



<http://fhs.mcmaster.ca/facdev/pbsg-ed.html>

Medical Mistakes

How to Help Learners with Errors and Adverse Outcomes

Introduction to PBSG-ED Series

This special series of modules is dedicated to enhancing the educational skills of busy clinical teachers. The modules provide continuing education in a case-based format that makes judicious use of the most recent and best education evidence available. Starting from real-life examples of teaching and learning situations, the modules have been designed to promote discussion with colleagues around challenging issues/dilemmas that are likely to arise when working with learners. Their purpose is to foster reflection and provide opportunities to refine skills – preparing the way for selected changes that can improve teaching and learning.

Mistakes are inevitable in medicine, and most students and residents will either make or observe an error during their training. Thus, Clerkship and residency are ideal times to develop an approach to medical errors – to learn from them and to make changes that reduce recurrence. When a medical error does occur, learners often have intense emotional reactions. Disclosure can help ensure appropriate management of the incident and promote trust in the patient-physician relationship. It can even reduce the likelihood of litigation. Nonetheless, disclosing a medical mistake – to supervisors, patients, and peers – can be difficult.

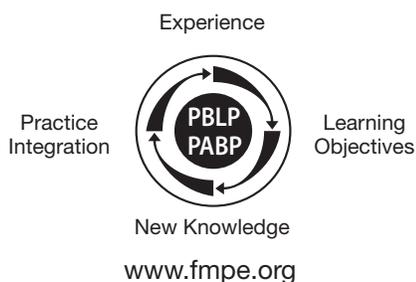
This module is designed to help teachers:

- Consider strategies to encourage adaptive responses by learners when errors do occur
- Model the importance of recognizing and acknowledging errors
- Promote ways to reduce risk of errors in future.

Note: While this module uses situations involving family medicine residents, the principles of medical mistakes are applicable to all learners in health care settings.

Developed in collaboration with:

The Foundation for Medical Practice Education
La Fondation pour l'éducation médicale continue



Case Example:

Dr. Bruce L. and Betty S., age 51, female Betty, a long-time patient in your practice, has come in today about a breast lump that she found on self-exam. Dr. Bruce, a second-year resident who also knows Betty, has just examined her and confirmed a breast lump in her left breast. On a quick review of her chart, Bruce discovers that Betty was last seen about 8 months ago.

At that time, she was in good health and had no major complaints. After discussing the pros and cons, Betty had agreed to go for a screening mammogram. Betty is waiting, as Bruce describes his findings to you. The lump is about 2 cm in diameter and very hard. Bruce indicates that he is very worried that it is cancer. After some hesitation, Bruce then adds that there is a mammography report (dated 6 months ago) that described "moderately suspicious calcifications" in her left breast. There is no notation on the report or in the chart about intended follow-up.

SAMPLE
Not for Use