

Study examines how doctors discuss medical errors

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We can learn from our mistakes, but how willing are we to talk about them? And what happens when those making mistakes are physicians, who are often expected to be infallible?

A new University of Iowa study shows that most general practice doctors in teaching hospitals are willing to discuss their own patient care errors with colleagues, but about one in four do not. At the same time, nearly nine of 10 doctors said that if they wanted to talk about a mistake, they knew a colleague who would be a supportive listener. The findings are reported in the Oct. 1 issue of the *Journal of Medical Ethics*.

The results suggest that it is important to ensure that learning occurs not just in the person who made the mistake but also among their peers, said the study's lead author, Lauris Kaldjian, M.D., Ph.D., associate professor of internal medicine at the University of Iowa Carver College of Medicine.

"Discussing medical errors can be a form of professional learning for doctors. Mistakes should be considered shared commodities and used for all they're worth," said Kaldjian, who also is director of the college's Program in Bioethics and Humanities. "The findings also point to some challenges for physicians seeking emotional support after making an error."

The study results were based on surveys of 338 faculty and resident physicians at teaching hospitals in the United States. Previously

published findings by Kaldjian and colleagues, based on the same data set, showed that doctors' actual communication of medical errors to hospitals and patients seems to occur less than it should when compared to physicians' positive attitudes about communicating such errors.

The two earlier studies also found that the more serious the outcome or harm from a hypothetical error, the more likely a doctor said they would communicate it to patients or hospitals. Similarly, the current study used hypothetical scenarios to reveal the likelihood of doctors discussing an error that results in no harm at 77 percent, minor harm at 87 percent, and major harm at 94 percent.

Kaldjian pointed out there is much value in sharing all errors.

"Sometimes you make a mistake and nothing happens. Other times, something bad happens," he said. "But in both cases, we need to focus on the mistake because near-misses -- where no harm was done -- are also valuable learning tools."

The most harmful types of errors trigger automatic institutional reviews. However, other errors may not. "Along with helping improve patient care, discussing both types of medical errors can provide important opportunities for learning and emotional support for physicians," Kaldjian said. "However, the formal settings in which shared learning takes place are unlikely to be optimal for providing the individual support needed by the physician who made the mistake.

"Physicians can go through a lot of turmoil when they make a mistake, even if it hasn't caused serious harm to a patient. "While there are some formal group settings in the profession for learning from mistakes, emotional support may require the privacy and reassurance that are found in one-on-one conversations with trusted colleagues," he added.

More than half of the physicians in the study (57 percent) said they had

tried at least once to promote the value of discussing errors by discussing one of their own errors in front of students or physicians in training.

"It's encouraging that physicians try to be role models, especially for medical students and younger physicians, and some hospitals even have peer-support teams to help physicians in the aftermath of an error, though such teams appear to be rare," Kaldjian said.

Kaldjian also noted that doctors who consider themselves their "own worst critic" and do not discuss their errors with others lose out on additional perspectives.

"There can be wisdom and comfort in the words of our colleagues, especially when we have reason to trust their insights," he said. "Medical science also encourages an investigative attitude about errors and can motivate us to be as objective as possible about errors and their circumstances without denying the profound need for emotional support."

Overall, Kaldjian said, increased discussion of errors amongst medical professionals is extremely important for professional learning and emotional support. Such discussions may also help physicians encourage each other to disclose errors to patients as part of patient care and to report them to institutions to improve patient safety.

Source: University of Iowa

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