

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



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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.

SUMMARY OF WORK

Over 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.

METHODS

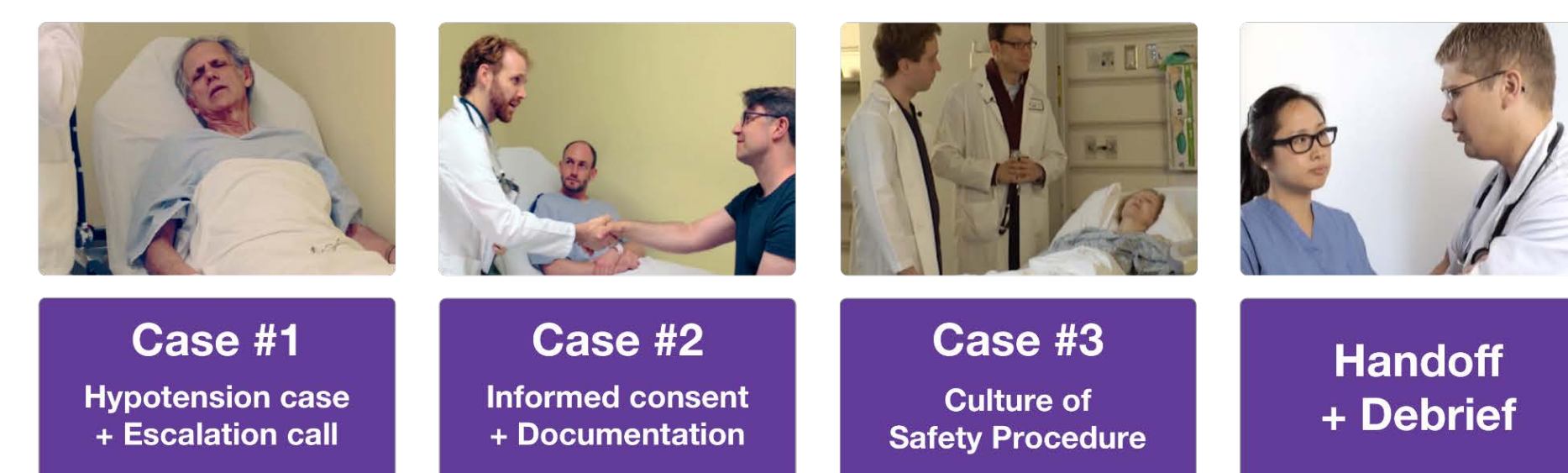
Prior to First Night-onCall Event

Interns were required to view 5 WISE-onCall modules



First Night-onCall Event

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



Activities structured to **replicate** and **assess** key patient safety skills



Patient Safety Room



Patient Safety Rounds

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

8 Residency Programs Represented

Internal Medicine = 78 Interns
Emergency Medicine = 15 Interns
Surgery = 15 Interns
OB/GYN = 11 Interns
Neurology = 20 Interns
Orthopedics = 15 Interns
Neuro Surgery = 3 Interns
Surgery = 14 Interns
Split Into 44 groups

