

Patient Safety Attitudes among residents in a tertiary hospital.
The patient safety curriculum in the training course for residents in the University of Trieste

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INTRODUCTION

Key factors influencing patient safety in hospital settings include “*safety culture*”, “*teamwork*”, and “*communication*”. These elements have been recognized as critical for improving patient safety by organizations such as the American College of Surgeons, the ACGME, and the Joint Commission on Accreditation of Healthcare Organizations.¹ Many hospitals have successfully implemented both theoretical and practical workshops as strategies to enhance the quality of patient safety.² In Italy, healthcare safety is formally recognized as an integral part of health protection under Law No. 24/2017. Despite this, in medical and surgical degree programs, as well as in the schools of specialization, there are currently no formal courses dedicated to clinical risk management, healthcare safety, or conflict prevention. Our study aims to assess the attitudes of medical residents at the University of Trieste toward patient safety. To achieve this, we administered a modified version of the Safety Attitudes Questionnaire (SAQ), a psychometrically validated tool that is widely used in hospitals across different regions and countries to evaluate safety culture.³

AIM

The aim of our study is to identify the critical areas across various medical branch and how these evolve throughout the years of residency training, with the goal of designing a comprehensive “*patient safety curriculum*”.

METHOD

Our modified SAQ (Safety Attitudes Questionnaire) assessed the safety perceptions of residents from all medical branches at the University of Trieste, distributed across three hospitals: Cattinara, Maggiore, and Burlo Pediatric. The SAQ included 30 questions across four domains: “*safety culture*,” “*safety perception*,” “*teamwork*,” and “*communication*,” using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). In December 2023, residents received an online link to the questionnaire, created via Google Forms, which required completion of all questions for submission. The survey also collected data on the medical branch (medical, surgical, or services) and the year of residency. Responses were stratified by medical branch and residency year (junior: first and second year; senior: third to fifth year). Participation was voluntary, anonymous, and reminders were sent to encourage completion.

