



**Improving patients safety (and doctors' health) by helping French young doctors\* better cope with their medical errors : an observational survey**

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**General practitioner, Paris, April 24, 2017**

Being a doctor and staying a person  
April, 24&25th 2017 - Paris

\*« Young doctors » = residents (interns) and recently graduated doctors

# THE ORIGIN OF OUR STUDY



# A GOOD DREAM, A BAD NIGHTMARE



**A dream** : be a **super hero**  
= Save people. No matter the sacrifices.



**A nightmare** : be a **bad doctor**  
= Fail, disappoint, harm patients, go to jail ?

What we were trained for:

**Help people, be strong, don't complain and never fail !**

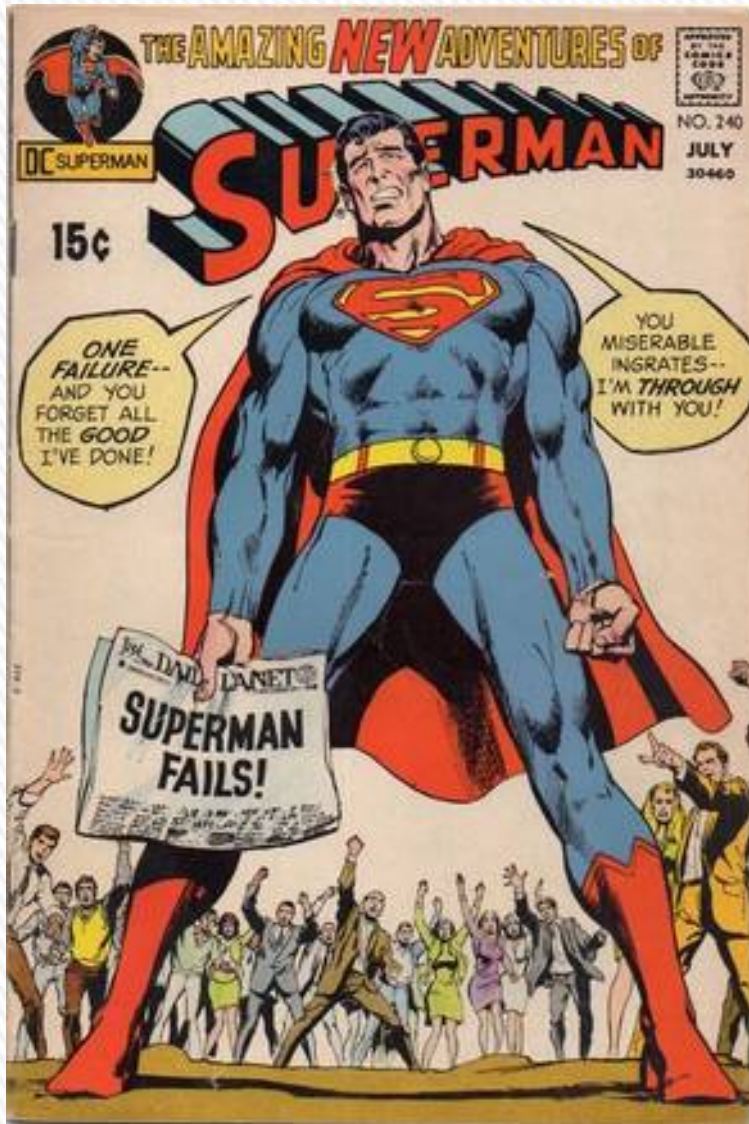


Super Doc  
to the rescue ! (24h/24)





# ONE UGLY REALITY



**Fact n°1 : yes, everyone makes mistakes, especially caregivers under a lot of stress.**

**Fact n°2 : Doctors almost never talk about their own errors (shame, guilt, fear, pride)**

**=> They suffer silently**

**=> « Double penalty »**

**=> Increases psychological impact (depression, burnout, suicide...)**

**=> Increases the risk of new errors**



# MED. ERRORS : THE DARKSIDE OF MEDECINE ?



**Q : Why bother investigating the « darkside » of medicine?  
Why take the risk to tarnish the reputation of all caregivers ?**



Maybe it's time to pull our  
head out of the sand ?





