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A Longitudinal Patient Safety Curriculum for CHM

Rationale

- The Institute of Medicine, Joint Commission, Accreditation Council for Graduate Medical Education, Licensing Committee for Medical Education, National Board of Medical Examiners, as well as certifying committees are requiring teaching and assessment of patient safety competencies.
- High Reliability Industries have learned and shown that systems-thinking and team competency improves outcomes.
- This culture change requires the learning environment to inculcate values and provide learning and assessment opportunities as early as possible and continuously throughout practice.

Curricular Objectives

Knowledge

1. Know major findings and recommendations of IOM reports “To Err is Human”, “Crossing the Quality Chasm” and “Building a Bridge to Quality”.
2. Understand what it means to “be practiced with failure”.
3. Understand Root Cause Analysis, HBE, and HBE concepts.
4. Know principles/steps of correct hand hygiene and aseptic technique.
5. Understand the process underlying apology and disclosure to patients who are harmed.
6. Know Joint Commission patient safety goals (for year).
7. Understand how accreditation/credentialing standards contribute to patient safety.
8. Know common sources of medical error (knowledge/attitude-based; normalization of deviation).
10. Understand principles of fail-safe crew.

Skills

1. Demonstrate scrupulous hand hygiene technique.
2. Demonstrate correct aseptic technique.
3. Analyze situation using principles of HBE (use HPI taxonomy).
4. Demonstrate proper hand-off techniques.
5. Demonstrate use of hand-off techniques.
6. Demonstrate recognition of power dynamics.
7. Incorporate patient safety principles into M and M conference or tutorial.
8. Identify errors/mistakes made in the care of their patients (utilize reporting mechanisms).
9. Use PDSA cycle to address identified issue.
10. Show leadership in patient safety improvement.
11. Communicate in non-intimidating manner.
12. Does not exhibit behavior felt to be arrogant by other team members?

Attitudes

1. Receives feedback on performance with open mind.
2. Values the contributions of health care team members when caring for patients.
3. Organizes processes (like patient rounds) to capitalise on team member contributions.

Curricular Safety Curriculum Proposal

M1:
- Principle of Safety: Systems-Based Practice (Course completion and readiness for the Department of Medical Error and Patient Safety).
- Introduction to the Patient-Personal Relationship. Lecture and small group discussion on the marketing and sociology.
- Ethics: Lecture and small group discussion on medical error and Ethics.
- Resident Level Experiences

M2:
- Problem-Based Learning Modules: Medical Errors and Patient Safety participation for students.
- Introduction to the Department of Medical Error and Patient Safety (MEPS).
- Introduction to Professional Practice.
- Introduction to Patient Safety Goals and Values.
- Introduction to Basic Medical Error and Patient Safety (BEPS) principles.
- Introduction to Basic Medical Error and Patient Safety (BEPS) principles.
- Resident Level Experiences

M3:
- Family Medicine required module: The SOAP Note.
- SOAP Note.: A new format for progress notes.
- Core Competencies: RCM, RN, RN-BC, simulation experiences.
- Education: Patient Safety/Quality.

A Systems Approach to Morbidity and Mortality Conference

Resources and Faculty Development

- Support for a Medical Errors and Patient Safety THEME running throughout UME, GME, CME.
- Patient safety content experts.
- Patient safety curricular resources.
- Ongoing faculty development opportunities.
- Simulations for team training and debriefing.
- Virtual practice opportunities for safe error discovery and mitigation.
- FACULTY GUIDE to Medical Errors and Patient Safety Theme offerings.
- EMR, HOSPITAL Information Technology input to add Medical Errors and Patient Safety data.

Discussion

Health Care Professions students must demonstrate a new set of competencies in order to provide safer patient care.

- Health Care Professions faculty and providers are challenged to provide curricular and assessment offerings in Medical Errors and Patient Safety now required by licensing, accreditation and credentialing bodies.

Achieving a culture of safety requires a fundamental change in the prevailing model of health care.

- Emphasis on team functioning rather than individual control or power.
- Flattening of the power hierarchy to enable all members of the care team to “speak up” when unsafe conditions exist.

- Emphasis on systems-solutions and changes rather than individual blame when errors occur.

- Re-tooling of legal environment.

Incorporating new and different material into crowded curriculum is difficult.

Change requiring new knowledge, new skills and new attitudes is especially challenging.

References