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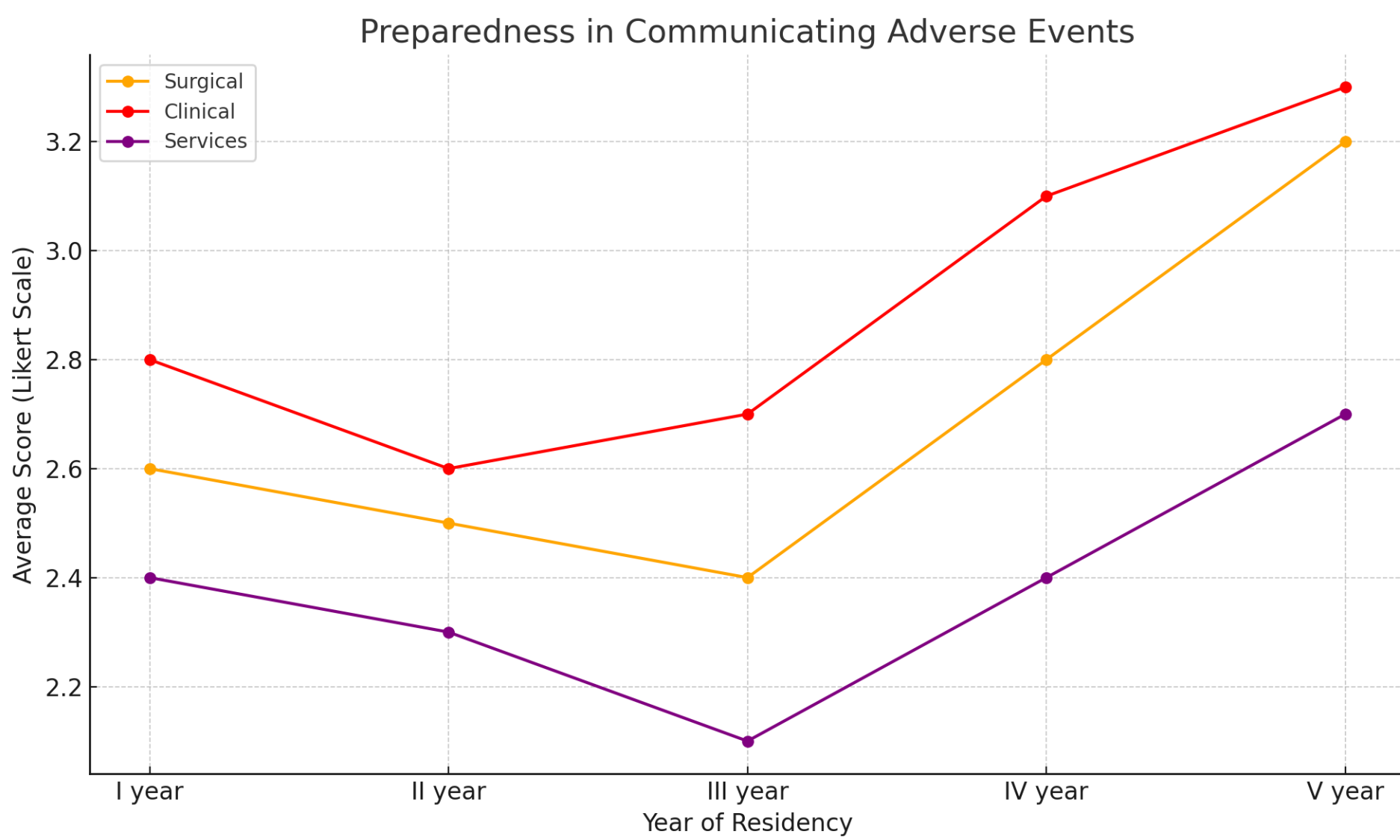
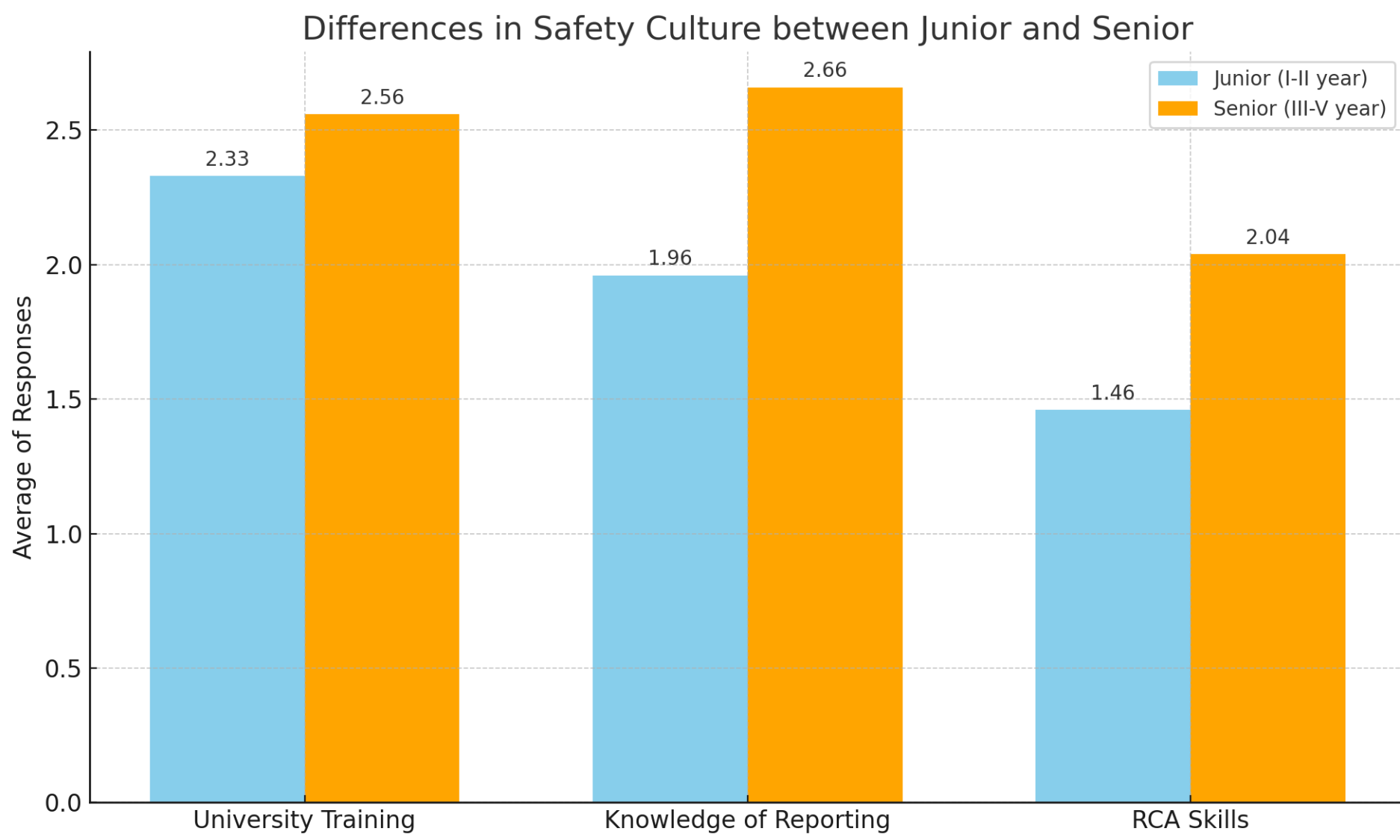