# ARE WE REALLY MASS MURDERERS AND BULLIES ?



1999...up to 100 000 deaths per year, only in the US [1]



2016... 250 000 deaths per year in the US [2]

Not to mention the bad publicity of media



Probably a bigger problem than we wanted to believe. And **impossible to ignore** because today's modern society can't accept the possibility that medicine may harm so many (patients and caregivers!).

[1] Kohn LT, Corrigan JM, Donaldson MS, U.S. Institute of Medicine, To err is human. Building a safer health system, 1999

[2] Makary M & Dabiel M, Medical Error: the third leading cause of death, BMJ, 2016

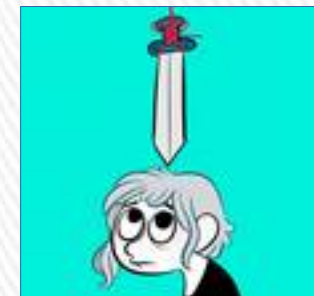
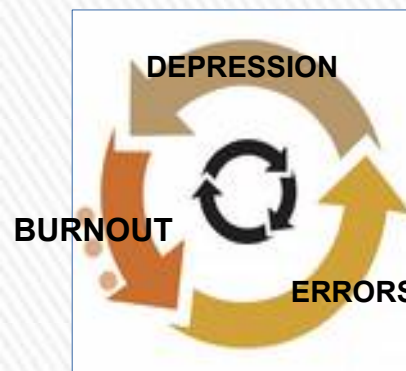
# ONE CERTAINTY : MED. ERRORS ARE NOW MAJOR PREOCCUPATIONS FOR ALL CAREGIVERS

## Objective and subjective reasons :

- **Frequent and dangerous**
- **Amplified by the media**
- **Daily source of tension and conflicts** (verbal and physical)
- **Shift of power** : patients more critical and **have more leverage** if disappointed (litigation threats, internet reviews...)
- **Growing obligation to « please »** (and not simply heal)

## Consequences :

- Maintains high level of **anxiety and vulnerability**
- May lead to **psychological illness**  
=> **vicious cercle**
- Strongly encourages **defensive medicine**  
(= more costs, more delays, more «useless diagnostics »)



**More vulnerability !  
More pressure !**



**A familiar situation of defensive medicine ?**

# YOUNG DOCTORS : VULNERABLE AND INTERESTING TARGETS

## More vulnerable because :

- **Less experienced** : more likely to make « beginner's mistakes » + less familiar with failure and coping
- **More idealistic. Often perfectionist.** Can't accept mistake and failure easily.
- **Stressful working environment** with many promoting **risk factors** (isolation, fatigue, workload...)
- **Healthcare students vulnerability and illness confirmed everywhere [1,2,3]** :
  - 70 % may present burn-out symptoms
  - 30 % may suffer from depression
  - 10-20 % may suffer from addictions
  - 14-20 % may have had suicidal thoughts
  - 60 % may have seriously considered quitting career

**But one main advantage: training should be easier  
+ long term impact**

**=> Perfect subjects for our study and for new actions !**



[1] Douglas A. Mata et al, Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis, 2015

[2] Conseil National de l'Ordre des Médecins, France, Santé des étudiants et jeunes médecins, 2016

[3] Danset A, La santé psychique des externes en médecine des Universités François Rabelais de Tours et Paris 7-Diderot, une étude épidémiologique transversale descriptive multicentrique, 2017



# THE GOAL OF OUR STUDY

## Hypothesis :

« **Bad management of medical errors often leads to terrible short and long term consequences, for both patients (more victims) AND doctors (more second victims)** »

**QUESTION : « *could better training or support reduce the negative impacts of med. errors, and even help prevent them ?* »**

## Primary objective :

**To identify the strengths and weaknesses of 3 «pilot classes » offered to residents by the Paris 7 GP Department, regarding their ability to help young doctors better cope with medical errors :**

- **2 full-day classes dedicated to medical errors**
- **1 Balint Group**

## Secondary objectives :

- To measure impact (personal and professional) of med. errors on young doctors
  - To identify possible additional measures to support them
- 

# MATERIAL & METHOD

- **Anonymous online observational survey + 9 face to face interviews**
- **Invitation sent to 840 residents** or former residents registered at the University of Paris 7 (UP7) GP Department in 2014.
- **Analysis of 208 fully completed questionnaires** (over 65 questions each) **and 9 interviews of volunteers**



