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Resident Great Catches: Recognizing Resident Physicians

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

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Describe role of Submitting/Presenting Trainee in this project: Worked on brainstorming idea, implementation of idea, abstract/poster creation

Problem Statement/Question: Residents are often at the forefront of patient care yet are often underrecognized for great catches. Our aim was to increase awareness of resident great catches and therefore strengthen the culture and commitment to patient safety.

Background/Project Intent (Aim Statement): It is estimated that up to 50% of errors reaching patients occur because of diagnostic errors. Educating resident physicians about ways to reduce diagnostic errors is an important way to hopefully reduce errors that affect patients. We found that resident physicians frequently use error prevention techniques to promote a safe environment for patients. Recognizing and rewarding residents who use error prevention techniques provides positive reinforcement while strengthening a culture and commitment to patient safety.

Methods (include PDSA cycles): Patient safety is embedded into the resident curriculum, especially at the PGY2 level; however, we recognized that resident physicians were frequently utilizing a variety of error prevention techniques, without realizing that their efforts were enhancing patient safety at our institution. Thus, we developed a program called “Resident Great Catches” which involves resident physicians nominating each other for a Great Catch by sharing a case example with the chief residents. The chief residents then determine which error prevention tools were utilized. The event is then shared with other residents at twice-monthly resident-wide meetings, and the resident is verbally recognized for their work. Approximately quarterly, the chief residents discuss the most recent nominations with the Chief Quality Officer, who assists the chief residents with selecting resident physicians to receive a reward for their work. The selected residents are rewarded with an additional half day off during an upcoming outpatient elective month. Given the popularity of this program in its nascent stages, we decided to also allow attending physicians and other members of the health care team to nominate resident physicians for great catches.

Results: In the first six months of this program, twelve cases were identified. Examples include: 1) resident used attention to detail/STAR to identify a child with sickle cell anemia and concern for stroke, which required code stroke activation; 2) a team of residents using speak up/ARCC after noticing changes concerning for a shunt occlusion and allowed the patient to be appropriately admitted to the ICU instead of the general pediatrics floor; 3) a resident avoiding anchoring bias by using historical laboratory data to establish a diagnosis of renal tubular acidosis, 4) a resident

diagnosing malignancy by avoiding anchoring bias. These cases not only highlighted the work of these residents, but also uncovered systematic issues, some of which will be featured in an upcoming morbidity and mortality conference. These residents were rewarded with an additional half day off during an elective rotation.

Conclusions: Resident physicians frequently use a variety of error prevention tools to ensure safe patient care at our institution. Recognizing resident physicians for exemplary work with regard to preventing errors and harm helps strengthen the culture of safety among resident physicians. Rewarding residents with additional time off has the added benefit of supporting their personal wellness.