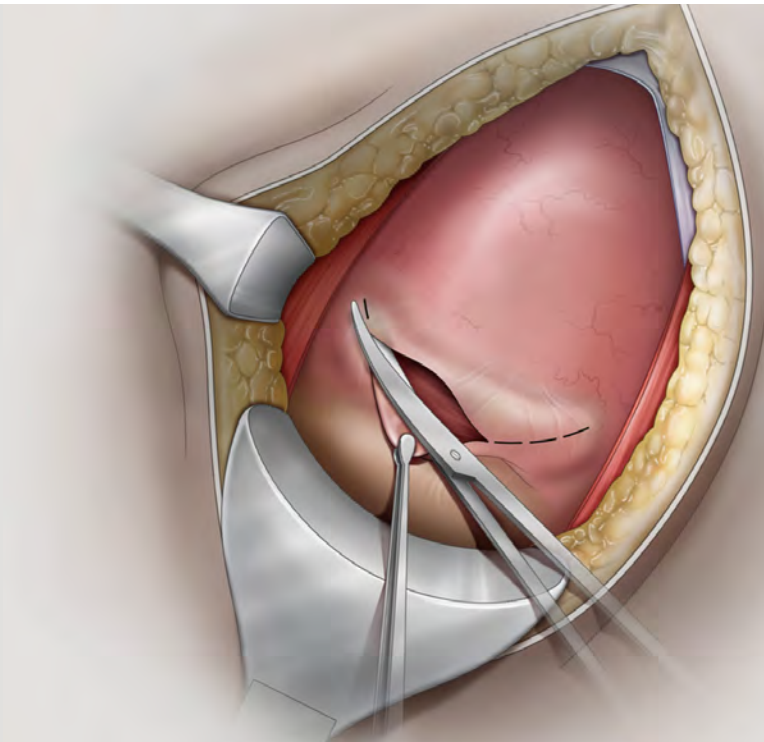




Advancing Knowledge, Empowering Caregivers.



Course Catalog

eLearning

2011 – 2012

The world of health care delivery changes quickly, and APS is committed to helping caregivers evolve along with those changes. APS invites clinicians on a lifelong journey of learning designed to reinforce competence and share the knowledge and wisdom of renowned experts, honed through decades of experience.



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Boston, MA 02111

www.aps-web.com | 617.367.0553

Welcome

Thank you for taking a look at this overview of the online Patient Safety Curriculum offered by Advanced Practice Strategies (APS). I hope you are intrigued by the possibilities it offers for improving the way medicine is practiced at your institution.

Our mission at APS is to help make care better and safer and to support caregivers in this effort by providing transformative education. Medicine and the health care delivery systems change quickly. To achieve the goal of continuous improvement in the delivery of care, clinicians need a new way to stay on top of best practices, one that goes beyond simple risk management. A flood of new information comes from the top research organizations every day. APS is committed to bringing learners the most important new knowledge — continuously, conveniently, and engagingly — throughout their careers.

APS education is always current, always available wherever and whenever is most convenient for the learner, and always employs the most effective approaches to both medicine and training. I believe you will find our courseware invaluable in helping you meet the high standards you bring to your important work.

Let's stay in touch. Through our partnerships with Harvard, Stanford, and a number of health care delivery systems, we will continue to bring you new ideas. There are many innovations to come. I look forward to serving you today and in the future.

Sincerely,
Dennis P. Ferrill
Chief Executive Officer
Advanced Practice Strategies

Addressing Patient Safety

Following the Institute of Medicine (IOM) report, “To Err Is Human: Building a Safer Health System,” which highlighted the significant costs of medical error, it has become evident that the national movement to increase patient safety has fallen short.

In a study published in *The New England Journal of Medicine* on November 25, 2010, “*Temporal Trends in Rates of Patient Harm Resulting from Medical Care*,” author Dr. Christopher P. Landrigan found no substantive progress in patient safety over the 10 years since the IOM study. Conducted from 2002–2007 in 10 North Carolina hospitals (chosen for study due to notable involvement in programs to improve patient safety), the study found harms and preventable harms remained common with little evidence of widespread improvement. In these hospitals, 18% of patients faced adverse results from medical care and 63% of the injuries were determined preventable.

These statistics are staggering and reinforce the idea that there is still much work to be done to address patient safety. The origins of preventable errors as well as the remedies likely to impact patient safety have been known at least since the IOM study, but this knowledge has not led to widespread implementation and buy-in. Even utilizing basic tools and well-known methods can address many of these common issues and persistent problems. For example, the World Health Organization (WHO) developed the Surgical Safety Checklist containing steps that, when followed, significantly reduce the most common and avoidable risks that endanger the lives and well-being of surgical patients. Although the checklist and implementation guide developed by the WHO in 2008 has been shown to significantly reduce risk and increase patient safety, it has not been implemented in the majority of hospitals.

Process changes like the Surgical Safety Checklist, however helpful they may be when implemented, are not enough without an organizational commitment. Dr. Robert Wachter, Chief of Medicine at UCSF, is quoted in the NY Times article *“Study Finds No Progress in Safety at Hospitals”* saying *“Process changes, like a new computer system or the use of a checklist, may help a bit, but if they are not embedded in a system in which the providers are engaged in safety efforts, educated about how to identify safety hazards and fix them, and have a culture of strong communication and teamwork, progress may be painfully slow.”*

On a larger scale, therefore, the whole health care system must change, and we as health care providers need to change with it. As clinicians, our patients trust us with their health and well-being. Increasing patient safety is not simply something we should do; it is something we must do, as it is our duty to follow the classic tenet of medicine: Do no harm. Our responsibility is not only to institute process changes so the health care system works more efficiently and effectively. We are also charged with doing right by our patients as people, individuals, and families at crucial moments in their lives.

Education will allow us to take that crucial step forward to making a difference in patient safety. The Advanced Practice Strategies curriculum content and implementation constitutes of lifelong clinical education infrastructure of the future, offering transformative training to every clinician where and when it’s needed. When embedded into a health care organization, APS continuing online education empowers clinicians with cutting-edge knowledge, enabling them to deliver the highest quality and safest care possible.

Martin November, MD, MBA, FACOG
Chief Medical Officer
Advanced Practice Strategies

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Advanced Practice Strategies

Who We Are

APS believes that the best way to help patients is to help the people who care for them. From creating an entirely new generation of online lifelong education to defending clinicians in the courtroom when necessary, we're tackling both sides of the risk equation and improving patient safety every day.

To learn more about APS, check us out on the web at: www.aps-web.com. You can contact us via email at: info@aps-web.com or feel free to give us a call at: **617.367.0553**. We look forward to hearing from you.

Advanced Practice Strategies

Who We Are

The world of health care delivery changes quickly, and APS is committed to helping caregivers evolve along with those changes. APS invites clinicians on a lifelong journey of learning designed to reinforce competence and share the knowledge and wisdom of renowned experts, honed through decades of experience.

APS believes that the best way to help patients is to help the people who care for them. From creating an entirely new generation of online lifelong education to defending clinicians in the courtroom when necessary, we're tackling both sides of the risk equation and improving patient safety every day.

Our targeted, proactive approach has been repeatedly proven to reduce risk. In hospital after hospital, clinicians and administrators have recognized that education both reduces claims and builds the teamwork that protects patients. Over 180,000 APS course licenses have been sold to date.

The rigor of our gold-standard courses draws on two decades of lessons learned in the courtroom through the APS Demonstrative Evidence Group (DEG)

^[1] (See figure 1.1). DEG works closely with defense teams to create compelling jury education strategies and follows up with high-quality case-specific medical illustrations, x-ray enhancements, and multimedia presentations to complement expert testimony. DEG uses a proven visual strategy, along with exhibits created to illustrate or clarify clinical situations, to empower witnesses as they speak to juries.

The APS eLearning curriculum is focused on high-risk areas in obstetrics, surgery, and internal medicine. **We work closely with partners such as the Risk Management Foundation of the Harvard Medical Institutions (RMF),**

[1] DEG receives judgment for the defense in over 94% of the cases in which we participate, compared to the national average of 73%. Additionally, those insurers who work most closely with us enjoy a win rate of up to 97%.

APS: Building the Future of Lifelong Patient Safety Education

Courtroom lessons:

APS draws on courtroom lessons from working with malpractice defense teams to educating juries.

Cutting-edge instructional design:

A flexible, engaging, case-based design is used to deliver the online content to clinicians.

Positive impact:

APS courses make a difference in how clinicians perform their work. Patients are safer as a result.

High-risk areas identified:

Technical errors and system weaknesses that repeatedly factor into patient injuries are identified.

Input gathered from experts:

Nationally recognized experts provide guidelines for avoiding technical errors and strengthening clinical systems of care.

REDUCTION IN RISK

Figure 1.1: The 5 phases of our eLearning content development.

the Association of periOperative Registered Nurses (AORN), and Stanford Hospital & Clinics to understand their most critical initiatives for reducing risk. We support those initiatives through courseware and innovative solutions to assess individual and organizational competence.

APS recognizes the importance of engaging clinicians in learning. Engaged learners are better able to retain and recall information. They will then be more likely to apply what they have learned to ensure patient safety and reduce errors associated with weaknesses in hospital processes or systems.

APS builds highly interactive online education designed to suit clinicians' learning styles and busy work environments. The courses are filled with clinically rich, case-based scenarios that allow clinicians to recognize and respond to situations they or their peers have faced. This relevance engages clinicians in the decision-making process required to resolve the challenges presented.

Our mission is to build the future of lifelong education in medicine, to reduce risk, and to improve patient safety. Our track record of success rests on a proven method: drawing on courtroom lessons to improve daily clinical practice. Accomplishing our mission will require continuous innovation and investment. Watch closely as we continue to present new and exciting ideas and products over the coming months and years.

APS eLearning

Increase Knowledge, Reduce Risk.

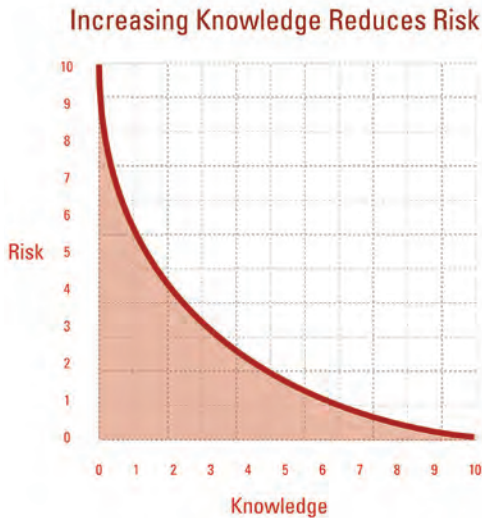
- » Long-Term Partnerships
- » Renowned Clinical Experts
- » Collaborative Practice Model
- » Competency Maintenance
- » Quick Access to Relevant Content
- » Universal Assess

To learn more about APS eLearning, check us out on the web at: www.aps-web.com/eLearning.aspx. You can contact us via email at: info@aps-web.com or feel free to give us a call at: **617.367.0553**. We look forward to hearing from you.