Each questionnaire was structured into 3 parts :

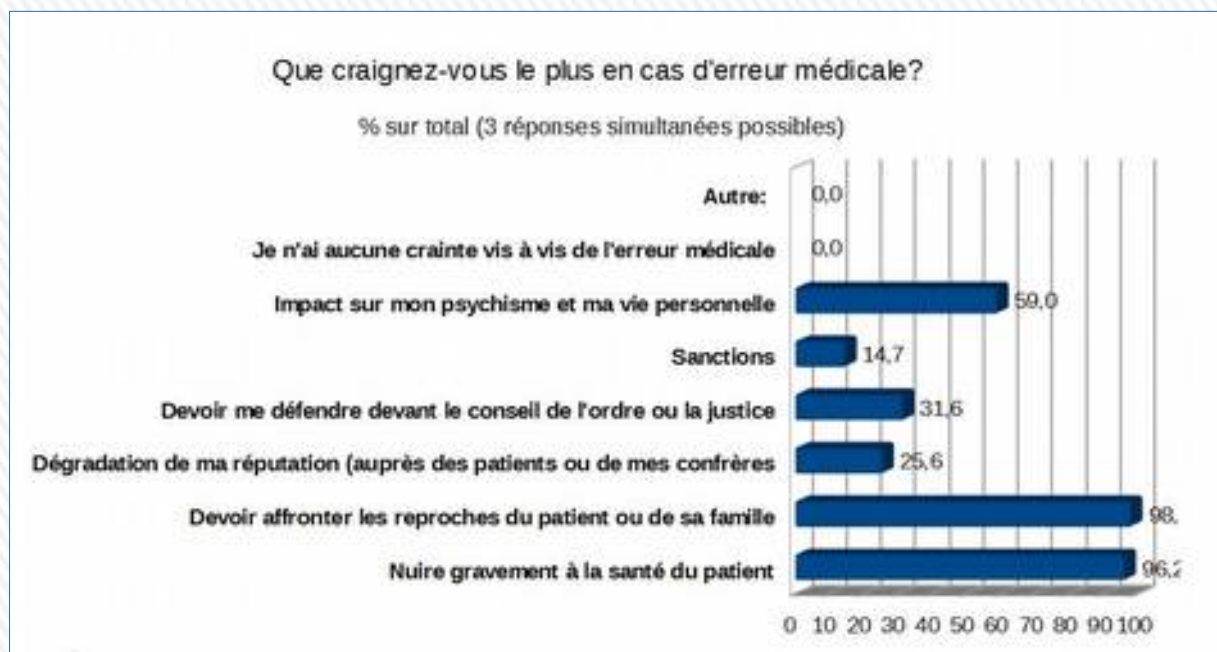
- Questions about one experience of serious med. errors which proved particularly difficult to cope with
- Questions about the classes taken and their strengths/weaknesses
- Questions about possible new actions to train and support medical students when facing med.errors



# RESULTS PART 1 : YOUNG DOCTORS & MED. ERRORS



- **Young doctors feel very concerned about med. errors :**  
89 % thought of med. errors « often » or « everyday » ! And 45 % considered making med. errors « often » ;
- **Serious med. errors happen early, and often before any kind of training :**  
75 % had an experience of serious med. errors during the first 18 months of their residency, 33 % during the first 6 months. 62 % before any kind of training
- **« Fear for self » may be as important as « fear for patient » :**





# TALKING ABOUT ERRORS : NOT EASY, BUT HELPS FEELING BETTER

## GETTING HELP :

**3/4 of residents talked to someone after error, and 90 % are glad they did ! But expectations and satisfaction may depend on interlocutor.**

- Main reason for talking to other residents and non-doctor confidants : support, reassurance, comfort ( $\pm 60\%$ )
- Main reason for talking to senior doctors : critical analysis or practical advice to understand med. errors and avoid recurrence ( $\pm 80\%$ ).  
Only 27 % mainly expected support and comfort from seniors.



