Patient Safety Stories: A Project Utilizing Narratives in Resident Training  
LeeAnn M. Cox, MD, and Lia S. Logio, MD. Acad Med. 2011;86

I. Background  
a. Patient safety reporting processes vary between institutions and are inconsistently utilized in forming plans of correction  
b. Most patient safety committees are interprofessional, however not all include clinical physicians or physicians-in-training  
c. IOM Report – “To Err is Human”  
d. Indiana adapted form of the Agency for Healthcare Research and Quality’s (AHRQ’s) patient safety culture survey and it shed light on a practice of residents informally sharing “stories” about gaps in care which led them to offer a narrative format with open-ended questions for reporting

II. Aim  
a. To engage residents in incident reporting through the use of an online, anonymous narrative format, faculty facilitated discussion groups, and involvement of patient safety officers in the educational process.

III. Methods review  
a. Population chosen – 46 Internal Medicine Residents by random, approx 15 from each class year, ‘voluntary’  
b. Intervention –  
   o Patient Safety Journal – an electronic journaling with e-mail reminders during the 3 months, “identify gaps in care”  
   o Monthly Safety Story Sessions in groups of 4-6 and facilitated by trained faculty  
   o Faculty summaries were shared with Patient Safety Officers  
c. Outcome chose – contributing factor themes deduced from narratives  
d. Statistics – narrative analysis

IV. Results  
a. Narratives = 79  
   i. 46 eligible residents: 3 (6%) submitted five to eight entries, 22 (48%) submitted two to four entries, 11(24%) submitted one entry, and 10 (22%) of the participants did not submit any stories  
   ii. Table I: Communication mishap, Failed execution, Environmental obstacles, Workload challenges, Decision error, Transition-of-care barrier, Technological problem  
   iii. Table II: error, outcome, timing  
b. Small Groups = 40 (87%) of the participating residents attended at least one of the monthly sessions, but attendance declined over time  
c. ‘Closing the Loop’  
   i. PSOs ‘surprised’ by differences in narratives as opposed to those reported through the standard mechanism  
   ii. PSOs motivated to work more closely with residency training program  
   iii. Multiple barriers to providing feedback to the residents who participated  
d. Post Assessment Survey  
   i. 39 (85%) of the participants rated the activities a positive learning experience  
   ii. 20 (44%) of the participants reported a change in attitude about gaps in care and better awareness and understanding of medical errors

V. Authors conclusions  
a. Internal Medicine residents are willing to talk about those gaps when given the tools and opportunity for anonymous storytelling and blame-free dialogue  
b. Narrative format can uncover significant, unrecognized patient safety issues  
c. Patient safety officers should regularly engage residents to report and discuss incidents and develop robust mechanisms to close the feedback loop

VI. Reviewers critique or questions for the group  
a. Captures the ‘culture’ of one training program and may not be generalizable  
b. Not everyone is a ‘storyteller’ or ‘writer’ – maybe a Tweet would suffice?  
c. Nearly a fourth of the stories were submitted by only three residents (however, the authors point out that most residents voiced common experiences during the small-group sessions  
d. As faculty, how could we model or provide feedback on these issues to residents?  
e. Could this be a valid reporting method for everyone (not just those who are physicians-in-training)?