

Inclusive In-Situ Simulation and Discursive Methods: A Novel Approach to Understanding Team Communication in Patient Safety

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Background: Discursive methods exploring interprofessional communication are underrepresented in simulation research, yet offer unique insights into how healthcare teams coordinate and adapt during simulated scenarios involving safety-critical moments. The Study of Communication and Adaptive capacity using in-situ Learning Environments based on real life risks in ENDOscopy (SCALE-ENDO) utilises discursive methods to closely investigate how interprofessional endoscopy teams communicate and demonstrate adaptive capacity during simulated patient safety incidents. By including often overlooked staff members in simulations (e.g., healthcare assistants and administrative personnel), alongside those occupying traditional clinical roles, this approach captures a holistic exploration of team communication and adaptive capacity during safety events.

Objectives: To explore how discursive methods reveal team communication practices and adaptive behaviours during simulated safety incidents. We focus on how different team members coordinate actions and contribute to maintaining safety, and use the findings to make recommendations for communication in practice.

Methods: We are delivering video-recorded, interprofessional scenarios across different gastrointestinal endoscopy care stages with associated team debriefs in one NHS trust. Scenarios were developed using a Systems Engineering Initiative for Patient Safety (SEIPS 2.0) thematic analysis of 1442 significant harm events involving endoscopy care from the National Reporting and Learning System spanning five years (2017-2022). We utilise a strand of Discursive Psychology (Edwards and Potter, 1992) informed by Conversation Analysis (Sacks, 1992). Detailed transcripts are created which reveal how participants display understanding of roles, how context-specific concerns shape actions, and how teams coordinate their activities.

Results: Preliminary findings show that discursive methods have value in a range of domains. First in illuminating communication practices involving interprofessional teams in in-situ simulations of endoscopy scenarios during critical moments. Second in identifying how adaptive capacity manifests through team members anticipating others' needs. Third by showing how including traditionally excluded professionals, such as healthcare assistants and administrative staff in simulation exercises, enriches understanding of safety practices.

Conclusion: This methodological innovation advances patient safety research by demonstrating how discursive methods reveal micro-processes of team communication and adaptation during in-situ simulations. SCALE-ENDO addresses a significant equity gap in simulation education by including traditionally excluded staff, revealing that they contribute valuable safety insights. We advocate for wider adoption of discursive methods and more inclusive simulation training that recognizes safety contributions of all team members

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NIHR SafetyNet
Symposium 2025

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Aims of research

We explore how interprofessional endoscopy teams communicate and demonstrate adaptive capacity during simulated patient safety incidents using discursive methods of analysis.

**Video-recorded,
interprofessional
scenarios**

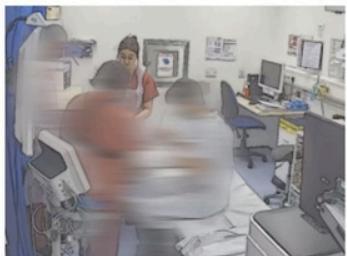
Method of data collection

Scenarios were created from National Reporting and Learning System (NRLS) to identify contributory factors. These were used to create scenarios with guidance from the PPI group. The scenarios are grounded in real life adverse event data, and oriented with a patient perspective through use of the PPI group.

**Simulations
grounded in real
life data**

Method of data analysis

We use Conversation Analysis, Discursive Psychology, and Discourse Analysis. These approaches treat language as performative. Words contribute to accomplishing blaming, justifying, and defending. Detailed transcripts are created to illustrate precisely what participants are saying at any given moment, along with whether they are, for example, shouting, whispering, crying, or laughing.



Example analysis : list running behind scenario

**How does being
under pressure
shape team
communication?**

1: N: Can you just check if that's (.) on the::
2: N: consent form. is that your: signature the[:re.
3: (line omitted)
4: P: er:m:.
5: N: Is: tha:t your signature:?
6: (0.6) ((patient readjusts glasses))
7: N: You ↑[SIGned, (.) agreed to the procedure.=
8: P: Yes. Yeah.

- List running behind
- Routine endoscopy
- Checklist underway

The nurse's first question in line 2, and second question in line 5 hold open the possibility the answer is either 'yes' or 'no'. Neither question exerts pressure on the patient to respond in a particular way. By contrast, the third question (line 7) does. It asserts "yes" is the answer which the patient should produce. It takes on a highly restrictive form, making it more difficult for the patient to say 'no'. This question form allows the nurse to speed up the safety checklist, while potentially generating an inaccurate answer.

Discussion

Our analysis highlights just one way in which discursive methods of analysis can be applied to interactional data to assess the influence of different contributory factors on team communication and adaptability. The above example provides a unique window into how, for example, lists running behind may shape the activities clinicians perform and the implications of the communicative strategies they use to facilitate efficiency.

Conclusions

This methodological innovation advances patient safety research by demonstrating how discursive methods reveal micro-processes of team communication and adaptation during in-situ simulations. We advocate for wider adoption of discursive methods and more inclusive simulation training that recognizes safety contributions of all team members.

**NIHR | Greater Manchester Patient
Safety Research Collaboration**

This work is supported by The MPS Foundation. The MPS Foundation was established to undertake research, analysis, education and training to enable healthcare professionals to provide better care for their patients and improve their own wellbeing. To achieve this it supports and funds research across the world that will make a difference and can be applied in the workplace

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