Recognizing & Acknowledging Medical Error
A Modified Team-Based Learning Session

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Background

AAMC’s Entrustable Professional Activities

- EPA 9: “Collaborate as a member of an interprofessional team,”
  - “establish and maintain a climate of ... integrity and trust”
  - “communicate with respect for and appreciation of team members and include them in all relevant information exchange.”

- EPA 13: “Identify system failures and contribute to a culture of safety and improvement.”
  - “understand systems and their vulnerabilities”
  - “identify actual and potential errors in care”
  - “use system mechanisms for reporting errors”
  - “admit one’s own errors and reflect on one’s contribution”

Background

- Vidant Interns (self evaluation)
  - 91% were confident in their ability to “collaborate as a member of an interprofessional team.”
  - 77% were confident that they could “Identify system failures and contribute to a culture of safety and improvement.”

- Brody Grads (residency program evaluation)
  - Below Average for “Knowledge of patient safety and care quality issues.”
  - Below Average for “Knowledge of health care systems.”


Outcomes of Medical Education Project. (2014). *Residency Program Directors Survey.*
Individual students complete IHI modules.

End of lesson quizzes (I-RAT)

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Student groups answer select questions together (G-RAT, 9 items)

Individual students complete IHI modules

End of lesson quizzes (I-RAT)

Within your small group, consider the following questions and select the best answer.

1. Approximately what percent of medical harm is caused by incompetent or poorly performing health professionals?
   a. <10%
   b. 25%
   c. 50%
   d. >75%

Use the following scenario to answer questions 2-3:
Two women – one named Camilla Tyler, the other named Camilla Taylor – arrive at a public hospital emergency department at about the same time. Ms. Tyler needs a sedative, and Ms. Taylor needs an antibiotic. The doctor orders the medications, but mixes up the patients when filling out the labels. The pharmacist dispenses the medications as ordered, and the nurse administers an antibiotic to Ms. Tyler and a sedative to Ms. Taylor.

Question: What is the active error in this scenario?

Instructor feedback

Modified Team-Based Learning Session

Individual students complete IHI modules.

Student groups answer select questions together (G-RAT, 9 items).

Student groups review case and answer application questions together.

End of lesson quizzes (I-RAT).

Instructor feedback.

**A true patient story:**

Jonah is a 6 month old with a history of Severe Combined Immunodeficiency. He develops a fever, and is admitted to the hospital for evaluation and empiric treatment.

Blood, urine, and cerebrospinal fluid specimens are obtained, and Jonah is started on ceftriaxone and vancomycin.

On day 2, the lab calls to report that Jonah’s CSF cultures are growing four different pathogens. IV access is difficult, and a central venous line has to be placed.

Jonah develops a severe fungal diaper rash while on antibiotics, and he develops a venous blood clot in his right internal jugular from his central line.

On day 4, the lab calls to report that there has been an error. Another patient’s culture of eye discharge was confused with Jonah’s spinal fluid culture. Jonah’s CSF specimen actually had no bacterial growth.
If you are responsible for the initial communication with the parents about the error, which of the following should you say?

a) I am sorry that Jonah’s fever was mistakenly diagnosed as meningitis. The microbiology lab gave our team another patient’s information, and that caused us to think Jonah had meningitis. We will find out who is responsible, and address the problem immediately.

b) I am sorry that Jonah’s fever was mistakenly diagnosed as meningitis. This should not have happened, and we will take steps to make sure it does not happen again. We will discontinue the unnecessary antibiotics immediately.

c) Although Jonah’s fever was mistakenly diagnosed as meningitis, there is no cause to worry because Jonah is going to be fine. Rest assured that you are good hands; this type of error is extremely rare in our hospital.

d) I am sorry that Jonah’s fever was mistakenly diagnosed as meningitis. I assure you that our team has provided Jonah with excellent care, however I understand if you would like to transfer to another hospital to continue his evaluation and treatment.

This question can be used to facilitate discussion about the structure and content of an effective apology. Apologies should include some of the following aspects: an acknowledgement; an explanation; an expression of shame, remorse, and humility; and reparation. Part of the reparation aspect can be a systems-based analysis to prevent the same error from occurring in the future.
Modified Team-Based Learning Session

- Individual students complete IHI modules
- End of lesson quizzes (I-RAT)
- Instructor feedback
- Student groups review case and answer application questions together (G-RAT, 9 items)
- Discussion and review of new concepts
- Role play of sample cases with peer feedback in groups of 3-4
- Completion of peer evaluations and session evaluation
- Student groups answer select questions together
Evaluation Plan

- After the session, learners will complete an evaluation that
  - Rates their comfort with disclosing a medical error to a patient both before and after the session
  - Offers an opportunity to state two things learned from the exercise
  - Offers an opportunity to provide suggestions for the exercise
Next Steps

- Pilot with Pediatric Residents this summer to gather qualitative feedback and evaluate efficacy
- Currently making plans to incorporate this into the M1 curriculum for the incoming class.
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Questions?