SAFE IDENTIFICATION: THE USE OF VIDEOS AS AN EDUCATIONAL STRATEGY

IDENTIFICAÇÃO SEGURA: O USO DE VÍDEOS COMO ESTRATÉGIA EDUCATIVA

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ABSTRACT

Objective: to report the experience of using videos in educational actions to promote the patient's safe identification. **Method:** this is a qualitative, experience-type study with health professionals. There was a report on the development of the first cycle of education, having the goal of safe identification as its theme. There were several sessions of the activity, seeking to enable the participation of as many professionals as possible. **Results:** The health professionals of a large hospital in the western region of the State of Santa Catarina were enrolled in the first cycle of education, including 380 people. As an educational strategy, it was opted for the use of short videos, with a comparative character of safe and insecure practices, seeking to promote reflection, debate, knowledge, interaction and the involvement of professionals. **Conclusion:** it was verified that the use of the videos was an instrument for the construction of the critical analysis on the mechanized actions of the daily life, collaborating for the construction process of patient safety and for the development of the safety culture. **Descriptors:** Patient Safety; Continuing Education; Educational Films and Videos; Professional Qualification; Health Care; Health Services.

RESUMO

Objetivo: pretende-se relatar a experiência do uso de vídeos em ações educativas para a promoção da identificação segura do paciente. **Método:** trata-se de um estudo qualitativo, do tipo relato de experiência, com profissionais de saúde. Relatou-se sobre o desenvolvimento do primeiro ciclo educativo, tendo, como tema, a meta da identificação segura. Realizou-se diversas sessões da atividade buscando viabilizar a participação do maior número possível de profissionais. **Resultados:** registrou-se, no primeiro ciclo educativo, incluindo, como público-alvo, os profissionais da saúde de um hospital de grande porte da região oeste do estado de Santa Catarina, a participação de 380 pessoas. Optou-se, como estratégia educativa, pelo uso de vídeos de curta-metragem, com caráter comparativo de práticas seguras e inseguras, buscando promover a reflexão, o debate, o conhecimento, a interação e o envolvimento dos profissionais. **Conclusão:** verificou-se que o uso dos vídeos foi um instrumento para a construção da análise crítica sobre as ações mecanizadas do cotidiano, colaborando para o processo de construção da segurança do paciente e para o desenvolvimento da cultura de segurança. **Descritores:** Segurança do Paciente; Educação Continuada; Filmes e Vídeos Educativos; Formação Profissional; Assistência à Saúde; Serviços de Saúde.

RESUMEN

Objetivo: relatar la experiencia del uso de videos en acciones educativas para la promoción de la identificación segura del paciente. **Método:** se trata de un estudio cualitativo, del tipo relato de experiencia, con profesionales de salud. Se relató sobre el desarrollo del primer ciclo educativo, teniendo como tema la meta de la identificación segura. Se realizaron diversas sesiones de la actividad, buscando viabilizar la participación del mayor número posible de profesionales. **Resultados:** se registraron en el primer ciclo educativo, incluyendo como público-objetivo, los profesionales de la salud de un hospital de grande porte de la región oeste del Estado de Santa Catarina, la participación de 380 personas. Se optó como estrategia educativa el uso de videos de corta-metraje, con carácter comparativo de prácticas seguras e inseguras, buscando promover la reflexión, el debate, el conocimiento, la interacción y el involucramiento de los profesionales. **Conclusión:** se verificó que el uso de los videos fue un instrumento para la construcción del análisis crítica sobre las acciones mecanizadas del cotidiano, colaborando para el proceso de construcción de la seguridad del paciente y para el desarrollo de la cultura de seguridad. **Descriptores:** Seguridad del Paciente; Educación Continua; Películas y Vídeos Educativos; Formación Profesional; Asistencia Sanitaria; Servicios de Salud.

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INTRODUCTION

It is considered that patient safety is directly reflected in the quality of care provided, impacting the reduction of damages to patients related to health care.¹ Given the alarming number of errors that occur during the care process and its consequences, that patient safety is an emerging issue in society, especially since 2000.²⁻³

Among the main recommendations of governmental institutions and researchers on this theme, it is necessary to raise the awareness of health professionals for the development of safe attitudes in their daily work, using, for this purpose, educational processes.⁴

Nursing plays a fundamental role in the actions of education in service because the nurses are the professionals responsible for the care management, being a link between the different members of the health team. However, this is not only a responsibility of Nursing but, of all, requiring multi-professional and intersectoral action, together with patients and caregivers, to avoid the occurrence of adverse events.⁵

The National Patient Safety Program (PNSP) emphasizes the need to develop strategies for the training and qualification of health professionals, on patient safety and the promotion of a safety culture, defining priority areas in which health services must act, such as safe identification.⁶

Safe identification is defined as a crucial step during health care since it ensures that a certain procedure will be performed on the correct patient. The occurrence of adverse events is expected to be confirmed through pre-care confirmation, as well as helping to create a bond with the patient and family members, involving them in the care process.³

Therefore, it is essential to carry out educational processes in the short and long term, involving both educational and health institutions, enabling integration between the academy, the service and the community, promoting the awareness of the actors involved in this process and enabling the (re) knowledge of the demands and the potential of all for the development and strengthening of patient safety.

