

Just Culture SPEET Cue Card for Program Directors/Faculty working with Just Culture in Education Programs

1. Does the incident involve any of the “non-use misconduct” categories?
Academic cheating, confidentiality, inappropriate use of social media, fraud, theft, drug abuse, diversion, boundary issues, sexual misconduct, mental/physical impairment.

If Yes: STOP – don’t use SPEET. The SPEET is used only for evaluating student practice-related incidents in clinical settings.

2. Is this the first practice incident with this student? If yes, score 0 and proceed to next row.
 If No:
 How many prior incidents? _____
 Was prior incident the same issue? _____ Related issue? _____ Non-related issue? _____
 What counseling has occurred? _____ If so, is it documented? _____ Has there been improvement? _____

G	General Nursing Practice	No prior counseling for practice related issues	Prior counseling for single non-related practice issue	Prior counseling for single "related" issue	Prior counseling for "same" issue	Prior counseling for multiple related or non-related practice issues	Prior counseling for <u>same</u> or <u>related</u> issue with no or little evidence of improvement.	
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3. Based on the level of student in the program, evaluate the expected level of understanding as it relates to incident:
 Does the student have the Knowledge, Skills, and Ability needed for this activity? _____
 Were available resources used? _____ Was this an appropriate assignment? _____

U	Understanding expected based on program level, course objectives/ outcomes	Has knowledge, skill and ability - <i>Incident was accidental, inadvertent, or an oversight</i>	Task driven/rote learning. OR <u>Wrong action for this circumstance.</u>	Failed to demonstrate appropriate understanding of options/resources. OR Aware of safety issues but in this instance <u>cut corners.</u>	Understands rationale but failed to recognize situations in terms of overall picture or to prioritize actions. OR In this instance, failed to obtain sufficient info or consult before acting.	Able to recognize potential problems. In this instance " <u>negligent</u> " OR <u>failed to act according to standards.</u> Risk to client outweighed benefits.	Knows or should have known correct action, role and limitations. In this instance action was " <u>gross negligence/unsafe act</u> " and demonstrated no regard for patient safety.	
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4. Is there a policy, standard or order addressing the incident? _____ Was the student aware of policy/standard/order? _____ How is the policy or standard enforced? _____ Did the student cut corners? _____ Is there a pattern to these behaviors? _____ Was the student attempting to achieve expectations of others? _____ Did the student achieve personal gain? _____

I	Internal Program or Agency Policies/standards/inter-disciplinary orders	Unintentional breach OR No policy/standard/order available.	Policy not enforced. OR <u>Cultural norm</u> or common deviation of staff. OR Policy/order misinterpreted	Student cut corners or deviated in this instance from policy/standard/order as <u>time saver</u> .- No evidence or suggestion of a pattern of behavior.	Aware of policy/standard/order but <u>ignored or disregarded</u> to achieve <i>perceived expectations</i> of faculty, staff, patient or others. May indicate pattern or single event.	Disregarded policy/standard/order for <u>own personal gain</u> .	<u>Maliciously</u> disregarded policy/standard/order	
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5. How was the decision/choice made? _____ Would a prudent student make this choice? _____ Was incident accidental/inadvertent? _____ Did advantages to patient outweighed risk? _____ Emergent situation required quick response? _____ Non emergent situation – used poor judgment? _____ Did the student put their interest ahead of pt/agency/public? _____

D	Decision/choice	Accidental/mistake/Inadvertent error	<u>Advantages</u> to patient <u>outweighed risk</u>	<u>Emergent situation</u> - quick response required.	<u>Non-emergent situation</u> . Chose to act/not to act without weighing options or utilizing resources. Used poor judgment	Clearly a prudent student would not have done. <u>Unacceptable risk to patient/agency/public</u> Disregard for patient safety.	Conscious choice. Put own interest above that of patient/agency/public. <u>Egregious choice</u> . <u>Neglected red flags</u>	
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6. How was the error identified? Student identified/Self reported _____ Other identified _____
 Did the student: Accept accountability for error/incident? _____ Accept and identify ways to prevent in future? _____
 Acknowledge role in error but attribute to others/circumstances to justify? _____ Deny responsibility until
 confronted with evidence? _____ Deny responsibility despite evidence? _____
 What was the student's level of participation in investigation? Cooperative? _____
 Identified opportunities to improve? _____ Demonstrated willingness to improve? _____ Made excuses? _____
 Marginally cooperative? _____ Uncooperative and dishonest? _____ Actively attempted to conceal or failed to
 disclose known error? _____

E	Ethics/ credibility/ accountability	Identified own error and <u>self reported</u> . Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Admitted to error and <u>accepts responsibility</u> . Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Acknowledged role in error but <u>attributes to circumstances</u> and/or blames others to justify action/inaction. Cooperative during investigation. Demonstrates desire to improve practice.	Denies responsibility until confronted with evidence. Reluctantly accepts responsibility. <u>Made excuses</u> or <u>made light of occurrence</u> . Marginally cooperative during investigation.	Denied responsibility despite evidence. Indifferent to situation. <u>Uncooperative</u> and/or <u>dishonest</u> during investigation.	Took active steps to <u>conceal</u> error or <u>failed to disclose known error</u> .	
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7. Were mitigating circumstances involved? Subtract points as indicated for number of factors selected:

	Communication breakdown (multiple handoffs, change of shift, language barriers)
	Unavailable resources (inadequate supplies/equipment)
	Interruptions/Chaotic environment/emergencies - (frequent interruptions/distractions)
	Inadequate supervision by faculty or receptor
	Inappropriate assignment by faculty or preceptor
	Policies/procedures unclear
	Client factors (combative/agitated, cognitively impaired, threatening)
	Non-supportive environment - interdepartmental/staff/student conflicts
	Lack of response by other departments/providers
	Other (identify)

8. Were aggravating factors involved? Add one point for each identified factor.

	Especially heinous, cruel, and/or violent act
	Knowingly created risk for more than one client
	Threatening/bullying behaviors
	Prior student disciplinary record for practice issue(s)
	Other (Identify)

9. **REMEMBER** to count number of items rated in each color category as well as the total score to determine final rating as Human Error, At-Risk Behavior, or Reckless Behavior.

10. **Collaboration** among two or more program representatives in completing the SPEET may be helpful in assuring fair, consistent application of Just Culture principles.

11. **Guidance from NCBON Education Consultants is available as needed:**

- Consultant will ask program representative to describe the event briefly BEFORE starting to review SPEET.
- Consultant will the ask program representative to talk through each SPEET row and provide rationale for score selected. Consultant may ask questions for greater clarity as needed.
- Consultant and program representative will then discuss the scoring and agree on score (or score range) for each SPEET row before moving to the next row. They will return to a previous row only if further information received might alter response in a significant manner.
- If consultant and program representative are unable to agree on scores, the Education Program’s rating ultimately takes precedence and the Program takes action as determined.