APS eLearning

Reduce risk. Advance patient safety. Promote team-based case management. Maintain and extend clinical competence. APS produces online continuing education courses that help organizations meet all of these challenging goals.

Figure 2.1:
Increasing clinical knowledge over time directly corresponds with a reduction in risk.



Our courses reflect currently accepted standards and protocols, as well as the knowledge of national experts. Through these courses, clinicians can practice their decision-making skills in a safe environment and benefit from feedback provided by highly respected leaders in their field.

APS courses are designed to suit clinicians' learning styles and their busy work environments. We engage clinicians in managing a wide range of case scenarios and in dealing effectively with other members of a clinical

team. A flexible, learner-centric design ensures that our courses satisfy the needs of clinicians with different levels of expertise and different roles.

The principles listed on the following pages reflect the APS approach to online education. We are building the next generation of lifelong clinical training, and we invite you to participate with us in this endeavor.



Long-Term Partnerships: Our partnerships with organizations such as the Risk Management Foundation of the Harvard Medical Institutions (RMF), Stanford Hospital & Clinics and the Association of periOperative Registered Nurses (AORN) ensure that our courses address critical issues of national importance.

Renowned Clinical Experts: We partner with physicians and nurses who are leaders in their fields. As a result, our content is highly credible to users and decision makers, medically accurate, and directly relevant to the challenges clinicians face.

Collaborative Practice Model: We integrate content for both nurses and physicians into our courses. Our flexible design allows clinicians to focus on the content most relevant to them. At the same time, however, by teaching physicians and nurses together, we reinforce a collaborative practice model. A nurse needs to understand the rationale for a physician's decision, for example, to implement it well and protect the patient's safety. Communication errors are factors in the majority of malpractice claims, and our collaborative team approach seeks to reduce these.

Competency Maintenance: Knowledge degrades over time. Everyone requires frequent review and reassessment to keep their skills sharp. To meet this need, APS provides monthly half-hour competency maintenance modules. These clinically rich case studies provide immediate feedback and access to remedial materials as well as an opportunity for clinicians to practice their ability to apply key principals in different clinical scenarios.

Authors and Contributors such as Lucian Leape, Saul Weingart, Joseph Hopkins, Jeffrey Rothschild, Roger Freeman, Bonnie Flood Chez, Gary Dildy, Martin November, Nathaniel Soper, John Morton, Bill Berry, and many others.

Quick Access to Relevant Content: Presentation and structure matter in online learning. Learners must be engaged in relevant content within a few minutes or they lose interest and simply click through to finish a requirement. APS's highly interactive and engaging courses are designed so that clinicians can work through them in 10–15 minute segments.

Universal Access: APS's Universal Access subscription model provides a facility's entire clinical population with education throughout the license term with no additional charge for normal staff changeover. This option is highly convenient for administrators and also ensures that learners with different experience and knowledge can move through the programs at their own pace. The Competency Maintenance series, for example, automatically delivered to clinicians by email once a month, ensures that all clinicians have access to the appropriate training at all times.

Benefits of APS online learning:

- » Courses are immediately available.
- » Clinicians can take the courses anytime, anywhere.
- » No need for travel coverage or additional expenses.
- » Clinicians can test their skills in a safe environment.
- » Increased efficiency leaves clinicians with more time to engage with patients.

Success Stories

Reducing Risk, Advancing Patient Safety.

Partnering with some of the nation's leading providers of professional liability insurance and through coordinated regional purchasing initiatives, APS has created courses that have become a central element to comprehensive patient safety initiatives at hundreds of hospitals across the country.

- » Hospital Corporation of America (HCA) p.10–12
- » Harvard's Risk Management Foundation (RMF) p.13
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To learn more about the APS impact, visit our website:
www.aps-web.com/eLearning/Impact-and-Results.aspx.

Success Stories

HCA

Hospital Corporation of AmericaSM

Hospital Corporation of America

For the past decade, Hospital Corporation of America (HCA) has engaged in an intense effort to reduce error in the perinatal setting. Centered around the philosophy that the best way to avoid claims risk is by reducing adverse outcomes, HCA spearheaded a broad initiative to improve safety by creating uniformity in processes and procedures, supporting team behavior, viewing cesarean delivery as a process alternative rather than as an outcome, and establishing effective peer review. By using this approach and adopting APS online education for the entire clinical team, **HCA achieved dramatic results, lowering the number of claims by approximately 10% per year and the cost per birth by approximately 25% per year.**^[2]

Number of Obstetrical Claims Dropped:

253 Reported in 1996–192 Reported in 2006
(Claims per ten thousand births)



[2] Clark SL et al.. Results of a new paradigm in patient safety. *Am J Obstet Gynecol.* 2008 Aug;199(2):105.e1-7.

Figure 3.1: HCA obstetrical claims dropped from 1996 - 2006.

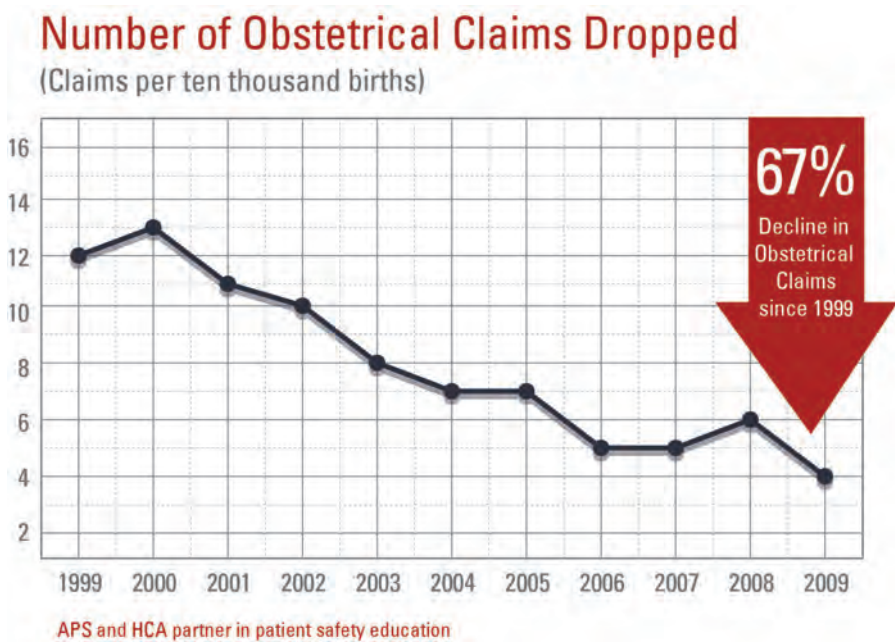
HCA's Continued Success Credited to APS Courseware

In the February 2011 issue of the American Journal of Obstetrics & Gynecology (AJOG), "*Patient safety in obstetrics—the Hospital Corporation of America experience.*" Dr. Steven Clark and his colleagues tell a great story about the continued success at HCA in reducing obstetric malpractice claims, highlighting especially their success defending shoulder dystocia cases.

Dr. Clark provides an update on the success of HCA's program goals to improve perinatal outcomes and reduce litigation associated with obstetric care throughout the system. He reemphasizes the main themes from his 2008 paper, "*Improved outcomes, fewer cesarean deliveries, and reduced litigation: results of a new paradigm in patient safety, including the need for process standardization, peer review, and empowering every clinical care team member to stop any process deemed unsafe and safeguard the patient against harm*" (see figure 3.1 on the previous page). A major component in HCA's program for improving the capability of their clinical staff involved the use of online education. In their recent article, **Dr. Clark and his colleagues outline several expanded components of the program, listing the APS online curriculum at the top of the list**, citing courses on *Electronic Fetal Monitoring*, *Operative Vaginal Delivery*, *Managing Shoulder Dystocia*, and *Postpartum Hemorrhage*. **He goes on to mention the widespread adoption of the courses outside of HCA and premium incentives from insurers, negotiated by APS, for clinicians who satisfactorily complete courses.**

In the paper, Dr. Clark notes that obstetric claims in the United States have increased by 15% since 2004, and the national average number of claims per 10,000 births remains 20% higher than HCA's experience over the past three years. Dr. Clark states that ***“we are absolutely confident that adoption of our approach on a national level could, within 5 years, both dramatically reduce adverse perinatal outcomes and to a large extent eliminate the current national obstetric malpractice crisis.”***^[3]

Figure 3.2: HCA continues to see value in the APS curriculum.



[3] Clark SL et al., Patient safety in obstetrics—the Hospital Corporation of America experience . Am J Obstet Gynecol. 2011 Apr;204(4):283.e1–7.

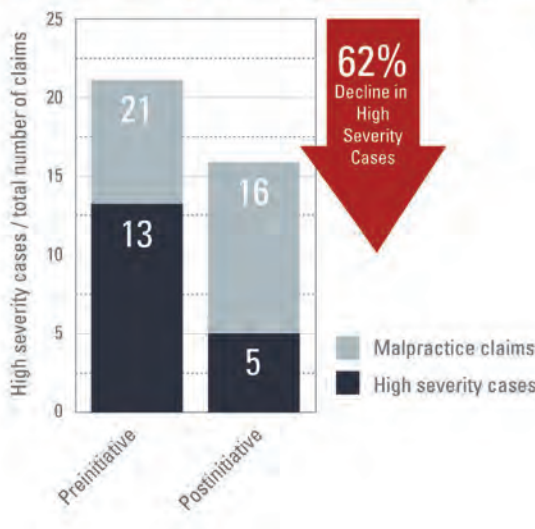
Risk Management Foundation of the Harvard Medical Institutions



Protecting providers.
Promoting safety.

Harvard's Risk Management Foundation (RMF) has achieved significant performance improvements within the Harvard Medical Institutions through a program that includes use of APS's online courses in electronic fetal monitoring and management of shoulder dystocia, as well as team training and the publication of OB practice guidelines. Measuring improvement based on an Adverse Outcomes Index rather than on claims data, **RMF has been able to show improvement in clinical outcomes, as well as a 62% decrease in high severity cases.**^[4]

Number of High Severity Cases Dropped



"APS courses provide critical clinical and patient safety information in an extremely effective and interactive manner. They focus on creating effective systems as well as individual competence. These courses have been an essential component of our successful efforts to reduce adverse outcomes and claims."

- Jack McCarthy

President, Risk Management Foundation of the Harvard Medical Institutions

[4] Pratt SD, Mann S, Salisbury M, et al. Impact of CRM-based team training on obstetric outcomes and clinicians' patient safety attitudes. *Jt Comm J Qual Patient Saf.* 2007;33:720-725.