## CONFESSING ERROR TO PATIENT/FAMILY:

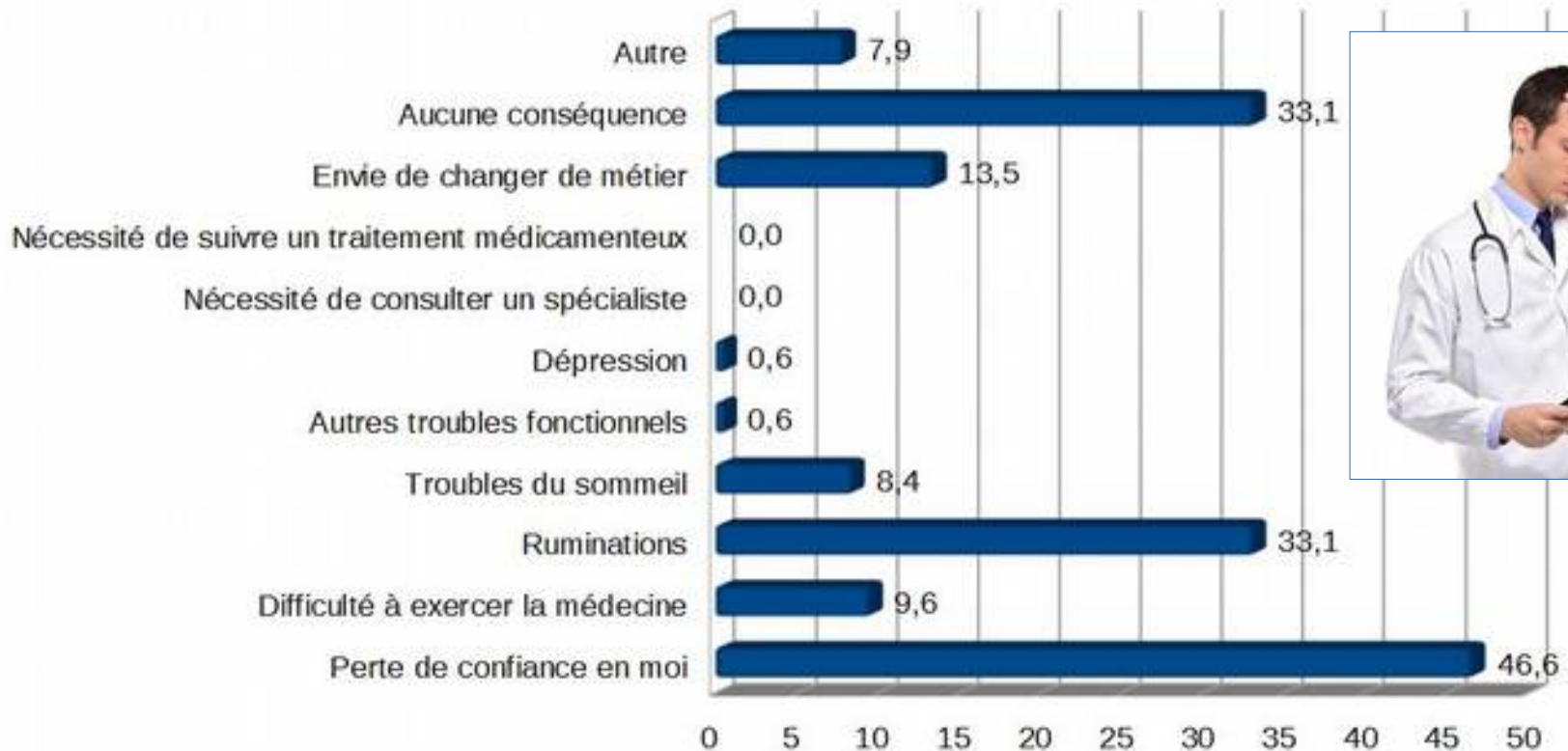
**3/4 of residents didn't tell their patients about their error. Fear of criticism may be the n°1 reason. But those who confessed don't regret it**

- Only 26 % did confess, and it was hard for 50 % of them. However, 94 % are glad they did.
- Main reason for talking : 74 % wanted to explain the situation calmly to limit the consequences of med. errors (reason > emotion).

# IMPACTS ON PERSONAL LIFE

Quelles conséquences cette expérience a-t-elle eu sur votre vie personnelle ?

