SPEAK UP: 
New Graduate Nurses

With Thanks to:
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Based on the work undertaken by:
Lesley Macdonald, NETP Coordinator - Waikato District Health Board (2012)

Expected Learning Outcomes
At the end of this session the preceptor will be able to:
- Discuss the concept of “speak up” and how it will apply to our new graduate staff
- Explore ways to support new graduates who do “speak up”

To Err is Human
- “To Err is Human: Building a Safer Health System” – USA report (2000)

“Each year hundreds of thousands of patients are brought to harm in the course of their healing because of fundamental problems in the collective behaviour of these caring professionals”,

http://www.nap.edu/openbook.php?record_id=9728&page=R1

Waikato Review of a Serious Event

Event investigation:
- Incorrect Dosage of Medication administered
- NetP RN disagreed with medication calculation
- Did not question it
- Did not raise it with anyone else
- Patient was harmed

Literature Review

Identified the need for new graduate nurses to be taught:
- ‘Speak up’ skills
- Similar issues have occurred in Canterbury
- Director’s of Nursing have endorsed the adoption of “speak up”

“Silence Kills” (2005)

- Study identified 7 crucial conversations that healthcare staff failed to hold

7 crucial conversations
1. Broken rules
2. Mistakes
3. Lack of Support
4. Incompetence
5. Poor teamwork
6. Disrespect
7. Micromanagement

Pound (2011) – NHS Study
• Asked if health professionals had seen colleagues:
  – take short cuts in practice,
  – show incompetence
  – show disrespect

Findings:
Shortcuts
• approx 50% nurses said yes
• 31% reported taking action

Findings cont
• Incompetence (Consistently unsafe)
• 8% nurses said yes
• 25% spoke up (1:4)

Findings cont
• Disrespect (of patients and staff)
• 43% nurses said yes
• 31% spoke up

Mid Staffordshire
The Frances Report 2013
‘Let’s not play the game, let’s change it’
Margaret Heffernan

• This clip discusses the all-too-human thought patterns that lead to will-fill blindness

• http://www.youtube.com/watch?v=Kn5JRgz3W0o

NZ - Speaking Up

• Health and Disability Commissioner:
  – “many complaint cases someone in the health care team knew something that could have prevented harm but did not share that”

• Health Quality and Safety Commission:
  – publish information about the quality of health care in NZ, involves comparing health care services across the country with the rest of the world

National strategies

• HQSC Website set up to improve the quality and safety of care: https://www.hqsc.govt.nz/our-programmes/

• A number of video clips on this site. Here is a sobering example: http://www.youtube.com/watch?v=Jzlvqg1of4

The Canterbury Way

Our values:
• Care and respect for others
• Integrity in all we do
• Responsibility for outcomes

Our focus:
• Patient safety vision of ‘zero harm’ for the health system
• Do the right thing, for the right patient, in the right time

Why Zero Harm...
Based on national predicted statistics, at CDHB level this equates to:
• 96,400 admissions
• 12,500 adverse events
• 4,800 are “potentially preventable”
• 180+ result in permanent disability or death
• $21 million per annum in costs
Professional Responsibilities

• It is a professional responsibility to speak up:
  – Health Practitioners Competency Assurance Act
  – Nursing Council Code of Conduct and Professional Boundaries
  – Organisational Code of Conduct
  – NZNO Documentation Guidelines

Good News!

• “The vast majority of healthcare workers *do not* exhibit the problems…”

• “Healthcare workers who are confident in their ability to raise these crucial concerns observe better patient outcomes, work harder, are more satisfied, and are more committed to staying on”

New Graduates: Personal Strategies

• Speak up helps new grads to create strategies to deal with unsafe and uncomfortable situations.

I am out of my depth

Pause and Consider:

• Can I deal with this myself? Should I let someone more senior know?
• Who can I talk to for advice at this moment? (CNM, NIC, Duty Manager, CTC, NE or NetP NE, Preceptor)
• Re-prioritise - What else can I then be doing in the meantime?
• What do I need to document?
• Who can I talk to reflect/revise what happened?

I feel uncomfortable or unsafe

• Communication strategies:
  – ‘I need to stop for a moment and think…’
  – ‘I am not comfortable with that so I need to stop.’
  – ‘I need you to…’
  – ‘This is unsafe.’
  – ‘I am uncertain here and I need…’

• Simulation education: role plays, evaluation and discussion
What do we need to do as Preceptors

- Acknowledge the concern
- Encourage critical thinking and problem solving
- Assist with the management of the situation
- Support, advocate, etc.
- Encourage reflection and provide feedback

What support will we give the nurses?

Acknowledge positively when someone raises a concern:

- I’m glad you have raised this
- Thank you for bringing this up
- What is your thinking of the situation?
- How can I help you with this?
- Tell me what your concern is?

Manage the situation together

- ‘In the Moment’ communication: in real time
  - I notice something
  - I think something
  - I feel something
  - I want something
  - Do something
- ‘Just in Time’ feedback: after the fact

Where to from here

- This is a new concept and will be rolled out to all staff.
- On day two we go into the “in the moment” and “Just in Time” feedback tool.
- Encourage your new grads to “speak up”, to not be afraid and to understand their professional responsibility to raise concerns.

Questions?

References