

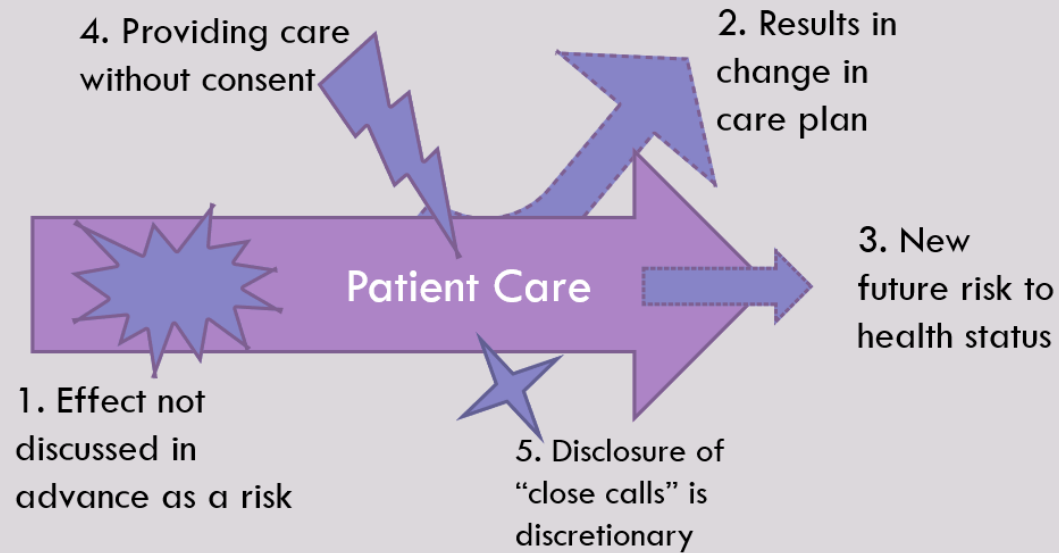
TEACHING IMPROVEMENT
SCIENCE (TIS):
WEEK 10



Today's Agenda

- **Recap Week 9**
- Narrative Medicine
- Wrap Up
- Health Systems Project

When to Disclose:




How to Disclose: Follow the 3 step plan

1. The team should **discuss** the error:
 - Acknowledge what happened in a blame-free environment.
 - Attempt to understand how & why the error occurred.
 - Debrief the emotional impact on the team.
2. The team **plans** the disclosure:
 - Discuss what/when/and by whom the disclosure will be conducted.
 - Anticipate patient questions that will need to be addressed.
 - Risk management might need to be involved.
3. **Disclose** to the patient:
 - Inform the patient an adverse event occurred.
 - What happened?
 - Implications for the patient?
 - Apologize and acknowledge responsibility.
 - Update on plan actions
 - Plan to close the loop.




Wisdom After Adversity Coping with Medical Errors

Week	1	2	3	4	5
Dates	8/10- 8/31	9/7- 9/28	10/5- 10/26	11/2-11/23	11/30-12/21
Topic	Systems 1: Intro & Clinical Efficiency	Systems 2: Microsystems & Tools for Improvement	Systems 3: Macrosystems & SDoH	Value-Based Care (+30 min)	Data Science (+30 min)



Week	6	7	8	9	10	11
Dates	1/11-2/1	2/8-3/1	3/8-3/29	4/5-4/26	5/3-5/24	5/31-6/21
Topic	Diagnostic Errors (+60 min)	Systems Errors (RCA) (+60 min)	Teamwork Simulation (+60 min)	Error Disclosure & Second Victim (+60 min)	Narrative Medicine (+60 min)	Present HSPs!