Choix multiples. En % des réponses



**Medical errors are a major risk factor of ill-being, psychological suffering, consequently leading to more victims on both sides !**

# IMPACTS ON PROFESSIONAL LIFE

## Conséquences de l'erreur sur votre pratique professionnelle

3 choix simultanés possibles. En % des réponses



**64 % admit practicing defensive medicine from « often » to « all the time » !  
=> Med. errors : a good opportunity to improve our practice ? But at what cost ?**

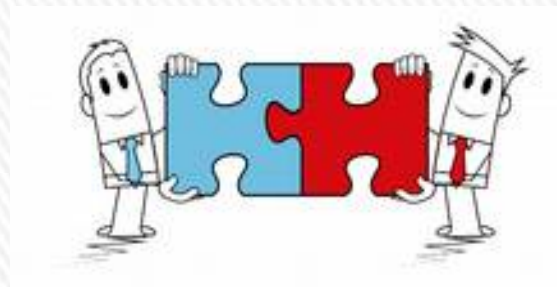


# RESULTS PART 2 : BENEFITS OF DEDICATED CLASSES & BALINT GROUPS



# THE 2 CLASSES DEDICATED TO MED. ERRORS

- Up to 50 students. Divided into **small groups**. 1 class is opened to all students from the paris region. The other is not. All fully booked.
- Lasts approx. 6 hours. **2 or more expert « facilitators » per group**



- **Combined approach:**

- **Theoretical approach** : how to better accept errors in order to improve our practice and become better doctors, individually and collectively. Get help+++
- **Practical approach** : sharing of individual stories and emotions, common analysis of deeper causes of so-called errors, discussion over actual means of prevention, mutual support, no judgement+++.



# BALINT GROUPS



- **Small groups** of up to 15 students. **1 or 2 expert « facilitators »**
- Obligation to participate in **7 successive weekly meetings**
- **Discussion over one or more « cases »** related to a problem encountered by the student, in his/her life as « young doctor »,
- Not at all dedicated to medical errors management, but...
- ... **Medical error cases are frequent !**
- **No judgement, no time pressure**, under facilitator surveillance
- Students are encouraged to **express their inner thoughts and emotions**
- **Collective benevolent analysis of feelings and mutual support are actively promoted**



# MAIN BENEFITS OF DEDICATED CLASSES & BALINT GROUPS



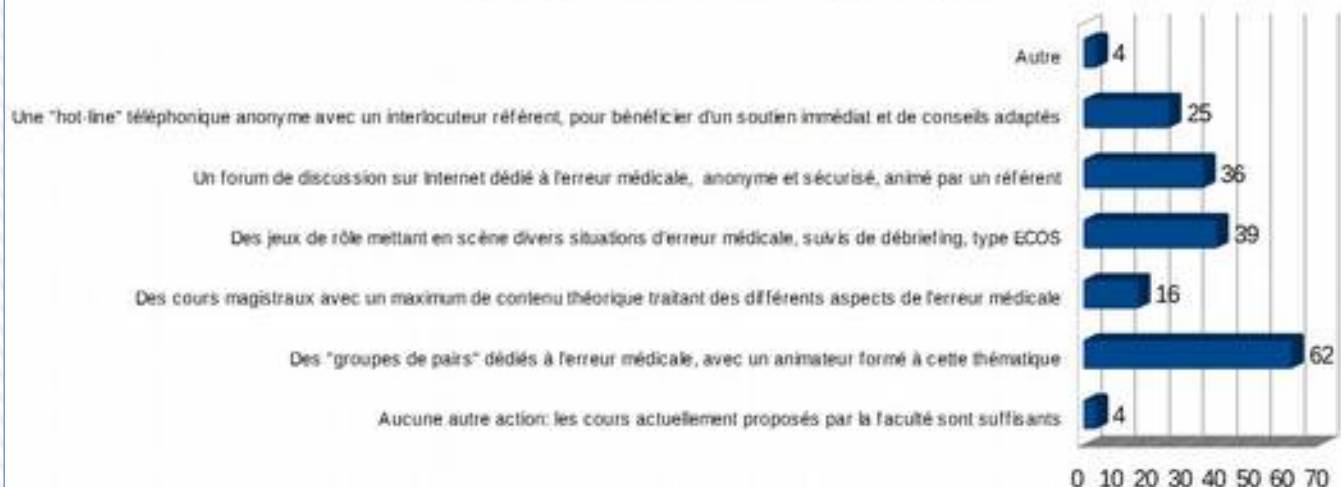
- **3/4 (± 70 %) felt better prepared to face new med. errors**
- **Almost all (± 90%) would definitely recommend the classes and Balint Groups (80%) to other residents **specifically to help them better cope with med. errors in the future.****
- The most appreciated benefit was the **non-judgmental sharing of similar experiences between peers** (± 50% for classes, 60 % for Balint Groups)
- **Taking the course will greatly encourage them to talk more freely after future med. errors :**  
± 70 % for talking to other residents ; ± 50% to seniors ; ± 40% to the patient or his/her family ; +35 % to non-doctors