Case Study: Lompoc Valley Medical Center



At the Lompoc Valley Medical Center (LVMC) in California, all physicians and nurses working in LVMC’s labor and delivery department completed the APS Perinatal Safety Curriculum. According to Lotta Andersson, Director of Perinatal Services and a practicing nurse midwife in her native Sweden for more than 30 years, the APS education program was uniformly well-received: *“Everybody thought the courses were excellent. It was a lot of material, but once I sat down at the computer, I found it so interesting that I wanted to continue.”*

Ms. Andersson believes the courses are useful to clinicians at every phase of their careers—particularly those courses that addressed the use of standardized language developed by the National Institute of Child Health and Human Development. *“Prior to the classes, you could have five experienced nurses describe a strip in different ways—but all mean the same thing. Now we feel very safe and secure, because we’re all speaking the same language.”*

The educational program at LVMC was part of a comprehensive patient safety initiative offered by LVMC’s malpractice carrier, BETA Healthcare Group (BHG). *“[With eLearning.] active participation is necessary, as individual competency can be assessed at every point.... There’s an assurance of guaranteed take-home learning that can be customized to each particular user,”* said Annie Herlik, RN, JD, CPHRM, Vice President of Risk Management at BHG. Participation in online patient safety courses is an increasingly important element in patient safety training from the standpoint of risk reduction, according to Ms. Herlik: *“APS’s quality of content, use of graphics, and interactive learning design is the gold standard, and our feedback from clinicians has been overwhelmingly positive. Our biggest task is making sure hospitals and clinicians are aware of their access to the APS courses, because after that [the courses] really sell themselves.”*

Perinatal Safety Curriculum

Courseware

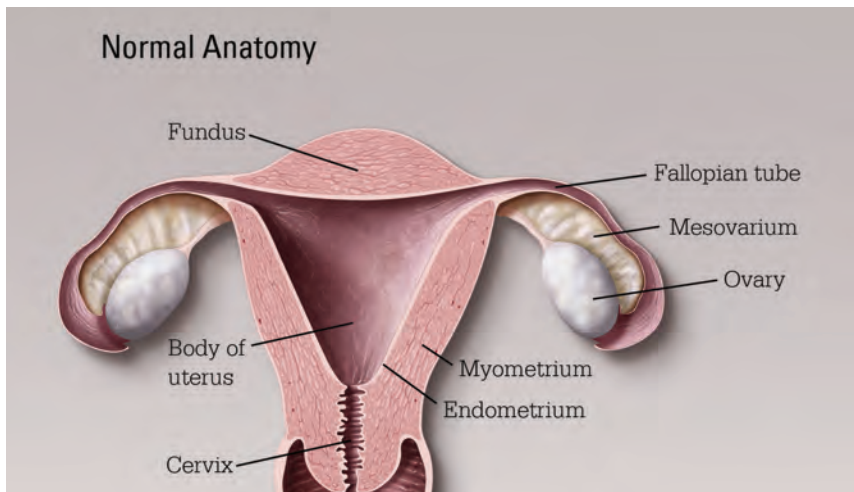
- » Advanced Fetal Assessment and Monitoring p.17
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- » Managing Shoulder Dystocia p.20
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- » Introduction to Fetal Monitoring p.21
- » Competency Maintenance in Obstetrics p.22

To arrange a demonstration, or to learn more about our Perinatal Safety Curriculum, please contact info@aps-web.com or call **617.367.0553**.

Perinatal Safety Curriculum

The APS Perinatal Safety Curriculum addresses fundamental questions in the practice of obstetrics: When is intervention necessary? Why do clinical teams sometimes fail to recognize or respond to worsening trends in a patient's clinical profile? And how can we improve obstetrical outcomes by sharpening decision-making skills, building team collaboration, and encouraging the adoption of processes that address common system failures?

Figure 4.1: The APS Perinatal Safety Curriculum includes a wide array of full-color medical illustrations to help conceptualize the material being taught.



The APS curriculum has been adopted as the foundation of obstetrical continuing education in obstetrics by hospitals and insurers nationwide. Its broad use reflects the value created by APS partnerships with organizations dedicated to patient safety. **The APS Perinatal Safety Curriculum helps reduce obstetrical claims and builds the strength of collaborative teams by engaging learners and providing case-based drills, practical tips, and expert commentary. Our courses make a difference because they fit the work and learning styles of clinicians.**

In partnership with the Hospital Corporation of America (HCA) and renowned subject-matter experts from the obstetrics community, APS provides the following course offerings.

Course Offerings

Advanced Fetal Assessment and Monitoring: Fetal heart rate monitoring has long been an area of confusion and misunderstanding. APS education applies the terminology and nomenclature for electronic fetal monitoring interpretation recommended in the 2008 National Institute of Child Health and Human Development (NICHD) workshop report fostering use of a common language for obstetric caregivers and teaching standardized tracing interpretation.

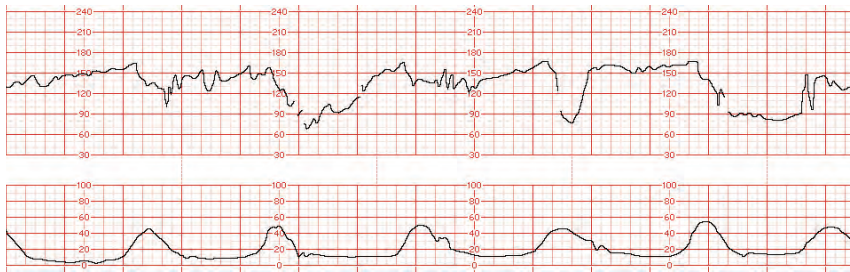


Figure 4.2: Throughout the AFAM courses the learner will assess case-specific fetal heart rate strips similar to the one shown to the left.

Module 1: Maternal Fetal Physiology and Acid-Base Assessment describes the uteroplacental–fetal circulation, building a framework for clinicians to appropriately assess fetal heart rate changes due to lack of oxygenation and determine the proper intervention in a given clinical situation.

Module 3: Management of Uterine Activity and Labor outlines the impact of uterine activity on the fetus and the management of pharmacologic interventions during labor.

Module 4: Pattern Definition and Nomenclature reviews the terminology and nomenclature recommended for interpretation of fetal heart rate tracings in the 2008 NICHD report and presents, in context, the various types of patterns seen on fetal strips and their clinical consequences.

Module 5: Interventions and Ancillary Assessment explores the most common forms of labor intervention and assessment as well as the appropriate circumstances for their use.

Module 6: Neonatal Encephalopathy identifies the various causes for neonatal depression, neonatal encephalopathy, and cerebral palsy and the evidence required to make that determination. Since only 10% of cerebral palsy cases can be attributed to hypoxia, malpractice cases can often be defended successfully if intrapartum hypoxia can be eliminated as a cause for birth defects.

Module 7: Risk Management looks at intrapartum management from a legal perspective and identifies methods for clinicians to defend themselves against litigation.

Course Authors and Contributors: Bonnie Flood Chez, RNC, MSN; Dawn Collins, RNC, JD; Gary A Dildy, III, MD, FACOG; John P Elliott, MD, FACOG; Roger K Freeman, MD, FACOG; Scott W Roberts, MD, FACOG; Winfred Parnell, MD, FACOG

*Continuing Medical Education credit for this series is provided through joint sponsorship with **The American College of Obstetricians and Gynecologists**.*

- » 12 AMA PRA Category 1 Credit(s)[™]
- » 12 Category 1 College Cognate Credit(s)
- » American Academy of Family Physicians hours are also available

*Series accredited by the **American Nurses Credentialing Center (ANCC)** through joint sponsorship with Ciné-Med.*

- » 14 contact hours for nurses

Postpartum Hemorrhage: This course provides tools, guidelines, and approaches for managing postpartum hemorrhage. It includes recognizing abnormal bleeding, quantifying blood loss, and identifying common risk factors for postpartum hemorrhage; it also outlines early interventions clinicians should attempt in response to postpartum hemorrhage, including pharmacologic, surgical, and blood component therapy.

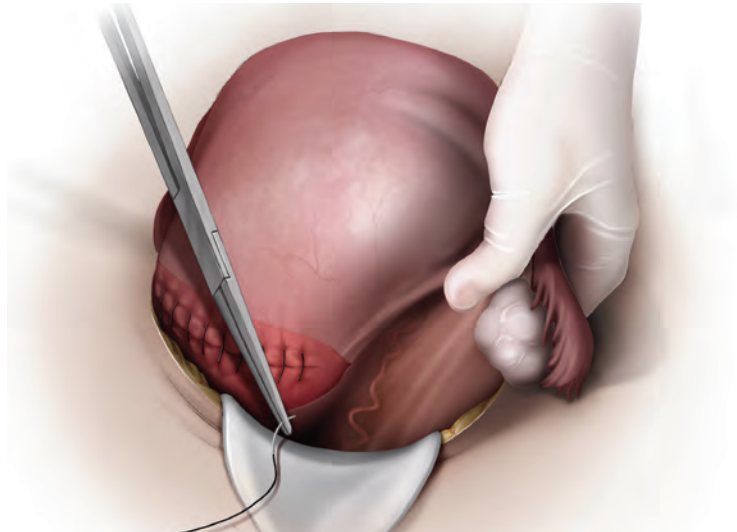


Figure 4.3: The O'Leary Stitch, as seen in the Postpartum Hemorrhage course.

This treatment has become the technique most commonly recommended for ligating the uterine artery.

Course Authors and Contributors: Annette L Backus RNC, MSN, CNS; Barbara Taylor O'Brien, HSC; Daniel Schultz, MD, FACOG; Dawn Piacenza, RNC-OB, C-EFM, MSN, ARNP-CNS; Donna Frye, RN, MN; Elizabeth Henson, RNC-OB; Gary A Dildy III, MD, FACOG; Gary Hankins, MD, FACOG; Gina Shay-Zapien, RN, BSN; James T Christmas, MD, FACOG; Janet Meyers, RN, MBA; Julie Wood, MD, FACOG; Kathy King, RN; Kay Daniels, MD, FACOG; Laraine McIntyre, BSN, RNC-OB; Lynnece Rooney, RNC, MSN, CNM; Martin November, MD, MBA, FACOG; Maurice Druzin, MD, FACOG; Melanie Foltz, RN, BSN; Michael Belfort, MD, PhD, FACOG; Michelle Lindsey, MS, RN-BC; Richard Porreco, MD, FACOG; Robert McKay, MD, FACOG; Steven L Clark, MD, FACOG; Susan Bellebaum, BSN, RNC-OB; Tracy Cowles, MD, FACOG; Victor L Vines, MD, FACOG

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- » *American Academy of Family Physicians hours are also available*

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- » *4 contact hours for nurses*

Managing Shoulder Dystocia: This course highlights various aspects of shoulder dystocia and its management and includes illustrations and explanations of the maneuvers used to resolve this obstetric emergency. The interactive program introduces a flexible, team-based approach to resolve a shoulder dystocia, using principles developed over the years in other high-risk environments, such as the airline industry, where collaboration and teamwork are critical for ensuring positive outcomes.

