'Using gaming to innovate a patient safety and systems improvement workshop'

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CURRICULAR INNOVATIONS

Problem/Needs Assessment: The American Association of Medical Colleges' Entrustable Professional Activities require patient safety and quality improvement education in medical training.¹ We implemented an innovative, high-yield patient safety and systems improvement (PSSI) workshop for third-year medical students (MS3s) transitioning to clinical clerkships.

Program Objectives:

Distinguish between system and individual failures.

Develop techniques to de-escalate an agitated patient.

Define process improvement.

Demonstrate how to file an RL6, don sterile attire, and select personal protective equipment (PPE). Identify common threats to inpatient safety.

Description of Program: In February 2019, MS3s (n=137) participated in a half-day PSSI workshop composed of gaming activities, including minute-to-win it, escape room, and Lego building. Seven 20-minute interactive stations highlighted the following topics: de-escalation of an agitated patient, introduction to process improvement, PPE based on isolation scenarios, order to don and doff PPE without contamination, donning sterile attire, filing a safety concern in the reporting system, and identification of safety risks in an "Inpatient Room of Errors".

Evaluation/Assessment: Workshop evaluation included quantitative assessment of participant satisfaction and attitudes and knowledge on PSSI with a questionnaire pre-workshop (n=27), immediately post-workshop (n=90), and 8-months post-workshop (n=110) using a 5-point Likert scale. Students self-reported PSSI-related behavior 8 months post-workshop. Participants reported 97% and 99% event satisfaction and station utility, respectively. Post-workshop, participants had a 33% increase in agreement that "most medical errors are the result of system failures and not failures caused by a single individual" and a 49% increase in agreement that they "were confident about voicing a patient safety concern." Eight months later, these two attitudinal changes persisted. Students used station content to varying degrees; the highest utilization was for PPE stations. Although the majority of students (87%) reported confidence to voice a patient safety concern, 53% reported that they never initiated a discussion or filed a safety report. 16% of students reported never witnessing an error at all.

Conclusions and Lessons Learned:

This PSSI workshop had high participant satisfaction with attributable improvements in student attitudes and knowledge on common PSSI topics. There is a gap between self-reported confidence versus behavior in voicing a safety concern. Future workshop revisions include addressing barriers to voicing safety concerns and adding more gaming-style sessions