



4 Things To Start Doing Today to Reduce Medical Errors



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1. Practise Good Self-Care

It's vital for your personal wellbeing that you take adequate breaks from work, including time for relaxation and respite in the form of hobbies and outdoor activities. Yoga and meditation can be particularly helpful for maintaining a balanced and clear mind, which equips you for making good, logical decisions that are not clouded by stress.

If your workplace provides fitness facilities, a fun lunchtime football game, or a quiet room where you can do some yoga, then take advantage of it. Don't get bogged down with work, as it will not benefit you, your relationships or your patients in the long-run.

2. Be Open-Minded

Keeping your mind open, clear and free to receive fresh new information is vital towards making good decisions. A positive mindset can make all the difference. It can ensure you make hasty decisions when required, but slow down when needed. It can allow you to see what colleagues have missed, or to foresee the unusual.

If you are present, attentive and curious, and are able to see each situation with new eyes, then you can be ready to tailor your approach to any given scenario and even pick out the outliers in medical cases.

Practising mindfulness can enable you to achieve this calm, level state of mind. Making constant efforts throughout the day to be present, attentive and block out distractions can be very positive to your wellbeing as well as your work. Mindfulness involves acknowledging your feelings and thoughts at any present moment, which can help clinicians to focus, determine meaning, establish a diagnosis and decide on treatment.

The art of mindfulness also enables you to move on from a case once it has been dealt with, leaving you free to assess the next patient with an open mind.

[Prof. Ronald Epstein](#) has been endorsing the concept of mindfulness in medicine as an effective way to reduce errors and burnout and to provide better care.

Epstein says: “Through our research over the past ten years, we’ve found ways to help clinicians learn to be more mindful; they can build three cornerstones of attention—unwavering focus on a task, vigilance for the unexpected, and choosing what to attend to when there are multiple stimuli competing for limited cognitive resources.

3. Be Part of a Network

Communication, collaboration and constant feedback are crucial to a healthy ICU unit. They apply not only to coordinating on practical skills, but also coordinating ideas and thoughts.

Take a look at your ICU team, and consider whether there are any broken/weak links that warrant your attention, or whether you could collaborate more effectively with the nurses, clinicians or assistants working within your department. Or could you build a better rapport with the radiology team?

The whole hospital team works together towards a shared goal, so make an effort to understand other people’s ways of working and to coordinate your thinking methods. By being collectively attentive, observant and vigilant, the best solutions can be found.

If you feel there are not enough cross-departmental staff meetings, then set some up so you can get to know each other better and take part in a brainstorming session.

4. Humanise the Patient

Medical care is not the only aspect of care that the patient needs. In the ICU in particular, emotional support for the patient and his/her family may need to be organised. Although you may not be directly involved with the patient’s psychological wellbeing, you can help through your daily interactions.

The ICU team can also help by providing stimulations such as live music, which can distract the patient from the unpleasant cacophony of sounds on the ward. Many published accounts focus on harrowing ICU patient experiences, particularly in those suffering from delirium, which remain in former patients’ memories for considerable time. Providing some comforts and distractions can significantly help the wellbeing of a patient.

[Dr. Samuel Brown](#) has conducted research in humanising critical care, in which advanced analytic methods were used to phenotype patients and families in order to better tailor support for them during the difficult experience of a life-threatening illness. His team also tries to help clinicians think about ways they can humanise the patient in the bed, especially through formal collaboration between clinicians and patients/families.

The theory and details of his work are provided in his book, *Through the Valley of Shadows: Living Wills, Intensive Care, and Making Medicine Human*.

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