Course Authors and Contributors: Bernard Gonik, MD, FACOG; Bonnie Flood-Chez, RNC, MSN; Errol Norwitz, MD, PhD, FACOG; Michael Belfort, MD, MBBCH, PhD, FACOG

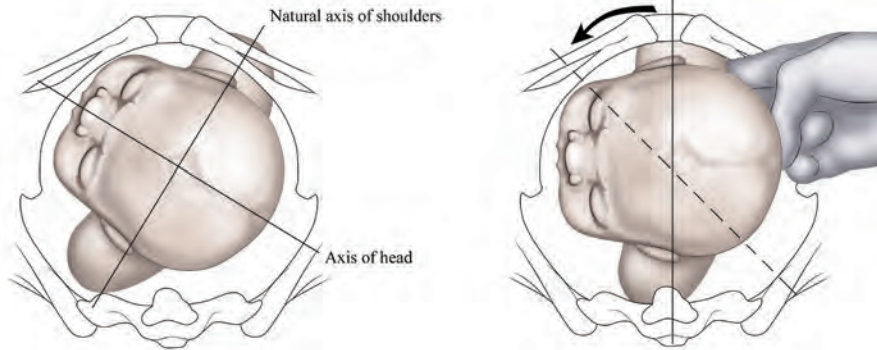
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- » 2 AMA PRA Category 1 Credit(s)[™]
- » 2 Category 1 College Cognate Credit(s)
- » American Academy of Family Physicians hours are also available

*Accredited by the **American Nurses Credentialing Center (ANCC)** through joint sponsorship with Ciné-Med.*

- » 2 contact hours for nurses

Figure 4.4: The image shown to the left illustrates how shoulder dystocia can occur and the Rubin maneuver that can be utilized.



Operative Vaginal Delivery: Techniques such as episiotomy, forceps-assisted delivery, and vacuum-assisted delivery have declined in recent years. Despite controversy about their use, however, in certain clinical situations each of these procedures may be the best method for achieving a safe and healthy delivery. This course discusses best practices with each of these techniques so they can remain a part of every obstetric provider's toolkit.

Course Authors and Contributors: Bonnie Flood Chez, RSN, MSC; Errol Norwitz, MD, FACOG; Kristine Larison, RN, BSN, MBA-HCA; Michael Belfort, MD, MBBCH, PhD, FACOG; Victor L. Vines, MD, FACOG

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- » American Academy of Family Physicians hours are also available

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- » 2 contact hours for nurses

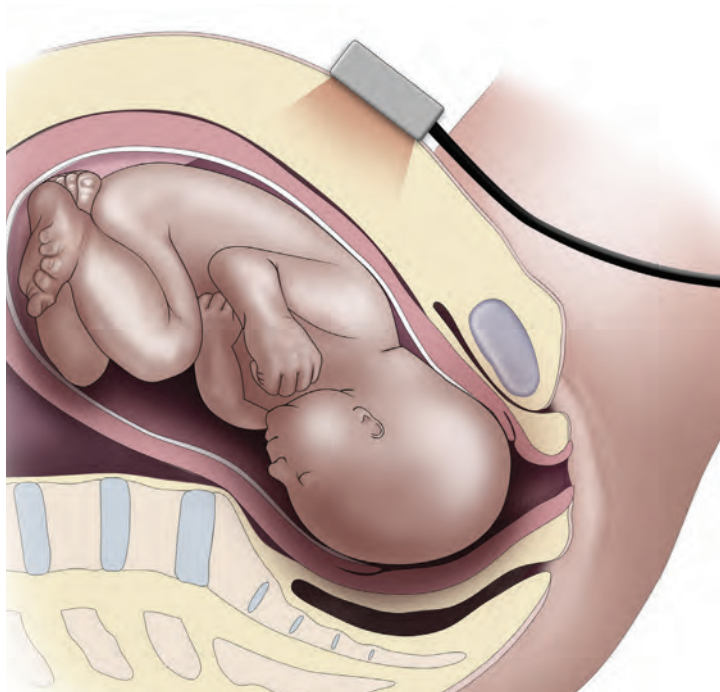
Introduction to Fetal Monitoring: Developed in partnership with the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), this course serves as an introduction to critical physiologic and patient care concepts in fetal heart monitoring, providing nurses and other health care providers with an overview of the information necessary to perform fetal assessment. Completing this program will provide perinatal clinicians with the important tools necessary to interpret fetal heart monitoring data, to implement interventions, and to evaluate the effect of these interventions on maternal and fetal well-being.

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- » 2.8 contact hours for nurses

Figure 4.5: The image to the right shows the proper placement of the fetal heart rate monitor. The Introduction to Fetal Monitoring course is full of up-to-date information pertaining to the physiology, instrumentation, and risk management associated with fetal heart rate monitoring.



Competency Maintenance in Obstetrics: Unique in concept and execution, Competency Maintenance addresses clinicians' need for continual education and self-assessment. It consists of a series of half-hour clinical cases delivered monthly by email to every registered user. Learners thus receive effective and appropriate training on an ongoing basis, allowing them to maintain and enhance the skills they demonstrated when taking the APS Perinatal Safety Curriculum. Each half-hour module consists of case studies that test physicians and nurses in key areas of intrapartum labor and delivery management. By applying knowledge and assessing new material in the context of complex medical scenarios, clinicians stay up to date while working at their own pace.

Course Authors and Contributors: Barbara O'Brien, RN, MS; Barbara Stabile, RN, MS; Beth Gupton, RN, BSN; Beth Henson, RN; Dawn Piacenza, RNC-OB, C-EFM, MSN, ARNP-CNS; Deborah S Johnson, MS, BSN, RNC; Donna Frye, RN, MN; Gary A Dildy, III, MD, FACOG; Gina Shay-Zapien, RN; Jack FitzSimmons, MD, MBA, FACOG; Karen Samblanet, RN, MSN; Laraine McIntyre, BSN, RNC-OB; Leslee Goetz, MN, RNC-OB; Martin November, MD, MBA, FACOG; Michelle Lindsey, RN; Raquel Dardik, MD, FACOG; Roger K. Freeman, MD, FACOG; Sarah Baxter, RNC-OB, Steven L Clark, MD, FACOG; Sue Sanford, RNC, C-EFM, MSN; Susan Bellebaum, BSN, RNC; Tracey Ann Pollard, RNC, BSN; Vicki B Christie, RN, NAACOG; Wanda Jeavons, RNC-OB, MSN, PNNP

*Continuing Medical Education credit for this series is provided through joint sponsorship with **The American College of Obstetricians and Gynecologists.***

- » 6 AMA PRA Category 1 Credit(s)[™] (per year)
- » 6 Category 1 College Cognate Credit(s) (per year)
- » American Academy of Family Physicians hours are also available

*Series accredited by the **American Nurses Credentialing Center (ANCC)** through joint sponsorship with Ciné-Med.*

- » 6 contact hours for nurses (per year)

Brachial Plexus

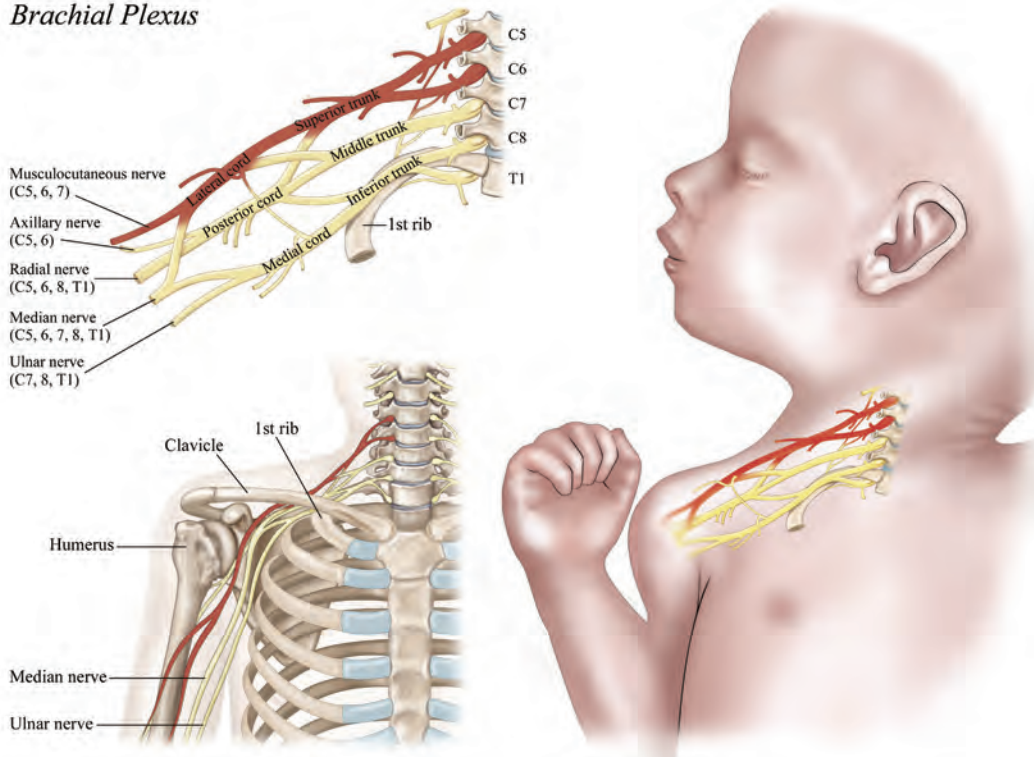


Figure 4.6: Damage during delivery to the cervical nerve roots C5-C6 results in Erb's palsy (also called Erb-Duchenne palsy). Erb's palsy affects the arm, which hangs loosely at the infant's side rather than flexed against the chest. The elbow is extended and the forearm pronated in the "waiter's tip" position.

Competency Maintenance in Obstetrics

Courseware

The Competency Maintenance model represents the next step in the evolution of APS products, making them more flexible, more relevant, and more effective for caregivers who need to keep their skills sharp. Competency Maintenance in Obstetrics consists of an ongoing series of half-hour modules designed for both physicians and nurses and delivered to learners on a monthly basis.

- » Competency Maintenance in Electronic Fetal Monitoring
- » Competency Maintenance in Managing Shoulder Dystocia
- » Competency Maintenance in Operative Vaginal Delivery

To arrange a demonstration, or to learn more about our Competency Maintenance Series, please contact info@aps-web.com or call **617.367.0553**.

Competency Maintenance in Obstetrics

In recent years, eLearning courseware has become increasingly available and an ever more significant part of medical training. Caregivers and institutions value the convenience and flexibility of learning by simply opening a web browser. **The benefits of eLearning as a mode that increases retention by up to 50% for most users are obvious to all. However, institutions are also becoming aware that reinforcement of learning is a major component to improve retention and mastery of new skills.**

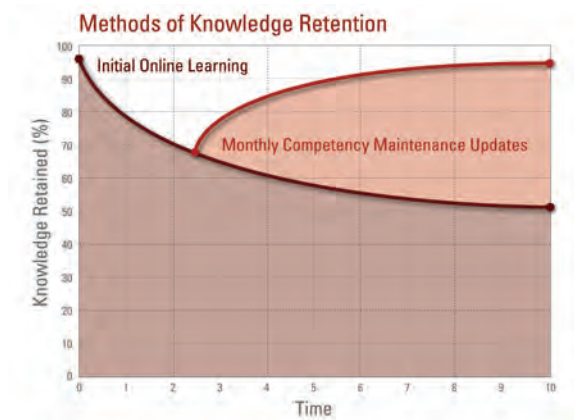


Figure 5.1: Methods of Knowledge Retention

"Consistent application of clinical decision-making skills prevents degradation of knowledge over time and bolsters competence."

