A Simulated First Night-OnCall (FNOC): Establishing Community and a Culture of Patient Safety

Lynn Buckvar-Keltz, Ian Fagan, Sondra Zabar, Kinga L Eliasz, Donna Phillips, Jeffrey Manko, Thomas Riles

NYU School of Medicine

BACKGROUND

The transition from medical student to intern presents a major patient safety concern. To support transitioning trainees and cultivate a culture of safety in our medical center we developed an authentic, immersive First Night-OnCall (FNOC) simulation to ensure new interns are ready to address common patient safety issues.

METHODS

4-hours new interns, in groups, are challenged to: conduct an ethical informed consent, evaluate a decompensating patient and activate a rapid response team (escalation), recognize a mislabeled blood culture bottle, conduct an effective patient handoff, recognize common patient safety hazards, and participate in patient safety rounds. Expert faculty facilitated the stations and gave immediate feedback to the trainee groups.

SUMMARY OF WORK

Prior to First Night-onCall Event

Interns were required to view 5 WISE-on-Call modules:

- Hypotension
- Dizziness
- Abdominal Pain
- Pain Management
- Documentation

First Night-onCall Event

First Night-on-Call: An institutional Patient Safety event to support incoming interns

Activities structured to replicate and assess key patient safety skills

- Case #1 Hypotension case
- Case #2 Informed Consent + Documentation
- Case #3 Rapid Response Procedure
- Handoff + Debrief

GROUP PERFORMANCE DURING FNOC

- Recipient skill rating
- Conducted medical team
- Escalated medical error
- Conducted rapid response

FNOC PROGRAM EVALUATION

Intens rated FNOC as an effective way to learn patient safety (99%), a good approach to improve readiness (96%), fun (93%), and engaging (100%).

RESULTS

145 incoming interns from 56 medical schools completed FNOC at our simulation center prior to beginning their residency.

GROUP PERFORMANCES DURING FNOC

145 interns from 56 medical schools completed FNOC at our simulation center prior to beginning their residency.

RESULTS OF 6-MONTH FOLLOW-UP SURVEY

All interns were sent a 6-month follow-up survey. Response rate: 37.2%

In retrospect, to what extent do you agree that the Patient Safety Orientation event prepared you for internship?

- Strongly agree 6%
- Agree 4%
- Disagree 96%
- Strongly disagree 3%

RETROSPECTIVE PRE-POST ATTITUDES SURVEY

At this point, how comfortable are you with Escalating* a Situation? (calling a supervisor for help out of concern for a patient’s safety)

- Very comfortable 47%
- Comfortable 47%
- Not very comfortable 6%

DISCUSSION

A large-scale, experiential patient safety simulation is feasible and acceptable. Interns endorsed FNOC as an effective way to learn patient safety (99%), a good approach to improve readiness (96%), fun (93%), and engaging (100%).

A follow up survey at 6 months was sent to all participating residents with a response rate of 37.2%. Out of these respondents, 66% agreed that the patient safety orientation event prepared them for their internships and 88% felt comfortable about escalating a situation to a supervisor and reporting medical errors.

Patient safety indicators (PSI) are reported at each hospital that residents work in at NYU Langone Health. In the 6 months after the FNOC program PSIs increased at Tisch Hospital but not at Bellevue Hospital or at the Manhattan VA.

We were unable to obtain hospital specific data on the frequency of calls for Rapid Response Teams.

CONCLUSION

A follow up survey at 6 months was sent to all participating residents with a response rate of 37.2%. Out of these respondents, 66% agreed that the patient safety orientation event prepared them for their internships and 88% felt comfortable about escalating a situation to a supervisor and reporting medical errors.

Patient safety indicators (PSI) are reported at each hospital that residents work in at NYU Langone Health. In the 6 months after the FNOC program PSIs increased at Tisch Hospital but not at Bellevue Hospital or at the Manhattan VA.

We were unable to obtain hospital specific data on the frequency of calls for Rapid Response Teams.

TAKE HOME MESSAGE

This educational event could not have been designed, implemented or assessed without the tremendous support and dedication from our incoming interns, NYSIM facilitators, and faculty.


ACKNOWLEDGEMENTS

This educational event could not have been designed, implemented or assessed without the tremendous support and dedication from our incoming interns, NYSIM facilitators, and faculty.