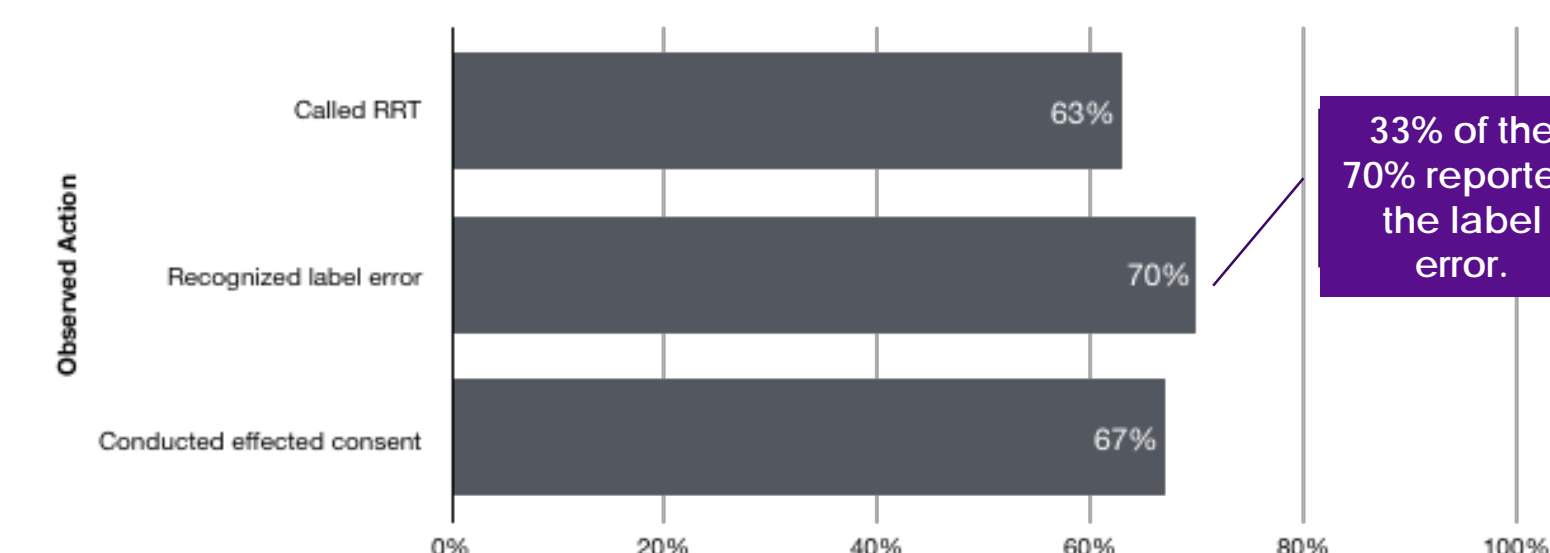
Assessments

- Pre-Post Assessment Survey
- Retrospective Pre-Post Attitudes Survey
- Group Assessments during FNOC Activities
- Standardized Patient/Nurse Assessment of the Lead Learner

> 94% report improvement

RESULTS

GROUP PERFORMANCES DURING FNOC



RETROSPECTIVE PRE-POST ATTITUDES SURVEY

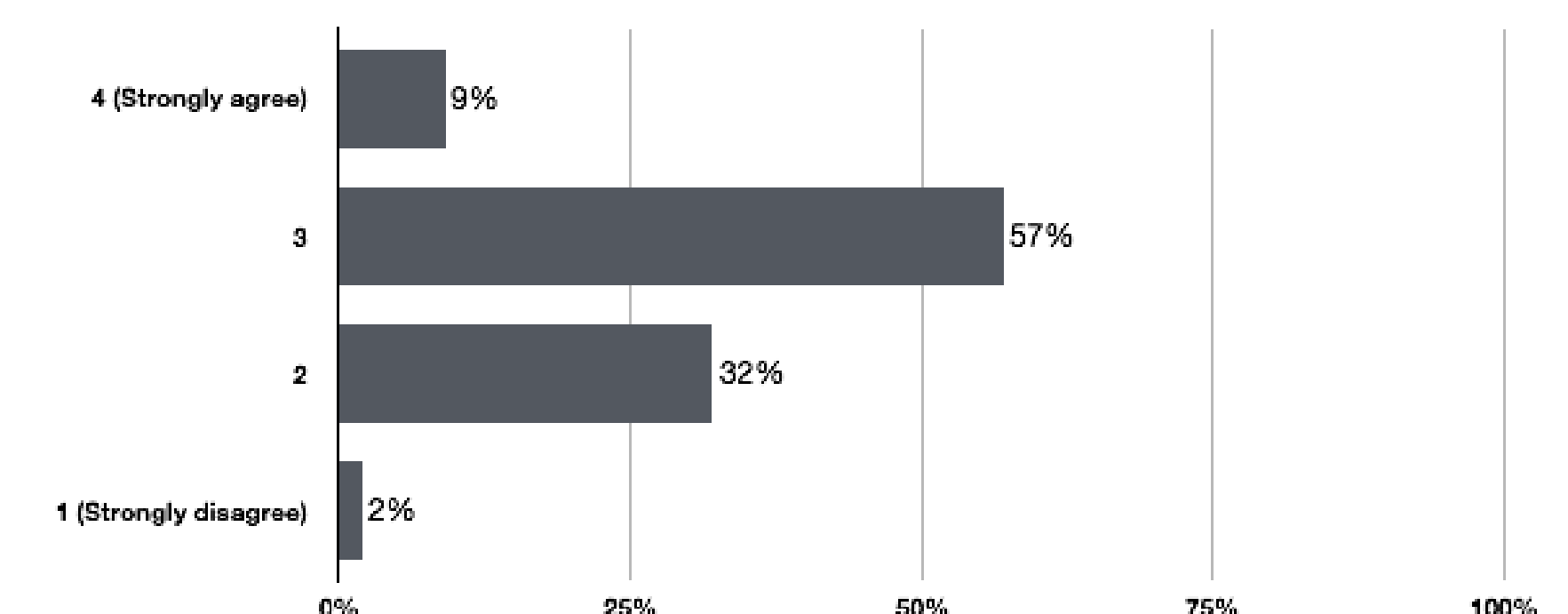
Compared to before the Patient Safety Orientation, my comfort to ...