Elizabeth Collins
Senior Instructional Designer
Advanced Practice Strategies

With this in mind, APS introduces the first of our Competency Maintenance product lines: Competency Maintenance in Obstetrics. The Competency Maintenance model represents the next step in the evolution of APS products, making them more flexible, more relevant, and more effective for caregivers who need to keep their skills sharp. Competency Maintenance in Obstetrics consists of an ongoing series of half-hour modules designed for both physicians and nurses and delivered to learners on a monthly basis. Using the unique APS instructional design, each module presents clinical scenarios that learners manage as they would real cases, assessing maternal status, fetal heart rate tracings, and other clinical information to create the best possible outcome for both mother and child.

Competency Maintenance in Obstetrics reinforces the teaching of the APS Perinatal Safety Curriculum. Institutions that purchase the Perinatal Safety Curriculum have the option of including Competency Maintenance as part of the package (see page 28). For those institutions that have already completed the Perinatal Safety Curriculum, Competency Maintenance can be added as a follow-on. In either case, learners will have immediate and ongoing access to new learning, allowing them to continue to strengthen their clinical skills and increase the likelihood of best outcomes for their patients.

Universal Access Option

Perinatal Curriculum Path

The Universal Access Option of the Perinatal Curriculum, guides clinicians through key obstetrics topics based on their experience level and learning needs. Doctors can enter the curriculum path as a resident, intermediate-career-level doctor, or advanced-career-level doctor. Likewise, nurses can enter the curriculum path as a early-career-level nurse, intermediate-career-level nurse, or advanced-career-level nurse.

- » Obstetrician curriculum path p.29
- » Obstetric Nurse curriculum path p.30

To arrange a demonstration, or to learn more about the Universal Access Option, please contact info@aps-web.com or call 617.367.0553.

Universal Access Option

Perinatal Curriculum Path Overview

The APS Perinatal Curriculum improves obstetrical outcomes by sharpening decision-making skills, building team collaboration, and encouraging the adoption of processes that address common system failures. **It is designed to first build a foundational knowledge of each obstetrics topic through a specific course, and then analyzing the learner’s knowledge-application and decision-making through case scenarios or a competency maintenance series. Course completion ensures a consistent and shared knowledge across all clinical staff,** while case scenarios and competency maintenance embark staff on career-long learning reinforcement and improvement.

Our course structure and online format allows both physicians and nurses to test their skills in a safe environment and to emerge from training with an increased level of skill and efficiency. In addition, the online format enables each member of the clinical team to begin immediately, continue at their own pace, and complete courses in the location of their choice without the need for schedule disruption.

The Universal Access Option of the Perinatal Curriculum, guides clinicians through key obstetrics topics based on their experience level and learning needs. Doctors can enter the curriculum path as a resident, intermediate-career-level doctor, or advanced-career-level doctor. Likewise, nurses can enter the curriculum path as a early-career-level nurse, intermediate-career-level nurse, or advanced-career-level nurse. Learning is tailored even further as select courses are equipped with “*My Learning Path*,” a tool that assesses each learner’s performance and provides them with more case-based drills, practical tips, and expert commentary related to their deficiencies until they become proficiencies. Doctors can raise their knowledge level while gaining experience, enabling them to quickly become exceptional in the field of obstetrics.

Obstetrician Curriculum Path: Targeted content meets the specific need at each career level

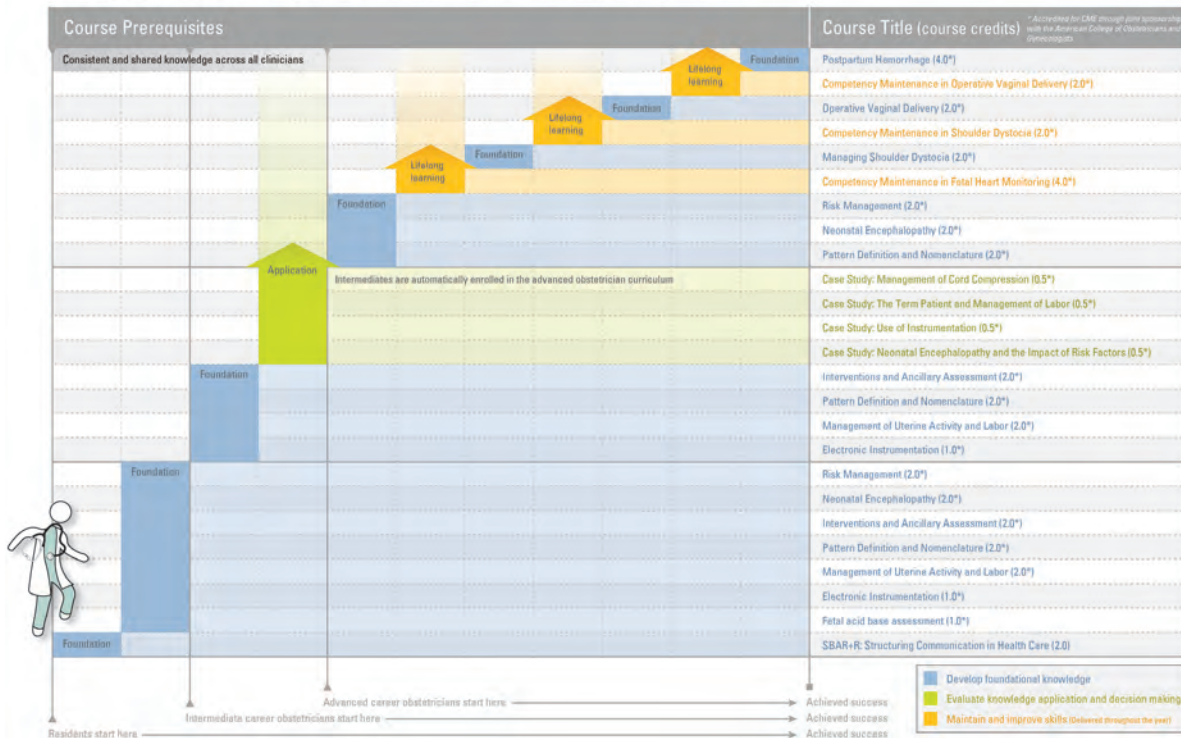
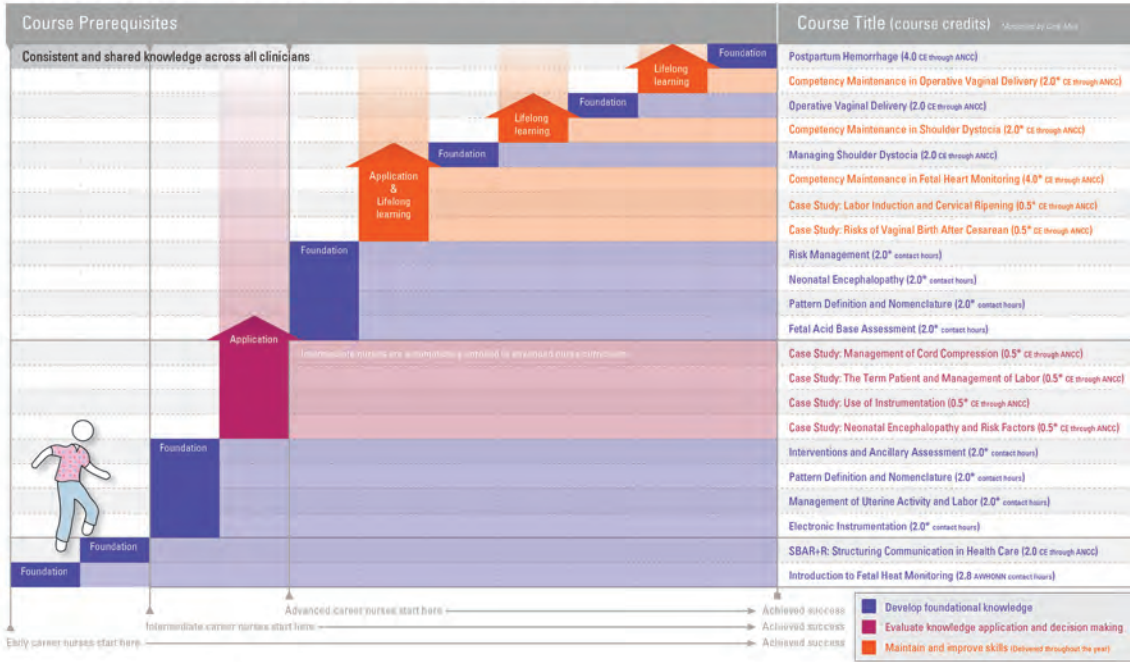


Figure 6.1: Perinatal Curriculum path for obstetricians.

All courseware in the Obstetrics Curriculum path is consistent with the continuous evolution of the health care field and implements guidelines developed by the National Institute of Child Health and Human Development (NICHD) and the American College of Obstetricians and Gynecologists. Doctors and nurses are trained on the same content within these guidelines, increasing effective communications and building the strength of collaborative teams. As doctors and nurses work from the same baseline of knowledge, doctors have more time to manage more complex, urgent issues demanding their expertise.

Obstetric Nurse Curriculum Path: Targeted content meets the specific need at each career level



Adopted as the foundation of obstetrical continuing education by hospitals and insurers nationwide, the APS Obstetrics Curriculum has been shown to reduce obstetrical claims as it increases patient safety. Embedded as a part of your organization’s culture, the APS Obstetrics Curriculum instills an ongoing strive for excellence in clinicians that empowers them to provide the best possible care for their patients.

Figure 6.2: Perinatal Curriculum path for nurses.

Surgical Safety Curriculum

Courseware

- » Bariatric Surgery p.33
- » Reducing Error in the Operating Room p.34
- » Laparoscopic Cholecystectomy p.35
- » Laparoscopic Error p.36
- » Inguinal Hernia p.37
- » Colectomy p.38

To arrange a demonstration, or to learn more about our Surgical Safety Curriculum, please contact info@aps-web.com or call **617.367.0553**.

Surgical Safety Curriculum

The APS Surgical Safety Curriculum synthesizes the wisdom of renowned surgeons and highly experienced nurses. These clinicians recognize that an estimated 54–74% of surgery-related adverse events are preventable.^[5] They have seen firsthand the losses associated with these events — in patient health, in team morale, in liability, and reputational costs. And they share APS’s dedication to eradicating the flaws in hospital systems and processes that lead to surgical error, thereby protecting patient safety.

The courses in this curriculum provide practical tips and guidelines to help surgical teams avoid or quickly respond to technical error, improve team communication, and reduce claims. The courses’ underlying philosophy is a collaborative practice model of a single team caring for patients. In this model, surgical nurses are integral to providing high-quality patient care and reducing errors.

In partnership with Stanford Hospital & Clinics, the Risk Management Foundation of the Harvard Medical Institutions (RMF), experts from the Harvard medical community, and the Association of periOperative Registered Nurses (AORN), APS provides the surgical curriculum noted throughout this section.