Health System Projects Will Be Completed Across Weeks 4-11



Today's Agenda

- Recap Week 8
- **Narrative Medicine**
- Wrap Up
- Health Systems Project

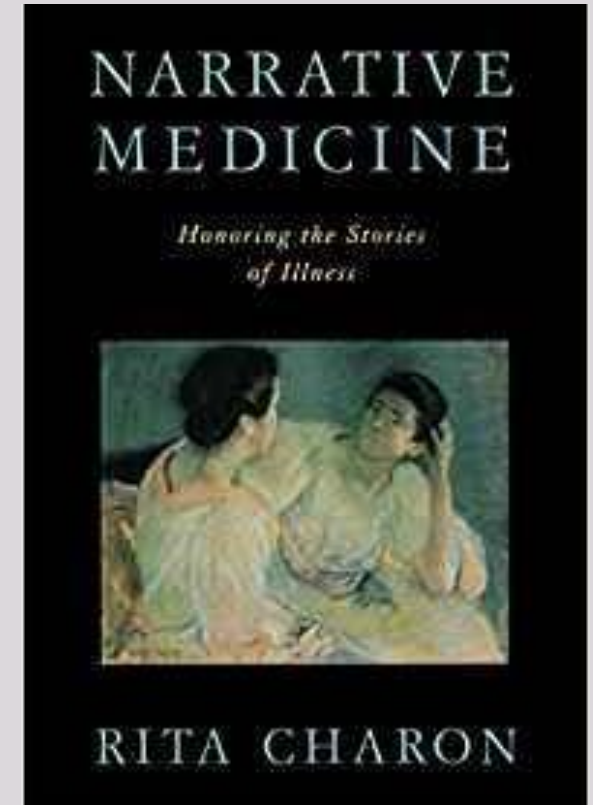
Narrative Medicine

■ Definitions:

- *“The ability to acknowledge, absorb, interpret and act on the stories and plights of others.”*¹
 - *Rita Charon*

■ How it helps:

- Has been shown to help cultivate and sustain empathy among medical trainees.³
- Trainees perceive that they⁴:
 - Develop and improve communication skills
 - Enhance collaboration, empathy, and patient-centeredness
 - Experience personal and professional development



The 3 “Movements” of Narrative Medicine

Attention – humbly, deliberately, attending to another’s story.

Ex: close reading / close looking exercises

Representation – bring form to that which usually passes without notice.

Ex: self reflection, writing, drawing in an attempt to represent a reaction, interpretation, or counterpoint to the narrative.

Affiliation – the ultimate goal: partnership through narrative contract.

Ex: co-creation of stories, sharing interpretations, joining in their suffering

Ground Rules

- Respect diverse perspectives
- Sharing in group is voluntary
- Confidentiality
- Tolerate ambiguity
- Nonhierarchical ecosystem
- Writing is for self-reflection, not grading or evaluation, is not required



