

Table 1. Demographics

Primary Role of Participant	%
Healthcare Professional (doctors/nurses)	48
Educator	25
Administrator / manager	13
Academic staff	10
Pharmacist	4

Table 2. Content of patient safety education

Key Components	n	%
Real life/clinically relevant content	157	48.01
Human factors	106	32.42
Risk identification and management	51	15.60
Training on systems	37	11.31
Quality Improvement	29	8.87
Medicines safety and prescribing	26	7.95
Law and policy content	12	3.67

Table 3. Delivery of Training

Delivery Modality	n	%
Experiential learning	181	47.63
On the job or practical learning	80	21.05
Simulations	77	20.26
Personal reflection, learning from mistakes	42	11.05
Patient safety project	8	2.11
Interactive learning	159	41.84
Group Based Learning	131	34.47
Inter-professional learning	84	22.11
Group based learning	63	16.58
Didactic learning	115	30.26
Visual aides	42	11.05
E-learning/web-based - Negative sentiment	29	7.63
E-learning/web-based - Positive sentiment	26	6.84
Theory/lecture - negative	25	6.58
Theory/lecture - positive	14	3.68
One-on-one learning	30	7.89
Feedback following training	23	6.05
One-on-one learning	7	1.84
Variety of learning methods	19	5.00

Table 4 Facilitators of patient safety education

Facilitators	n	%	Example excerpt
Standardised competencies	142	44	"A consistent and standardised approach to the delivery of key and essential skills across organisations could save time and resources."
Allocated funding to education	60	21	"Resource education properly. Give us more resources - space. We are expected to deliver a USA style training while providing an underfunded UK NHS service. Doesn't work."
Culture of openness, duty of candour	59	20	"Have to create the right environment for people to speak up and change attitudes at large"
Targeting a broad scope of healthcare workers	49	17	"Include all staff groups (admin also) to ensure you get the rounded view."
Beginning safety training earlier in career	46	16	"Education and training in patient safety needs to start at year one for all healthcare workers."
Involving patients and carers	37	13	"Collaboration with patients and families - hearing directly from them - narratives 'stick' when they are personal."
Champions of patient safety	26	9	"Review link roles! Do we have the right champions with the right skills to not only change practice and behaviour but to predict?"
Learning from other industries	13	4	"Incorporating ideas from other industry's (particularly the aviation industry) in order to better develop educational systems and opportunities for healthcare staff."
Realistic expectations of training	11	4	"The biggest hurdle is overcoming the conundrum that professionals can and will make mistakes"

Table 5. Barriers to patient safety education

Barriers	n	%	Example excerpt
Staffing and workload	136	41	"Continuing workload pressures severely impact on the ability of staff members to attend training sessions"
Lack of awareness, poor attitudes	77	23	"Essential is helping people to recognise their role and responsibility in relation to patient safety, and to see that everything they do has an impact on patient safety."
Lack of Accessibility	75	27	"Providing teaching at half day release sessions to GP trainees. Locality based workshops to train trainees in patient safety and QI."
Not evidence based	61	19	"Importance of trainer knowing the evidence behind recommendations (or know if they are not evidence based and can give a clear rationale for policies if not based on evidence)."
Issues with management / leadership	47	14	"It works well when senior clinicians buy-in to the benefit of delivering some training via e-learning and lead by example. However, too many people feel 'above' compliance training. The higher up the food-chain the less likely to complete training - appalling behaviour from senior people"
Lack of high quality trainer	39	12	"Too often the experience of the educator is well short of their audience and this results in delivery which does not match the audience experience and resultant lack of confidence/respect of audience in the educator can result in these very important issues not been taken as seriously as they should."
Tick-box exercise	19	6	"Reduce aspects considerably and use it as real learning rather than box ticking that is used to protect the NHS from a parasitic legal system."