Patient Safety Learning Program

2010 WINNER

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Innovation Description

Despite efforts to improve patient safety over the last decade, medical errors continue to affect significant numbers of patients. Graduate medical education programs (i.e., residencies) present an excellent environment for targeting this issue. As frontline providers, residents are well positioned to analyze adverse events and to devise solutions to prevent their recurrence, while integrating best practices into their clinical work.

Piloted in the internal medicine and medicine-pediatric residencies, the Patient Safety Learning Program (PSLP) pursues a three-pronged curricular approach to shifting the culture of medical error during doctors' formative years. First, a foundational seminar series introduces conceptual models for untangling and addressing safety problems. Second, e-portfolios provide a confidential space for residents' reflections upon their own experiences and near misses, as well as feedback from expert faculty on these entries. Third, teams of residents receive protected time for Patient Safety Improvement Projects, along with guidance from faculty members trained through the Academy of Patient Safety Mentors. After diagramming causes and effects of a problematic system or process, the teams craft recommendations, some of which have been implemented immediately.
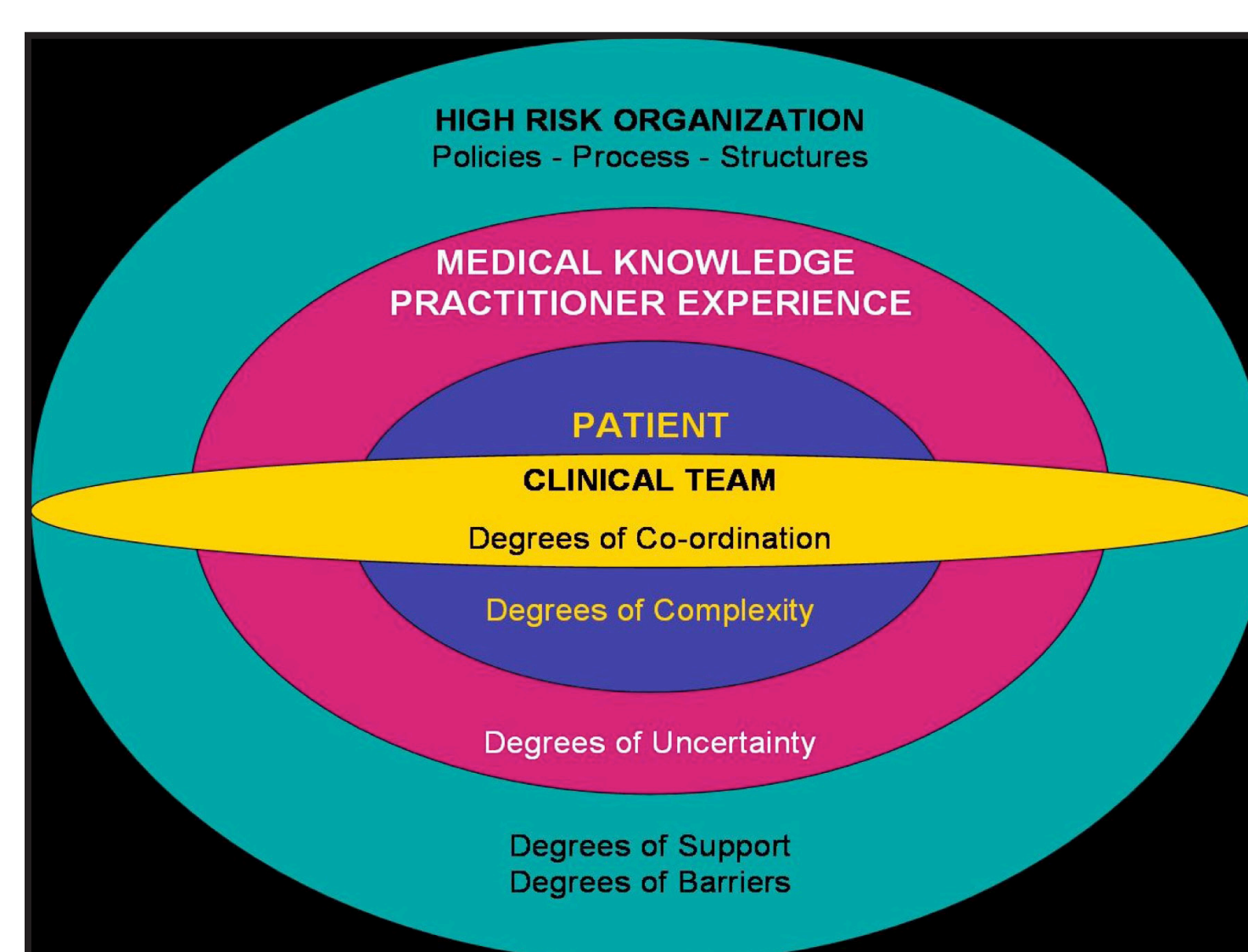
Comments

"What my patient safety team taught me is that we can improve the care of a far greater number of patients by addressing the systematic root cause of an impediment to optimal care instead of sidestepping the problem with a onetime workaround."

