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Original Paper

Psychological safety competencies training during the clinical internship from the perspective of healthcare trainee mentors in 11 pan-European countries: A mixed-methods observational study

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Abstract

Background: In the field of research, psychological safety has been widely recognized as a contributing factor to improving the quality of care and patient safety. However, its consideration in curricula and traineeship pathways of residents and healthcare students is scarce.

Objective: This study aimed to determine the extent to which healthcare trainees acquire psychological safety competencies during their internships in clinical settings and identify what measures can be taken to promote their learning.

Methods: A mixed-methods observational study based on a consensus conference and an open-ended survey to a sample of healthcare trainees' mentors from healthcare institutions in a pan-European context. First, we administered an ad hoc questionnaire to assess the perceived degree of acquisition/implementation and significance of competencies (knowledge, attitudes, and skills) and institutional interventions in psychological safety. Second, we asked mentors to propose measures to foster among trainees those competencies that, in the first phase of the study, had obtained an average acquisition score of less than 3.4 (scale 1-5). A content analysis of the information collected was carried out, and the spontaneity of each category and theme was determined.



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Results: One hundred and seventy-three mentors from 11 pan-European countries completed the first questionnaire (response rate 173/256, 67.6%), of which 63 participated in the second consultation (response rate 63/173, 36.4%). The competencies with the lowest acquisition level were related to warning a professional that their behavior posed a risk to the patient, managing their possible bad reaction, and offering support to a colleague suffering as a second victim. The mentors' proposals for improvement of this competency gap referred to: training in communication skills and patient safety, safety culture, work climate, individual attitudes, reference person for trainees, formal incorporation in the curricula of healthcare degrees and specialization pathways, specific systems and mechanisms to give trainees a voice, institutional risk management, regulations, guidelines and standards, supervision, and resources to support trainees. In terms of teaching methodology, the mentors recommended innovative strategies, many of them based on technological tools or solutions, including videos, seminars, lectures, workshops, simulation learning or role-playing with/without professional actors, case studies, videos with practical demonstrations or model situations, panel discussions, clinical sessions for joint analysis of patient safety incidents, and debriefings to set and discuss lessons learned.

Conclusions: This study seeks to promote psychological safety competencies as a formal part of the training of future healthcare professionals, facilitating the translation of international guidelines into practice and clinical settings in the pan-European context.

Trial Registration: ClinicalTrials.gov NCT05422872.

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KEYWORDS

psychological safety; speaking up; professional competence; patient safety; education; adverse event; training; trainee; European countries; healthcare; mentors; mentor; clinical internship; Psychological safety; quality of care; learning; mixed-methods; risk management; behavior; future healthcare professionals; communication; mentorship; interpersonnel skills; interprofessional; curriculum; leadership; engagement; coping

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