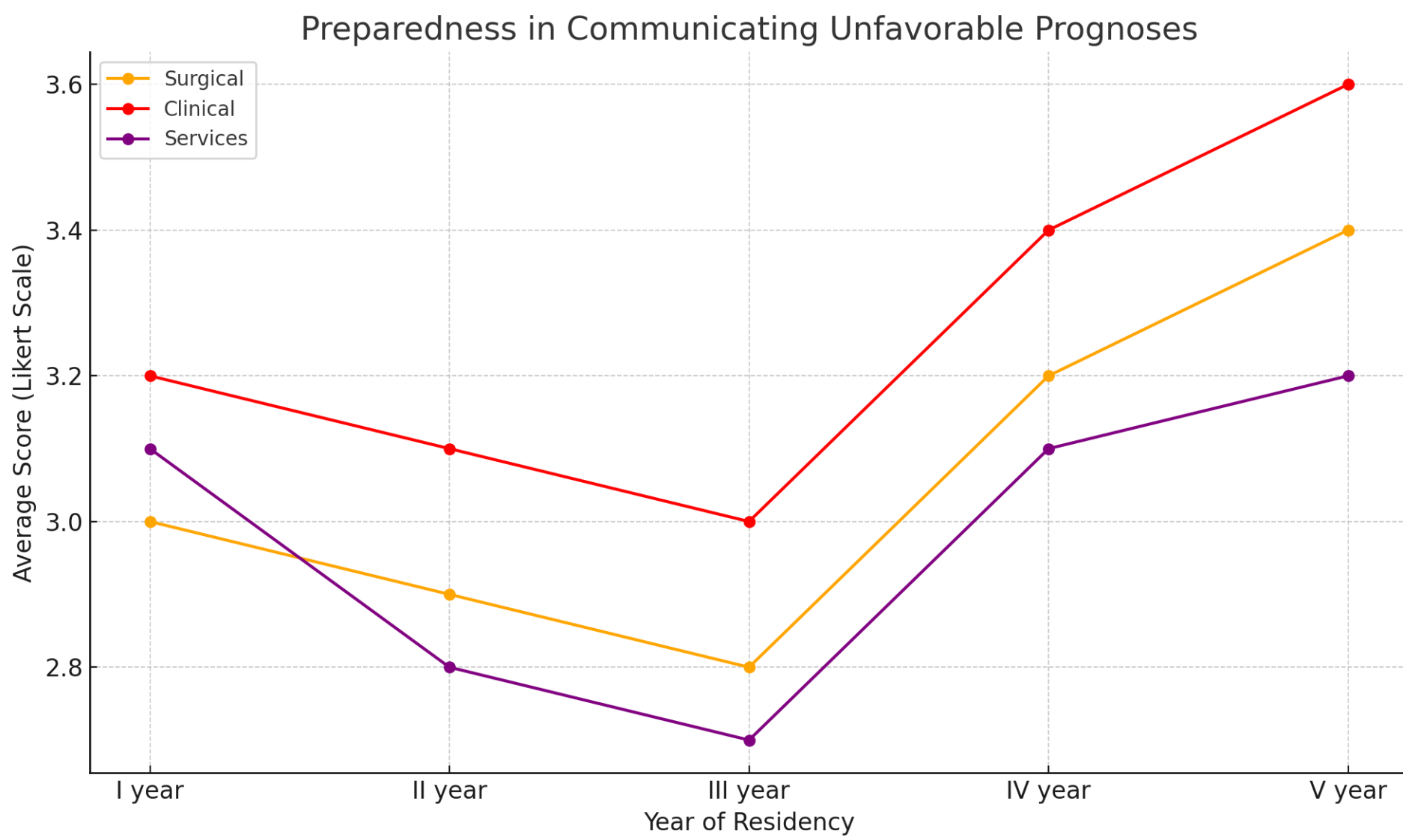
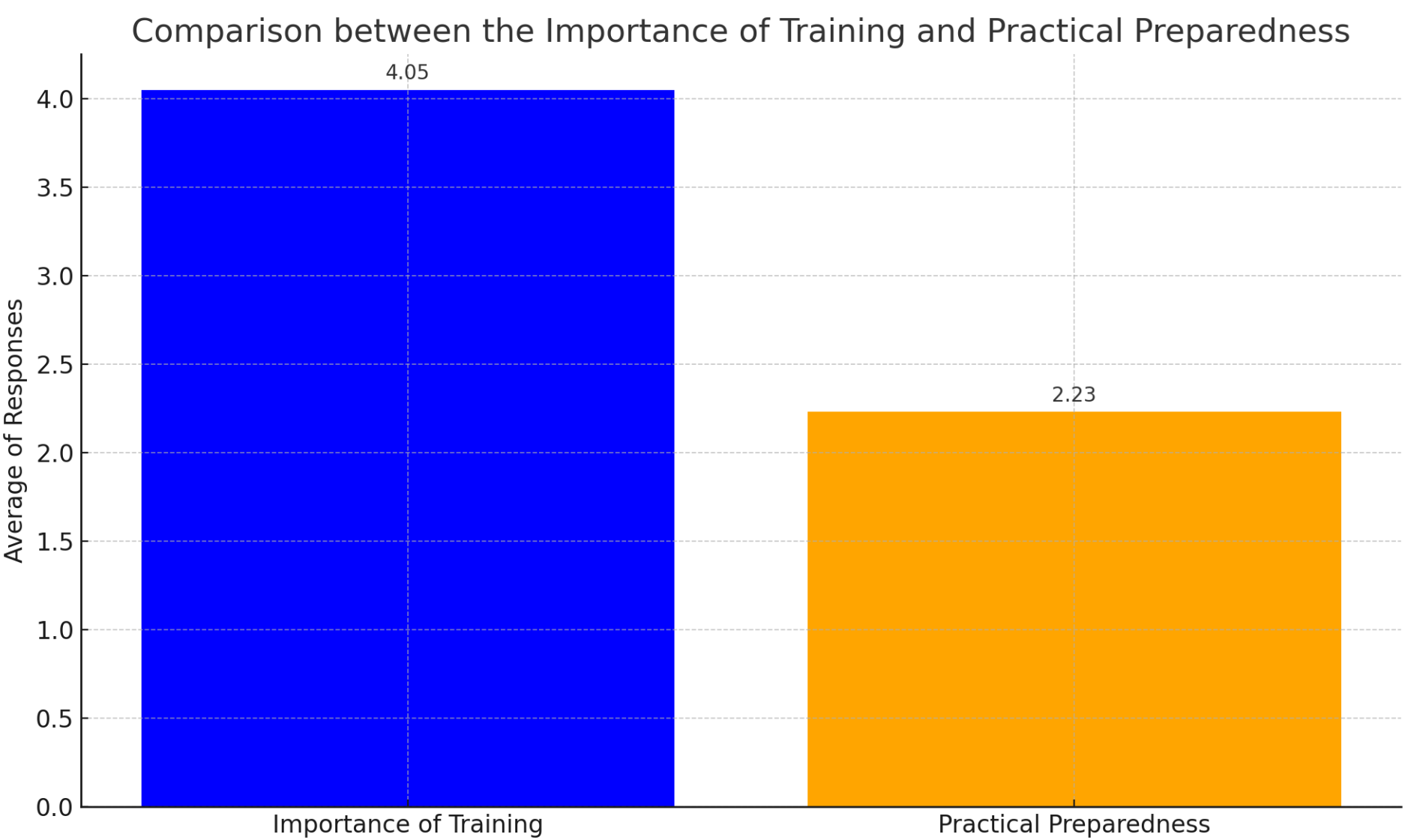
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RESULTS

