

Direct supervision by attendings doesn't reduce medical errors

June 5 2018



(HealthDay)—Direct supervision in which attending physicians join

work rounds does not reduce the rate of medical errors, according to a study published online June 4 in *JAMA Internal Medicine*.

Kathleen M. Finn, M.D., from Massachusetts General Hospital in Boston, and colleagues conducted a nine-month randomized trial performed in an inpatient general medical service of a large academic medical center. Using a crossover design, 22 faculty provided increased direct [supervision](#), in which attending physicians joined work rounds on previously admitted [patients](#), or standard supervision, in which attending physicians were available but did not join work rounds. The analysis included 1,259 patients, with 5,772 patient-days.

The researchers observed no [significant difference](#) in the medical error rate between standard and increased supervision (107.6 versus 91.1 per 1,000 patient-days; $P = 0.21$). The mean length of time spent discussing established patients in the two models did not differ significantly in time-motion analysis of 161 work rounds (202 versus 202 minutes; $P = 0.99$). When an attending physician joined rounds, interns spoke less (64 versus 55 minutes; $P = 0.008$). When an attending [physician](#) was present, interns reported feeling less efficient ($P = 0.02$) and less autonomous ($P = 0.001$), while residents reported feeling less autonomous (P

"In designing morning work rounds, residency programs should reconsider their balance of patient safety, learning needs, and resident autonomy," the authors write.

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