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Hazardous to your health: a novel approach to facilitating resident error reporting

Sergio Huerta

J Rush Pierce Jr

Patrick Kneeland

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Hazardous to your health: A Novel Approach to Facilitating Resident Error Reporting



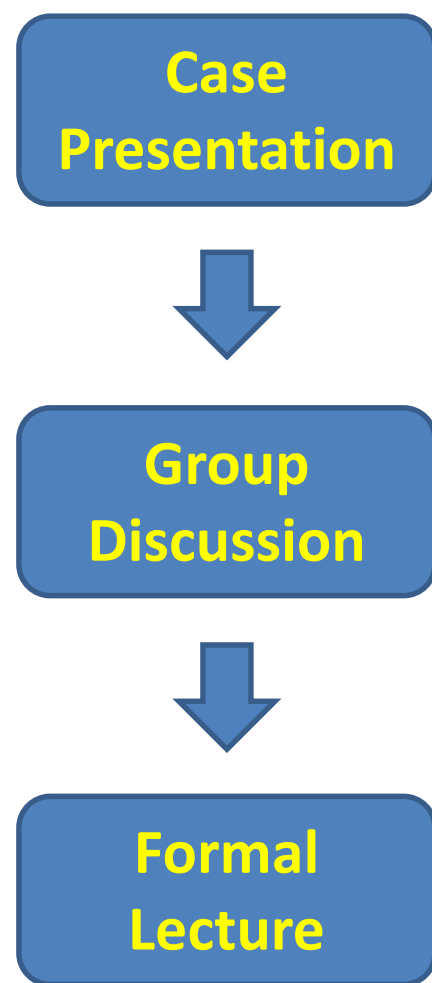
Sergio Huerta MD, Rush Pierce MD & Patrick Kneeland MD
Department of Internal Medicine, University of New Mexico, Albuquerque, NM



BACKGROUND

Medical errors are frequently encountered by trainees but there is currently no standard curriculum for educating residents about medical errors. Morning report is a case-based peer-facilitated conference in which residents learn concepts in general internal medicine. We used our standard Chief Resident facilitated morning report to enhance resident learning about medical errors.

DESCRIPTION



Our Quality Chief Resident designed and led a 50-minute morning report by selecting 3 cases of medical errors that had occurred recently on the teaching service

Resident-led small group discussion:

