

The Society of Hospital Medicine IM Training Redesign Subcommittee- Patient Safety EPA

The Society of Hospital Medicine IM training redesign subcommittee developed this patient safety Entrustable Professional Activity assessment through an iterative process. We identified “Tasks” that are integral to patient safety and defined “Observed Behaviors” for each of the tasks.

- The observed behaviors depict a progression in attitudes and skills and provide anchoring language. For each observed behavior, discrete examples are provided to illustrate times when performance of the behavior might be observed. The listed examples are not meant to be exhaustive or applicable to all programs/trainees. Programs are invited to develop other local examples as needed to help with faculty development. Additionally, the individuals observing such behaviors may be a supervising resident, nurse, attending, or others.
- The tasks have been mapped to the most appropriate internal medicine sub-competencies and are meant to be incorporated into the program’s assessment system. The mapping can be found under the task column. The tasks could be assessed in programs by adding relevant portions to existing forms. For example: “Act upon possible/actual patient safety risk” could be added as a row to a summative monthly assessment for the inpatient wards and the anchors either listed or used for faculty development depending on the local rubric. Alternatively, “Engage local/ institution health system to improve patient safety” and “critical reflection” could fit well as part of an assessment of a resident discussion of a case in a patient safety conference.

Developed by the Society of Hospital Medicine- Internal Medicine Redesign Subcommittee

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Patient Safety

	Tasks	Observed behavior 1	Observed behavior 2	Observed behavior 3	Observed behavior 4	Observed behavior 5
Task One	Patient safety principles and techniques (PBL1, SBP2)	Endorses that providing safe care is a core physician skill and will be part of his/her future practice	Defines the general principles and approaches to patient safety	Using the language and principles in real-world settings	Appropriately applies techniques to analyze a patient safety event	Teaches and disseminates basic strategies and techniques to ensure patient safety
Task Two	Act upon possible/actual patient safety risk (SBP1, SBP2 PROF3)	Complies and accepts feedback on compliance with institutional/program policies on patient safety	Identifies immediate and potential risks to patient safety and takes immediate personal action to prevent injury	Counsels and serves as a role model to others regarding potential patient safety risks and the need to minimize those risks	Systematically considers potential risks to patient safety in all aspects of patient care Actively incorporates risk mitigation strategies into all aspects of patient care	Engages others in designing strategies to minimize a risk to patient safety Leads/participates in a team designed to prevent risks to patient safety
Task Three	Inter-professional collaboration Performing Tasks (PROF1, ICS2, SBP1)	Performs expected clinical duties autonomously.	Able to complete expected clinical duties and will offer to help other team members with their clinical duties	Shares in the team's clinical duties; allows others to work to the top of their skill set	Shares in the team's clinical duties; anticipates the needs of the team and shares in developing solutions	Shares in the team's clinical duties; able to anticipate, identify, access and coordinate internal and external resources to assist the team

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Task Four	Inter-professional collaboration Communication (SBP1, PROF1, ICS2)	Participates in team discussion only when required	Participates in team discussion	Shares view point and elicits and works to understand differing views of others in a meaningful way	Shares view point; readily and openly acknowledges differences of others; seeks understanding and compromise to resolve differences	Invites the views of others transparently and openly; navigates complex interactions and is able facilitate discussions in a productive and respectful manner even if compromise cannot be attained
Task Five	Engage local health institution / local system (SBP2, PBLI2)	Recognizes the potential for error within the system and the importance of learning how to effectively engage the system at multiple levels.	Explain the reporting framework in a specific system and the steps needed to engage that system.	Demonstrate engagement in the health system by reporting patient safety problems to appropriate personnel using the reporting framework of a given system.	Join a team and actively participate to operationalize solutions to patient safety problem.	Lead an effort that incorporates multiple levels of the healthcare system to attempt to improve a patient safety issue.
Task Six	Critical Reflection (PBLI1, PBLI2)	Endorses that critically reflecting on patient safety issues is a core physician skill and will be part of his/her future practice but requires assistance from faculty/seniors to reflect on patient care events.	Engages in team-based critical reflection on patient care	Reflects on personal care provision and/or adverse events	Openly discusses or submits for review events in his or her own practice. Changes practice based on mentored critical reflection.	Changes practice based on independent critical reflection. Teaches/models critical reflection.

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	Example: Adverse event secondary to supratherapeutic INR	<i>A patient develops a supratherapeutic INR during a hospitalization but the resident is unable to understand why without the input of the senior</i>	<i>The resident actively participates in a team-based discussion regarding an adverse event involving a patient who experienced a gastrointestinal bleed with a supratherapeutic INR.</i>	<i>The resident engages in a deliberate and methodical review of his/her personal role in the care of a patient who experienced a gastrointestinal bleed with a supratherapeutic INR.</i>	<i>The resident reviews his/her own cases of patients experiencing bleeds to identify which patients were on warfarin and concomitant antibiotics. The resident uses those cases as examples for the team during a debriefing.</i>	<i>After reviewing the experience of having a patient with gastrointestinal bleeding in the setting of a supratherapeutic INR, the resident routinely examines warfarin dosing in patients on concomitant antibiotics. The resident shares this knowledge and experience with peers/colleagues at M&M conference.</i>
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