

Internal Medicine Training Program
Patient Safety Rounds – Educational Design – draft 1
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Project Goal

To enhance the safety of patients by teaching residents to identify safety issues and to address them appropriately.

Needs Assessment

Currently, Internal Medicine residents at Queen’s University receive little structured education in patient safety and quality improvement. As recognized by the Royal College, and in keeping with the broader discussion within the Canadian medical community and society, competencies in patient safety are central to all physicians. The Patient Safety Rounds can address this need by engaging Internal Medicine trainees in relevant content in the area.

Objectives and Competencies

By the end of the training program, through regular attendance at the Patient Safety Rounds, residents will be able to:

1. Identify patient safety issues
2. Analyze harmful safety incidents in a system-based approach

Teaching Methods

1. Monthly interactive presentation by a senior resident.
2. Each 4-week block, deaths that were unexpected or associated with safety incidents are identified by the respective CTU attending physicians.
3. Charts are reviewed by a senior resident under the supervision of an attending physician. Patient safety issues are identified.
4. A case is selected for presentation, and the identified safety issues are analyzed in a system-based fashion¹.
5. The case is presented in rounds.

Assessment Methods

The assessment plan for this course will include the following:

1. At the end of each rounds, attendees will be approached electronically (e.g. through a SurveyMonkey poll), and asked to identify the safety issues discussed during rounds, and the relevant contributing system factors (Appendix I).

Program Evaluation

This program will be evaluated using the following methods:

1. Each presentation will be evaluated by attendees using the regular electronic rounds evaluation forms. Presenters will receive a summary of these evaluations.
2. Twice a year, all Internal Medicine residents will be surveyed (Appendix II) to evaluate their perceived effectiveness of rounds, and to get their feedback regarding opportunities for improvement.

1. Pronovost PJ, Wu AW, Sexton JB. Acute decompensation after removing a central line: Practical approaches to increasing safety in the intensive care unit. *Ann Intern Med.* 2004;140(12):1025-33.

Appendix I. Assessment Quiz

Please indicate any safety issues that were discussed on rounds.

For each safety issue, please point out, and elaborate briefly on, the relevant contributing system factors (Patient, Provider, Task, Team, Training and Education, Environment, Institution).

(Optional: attaching the PPP presentation to the post-test)

Safety Issue	Contributing Factors
1.	1. 2. 3. 4.
2.	1. 2. 3. 4.
3.	1. 2. 3. 4.
4.	1. 2. 3. 4.

Appendix II. Program Evaluation Survey

1. Years in training

- € PGY 1
- € PGY 2
- € PGY 3
- € PGY ≥4

2. In the last 6 months, how many Patient Safety rounds did you attend?

- € None
- € 1 or 2
- € ≥3

3. Please indicate your level of agreement with the following statements:

(Strongly Agree; Agree; Neutral; Disagree; Strongly Disagree)

1. I can identify patient safety hazards in different clinical settings.
2. I can analyze patient safety issues using a system-based approach.
3. Attending the Patient Safety rounds has contributed to my ability to identify patient safety hazards.
4. Attending the Patient Safety rounds has contributed to my ability to analyze patient safety issues using a system-based approach.
5. Overall, I find the Patient Safety rounds effective.