N= 133	Declined 1 or 2	Did Not Change 3	Improved 4 or 5
Report a medical error	0	4 % (6)	95% (127)
Escalate a situation	0	4 % (6)	96% (127)
Involve an attending/supervis or*	0	6% (8)	94% (124)

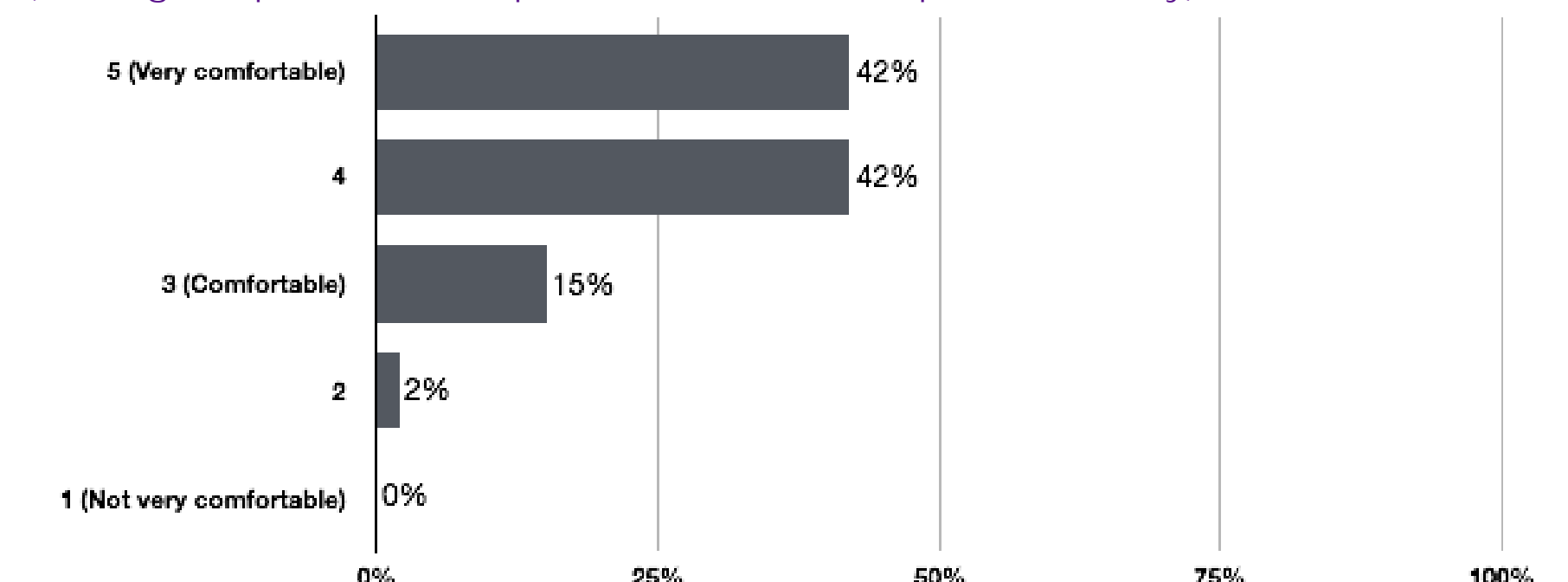
RESULTS OF 6-MONTH FOLLOW-UP SURVEY

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?



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



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

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%). Timing this event during orientation primes learning from experiences and serves to inculcate patient safety practices.

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

As a group, entering interns are not yet consistently able to demonstrate common safety practices. Engaging, motivating, immersive, simulation based group experiences such as FNOC may reduce this variability and instill aspirational institutional norms generating a culture of safety and providing a framework for effective on-boarding strategies for novice incoming house staff.

ACKNOWLEDGEMENTS

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