"The Patient Safety Improvement Project is a structured opportunity for house staff to pursue a research project from start to finish, and to answer a question that has direct impact on their day-to-day operation."
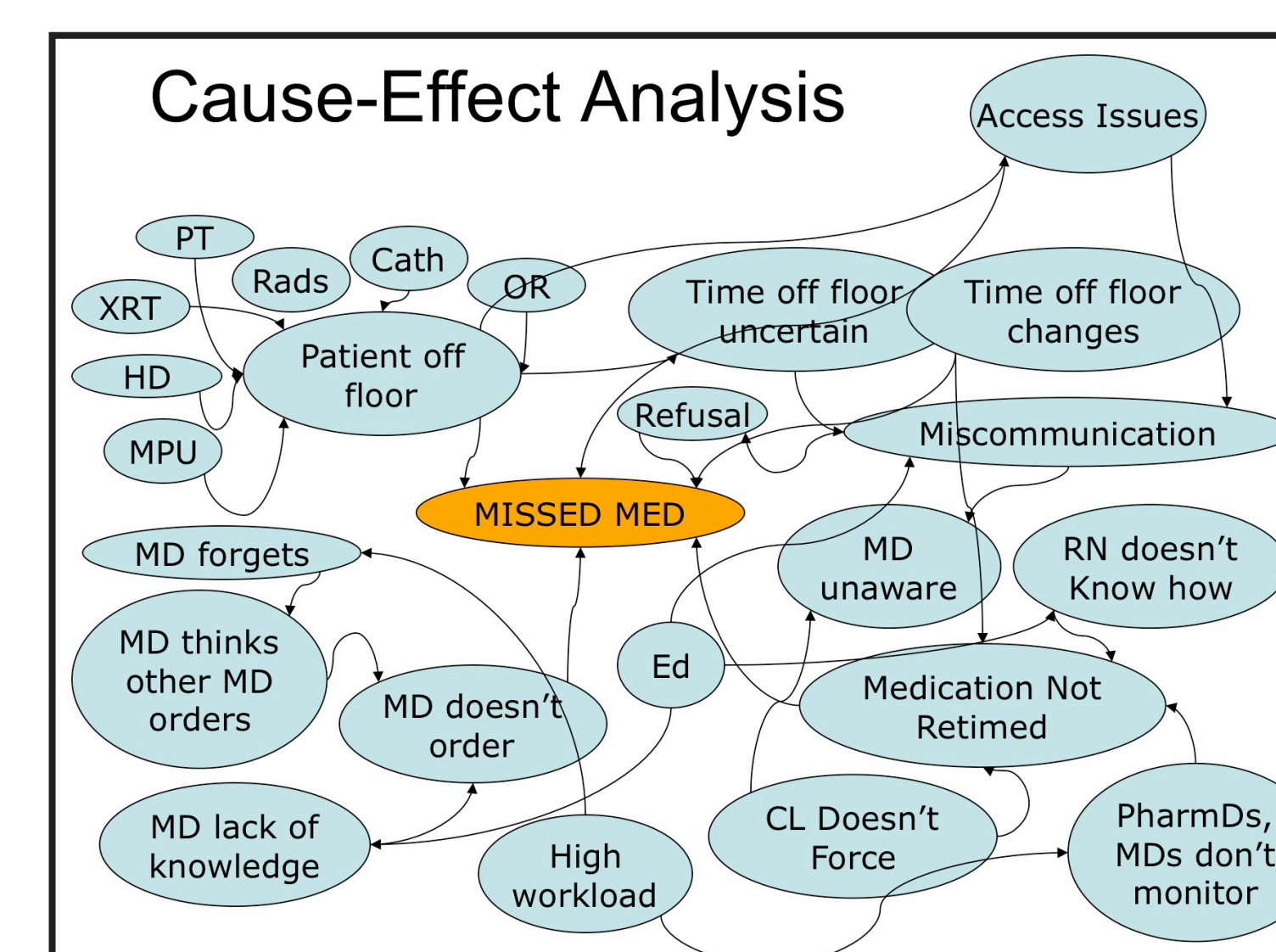
"Regardless of career choice or focus (research- or clinically-oriented) residents place value on solutions for problems that imped their clinical practice. I feel that this experience has definitely improved both my skills in research as well as my analytical methodology, working through a problem from beginning to end."

