

A Bespoke Mortality and Morbidity Meeting for Foundation Doctors

Unleashing the Power to Improve Patient Safety

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Introduction

1. Mortality and Morbidity (M&M) meetings are a safe place for thoughtful reflection, deliberation and the basis for quality improvement in patient care.
2. 8000 F1 doctors start annually and provide most of the patient care and yet are underrepresented in these meetings.

Aim

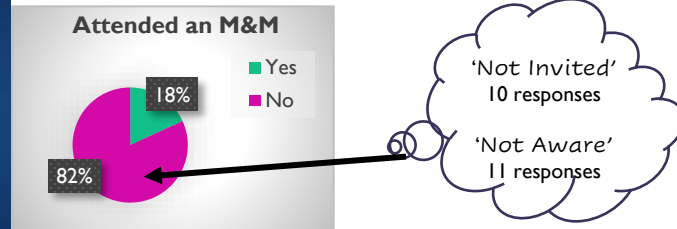
To support FY doctors in becoming reflective practitioners via M&M meetings and hence improving the quality of patient care.

Methods

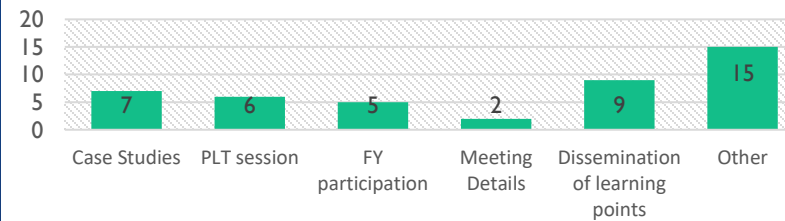
1. Foundation Year (FY) doctors at Tayside were surveyed with regards to identifying their perception of M&M meetings, attendance rates and ways to increase its educational value for them.
2. A bespoke M&M was developed and incorporated into the FY doctors' protected learning time (PLT).
3. This session consisted of a talk on the background of M&Ms and then group work which consisted of analysing a case using the System Engineering Initiative for Patient Safety (SEIPS) framework and debriefing as a team.
4. Confidence in analysing adverse events, identification of the reporting software (Datix) and utilizing it as a quality improvement (QI) tool was assessed pre and post session with a Likert scale.

Results

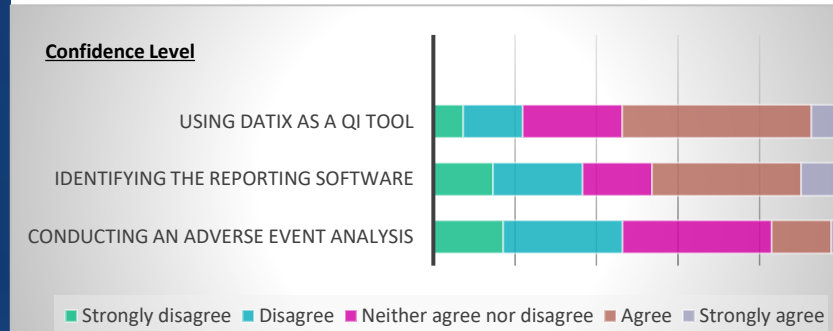
Initial Survey: 44 doctors



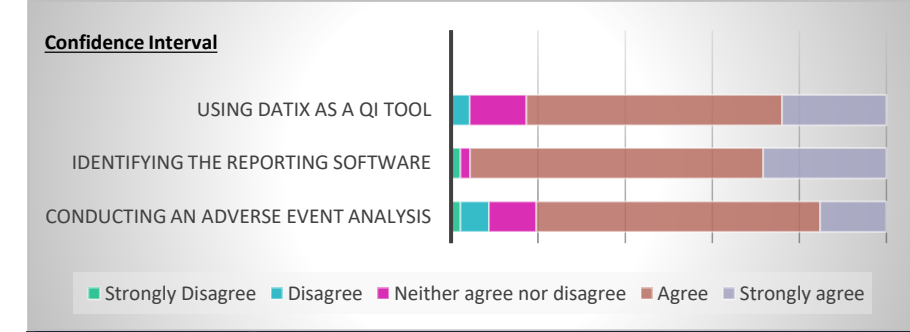
How to Increase the Educational Value of M&Ms



Survey pre-bespoke session : 41 doctors



Survey post-bespoke session : 46 doctors



Discussion

1. Incorporating an M&M session into the FY doctors' scheduled teaching sessions met their suggestions regarding ways to increase the educational value of an M&M meeting, with 91% of attendees achieving their desired learning outcome.
2. This session focused on 3 areas centred around patient safety: reporting and the software used and reflecting or critical analysis of a case. Confidence level increased significantly in these areas following 1 session; percentages for **agree** and **strongly agree** ranged from 17% to 53.6% pre-session whilst post-session ranged 80.4% to 95.7%. However, this significant change may have been caused by a difference in sample size pre and post intervention.
3. The small sample size of 44 out of a cohort of 204 FY doctors at Tayside may limit the generalisability of these results.

Conclusion

This is a simple and cost-effective method of improving and maintaining the quality of patient care with 66% of FY1 and 75% FY2 attendees stating this session will help change their future practice. Continuing these session can aid in the development of a reflective practitioner from the very beginning of a doctor's medical career.