

A Simulated First Night-onCall (FNOC): Establishing Community and a Culture of Patient Safety



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BACKGROUND AND SPECIFIC AIMS

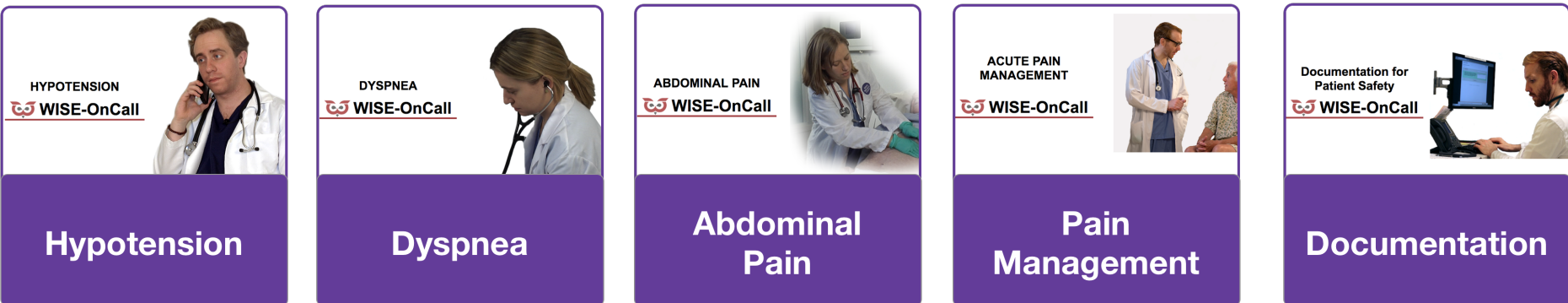
The transition from medical student to intern presents a major patient safety concern. To support transitioning trainees and cultivate a culture of safety in our medical center we developed an authentic, immersive **First Night-onCall** (FNOC) simulation to ensure new interns are ready to address common patient safety issues.

The FNOC event was a 4-hour immersive simulation during which new interns, in groups, were challenged to: conduct an ethical informed consent, evaluate a decompensating patient and activate a rapid response team (escalation), recognize a mislabeled blood culture bottle, conduct an effective patient handoff, recognize common patient safety hazards, and participate in patient safety rounds.

METHODS

Prior to First Night-onCall Event

Interns were required to view 5 WISE-onCall modules



First Night-onCall Event

First Night-onCall: An institutional Patient Safety event to support incoming interns



Case #1

Hypotension case
+ Escalation call

Case #2

Informed consent
+ Documentation

Case #3

Culture of
Safety Procedure

Handoff + Debrief

Activities structured to **replicate** and **assess** key patient safety skills



Patient Safety
Room



Patient Safety
Rounds

RESULTS

145 incoming interns from 56 medical schools completed FNOC at our simulation center prior to beginning their residency

