Resident Great Catches: Recognizing Resident Physicians Who Promote a Safe Environment for Patients

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Resident Great Catches
Recognizing resident physicians who promote a safe environment for patients

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Background
- An estimated 50% of errors reaching patients occur because of diagnostic errors
- Educating resident physicians about diagnostic errors is an important way to reduce those errors
- Residents frequently use error prevention techniques to promote safe care for patients
- Recognizing and rewarding residents who successfully use error prevention techniques provides positive reinforcement for this important behavior and helps strengthen a culture and commitment to patient safety

Methods
- Second year (PL2) curriculum
  - Learn about error prevention during monthly didactic sessions
  - STAR: Stop, Think, Act, Review
  - ARCC: Ask a question, make a Request, voice a Concern, use the chain Command
  - Year-long group QI project

- Standardized IPASS handoffs
  - Training during intern orientation
  - Incorporated into written handoff document
  - Expected method for all handoffs between shifts

- Morbidity & mortality conferences
  - Presented by chief residents
  - Systems issues: discussed at quarterly hospital-wide M&M
  - Diagnostic errors: discussed at monthly resident M&M

- Resident Great Catches
  - Process: Nomination, review, & recognition processes described in Methods
  - Awards: chiefs & Chief Quality Officer determine quarterly winners awarded with extra ½ day off and annual winners at awards ceremony

Results & Examples
- 7 stories, involving a total of 11 residents, were submitted by 7 different nominators during the first 3 months of this program
- STAR (2): identified floor patient with altered mental status and concern for stroke; identified floor patient with impending hypercarbic respiratory failure and appropriately intervened
- ARCC (2): identified signs of increased intracranial pressure and discussed with attending and consultants; worried about clinical status so requested further imaging studies which diagnosed pneumonia and changed management
- Avoiding anchoring bias (2): thorough review of outside records & labs led to a correct diagnosis of renal tubular acidosis in a child admitted for failure to thrive; synthesized additional history to establish diagnosis of malignancy in a child admitted for abdominal pain

Conclusions
- Resident physicians play a crucial role in error prevention
- Recognizing and rewarding residents for utilizing error prevention strategies both encourages and strengthens a culture of safety
- Residents enjoy the opportunity to celebrate their peers’ accomplishments
- Extra time off is quite motivational!