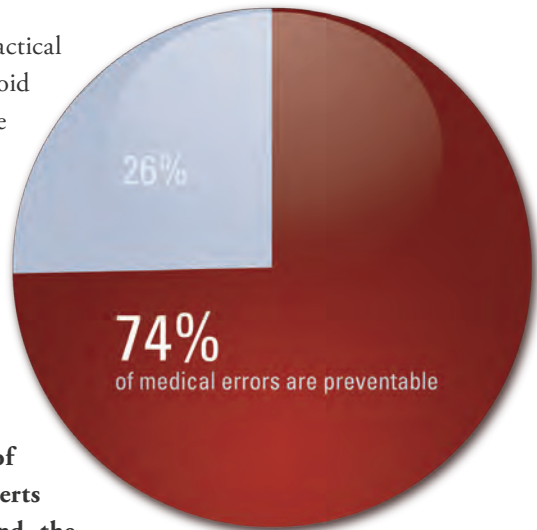


Figure 7.1: An estimated 54–74% of surgery-related errors are thought to be preventable.

[5] Gawande AA, Thomas EJ, Zinner MJ, et al. The incidence and nature of surgical adverse events in Colorado and Utah in 1992. *Surgery* 1999;126:66–75.

APS Surgery Courses

Bariatric Surgery: One of the fastest growing surgical practices in the United States, bariatric surgery is also becoming an increasing area of liability claims for the surgeons and facilities providing it. This increase in frequency and the relative newness of the most common procedures—laparoscopic adjustable gastric banding has only been available in the United States since 2001—has made it difficult for experienced providers to keep up with the demand. As a result, more and more procedures are being performed by providers who do not meet the best practice recommendations for credentialing bariatric surgeons or in facilities that cannot meet the special needs of bariatric patients. This course addresses common questions and issues surrounding bariatric surgery from both a clinical and a risk reduction perspective.

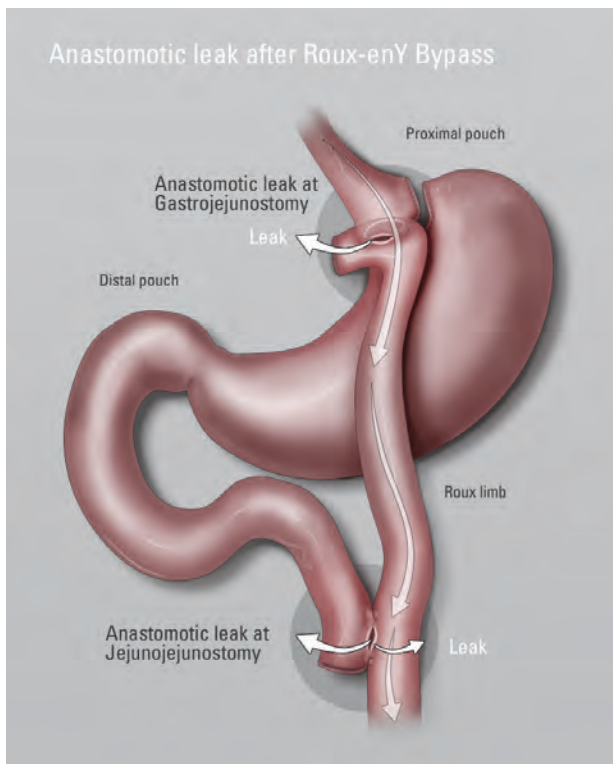


Figure 7.2: Areas at risk of anastomotic leaks after Roux-en-Y bypass surgery, as seen in the Bariatric Surgery course.

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» 2 contact hours for nurses

Reducing Error in the Operating Room: Surgical error is responsible for an estimated one out of every four recorded medical errors, resulting in the loss of thousands of lives and costing patients and insurers approximately \$1.5 billion annually. At every point in their careers, those who perform surgery are vulnerable to committing errors, but most occur during routine operations by experienced surgeons and nurses. During each technically demanding surgery, studies show, an estimated three major safety-compromising events take place.^[6] Most of the errors that cause patient harm occur as a result of multiple individual events, spanning more than one phase of care and involving several clinicians.^[7]

Fortunately, a majority of surgery-related adverse events are preventable. The aim of this course is to help clinicians reduce surgical error by building awareness across the entire clinical team of the most common types of errors and the conditions under which they occur. **The course also helps clinicians identify flawed systems that create error-prone environments, and it provides practical guidelines for eliminating common errors, such as use of preoperative check-lists and postsurgical material inventories.**

[6] de Leval MR, Carthey J, Wright DJ, et al. Human factors and cardiac surgery: a multicenter study. *J Thorac Cardiovasc Surg* 2000;119(4 Pt 1):661–672.

[7] Rogers SO, Gawande AA, Kwaan M, et al. Analysis of surgical errors in closed malpractice claims at 4 liability insurers. *Surgery* 2006;140(1):25–33.

Course Authors and Contributors: Jeffrey Driver, JD; John M Morton, MD, FACS; Kathleen R Cooper, RN, BSN, CNOR, RNFA; Martin November, MD, MBA; Mary Beland, MSN, CNOR, RNFA; Nathaniel J Soper, MD, FACS; Paul Matthew Maggio, MD, MBA, FACS; Phillip Goodney, MD, MS, FACS; Richard Parent, MD, FACS; Scott Perryman, MD, FACS; Vic Velanovich, MD, FACS

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» 2 contact hours for nurses

APS Surgical Resources

Laparoscopic Cholecystectomy: Naming and framing complex problems, such as the technical errors associated with laparoscopic cholecystectomy, are important steps towards addressing them. In addition, the adoption of a systems view of patient safety can help strengthen defenses against errors such as misidentification of the cystic duct.

Using detailed medical illustrations and an interactive learning design, this resource focuses on the perceptual and technical errors that result in injuries to the common bile duct and other structures; it also outlines approaches, such as the critical view, for avoiding these errors. In addition, this resource provides team communication guidelines and information about how surgical support teams, including nurses, can assess patient risk and prepare the OR appropriately for possible

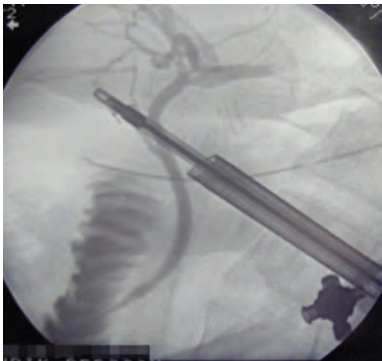


Figure 7.3: Cholangiogram as seen in Laparoscopic Cholecystectomy: A Resource to Empower Surgical Teams.

secondary procedures. It also outlines tips to help nurses draw on their powers of influence and persuasion to help surgeons understand the nurses' concerns during a procedure.

Course Authors and Contributors: David Brooks, MD, FACS; Diana Beck, MSN, RN, CNOR; James Campbell Cusack, Jr., MD, FACS; Jeffrey Driver, JD; Kathleen R Cooper, RN, BSN, CNOR, RNFA; Martin November, MD, MBA; Mary Beland, MSN, CNOR, RNFA, Peter Mowschenson, MD, FACS; Phillip Goodney, MD, MS, FACS

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» 1 contact hour for nurses

Laparoscopic Error: Regardless of the surgical procedure, laparoscopy adds risks associated with endoscopic technique and instrumentation. These risks are reflected in the vascular and organ injuries attributed to needle and trocar entry. Experts expected that the rate of these injuries would decrease as surgeons and hospitals built expertise through volume of operations performed. However, no such trend has yet been recognized. Why not? The quandary is clear: on the one hand, laparoscopy provides many benefits to patients, including shorter recovery times, but on the other hand, surgeons must assess the risks, based on their levels of expertise. Patient factors should weigh heavily in the decision: for a riskier patient, this riskier procedure may be inadvisable.

This resource utilizes extensive anatomic illustrations and an engaging learning design to make clinicians aware of the common technical errors associated with laparoscopy. It also supports a systems approach, providing practical tips for both surgeons and their supporting clinical teams to reduce the errors commonly associated with malpractice claims after laparoscopy.

Course Authors and Contributors: David Brooks, MD, FACS; Diana Beck, MSN, RN, CNOR; James Campbell Cusack, Jr., MD, FACS; Jeffrey Driver, JD, Kathleen R Cooper, RN, BSN, CNOR, RNFA; Martin November, MD, MBA; Mary Beland, MSN, CNOR, RNFA; Peter Mowschenson, MD, FACS; Phillip Goodney, MD, MS, FACS

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» 1 contact hour for nurses

Inguinal Hernia: Up to 50% of inguinal hernia patients present with pain or neuralgia at one year after their operations—with 10% describing moderate to severe symptoms. Pain experienced after an inguinal hernia repair may be appropriate, given the nature of the operation. Too often, however, chronic pain suffered by hernia patients is caused by technical errors such as nerve damage at surgery or nerve entrapment in scar tissue. Analyzing chronic pain following inguinal hernia surgery can also be more difficult if the patient was not sufficiently evaluated preoperatively.

Using detailed medical illustrations and an interactive learning design, this resource provides practical tips for both surgeons and their supporting clinical teams to reduce the errors commonly associated with malpractice claims after inguinal hernia repairs. It examines patient factors as well as injuries to the groin nerves, bladder or bowel, vessels, and vas deferens or testicles that can occur during such surgery.

Course Authors and Contributors: Annette Wasielewski, BSN, RN, CNOR; David Brooks, MD, FACS; Jeffrey Driver, JD; Kathleen R Cooper, RN, BSN, CNOR, RNFA; Martin November, MD, MBA; Mary Beland, MSN, CNOR, RNFA; Peter Mowschenson, MD, FACS; Phillip Goodney, MD, MS, FACS

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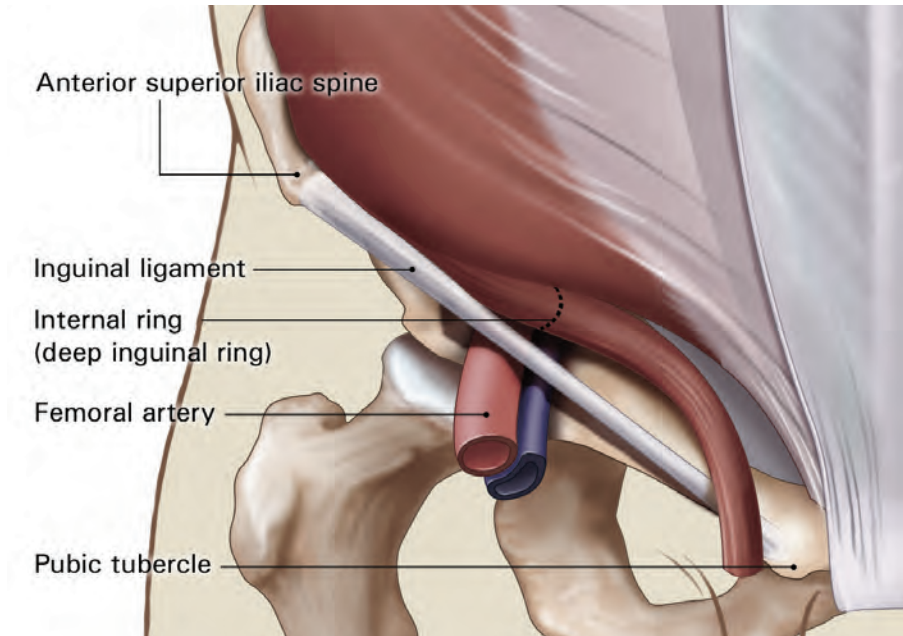
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» 1 contact hour for nurses

Figure 7.4: Inguinal anatomy can be difficult to grasp thoroughly.

