The Physician's Perception of Medical Error and its Application to the Development of an Educational Training Tool

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Abstract

It is becoming clear that if we are to impact the rate of medical errors it will have to be done at the practicing physician level. The purpose of this project was to survey the attitude of physicians in Alabama concerning their perception of medical error, and to obtain their thoughts and desires for medical education in the area of medical errors. The information will be used in the development of a physician education program.

Background

Only recently have we come to understand the enormous impact of medical errors on the health care of the nation. Medical errors are the 8th leading cause of death in the United States. Many recent public cases including the recent death of a young girl from a transplant donor mismatch illustrate the need for significant and rapid improvement in this area of medicine. Only within the past several months has the issue of physician attitude been addressed when it comes to medical errors.2 In Robinson's survey of physicians 93% felt that further education in medical errors was needed.3 It will take years if not decades to impact medical errors if we only focus attention on newly trained physicians. It is imperative therefore that we begin the training of currently practicing physicians.

METHODOLOGY

A survey consisting of 40 questions was mailed to a random selection of Alabama Physicians. The physicians were randomly selected based upon their having a current Alabama license. A total of 1054 surveys have been mailed. The survey was designed to address the following hypotheses:

- Physicians have a fundamental interest in medical error reduction
- Physicians will voluntarily commit time and energy to acquire skills to aide in the reduction of medical errors
- Physicians will express an interest in communicating with other physician's in a non-threatening manner concerning errors
- Physicians will have specific preferences for a CME format and price

- Physicians will be receptive to learning systems theory, cognitive principles and team management
- Physicians will be unlikely to report error to a national or regional database unless they can be assured it will not be used for litigation purposes
- Physicians will have little or no formal training in medical errors
- Physicians will not recognize that other industries have substantially better safety records when it comes to public safety

RESULTS

Collection and analysis of the data is currently underway.

DISCUSSION

It is expected that physicians will have the desire but not the required knowledge or expertise to prevent some common medical errors. errors to be prevented they must first be The survey looks into the recognized. physician's own awareness of his or her mistakes. It is believed that some physicians will never admit to making a medical error, which raises two issues one of objectivity and one of recognition.4 To address the objectivity of this issue we ask the physician if one of their colleagues has committed an error. It is further believed that physicians will desire further education in the domain of medical errors and that there will be a preferred method of receiving such education. Based upon the analysis of the survey a continuing medical education program will be developed making use of the latest information in cognitive science and team management skills.

References

- Kohn, L., Corrigan, J. and Donaldson, M. To Err is Human Building a Safer Health Care System. National Academy Press , Washington D.C., 2000
- Robinson, A., et.al., Physicians and Public Opinions on Quality of Health Care and the Problem of Medical Errors. Arch Intern Medicine 162:2186-2190, 2002
- 3. Robinson, A., 2002
- 4. Ely, J., Levison, W., Dunn, F.M., Perceived Causes of Family Physician's Errors. The Journal of Family Practice 40(4):337-343, 1992