8 Residency Programs Represented

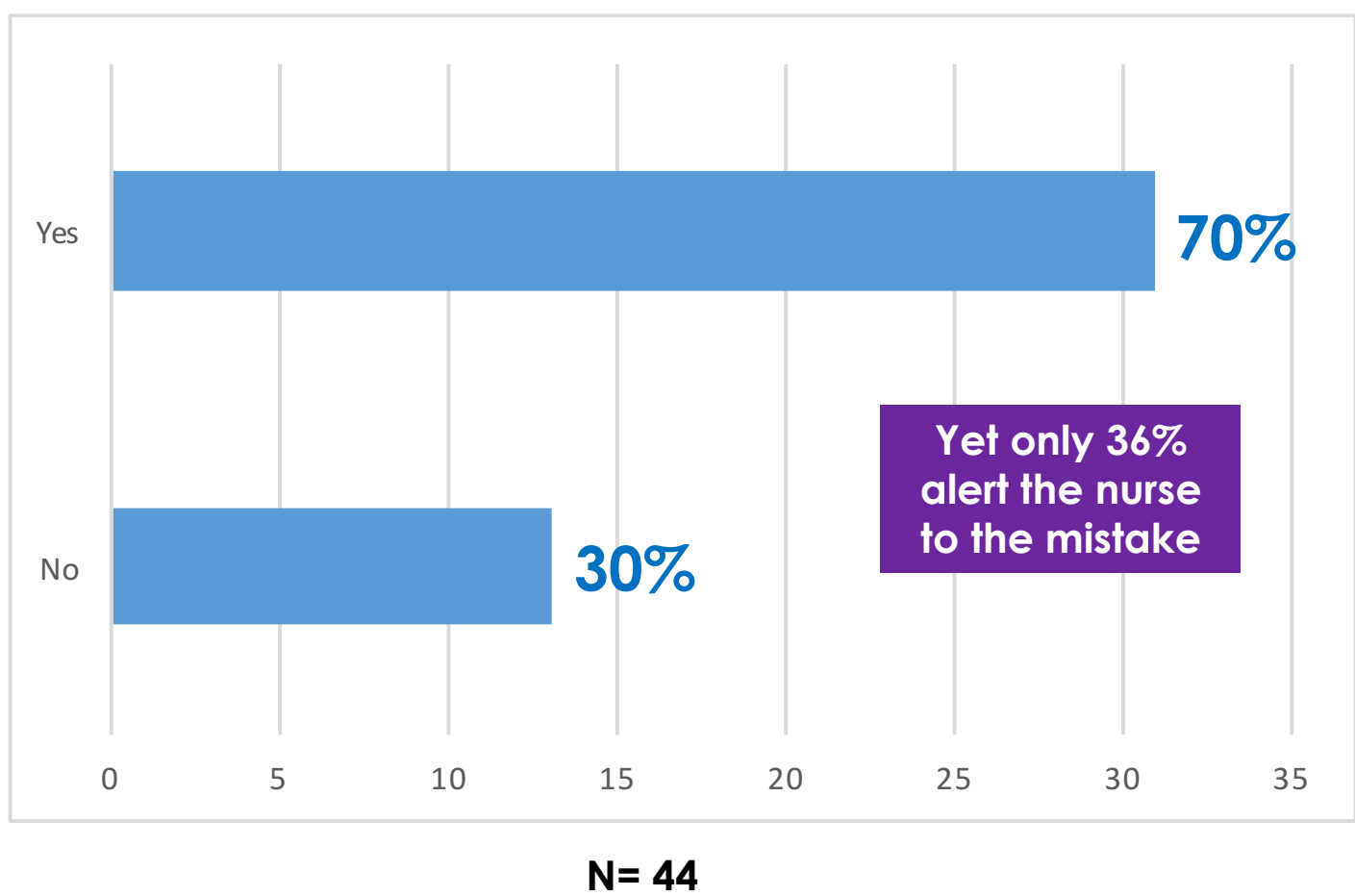
Internal Medicine = 78 Interns
Emergency Medicine = 15 Interns
Surgery = 15 Interns
OB/GYN = 11 Interns
Neurology = 20 Interns
Orthopedics = 15 Interns
Neuro Surgery = 3 Interns
Surgery = 14 Interns

Assessments

- Pre-Post Assessment Survey
- Retrospective Pre-Post Attitudes Survey
- Group Assessments during FNOC Activities
- Standardized Patient/Nurse Assessment of the Lead Learner

EXAMPLE OF GROUP PERFORMANCE DURING FNOC

How many teams recognized the label error?



FNOC PROGRAM EVALUATION: Interns rated FNOC as an effective way to learn patient safety (99%), a good approach to improve readiness (96%), fun (93%), and engaging (100%).

EXAMPLE FROM THE RETROSPECTIVE PRE-POST ATTITUDES SURVEY

Compared to before the Patient Safety Orientation, my **comfort** to ...

1- declined a lot, 2- declined a little, 3- no change, 4- improved a little, 5- improved a lot

N= 133	Declined 1 or 2	Did Not Change 3	Improved 4 or 5
Report a medical error	0	4 % (6)	95% (127)
Escalate a situation	0	4 % (6)	96% (127)
Involve an attending/ supervisor*	0	6% (8)	94% (124)

> 94% report improvement

LESSONS LEARNED AND CONCLUSIONS

Valuable Lessons Learned

- **Receptors were primed for learning**
- **Learners formed connection early over clinical issues**
- **Opportunity to reinforce resources and connect with faculty and institutional leaders**
- **Opportunity for learners to make and learn from errors in a safe learning space**
- **Feasible to do a large scale high quality experiential learning activity**
- **Acceptable and engaging for learners**
- **Opportunity to study impact: Conduct follow-up survey, assess rates of rapid response team (RRT) activation and patient safety incident (PSI) reporting**

As a group, incoming interns are not yet consistently able to demonstrate common safety practices. Engaging immersive simulation-based group experiences like FNOC may reduce this variability and instill aspirational institutional norms, generating a culture of safety and providing a framework for effective on-boarding strategies for novice health care providers.

A large scale, high quality experiential patient safety simulation is a feasible and acceptable approach to engage learners and increase learning outcomes. Timing of the educational event was important for priming learning and serving as an introduction to the community and institutional expectations. Lasting impact will be evaluated by follow-up assessments, which will include rates of rapid response team activation and patient safety incident reporting across our clinical enterprise.

ACKNOWLEDGEMENTS

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