The Inguinal Hernia course is full of illustrations which clearly delineates the areas of high risk.



Colectomy: The rate of complications with laparoscopic colectomies is similar to that for open procedures. Problematic areas include anastomotic complications, organ injuries, ureteral injury, and vascular injury. Using detailed medical illustrations and an interactive learning design, this resource provides practical tips for both surgeons and their supporting clinical teams to reduce the errors commonly associated with malpractice claims after a colectomy procedure, and it provides

background on patient conditions and abdominal anatomy. It reviews the core concepts of a systems view of patient safety and explores preoperative considerations to ensure successful surgical outcomes.

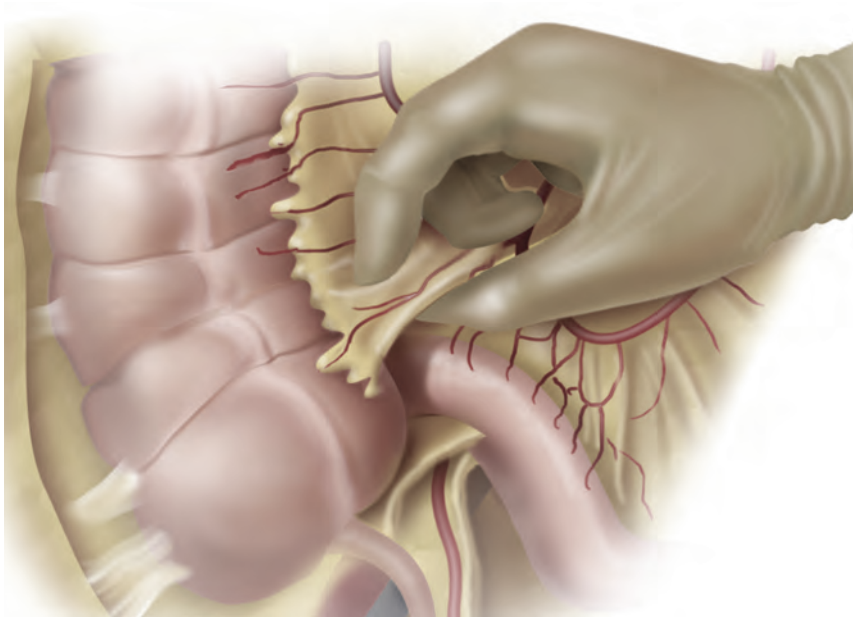


Figure 7.5: Avoiding vascular injury by identifying key landmarks before making any subsequent determinations is a tenet of surgery.

In this illustration the surgeon is identifying the key landmark of the ileocolic pedicle prior to performing a right colectomy.

Course Authors and Contributors: David Brooks, MD, FACS; Diana Beck, MSN, RN, CNOR; James Campbell Cusack, Jr., MD, FACS; Jeffrey Driver, JD; Kathleen R Cooper, RN, BSN, CNOR, RNFA; Mary Beland, MSN, CNOR, RNFA; MD, Martin November, MD, MBA; Peter Mowschenson, MD, FACS; Phillip Goodney, MD, MS, FACS

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» 1 contact hour for nurses

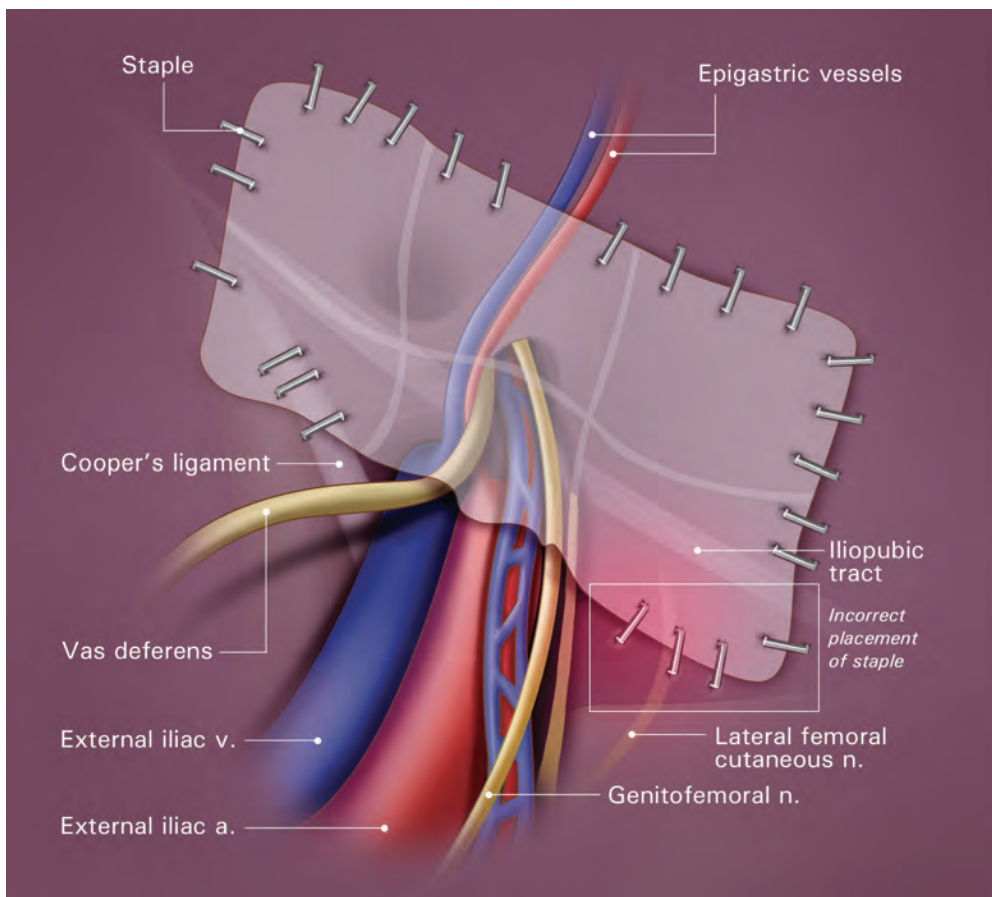


Figure 7.6: Illustration from the Inguinal Hernia course, shows the incorrect placement of staples during a laposcopic procedure.

Internal Medicine Curriculum

Courseware

- » Safe Prescribing Environments p.43
- » Safe Prescribing Practices p.44
- » Chronic Pain: Assessment, Treatment, and Risk Management p.45

To arrange a demonstration, or to learn more about our Internal Medicine Curriculum, please contact info@aps-web.com or call **617.367.0553**.

Internal Medicine Curriculum

The APS General Practice and Internal Medicine Curriculum focuses on high risk areas in general medicine. The modern pharmacopeia of drugs offers near miraculous benefits to many patients. At the same time, however, the power of these remedies also makes them potentially dangerous. All medications must be handled with extreme caution. An error in prescribing or administering drugs can lead to disaster.

Similarly, managing chronic pain patients can be a difficult process, as physicians face concerns about addiction and misuse of medications. However, **more than 90 million Americans experience chronic pain symptoms, and a large number of chronic pain patients suffer from under-treated pain.** Safe screening methods and prescription approaches are available for treating these patients.

This course series examines effective care for patients suffering from chronic pain and addresses some of the more common causes of prescribing errors.

In partnership with Stanford Hospital & Clinics, the Risk Management Foundation of the Harvard Medical Institutions (RMF), and experts from the Harvard medical community, APS provides the internal medicine curriculum described throughout this section.

APS Internal Medicine Courses

Safe Prescribing Environments: The modern pharmacopeia of drugs is an integral part of medical practice but also a potentially dangerous one. Health care providers must be aware of the potential to cause inadvertent harm to a patient when prescribing and administering medications. Error-prevention strategies too often focus entirely on the administrator's role. An individual may indeed have done something wrong, but more often the medication error came at the end of a chain of events that began with the institutional system for drug prescription and administration. By identifying and eliminating environmental causes that set individuals up to fail, practices and institutions can reduce the likelihood that health care providers at the end of the chain will make medication errors. This course examines ways in which unsafe systems affect the clinicians' ability to administer medications safely. At the same time, it offers proven approaches for creating safe environments that reduce medication errors.

Course Authors and Contributors: Frank Federico, BS, RPh; Jeffrey M Rothschild, MD, MPH; Joseph R Hopkins, MD, MMM; Martin November, MD, MBA; William Berry, MD

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» 2 contact hours for nurses

Figure 8.1: The US pharmacopeia has identified several examples of medications that can easily be confused.

Consider how disastrous it would be, for example, if a patient required Lanoxin for congestive heart failure and was given Lonox, an antidiarrheal.

US Pharmacopeia

Examples of Easily Confused Sound-alike or Look-alike Drugs:

acetohexamide/ acetazolamide	hydralazine/hydroxyzine
Adderall/Inderal	Indinavir/Denavir
Alupent/Atrovent	Lamictal/Lomotil/Lamisil
Ambien/Amen	Lanoxin/Lonox
amiodarone/amrinone	Levbid/Lopid/Lithobid
Asacol/Os-Cal	Levoxy/Luvox
bupropion/ bupirone	Lovenox/Lotronex
Cardizem/Cardiem	methylprednisolone/methytestosterone
Celebrex/Celexa/Cerebyx	nicardipine/nifedipine
chlorpromazine/ chlorpropamide	Nizoral/Nasarel/Neoral
clomiphene/clomipramine	prednisone/prednisolone
cyclosporine/ cycloserine	Remeron/Zemuron
daunorubicin/doxorubicin	sulfadiazine/sulfisoxazole
dimenhydrinate/diphenhydramine	tolazamide/tolbutamide
dobutamine/dopamine	vinblastine/vincristine
Dynacin/DynaCirc	Vioxx/Zyvox
Flomax/Fosamax; Flomax/Volmax	Zyrtec/Zypraxa
glipizide/glyburide	

Safe Prescribing Practices: Medication errors often result from illegible handwriting, calculation errors, mistakes in dosing or frequency of administration, look-alike and sound-alike drug names, use of ambiguous abbreviations or symbols, and miscommunication among health professionals. Most of these mistakes are preventable. This course examines some of the more common causes of prescribing errors and offers many proven approaches for reducing these mistakes and the harm they cause patients.

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Figure 8.2: Imagine a case where, because of fatigue, stress, frustration, or hurriedness, a physician writes a patient suffering for depression and seizures a prescription for Zyrtec, but due to the physician's haste, the note is illegible and the pharmacist interprets the prescription as Zyprexa.

Chronic Pain: Assessment, Treatment, and Risk Management: The chronic pain patient is a common sight in clinic waiting rooms. **More than 90 million Americans experience chronic pain symptoms.** Chronic pain patients are difficult to treat. The pain may have no clear diagnosis and present no objective sign. Treatment plans for chronic pain patients are often, by necessity, multidisciplinary and require use of several medications. Most physicians do not take the time to properly assess patients for their risk of addiction, to create appropriate treatment plans, or to manage the ongoing treatment and risk associated with these patients. This course explores assessment, treatment, and management options to help physicians determine the

right solution for their chronic pain patients. It gives practitioners the strategies, tools, and treatment guidelines they need to assess chronic pain and to manage the risk of any opioids used in a treatment plan.

