RESULTS

Medical errors are common and often go unrecognized. Medical education often lacks experience in identifying and disclosing medical errors. We sought to create a workshop that provided participants the opportunity to examine, identify, and disclose medical errors through a case-based example.

METHODS

- Case based workshop created that centered on identification and disclosing of medical errors.
- Workshop included didactics, video simulation, and participant role play.
- Video simulation is owned by authors and is based on a real case that occurred at our facility.
- Participants took pre and post-session surveys regarding ability and comfort with identifying and disclosing medical errors.

WORKSHOP CASE OUTLINE

- 54 yo M with h/o aortic valve replacement on Coumadin, presents to ED with his wife after a tooth extraction for evaluation of bleeding from his dental extraction site.
- Pressure with gauze was attempted at home without stopping the bleed the bleeding.
- The patient did not stop his Coumadin due to his valve replacement.
- The resident suggested giving Vitamin K to reverse the Coumadin in order to stop the bleeding.
- After completing this workshop, I hope to be more knowledgeable and comfortable about disclosing medical errors. Have you completed a disclosure?

FRAMEWORK FOR IDENTIFICATION AND DISCLOSURE

- Two-sample T-test use as N of pre-workshop survey is different from post-workshop survey.

COMMON DYNAMIC OF MEDICAL ERROR DISCLOSURE

DISCUSSION

- 28 fourth year medical students attended workshop.
- Well recruited by medical students, this feasible case-based workshop offers an opportunity to address an important part of medical training, identification and disclosure of medical errors.
- Results suggest that student knowledge and comfort with disclosing a patient error improved.
- Medical students generally felt that the workshop was relevant to their role as future physician.

REFERENCES

2. Makary MA, Daniel M. Medical error—the third leading cause of death in the US. BMJ. 2016;353:i2139. Published 2016 May 3. doi:10.1136/bmj.i2139