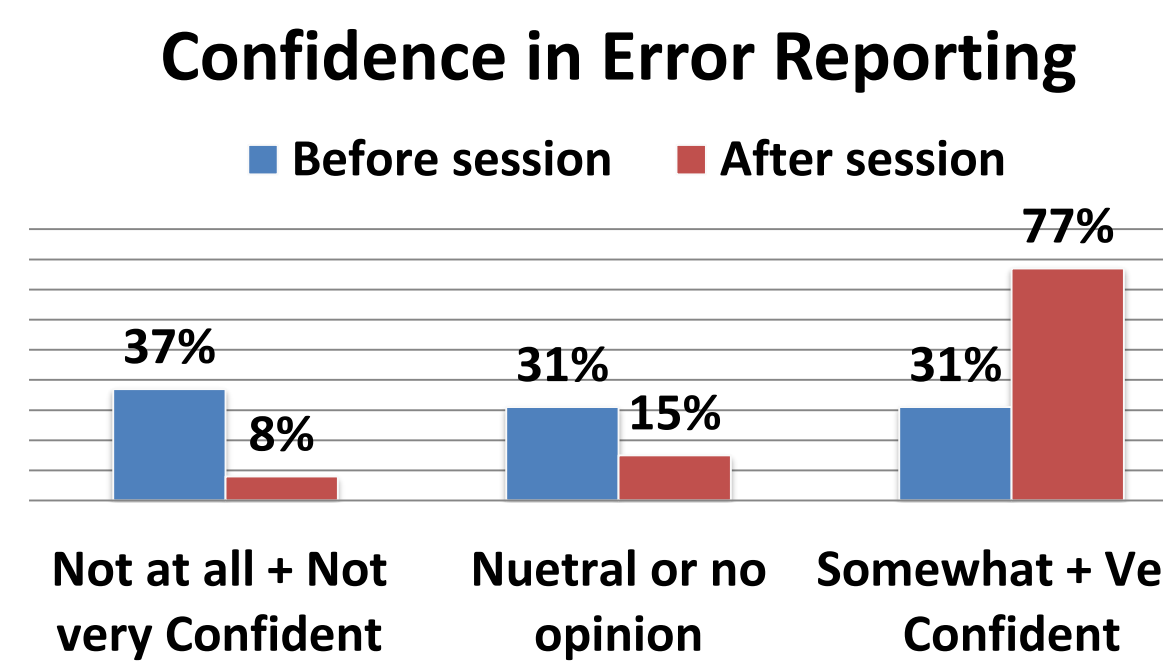
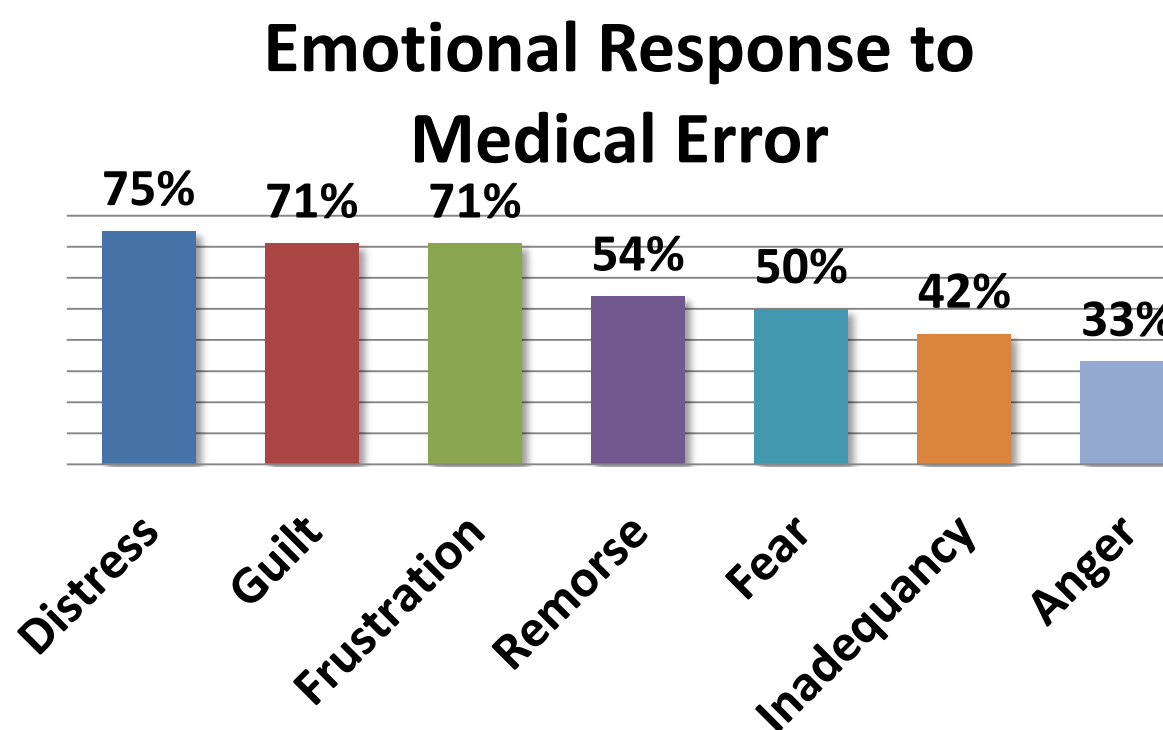
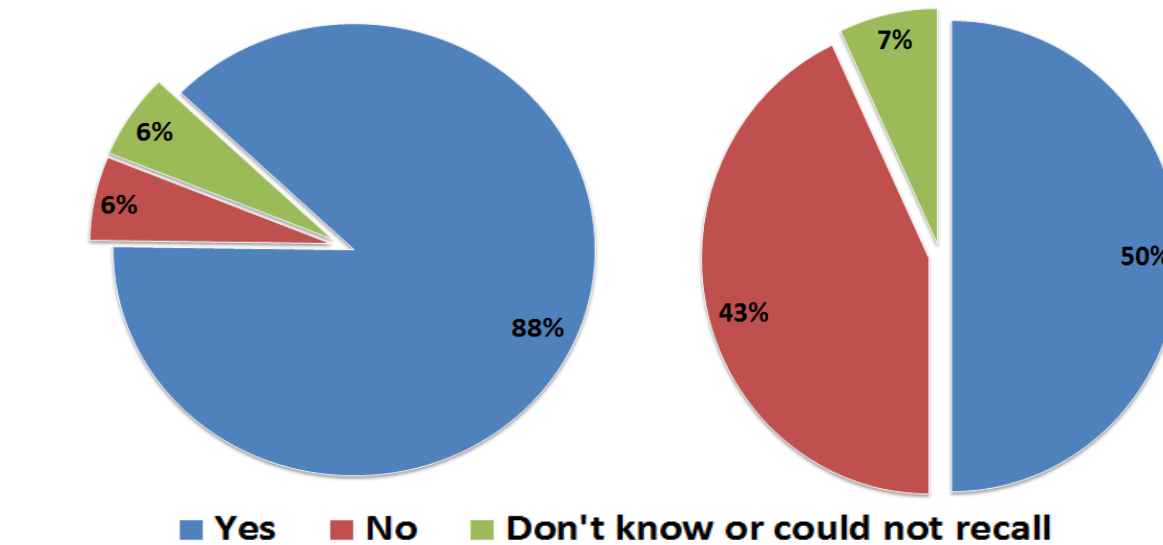
- Seriousness of the error
- Reporting obligations
- Patient disclosure
- Provider emotions

Quality Chief and an attending hospitalist lecture that included the following principles of patient safety and just culture:

- Differentiating adverse events from medical error
- Harm and near misses
- Reporting obligations
- Ethics of disclosure
- Concept of second victim

RESULTS

The following are results of a voluntary anonymous survey at the end of the session



PURPOSE

We developed and implemented a chief-resident-led patient safety morning report format in order to facilitate resident discussion, understanding and reporting of medical errors.

CONCLUSIONS

Residents commonly encounter patient care errors that frequently result in feelings of emotional distress and guilt. A peer-led case-based morning report improved resident confidence in error reporting and was felt to be useful to surveyed attendees.

KEY POINTS

1. 88% of residents reported being involved in patient care when an error had occurred and 50% involved in an error with serious patient harm
2. 75% of residents had experienced emotional distress and 71% reported feelings of guilt and frustration related to medical errors
3. Only 47% reported any previous education about medical errors
4. Respondents' self-reported confidence in reporting errors rose from 31% before the session to 77% after the conference
5. 88% of respondents found the session useful or very useful, and 93% recommended continuing these sessions in the future