A total of 202 out of 692 residents completed the questionnaire. All residents, regardless of branch or year, recognize the importance of applying patient safety strategies (4.05). Residents in the services branch emphasize theoretical training (4.57) but report a lower perception of applying these strategies in practice (3.55). Clinical branch residents, on the other hand, prioritize practical knowledge (4.1). Self-assessment of resident's ability to apply patient safety strategies remains low, although it improves with seniority. Senior residents feel more confident in reporting adverse events and conducting RCA, with significant differences compared to juniors (p=0.0017), anyway the results still remains low (2.04-2.66). Regarding teamwork and communication, Clinical and Services branch residents report more positive perceptions than those in the Surgical branch, particularly in coordination between staff and freedom to report problems. Surgical branch residents report lower scores in freedom to ask questions (1.9), instead services branch report lower scores in preparedness to communicate adverse events (2.5), indicating areas for improvement.



CONCLUSIONS

The experience gained during the years of residency only partially compensates for the gaps in patient safety attitudes. The scores of residents, regardless of their medical branch and year of training, remain consistently low in several critical areas such as communication with patients, communication with other team members, reporting adverse events, and managing root cause analyses. For this reason, the University of Trieste has planned to introduce the “*patient safety curriculum*” during the training course for residents. This course consists of 10 hours of theoretical instruction and 10 hours of practical exercises, during which residents can enhance their knowledge of patient safety and learn strategies to implement practical tools, such as adverse event reporting and root cause analysis. Additionally, simulations are conducted using tools such as root cause analysis and adverse event reporting.

The patient safety curriculum is available and recommended to all residents at the University of Trieste, who can participate in groups of 30 people at a time. This curriculum can significantly improve residents' skills in patient safety attitudes, particularly for junior residents, as they are the group that perceives the greatest lack of knowledge on the subject.

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