ABSTRACT
The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires disclosure of medical errors related to sentinel events. At the University of Wisconsin School of Medicine and Public Health, we have developed an effective curriculum for teaching third-year medical students this content. The instructional program lasts a half day and consists of large group lectures combined with small group exercises. Lecture information is provided by patient relations, hospital administrators, and hospital defense attorneys. In small groups, students are given 2 clinical case scenarios to role play on disclosure facilitated by a physician and a legal representative. Student evaluations rate this course highly.

INTRODUCTION
According to the 1999 Institute of Medicine report, as many as 98,000 people die in hospitals each year as a result of medical errors in the United States. In an effort to provide safer medical care, health care organizations have implemented policies to reduce preventable medical errors. In addition, they require health care professionals to report unanticipated outcomes to the institution and to disclose the errors to the patients. The JCAHO disclosure standard requires that physicians or their designee inform the patient about unanticipated outcomes related to sentinel events when the patient is not already aware of occurrence or further discussion is needed. It has been shown that causes of unanticipated outcomes usually are not readily apparent at the time of an event and can be identified only after careful study.

The Lexington Kentucky Veterans Affairs Hospital and the University of Michigan Health Systems have shown a reduction of as much as one-third in malpractice claims since instituting the new disclosure policies. The University of Wisconsin Hospital and Clinics has developed both a disclosure policy and an occurrence reporting policy to meet the standards required by JCAHO. As a part of a series of special educational programs, the University of Wisconsin School of Medicine and Public Health, medical educators, representatives from patient relations, general counsel, and hospital administrators at the University of Wisconsin Hospital and Clinics joined together to create an effective, integrated curriculum for teaching third-year medical students about medical errors and disclosure.

METHODS
The 4-hour teaching session was comprised of both active and passive components. The passive component consisted of large group presentations, each lasting about a half hour.

A hospital administrator discussed quality, safety, and medical errors. The system approach was emphasized over the personal blame approach. A poor outcome often happens when several safeguards and policies all miss a mistake at once—the so called swiss cheese model where all the holes line up to allow a mistake to progress through several safety systems. This is a system issue that often cannot be attributed to a single person or group of persons. Examples of solving issues such as matching a scan on the patient’s bracelet and the drug to be given to that patient, and time out for procedures where the details are reviewed by the team prior to the procedure were discussed.

A presenter from patient relations discussed how to communicate with patients about disclosure. Getting patient relations involved early on, having a represen-
Students took the physician’s perspective and the other half took the patient/parent perspective during a sample disclosure. They reversed roles for the second case disclosure to experience what it would be like from both points of view. The importance of not discussing blame, showing empathy, and that the events would be looked into and corrected were the template the students used for these disclosures. They were critiqued by their fellow students and questions of issues that arose were answered by the physician/lawyer group leaders. Students also discussed some of their experiences witnessing residents and staff doing disclosures.

Students’ Evaluation of the Module

Two evaluation forms were used: 1 for the large group (8 items) and 1 for small groups (6 items). The items were rated on a 1 (not satisfied/strongly disagree) to 7 (very satisfied/strongly agree) scale. Evaluation results are presented in Table 1. Small groups were rated consistently higher than the lecture activities. Students indicated their skills/knowledge had increased in the 3 areas related to informed consent and disclosure. Overall satisfaction was 5.2 for the large session, and 6.2 for the small groups on the 7-point scale.

**DISCUSSION**

This 4-hour didactic educational session was highly rated by students. They felt that the large group didactic sessions and the small group learning were valuable and timely at this point in their careers. There were several good reasons for this that are important to remember if this course is to be implemented elsewhere.
Over the past several years, the participants of the large group didactic session have come to a consensus about how to report medical errors because of the JCAHO disclosure standards. All large group speakers now present consistent information, which was not always the case. In the past, the legal counsel has disagreed with other constituents about divulging any information to patients and discussing why outcomes were not as expected. With the disclosure standards, a new nomenclature has arisen. “No blame” is emphasized, empathy is encouraged, and it is stressed that details are usually not known at the time of an unanticipated outcome.

The small group sessions were successful and enjoyed by the students, as well. Perhaps because they had specific guidelines on disclosure and a consistent message about how to prepare for this important aspect of their careers, many students appreciated the role-playing in these small group sessions. This may be the only experience they have prior to doing a real disclosure. The students also learned the roles of hospital administrators, patient relations, and attorneys in the disclosure process. This brings accountability into everyday practice. In addition, students who portrayed the “patient” could vary their emotional responses to the disclosure, giving variety and a challenge to the process. Having both legal counsel as well as a physician facilitator for each group was considered important. Students were pleased to interact with the legal system regarding this content. This curriculum could serve as a model for other medical schools interested in presenting this important and timely topic.

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REFERENCES
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