

PATIENT SAFETY IN UNDERGRADUATE MEDICAL EDUCATION

To the editor:

As a resident in aerospace medicine, I am still puzzled by the medical community's approach to patient safety education. I commend Drs. Hobgood and Hevia's article in the May issue of *Hospital Physician* on medical error disclosure.¹ Their article provides an excellent overview on patient safety issues faced by attending physicians and residents. Unfortunately, improving patient safety will require educating physicians about medical error prior to matriculation into graduate medical education. In addition, error disclosure is just one of many patient safety-related competencies future physicians should master in an effort to optimize delivery of systems-based healthcare.

As indicated by the 1999 Institute of Medicine (IOM) report, *To Err is Human*,² and subsequent reports, there is clearly a need for patient safety education. The medical community's response has largely focused on error reporting systems, adverse medication errors, and human factors issues with medical devices. One underlying theme that has surfaced throughout the growing literature on patient safety is the need to change the safety culture in medicine. One way to initiate this change is by integrating patient safety education into undergraduate medical education.

It is not an understatement to say the average graduating medical student is naive to patient safety issues. Many medical schools still do not address patient safety in their curriculum. At best, most medical students receive a didactic lecture reporting the number of deaths due to medical error published in the 1999 IOM report. If medical error and patient safety have been identified as concerns of our community, why have we not taken the initiative to educate medical students on how medical errors occur or how to investigate adverse events and near misses? Are these skills not just as indispensable as understanding the epidemiology, etiology,

pathophysiology, and prevention of disease before starting clinical rotations? This is the "handwashing" level of technology that needs to be applied at the most impressionable level of the medical community.

Guidelines need to be established for introducing the basic concepts of patient safety in medical school. If "just-in-time" course modules are being developed to address issues such as bioterrorism, I would think that a topic that has an annual impact of \$17 to \$29 billion² is worthy of a few lectures. Residents should know the basic concepts of human error as well as organizational and environmental preconditions leading to active and latent errors. Residents also should play an active role in root cause analysis and investigation of medical mishaps and near misses. In order to deliver patient safety education effectively, medical educators will need to become familiar with concepts in human factors and system safety through continuing education and "train-the-trainer" workshops. Many of these workshops are currently available for medical educators. Finally, the medical community needs to follow the lead of other industries by developing "dual-experts" in the areas of medicine and human factors or system safety in order to advance the patient safety initiative while addressing the unique hazards of the medical environment.

Bascom K. Bradshaw, DO, MPH, MAS

*Naval Aerospace Medical Institute
Pensacola, Florida*

The author's views do not reflect those of the US Army Medical Department or the US Navy Bureau of Medicine and Surgery.

References

1. Hobgood C, Hevia A. Medical error disclosure: a professional standard. *Semin Med Pract* 2004;7:12-23. Available at www.turner-white.com.
2. Kohn LT, Corrigan JM, Donaldson MS, editors. *To err is human: building a safer health system*. Washington (DC): National Academy Press; 2000.

Copyright 2004 by Turner White Communications Inc., Wayne, PA. All rights reserved.