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Improving Patient Safety: An Inaugural Program for Third-Year Medical Students

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Improving Patient Safety: An Inaugural Program for Third-Year Medical Students

As medical error is an inevitable part of practicing medicine, academic medical centers and medical schools have a unique role in promoting safety considering the impact they have on the training of future physicians. In January 2004, the

Department of Health Policy at Jefferson Medical College organized a one-day conference for third-year medical students entitled "Improving Patient Safety by Reducing Medical Error."

A two-part survey was administered several months before the conference to determine a baseline understanding of knowledge and interests pertaining to medical errors and to assist with preparation for the conference. The average score for the first part, which consisted of 10 multiple-choice questions designed to assess knowledge of medical error, was 3.55 with a standard deviation of 1.47. The second portion was used to identify topics of interest pertaining to medical error. Results indicated that students wanted to learn most about how to discuss a medical error with a patient, assessing common medical errors made by medical students, house staff fatigue and its contribution to medical error, and professional liability and medical errors.

The day began with three one hour-long sessions featuring nationally prominent experts. James B. Conway, Sr. Vice President and COO, Dana-Farber Cancer Institute, discussed the impact of a medical error on Dana-Farber. A presentation by Michael R. Cohen, MS, FASHP, President of the Institute for Safe Medication Practices, focused on medication errors.

The morning session concluded with a presentation on the relationship between technology and medical errors. During lunch, Thomas Nasca, MD, Dean of Jefferson Medical College, spoke with students about the ways to discuss medical errors with an attending while drawing on his own training-based experience with a medical mistake.

The afternoon program consisted of a variety of faculty-led workshops, including Protecting Yourself from Lawsuits, System Response to Reducing Medical Error, Safety Issues and Computerized Physician Order Entry Solutions, and Talking to Your Patients about Adverse Events: the Mandate of the Pennsylvania Medical Care Availability and Reduction of Error (MCare) Law. The day concluded with a presentation on the effects of sleep deprivation on performance and how to prevent medical errors in the face of fatigue. Following this, the same survey administered several months before the conference was distributed and recollected on-site, with the average score improving to 5.64 with a standard deviation of 1.61.

To our knowledge, this is the first program of its type in the country directed towards educating medical students on improving patient safety and reducing medical error. Overall, there was great satisfaction with the conference, as 94.6% of medical students surveyed would recommend this program to a fellow medical student. The conference seems like an effective way to begin teaching medical students about this topic.

About the Authors

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