permission for your photo to be taken and possibly used in a presentation or publication. Participants in the study will be given an alias to protect their true identities. The potential for psychological and/or social risk (i.e. embarrassment at reporting errors and/or near-misses) are outweighed by gaining the confidence to learn from personal errors/near-misses of yourself or others within a safe environment.

Although all studies have some degree of risk, the potential in this investigation is quite minimal. All activities are similar to normal care of patients during a simulation experiences and all information will be handled confidentially. You will not incur any costs as a result of your participation in this study. If you agree to participate, you will receive the experience of participating in a research study and contributing to the empirical body of knowledge.

Your participation is voluntary. If at any time during this study you wish to withdraw your participation, you are free to do so without prejudice. We have trained counselors available if you feel the need to talk with a professional about your thoughts or feelings.

If you have any questions prior to your participation or at any time during the study, please do not hesitate to contact us.

AUTHORIZATION: I have read the above and understand the nature of this study. I understand that by agreeing to participate in this study I have not waived any legal or human right and that I may contact the researchers at Southern Adventist University, Dr. Barbara James, 423-236-2942, at any time. I agree to participate in this study and be photographed. I understand that I may refuse to participate or I may withdraw from the study at any time without prejudice. In addition, I understand that if I have any concerns about my treatment during this study, I can contact the SAU Chair of the Institutional Review Board Dr. Bonnie Freeland, 423-236-2968.

Participant's printed name:_____ Date _____

Participant's signature:_____
Researcher's signature:_____ Date _____