To Err in Medicine: A Trainee-Centered Approach to Medical Mistakes

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To the editor: “Where can we go to talk about this with each other?” a co-resident asked us, after a medical error was disclosed to our team. When trainees are involved in medical errors, they may find themselves in a vulnerable position, as they are tasked with confronting the complex emotional burden of making an error and analyzing the events that may have led to an adverse outcome. While many training programs have traditional morbidity and mortality conferences to address these events, an internal forum for peer support and emotional reflection for trainees is often missing.

Our personal experience inspired us to establish an innovative platform that empowers residents to talk about mistakes in a safe environment. We chose the framework of a resident-led morbidity and mortality conference not only to engage trainees in traditional quality and safety learning but also to prioritize trauma processing, supportive reflection, and narrative sharing. Our goal was to create a network of social support aimed at improving the culture of discussing medical errors among trainees.

We launched a pilot of this framework in spring 2020. Each conference consists of a 45-minute presentation during the daily protected educational hour. Residents volunteer to present and work closely with us to design a presentation that debriefs the medical content and the grief associated with the mistake. Each presentation is followed by a discussion. The audience for these conferences is comprised of residents, program leadership, and faculty who were involved in the event.

The reflection component focuses on error reconciliation, grief, and trauma processing. These conferences have educated individuals at every training level about how to foster a culture of openness and camaraderie. The discussions have facilitated anecdote sharing from senior faculty regarding their own errors, further inspiring a culture of shared vulnerability. The presentations
have challenged residents to consider how to incorporate mistakes when they happen into their practice and how to reflect on errors without devaluing their worth as a human and a clinician.

The response to our initiative has been astounding: 8 residents have presented thus far, many of them interns. The conferences have given residents an opportunity to take an active role in reflection and to reclaim their experience. By doing so, residents have paved the way for their growth as clinicians and, importantly, as advocates for a culture of emotional safety surrounding mistakes.

Reference