Photo: *The Lord of the Flies*, 1990



EXERCISE 1

25 Things I Know About My Husband's Mother

TWENTY-FIVE THINGS I KNOW ABOUT MY HUSBAND'S MOTHER

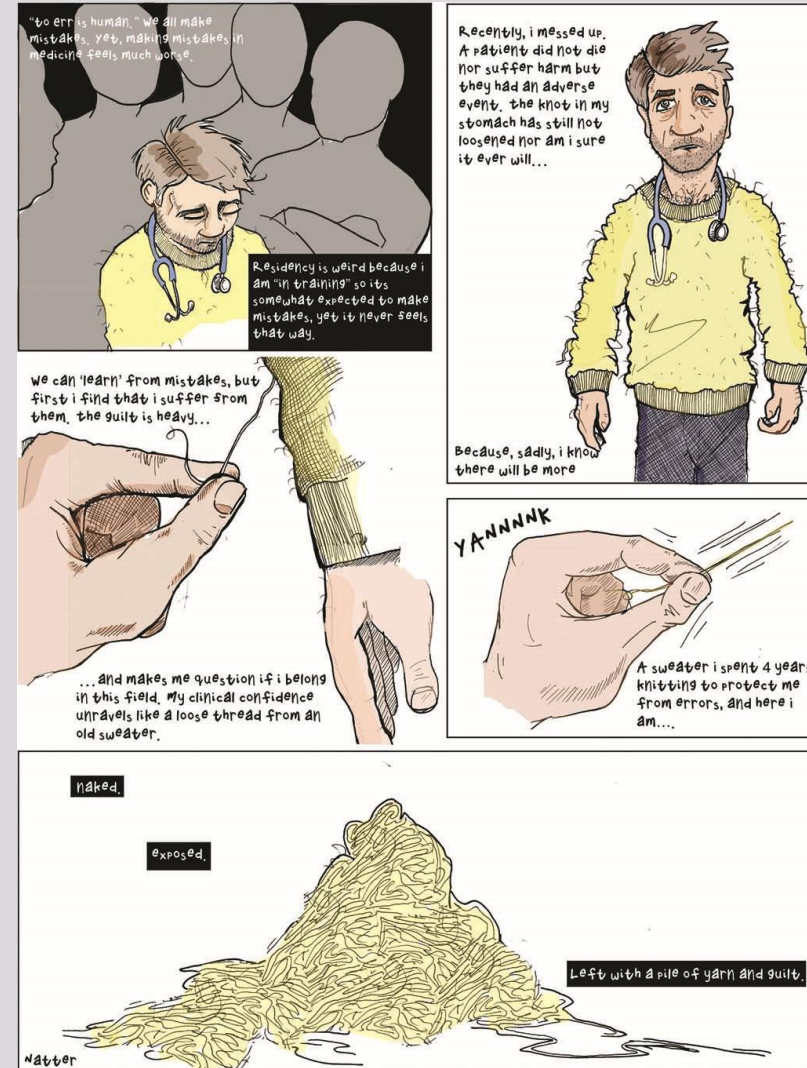
1. She was born in the Ahmedabad district of Bombay province, India, in 1947, two weeks after partition, thirteen days after independence, the second of six children of a petty bureaucrat and a housewife with repressed artistic ambitions that seeped out in silent tears and storms of uncontrolled hilarity.
2. By age ten, her hair reached below her buttocks. She never cut it.
3. She did well in school and hoped to go to college. Her father said no.
4. At seventeen, she had her first bout of depression. Or so we assume. All we really know is that she stayed in bed for a year, and neither the local healers nor the specialists her father took her to see in Bombay offered a plausible diagnosis or effective treatment.
5. During that year, she read all of Jane Austen, the Brontë sisters, George Eliot, Thomas Hardy, and D. H. Lawrence. Twice.
6. To everyone's surprise, she married well, the youngest

- Take 5 minutes to read the options.
- Choose one of the 25 things that stands out to you for any reason.
- Write down the following:
 - *Why did you choose it?*
 - *What prose stood out to you?*
 - *Did you respond to words, content, or something that you personally relate to?*
- Share with the group.



EXERCISE 2

A picture is worth 1000 words...



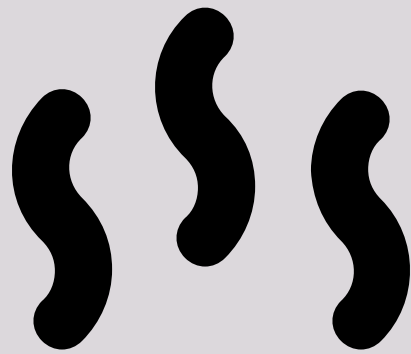


EXERCISE 3



LETTER TO YOUR "DAY 1 INTERN" SELF

- What advice would you give them?
- What words of encouragement would you share?
- How would you help them through low points and remember their purpose?





EXERCISE 4



“One Thing I Know About Being an Intern”

- Response:
 - Website Pollev.com/andreasmerag274
 - Text ANDREASMERAG274 to 37607

Questions:

- Does this create collaborative, cohesive story about “being an intern?”
 - *Would it be different with just one voice?*
 - *Does the story come out richer with more perspectives?*
- How is this story different today than if you had written it 6 months ago, or 6 months in the future?



“One Thing I Know About Being a Resident”

- Response:
 - Website Pollev.com/andreasmerag274
 - Text **ANDREASMERAG274** to 37607

Questions:

- How is this different than your word cloud about being an intern?
- How will this cloud be different 6 months from now?
- What story does this tell?



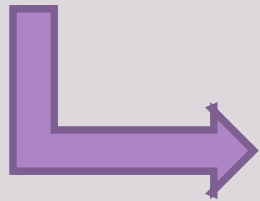
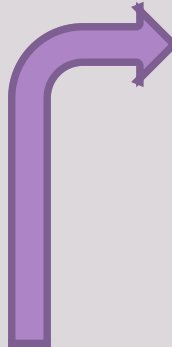