It is considered necessary for the team to understand the dynamics and importance of the aforementioned process, to link scientific knowledge to the clinical practice that develops in the day-to-day health services. In this perspective, through permanent health education, it is a propitious means to integrate the various actors of this process,

considering their realities and experiences, instigating self-perception and reflection.⁷⁻⁸

OBJECTIVE

- To report the experience of using videos in educational actions to promote the patient's safe identification.

METHOD

This is a qualitative, experience-based study on the development of the first cycle of education, having the goal of safe identification as its theme, according to the PNSP. The target audience for this intervention is identified as the health professionals of a large hospital in the western region of the State of Santa Catarina.

The study of the educational cycle was denominated, since several sessions of the actions were carried out, seeking to enable the participation of the largest possible number of professionals. The first educational cycle was integrated in the first action of a project that articulates the research and extension, developed by professors and students of a University of the South region of Brazil, whose purpose is to identify the potentialities and weaknesses related to patient safety in the western region of the State of Santa Catarina, intervening through educational activities, from the perspective of the six international goals for patient safety.

Initially, an approximation was made to the Patient Safety Nucleus (NSP) of the hospital to define the goal that would be the focus of this cycle, with the identification of a safe identification. The institution was then approached to understand the elements of the secure institutional identification protocol and to know the main local needs related to this protocol.

Afterward, students and teachers developed a process of theoretical deepening of the subject, aiming to know the premises of the safe identification, from the publications of the Ministry of Health, as well as to identify what has been presented in the literature on the theme.

From this theoretical background, the educational activity was developed in the hospital for health professionals to promote the safe identification of the patient.

This project was approved by the Research Ethics Committee with Human Beings under the CAAE 85960518.0.0000.5564.

RESULTS

The first educational cycle was developed in the first half of 2018, with 43 educational sessions of approximately 50 minutes

distributed in the morning, afternoon and evening shifts, registering the participation of approximately 380 health professionals from the different areas of the hospital: Nursing, administration, nutrition, hygiene, safety, reception, among others.

First cycle: safe identification of the patient

As a theme of the first cycle of education, the patient's safe identification was highlighted, defined together with the NSP of the hospital. The main strategy to present the themes through short videos was dramatization of the situations experienced routinely in the work environment by the different professionals, emphasizing the reflexion.

The members of the project met to write the script for each video and make the recordings. Two videos were produced for each situation, with a comparative character, aiming at the demonstration of the incorrect and correct practices, as well as the safe and the insecure ones.

Ten videos were elaborated with the following themes: the transfer of the patient from an inpatient unit to the surgical center; the terminal disinfection of an inpatient bed with a chart with patient identification information in its structure; the delivery of a newborn to his mother; the patient's explanation of the safe identification procedure and the identification of the patient in a waiting room.

Recordings were made in the rooms of the University's nursing laboratory, using the available resources, which allowed the reproduction of hospital environments. It should be noted that the students were actors in the videos.

The video showing the transfer of the patient to the surgical center was divided into four parts: first, the nurse asked the stretcher-bearer to "look for Maria do 103B"; the second scene shows the patients who are in the same room and change their beds because of comfort; in the third moment, the stretcher-bearer arrives at the room and, without performing the identification, only affirms that it will lead the patient of the 103B to the surgical center; at the last moment, the nurse, who receives the patient, performs the identification conference and perceives the error.

The content of the comparative video is described below: when the stretcher-bearer arrives at the room, she performs the identification check and verifies the bed change, the patient explains the situation,

and then the stretcher-bearer performs the identification, carrying the correct patient.

The cleaning of the bedside table was demonstrated in the appropriate scene of the videos on the terminal disinfection of the hospitalization bed. In the inappropriate scene of the video, the picture was not sanitized, remaining with the information of the patient who had been discharged, facilitating the identification error process at the entrance of a new patient.

The first scene shows a nurse delivering the child to the mother, conducting the baby wristband conference and questioning the name and date of birth. In this case, it is also necessary to observe the mother's bracelet, ensuring that there are no exchanges or confusions. In the second scene, the professional is delivering the child to the mother without performing any type of check, only informing: "Here is your son, Enzo"; at the same moment, the patient says: "But my daughter is Valentina", emphasizing the amazement of the professional when perceiving the exchange of the babies.

When explaining the procedure of safe identification for the patient, in both scenes, the full name and date of birth are checked, but in one of them, these data are not reported to the patient and the companion. As a reason for this action, the patients reported the lack of care and attention of the team that, at all times, they asked for the same information.

