

# Using Clinical Nurses as Preceptors to Teach Senior Nursing Students Leadership and Management

Clare Anderson \*

Department of Biomedical and Health Informatics, the University of Melbourne, Melbourne, Australia

**Corresponding author:** Clare Anderson, Department of Biomedical and Health Informatics, The University of Melbourne, Melbourne, Australia, E-mail: Anderson\_C@Zed.au

**Received date:** February 20, 2023, Manuscript No. IPJHMM-23-16470; **Editor assigned date:** February 23, 2023, PreQC No. IPJHMM-23-16470 (PQ); **Reviewed date:** March 08, 2023, QC No. IPJHMM-23-16470; **Revised date:** March 15, 2023, Manuscript No. IPJHMM-23-16470 (R); **Published date:** March 22, 2023, DOI: 10.36648/2471-9781.9.2.366

**Citation:** Anderson C (2023) Using Clinical Nurses as Preceptors to Teach Senior Nursing Students Leadership and Management. J Hosp Med Manage Vol.9 No.2: 366

## Description

A worldwide focus on patient safety in healthcare facilities was sparked by the publication of the Institute of Medicine (IOM) report. While providing care, "patient safety" refers to the prevention and reduction of adverse events and consequences that could harm a patient. The World Health Organization (WHO) estimates that 10% of hospitalized patients experience adverse events. In the Eastern Mediterranean area in which Iran is found, it is 18%, of which 3% is allotted to serious unfavorable occasions. However, 83% of these negative outcomes could have been avoided. In Iran, medical, nursing, pharmacy, midwifery, surgical technologist, and anesthesia errors result in the deaths of one out of every 150 patients. A review conducted in Iran reveals that approximately 17% of patients admitted to healthcare facilities experience complications. Over a million people worldwide die annually from complications caused by surgery, half of which could have been avoided. The World Health Organization (WHO) estimates that related to pregnancy and childbirth, approximately 810 women die each day from preventable causes. Nonetheless, convenient administration and treatment can forestall maternal and baby mortality. Health Professions Students The purpose of this study was to determine how competent senior health professions students in Isfahan, Iran, were with patient safety. The findings demonstrated that patient safety levels ranged from low to moderate across the six domains of health professions education. The mean absolute tolerant wellbeing score was moderate (0.51) in the homeroom and poor (0.47) in the clinical setting. Classroom and clinical students had not received sufficient patient safety instruction. Students' high scores in comparable studies indicate that patient safety is improving in health profession education elsewhere. In light of the fact that providing health care in Iran results in 50% of preventable adverse effects, it is essential to focus on patient safety education for health professions.

## Ever-Changing Nature of Health Care

In accordance with other studies, the communicating effectively domain received the highest mean score (61 percent in the classroom and 57 percent in the clinical setting). In order to identify medication issues, treatment effects, interactions,

and adverse effects with the patient, effective communication is an essential tool. Inadequate correspondence is one of the main sources of medicine blunder as the chief component compromising patient security. Accordingly, it is expected that relational abilities in wellbeing calling schooling be underlined and applied after entering the clinical setting. The most minimal mean score was connected with working in groups with other wellbeing callings (0.39 in the homeroom and 0.38 in the clinical setting), which was predictable with different examinations. There is no teamwork education component in any medical curricula in Iran. Subsequently, this study test's vulnerability in procuring adequate information and capability in working in groups with other wellbeing callings is legitimate. Students must receive the necessary education in teamwork because of the gap between health professions and the ever-changing nature of health care; Inter-professional Education (IPE) has the potential to enhance patient care and Inter-professional Collaboration (IPC). In point of fact, the theory and practice of patient safety include Inter-professional Education (IPE) and collaboration (IPC). In accordance with other studies, the total mean score was higher in the classroom than in the clinical setting. The findings demonstrated that patient safety education is mostly taught in the classroom, but that it is especially important in the clinical setting due to direct communication with the patient and potential risks to patient safety. In clinical education, it must be taken into consideration. It was discovered that there was a correlation between the classroom and clinical setting scores by comparing the mean scores of students in the classroom and clinical settings in various domains. The domains of safety culture and effective communication had the highest and lowest correlations, respectively. However, the research conducted by, there was a huge distinction between the scores of the homeroom and the clinical setting, and the mean scores in the space of 'understanding human and natural elements' and 'overseeing dangers in the clinical setting' were essentially higher contrasted with the study hall. Midwifery students received the highest score out of all of the fields of study. The review results by Anderson showed that maternity specialists' information and mentality towards announcing mistakes, as one of the significant spaces of patient wellbeing, was high and positive as 79.12% of birthing assistants had revealed their blunders during their work. The higher sensitivity of health

center managers to midwives regarding maternal health, an important indicator of community development, was the reason for the higher rate of error reported by midwives compared to physicians and nurses.

## Patient Safety Competence

Health care providers must be required to be qualified in areas such as patient safety culture, teamwork, effective communication, safety risk management, optimizing human and environmental factors and identifying and reporting adverse events in order to provide safe care to patients. A healthcare center's patient safety culture is a collection of values, attitudes, perceptions, beliefs and actions that encourage the safe activities of healthcare teams when providing care and play a crucial role in enhancing patient safety and decreasing medical professional errors. Further developing patient security requires all wellbeing callings. Health care costs, readmissions and errors are all reduced through the participatory approach. Likewise, legitimate relational abilities between wellbeing callings

decidedly influence wellbeing related results and patient fulfillment. Failure to provide vital information about the patient's condition and care plan, as well as communication issues during handoffs and transitions of care threatens patient safety. It is necessary to incorporate patient safety education into health professions education in order to improve patient safety competence upon entry into the clinical setting. Hence, the referenced spaces ought to be remembered for the wellbeing callings educational program to gain the expected capability and apply it in the clinical setting. As senior wellbeing callings understudies will before long assume key parts in cutting edge patient consideration, their readiness for protected, solid consideration arrangement is especially significant. It is essential to ascertain care providers' perspectives on acquiring patient safety competence upon entering the clinical setting due to the significance of promoting patient safety in health profession education. As a result, the purpose of this study was to investigate senior health professions students' patient safety competence.