Today's Agenda

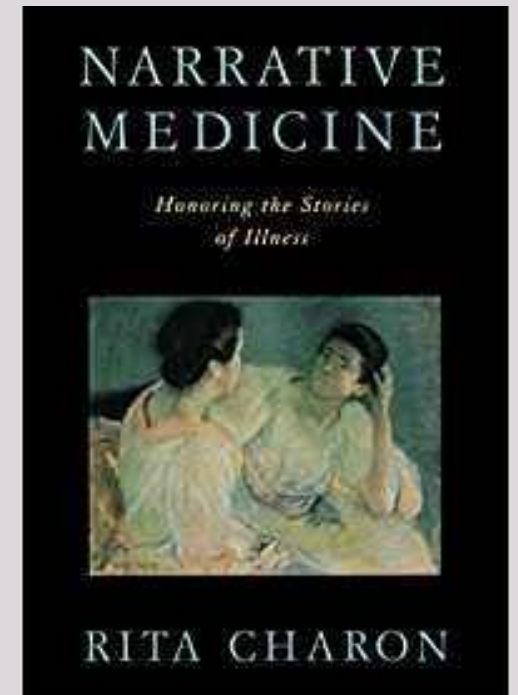
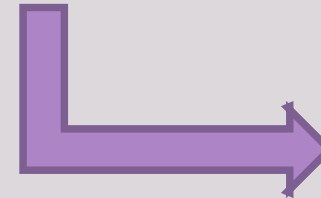
- Intro Survey/Recap Week 8
- Narrative Medicine
- **Wrap Up**
- Health Systems Project



the
WRAP
UP



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FEEDBACK



bit.ly/TIS10fb
(case sensitive)






Today's Agenda

- Intro Survey/Recap Week 8
- Narrative Medicine
- Wrap Up
- **Health Systems Project**

Health System Project (HSP) Timeline:

11/2-11/23	11/30-12/21	1/11-2/1	2/8-3/1	3/8-3/29	4/5-4/26	5/3-5/24	5/31-6/21
Introduction to HSPs	Team & project selection, planning	Background & current state	Targets & metrics	Fishbone & root cause statements	Develop counter-measures	Finalizing PPT	Presentations! 

LAST MONTH

Developing Countermeasures

- Countermeasures are your planned corrective actions to fix the problem you are addressing.
- Corrective Actions: Clearly and succinctly outline the ideas(s) for fixing the problem you identified.
 - Please have at least 2 corrective actions
 - These must be feasible possibilities within the system you are working
 - Of note: it may help to perform a brief literature review about either your problem or potential corrective actions to help elucidate what should be done to fix the issue.

Corrective Actions

Systems

Root Causes

1. **PCP Office:** Resident coverage schedule not accurate
2. **Lab:** "Critical results" registry poorly formatted

Most
Reliable

- Forced stop function
- Computerized/automated

Somewhat
Reliable

- Checklists
- Forced Pause
- Standardization
- Double check

Less
Reliable

- Education
- Rules/policy

Social/Structural
Determinants

3. **ED:** Culture of not always using professional interpreters
4. **Registration:** No process in registration to confirm multiple last names

Intrapersonal

- Addressing your personal implicit bias

Interpersonal

- Changing your patient interaction

Hospital

- Hiring a more diverse workforce

Community

- Access to healthcare

Research

- Understanding disease process in minority populations

Policy

- Health insurance policy/access

Corrective Action: Examples

Root Causes

Corrective Actions

Systems

1. **PCP Office:** Resident coverage schedule not accurate
2. **Lab:** “Critical results” registry poorly formatted

PCP Office: Create standard process to ensure resident schedule is accurate and accessible to clinic and non-clinic staff.

Lab: Replace current paper registry with notation in patient’s chart documenting call to provider and read-back of name/results.

Social/Structural
Determinants

3. **ED:** Culture of not always using professional interpreters
4. **Registration:** No process in registration to confirm multiple last names

ED: Diversity training for all ED staff to increase awareness of interpretive services importance.

Registration: Develop standardized process to ensure MRNs are linked to unique identifier(s) to prevent duplicate charts.

MODIFIED A3

Background:

Root Causes:

Develop Countermeasures:

Implement Countermeasures (PDSA):

Current State:

Targets & Metrics:

Follow Up Plan:

IMPLEMENT COUNTERMEASURES

- This is where your PDSA data will be listed (if you move forward with the project for scholarship).
- Clearly outline each PDSA cycle (will show you more on each slide).
- Include graphical representation by run or control charts if applicable.
- If you do not have PDSA cycles, please list systems changes that were made (or you plan to make) and any outcomes you followed.