It is shown in the second scene when the nurse enters the room to perform the visit, which explains how necessary it is to perform this procedure and reinforces that all professionals should perform it, aiming at patient safety and prevention of adverse events, being an act of care of those involved in the care.

In one of the videos in the waiting room, the professional calls only the first name of the person: "Gabriela"; however, two people stand up, because they had the same name, all without reaction. In the other video, the scene of the professional was exposed, informing the full name of the person to be consulted, and, before entering the room, performing the safe identification.

It is understood that, at the moment of the educational activity performed with the professionals, the main theoretical concepts related to the topic of patient safety and safe identification were briefly presented; the videos were then presented, including the versions with safe and insecure actions, pausing the debate, instigating them to point

out the differences between the videos, identifying which presented the actions performed correctly and also, providing a moment for professionals to indicate the similarities found between the video and its work context, as well as the main difficulties for the development of such a process.

To finalize the activity, the importance of reporting adverse events was emphasized, bringing to the discussion examples of what would be these reportable events related to the patient's safe identification.

DISCUSSÃO

The use of videos for the practice of permanent health education, together with the professionals, explained the inherent potential of the proposal, insofar as it promoted knowledge, interaction, involvement, and commitment among teachers, students and Health professionals.

The students' role in creating the scripts and in the effort to acquire baseline knowledge for the application of the activity were noted and the moments of production were exciting and pleasurable for the interlocutors since the dramatizations bring a relaxed character to the activity.

In an report of the experience of students in the production of videos for the teaching of mental health, based on the perception of the participants, it is concluded that the activity stands out for stimulating aspects related to the collective construction of knowledge, to teamwork, the development of creativity and the creation of a legitimate space of coexistence with the singularity".^{9:1212}

The use of innovative and meaningful strategies is a constant challenge and instigates professionals linked to educational practices in the different training sectors.¹⁰ This challenge is intensified in the purpose of the study, since it deals with development of educational practices that provide behavioral modifications and cultural transformations, to the point that the opportunity is for the professional to develop a safety culture.

The safety culture is the product of the individual values of a group, as well as of the attitudes, perceptions, competencies and behavior pattern that determine the commitment, style, and proficiency of the administration of a healthy and safe organization.¹¹⁻²

Studies show that educational videos directed to the community, whose objective is to show the practices of health promotion, are propitious resources to be used in the sensitization of social groups to achieve behavioral changes in the face of health

problems. Immediate behavioral transformation is possible, since it is an accessible medium, contributing to the improvement of the educational process and resulting in the qualification of health care.¹³⁻⁴

Therefore, it can be seen that the training took place during the activities of the health professionals, that the search for a dynamic teaching and learning method and that helped to represent the most diverse spaces of the institution was fundamental. It was verified that the videos provided the indirect observation of a situation to the individuals, promoting the reflection and the recognition of the own reality. It is understood that the training enabled by reflective team activities becomes an ally in this process, as it allows the debate on the different experiences and experiences, sensitizing the professionals and stimulating the breakdown of the daily automaticity of work.

Reflection is understood as the central point of any process of transforming a practice since, from the reflexive movement about reality, the needs for changes and the possibilities of improvement of the actions practiced can be seen.¹⁵

By positioning the professionals as viewers of the reality in different situations, promoting they portray the difference between the videos, the experience had positive impacts, because, when capturing the transmitted message, reflect on the same and maturity, awareness becomes essential, as is the deconstruction of unsafe practices. It is argued that this procedure, including the production of the video resources and the debate with the participants, in disquieting the health team, guides them towards developing and authenticating the safety culture.

This meets the premises of permanent education, seeking to involve the professional and placing it as co-responsible for the process and stimulating individual and teamwork in a harmonic and collaborative way.¹⁵ Thus, institution has a qualified, autonomous team that generates less unnecessary expenses during health care.⁷

Teamwork has also been promoted through this production since it is necessary to organize in communicating stages for the effectiveness of the result. Participants were also encouraged to be in the other's place, even in an illustrative way, through the videotape plays.

It should be noted that, for the students, the production of the videos provoked a theoretical investigative process and

approximation with the reality of the health service, grounding them for the creation of situations that were dramatized. It is also seen, in codifying reality, that those involved understood that unsafe actions can generate adverse effects, without the need to witness the actual act.

CONCLUSION

The production and use of the videos as strategies to instigate the reflection of health professionals in an educational activity were instrumental tools for the construction of a critical analysis on the mechanized actions of the daily life.

It is concluded that this process contributed to the fact that the various professionals that integrate the health team feel as actors and agents of the process of construction of patient safety in this institution and, consequently, for the development of a safety culture.

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Massaroli A, Pellenz GM, Kooke K et al.

Safe identification: the use of videos as...

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