We welcome the study by Roh et al. (2015) demonstrating an improvement in third-year medical students’ concepts of patient safety following the implementation of a structured patient safety educational programme (Roh, Park et al. 2015). For maximal impact, a longitudinal model should be used in patient safety education so that undergraduate education translates into sustained tangible improvement in patient safety behaviour at graduate level. One such measurable change might be the frequency of meaningful incident reporting by doctors.

Current literature highlights the relative scarcity of incident reports originating from physicians compared with nursing staff. Such reporting bias poses an important challenge to healthcare organisations, since it probably affects the types of events that are highlighted to risk managers (Mitchell, Schuster et al. 2015) and frustrates organisational learning. Though educational interventions, such as the one described in this study, provide one way of addressing this problem (Roh, Park et al. 2015), efforts should also focus on ensuring that senior medical students and doctors-in-training feel safe to engage in the incident reporting process and that they recognise it as an important feature of collective responsibility. Case-based reflective learning from real-life patient safety incidents may enhance the benefits of incident reporting.

Finally, we found the low confidence in “speaking up” even after the educational intervention particularly poignant given that this kind of voice behaviour has deep-rooted links to patient safety outcomes (Okuyama, Wagner et al. 2014). The possibility that this is linked to cultural norms is raised by the authors (Roh, Park et al. 2015). Future evaluations of longitudinal educational innovations and adaptations aimed at improving patient safety culture and promoting organisational learning should give explicit attention to the effects of context.

References