PDSA

- PDSA Cycle 1: (Repeat this process for each PDSA cycle)
 - *Plan: State the change you plan on making*

 - *Do: Implementation*
 - Who helped with the implementation?
 - How did you make it happen?
 - Did you interview stakeholders to make this happen?

 - *Study: Outcomes of the change*
 - What occurred as a result? Graphic representation is appropriate if applicable.

 - *Act: What you plan to do with the results of the change*
 - Will you adopt, adapt or abandon the change?

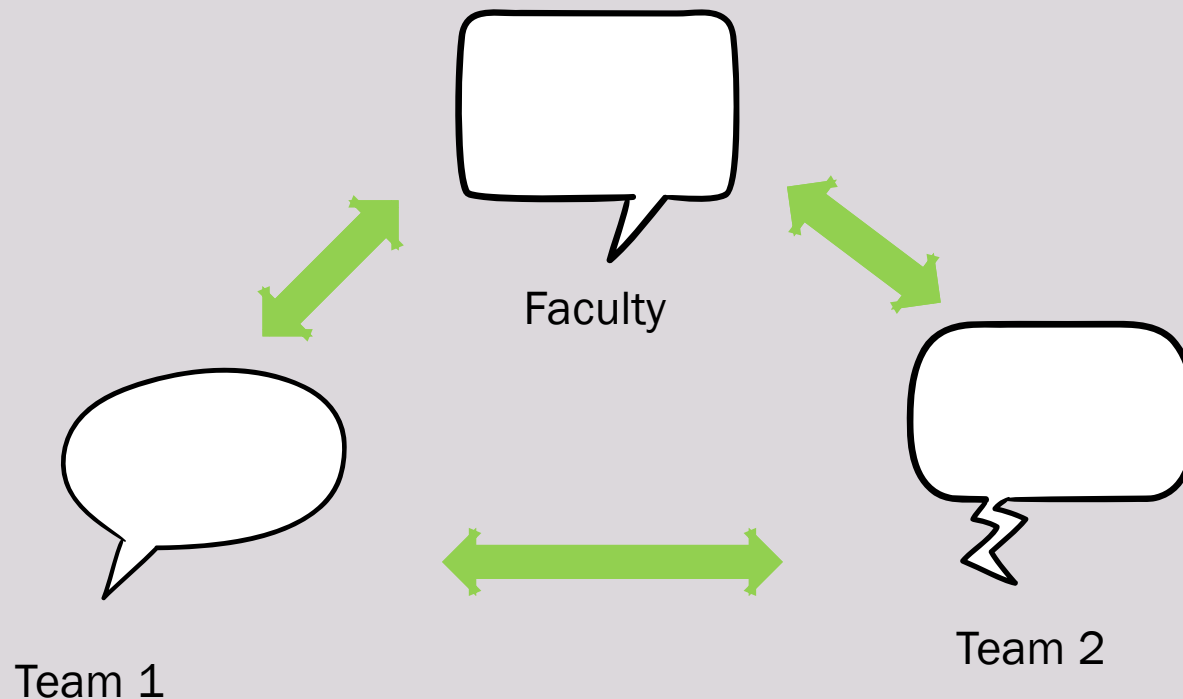
FOLLOW UP PLAN

- Is there a maintenance strategy in place for this project?
 - *Who will track this?*
 - *What things will you be on the lookout for in the future?*

- What are your next steps?
 - *Scholarship/Dissemination?*
 - *Are there other spin off projects that you or others will be carrying out?*

Peer Learning:

- Same group as last month
- Update: 3-5 minutes per team to describe the state of your project
- Next Steps: 5-7 minutes for group brainstorming of next steps



Peer Learning:

- **Update: Describe progress with developing countermeasures (corrective actions)**
 - Clearly and succinctly outline the ideas(s) for fixing the problem you identified
 - Please have at least 2 corrective actions
 - These must be feasible possibilities within the system you are working
- **Next Steps: Implement countermeasures (PDSA cycles) and follow up plan**
 - Outline PDSA cycles.
 - Outline maintenance strategy or next steps for project.