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.
- 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.
- A bespoke M&M was developed and incorporated into the FY doctors' protected learning time (PLT).
- 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.



How to Increase the Educational Value of M&Ms



Survey pre-bespoke session : 41 doctors



Survey post-bespoke session : 46 doctors



Strongly Disagree Disagree Neither agree nor disagree Agree Strongly agree

Discussion

- 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 FYI 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.

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