# RESULTS PART 3 : WHAT ELSE SHOULD BE DONE TO HELP ?

Quelles nouvelles actions pourraient aider les internes à mieux faire face à l'erreur médicale ?

3 choix simultanés possibles. En % des réponses



Practical Guidelines ?



More specialized learning  
modules ?



# TO CONCLUDE : WHAT WE RECOMMEND

- Extensive promotion of « positive attitude » regarding med. errors (VS punitive) => should be seen as great opportunities to improve (NOT as double penalty)
- Senior supervisors should set the right example right from the start
- Dedicated classes similar to UP7's should be offered everywhere and as early as possible
- New means for exchanging med. errors experiences and supporting doctors (peer groups, tel hotline...) should be promoted. Existing means could be used (E.g. AAPml hotline)
- Facilitating access to a privileged and especially trained confidant that the students can really trust (mentor, hospital interlocutor...) should be a priority.
- Pre-requisite to all these recommendations: **successfully convincing all doctors that the benefits of talking about their med. errors exceeds the risks !**



In other words...



# WE MUST DECLARE WAR ON TERROR

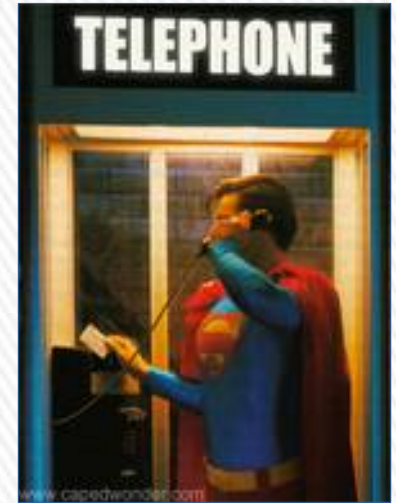


- **FEAR** is the real enemy
- Caregivers shouldn't be afraid to talk about their errors.
- Because being « **STRONG** » is not enough
- Our goal shouldn't be perfection. But improvement.



# BE SMART, GET HELP

Even super heros know  
when to call for help !



# Thank you very much for your attention

**AAPML**  
Association d'aide aux professionnels  
de santé & médecins libéraux

0826 004 580  
Appel anonyme - 24h/24 et 7j/7 - N° Indigo : 0,15€/min

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L'ASSOCIATION ACTUALITES EVENEMENTS CONTACT

**ASSOCIATION D'AIDE AUX PROFESSIONNELS DE SANTE & MEDECINS LIBERAUX**

Professionnels de santé, nous sommes avant tout des femmes et des hommes au service des autres.  
Et l'épuisement professionnel nous guette donc tout au long de notre carrière.

De nombreux facteurs peuvent faire vaciller notre équilibre et des problèmes commencent à se poser : difficultés de communication avec nos patients, nos confrères, nos proches, prises médicamenteuses, alcool, bouquins, malades... Nous risquons ainsi de perdre assurance et sérénité.

Comment continuer à soigner dans ces conditions ?

**L'AAPML MET EN PLACE UN NUMÉRO DÉDIÉ :**

**0826 004 580**  
Appel anonyme - 24h/24 et 7j/7 - N° Indigo : 0,15€/min

POUR VOUS AIDER À FAIRE EN CAS D'URGENCE, ET CE DANS LE RESPECT DE L'ANONYMAT, J'HEURE T'OUVERT.

