Safe and Sound: Project Update

This project is being undertaken as part of RISC, the patient safety society of Warwick Medical School. The aim is to produce and evaluate a seminar on patient safety for medical students, on the recognition of error in the clinical environment and how to act on it, focusing on the potential role of medical students within the healthcare team. The format will be predominantly by role-play involving common clinical scenarios where harm may occur.

From our existing members, we have formed a committee of individuals who are taking the lead on planning and running the seminar. We have decided on the overall format of a lecture-style presentation introducing patient safety, incorporating the 'Just a Routine Operation' video around the death of Elaine Bromiley (http://vimeo.com/970665) to encourage engagement with students. Groups will then split into four small groups and rotate around the four role-play scenarios, each to be facilitated by qualified clinicians and group members working in collaboration. The precise content of the role-plays has been divided up and delegated to pairs of students from the committee and will be finalised at our final planning meeting on 4th May. However, overall topics are surgery preparation, scrubbing-in, new admissions, and ordering investigations. Each will include an element of communication, multidisciplinary teamworking and hierarchical organisation. Students will make up the clinical team and will be asked to perform an error-prone task to explore how they could deal with such situations in their placements.

Students will be graded according to marking criteria defined by each scenario pair (also finalised on 4th May) and be given oral and written feedback. This will be constructive to focus on encouragement of positive behaviours. They will also complete evaluations of the seminar in terms of satisfaction and self-efficacy in dealing with the situations presented (the latter to also be completed at the start of the seminar, and again three months after to assess immediate and medium-term change). Students will also complete the Meyers-Briggs Personality Inventory to compare performance and perceived self-efficacy against personality traits. A qualitative interview schedule has been agreed, and this will be used in six to eight qualitative interviews with participants. Finally, consent forms and information sheets have been designed for all those taking part in the seminar. These materials have been finalised (and available if required).

Warwick Medical School has agreed to the running of the seminar, and an application to the Faculty Ethics Committee has been made for the research element (decision expected in the next two weeks). The intended audience is Phase I students who will be undergoing primarily lecture based learning and have yet to start clinical placements, to prepare them for the ward-based environment. Attendance will be optional, but advertised by posters, emails and lecture 'shout-outs' and a sign-up sheet at reception so potential attendance figures can be monitored. If numbers look low a week before the seminar, the Medicine Lead at University Hospitals Coventry and Warwickshire has agreed to speak briefly about the important of patient safety at the beginning of a lecture. We have discussed the project with an AV technician at the University who has frequently been used by the medical school and he is happy to record the session and edit the recording for DVD. Discussions with the department have been ongoing as to the best time to run the seminar and we have provisionally agreed an evening in June. This is one month later than originally envisaged but we are confident on having time to analyse and write up the project within the agreed timescale.