"During medical school, I observed that fear of lawsuits, fear of losing a patient's confidence, and a feeling of personal failure prevented reporting of medical errors… I now understand the importance of this issue in healthcare and also identify myself as personally responsible for improving processes that contribute to continued errors in the hospital. The change in medical culture to promote patient safety is undoubtedly a life-saving intervention and has made me a better clinician. Furthermore, I believe the introduction of patient safety should be a mandatory part of medical training within all medical specialties, not only internal medicine."
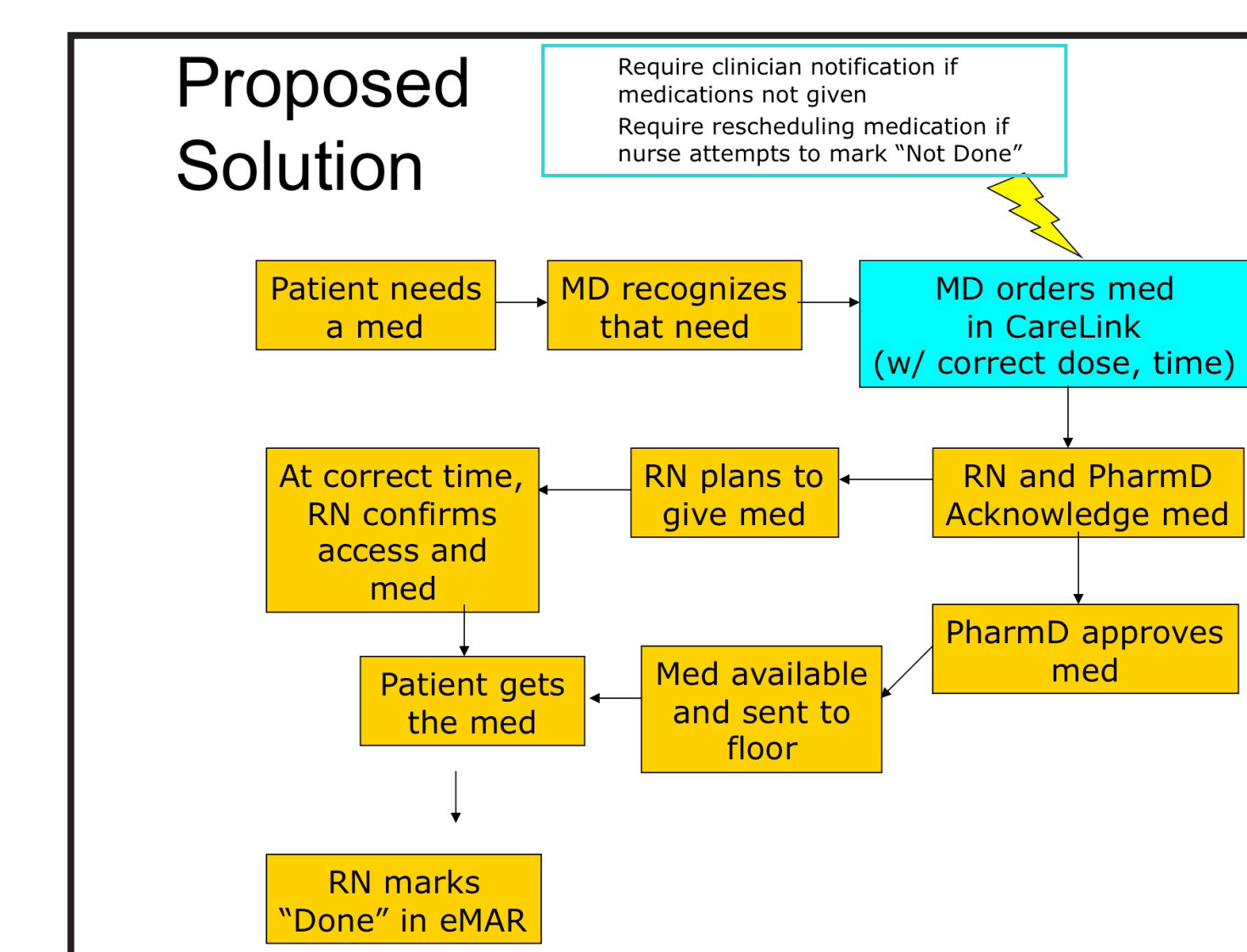
Examples of Teaching Innovation

A unified conceptual model for analyzing adverse events and near misses. Each domain reflects a category of possible contributing factors. This model is presented during the foundational seminars, applied in case discussions and reflective exercises, and used in the team projects.

Cause-Effect Analysis

Cause and Effect Diagram of etiologic factors contributing to a missed dose of a critical medication. Relationships between elements reflect the complexity of the problem and also inform the key areas upon which to focus possible solutions.

Proposed Solution

PSIP Team's Process-Flow Diagram depicting delivery of a medication to a patient. The highlighted box indicates the step targeted for proposed solutions. This interdisciplinary approach allows rapid development and implementation of solutions within the hospital environment.