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Patient Safety Curriculum

Courseware

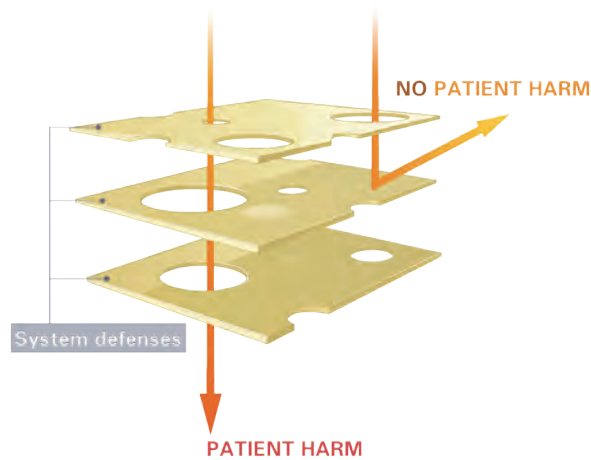
- » Errors and Injuries in Health Care p.50
- » Using Systems Theory to Understand Errors and Injuries in Health Care p.50
- » Using Systems Theory to Prevent Errors and Injuries in Health Care p.52
- » Responding to Adverse Events and Error p.53
- » Changing Systems p.54

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Patient Safety Curriculum

In medicine, the traditional response to patient injuries due to error is to punish the clinicians for failure, in the mistaken belief that this will reduce error-related injuries in the future. The modern Patient Safety Movement seeks to replace this “blame, shame, and train” model with a systems-based approach that treats errors not as human failures but as the inevitable outcome of flawed care systems.

Figure 9.1: James Reason's Swiss cheese model illustrates how patient harm can occur even when system-wide defenses are in place.



The APS Patient Safety Curriculum gives clinicians a roadmap for understanding care systems and applying patient safety theories to reduce adverse events in their hospitals. The curriculum begins by introducing critical concepts in systems theory, focusing not only on the “sharp end” of the system, where patient care happens, but also on the “blunt end,” where the system is shaped. These concepts are derived from the study of human factors and from the groundbreaking work of Dr. James Reason, whose Swiss cheese model shows how errors result from latent conditions in care systems. These latent conditions create holes in the layers of institutional protection. By applying human factors lessons, clinicians

and institutions can reduce these latent conditions and close the holes that lead to active failures and adverse events.

The Patient Safety Curriculum builds on systems theory and human factors research to show clinicians how to identify and correct flawed systems. In the wake of an adverse event or a near miss, root cause analysis can be used to discover the latent error that allowed it to happen. The Plan-Do-Study-Act, or PDSA, model can be used to eliminate the latent error, repairing the flawed system and closing the path that allowed the adverse event to occur. The curriculum also discusses the key organizations and partners behind the Patient Safety Movement and the drive for change in the health care industry.

In partnership with the Risk Management Foundation of the Harvard Medical Institutions (RMF) and experts from the Harvard medical community, APS provides the patient safety curriculum described throughout this section.

APS Patient Safety Courses

Errors and Injuries in Health Care: Helps clinicians characterize adverse events in health care and understand how the culture of blame within some hospital systems can block efforts to improve patient safety.

Part of APS's Patient Safety Series, Errors and Injuries in Health Care introduces learners to the concepts and language of the Patient Safety Movement. The course discusses the frequency of medical errors and their effect on care. It also looks at some of the underlying causes for such errors, in areas such as medication administration, and discusses national campaigns to reduce errors by focusing on the patient and the system of care, rather than the person committing the error.

Course Authors and Contributors: Lucian L Leape, MD; Saul N Weingart, MD, PhD

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Using Systems Theory to Understand Errors and Injuries in Health Care: Gives clinicians a deeper understanding of the concept of the health care “system” and demonstrates how systems theory can be applied to health care.

This course looks at the role poorly designed systems play in medical error. The course stresses the importance of asking “Why?” instead of “Who?” when assigning causes to errors and discusses the nature of complex systems and their interaction with health care. The course also introduces the Swiss cheese model, created by Dr. James Reason, which

shows how latent errors are hidden systems flaws that create holes in systems defenses, resulting in active failures like medical error.

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Characteristic Errors in System Failures

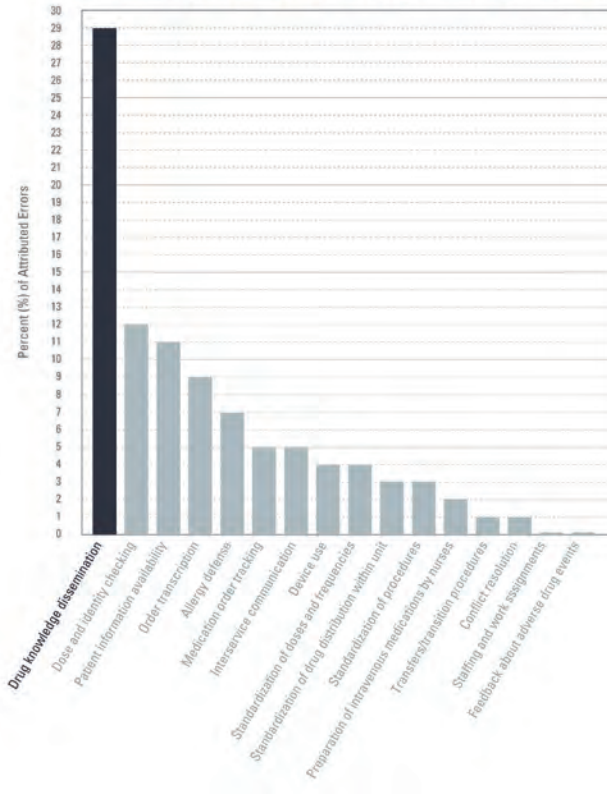


Figure 9.2: 29% of errors attributed to system failures are related to drug knowledge and dissemination. Using Systems Theory to Prevent Errors and Injuries in Health Care explores better ways to design superior systems.

Figure 9.3: Single-loop learning focuses on the actions people took right before an event, such as an oncology patient being given the wrong medication. Health care systems, however, usually fail for a complex set of reasons. To uncover all of those reasons, and to drive long-term change, organizations need to support double-loop learning and ask the questions “how?” and “why?”.

Using Systems Theory to Prevent Errors and Injuries in Health Care: Relates human factors and engineering principles to health care, helping clinicians to understand complex systems and to prevent errors and injuries.

This course looks at ways to better design systems to reduce the incidence of medical error. The course introduces human factors principles and shows ways they can be used to create systems that reduce error. Proper application of human factors can eliminate caregivers’ reliance on weak cognitive functions, such as memory and attention to detail, thus significantly reducing both latent errors and active failures in care systems.

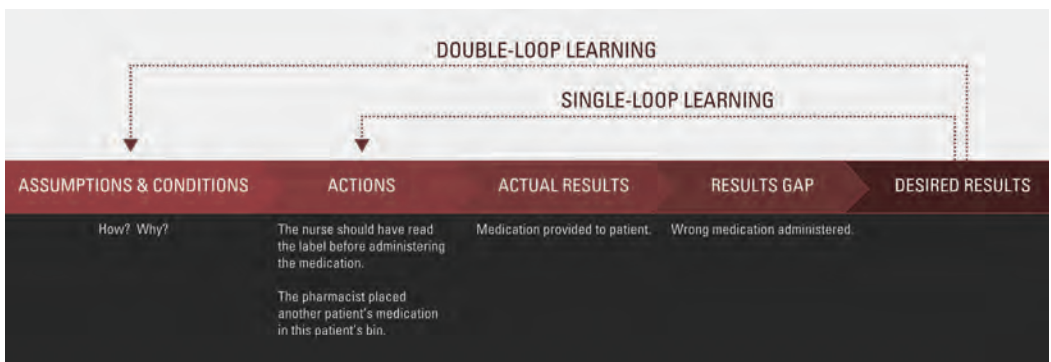
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Responding to Adverse Events and Error: Illustrates how to compare and contrast the person and system approaches to human error and applies human factors principles to the redesign of health care systems.

Responding to Adverse Events and Errors provides a systems-based approach to error response. The course shows the importance of gathering information about errors and emphasizes creation of a nonpunitive culture as a way to increase error reporting. Root-cause analysis is introduced as a tool for locating latent errors. The course also provides steps for disclosing the error to the patient and for supporting the patient in the aftermath of the error.

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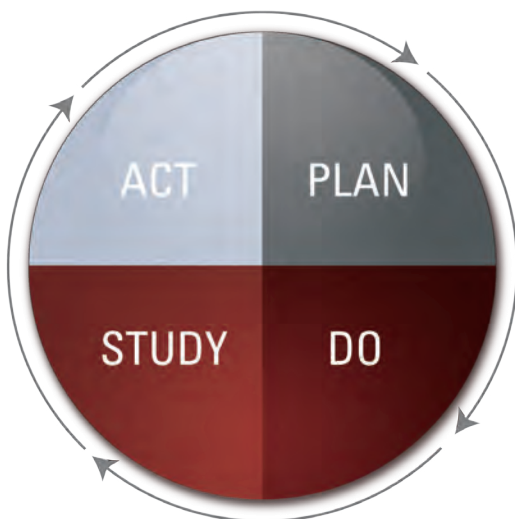


Figure 9.4: The Plan-Do-Study-Act, or PDSA, cycle can be implemented in organizations seeking to improve care systems.

Changing Systems: The final course in APS's Patient Safety Series, Changing Systems, introduces methods for successfully developing new care systems that reduce errors. The course describes how incremental change can be implemented with a minimum of disruption using the PDSA cycle, a model relying on small samples and quick feedback to create systems that address immediate needs. The course also discusses the importance of having measurable goals for both processes and outcomes and shows simple methods for tracking these goals.

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Core Risk Curriculum

Courseware

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- » The Risk of Poor Communications p.57
- » Documentation Makes the Difference p.58
- » Risk Management Basics – Protection and Pitfalls p.60
- » Informed Consent: A Medico-Legal Case Study p.60
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- » Resident Supervision p.65

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Core Risk Curriculum

In the past few decades, with the advent of the Patient Safety Movement, the health care industry has come to view some errors as the result of problems not immediately associated with clinical practice.

Areas such as communication, documentation, error reporting, and informed consent play a much larger role in preventing errors and reducing liability than was previously understood. The Core Risk Curriculum focuses on promoting best practices in these risk areas. Although each course focuses on a particular area of patient care, all contain shared recommendations regarding communication and documentation, communication and informed consent, as well as documentation and error reporting.

Each Core Risk Curriculum courses provide suggestions proven effective for improving care systems and reinforces new learning with interactive clinical scenarios based on actual closed claims. In many of the courses, physicians and nurses share their real-life experiences, explaining how improving practices increases safety and placing the learning in a practical context.

In partnership with the Risk Management Foundation of the Harvard Medical Institutions (RMF) and experts from the Harvard medical community, APS provides the core curriculum described throughout this section.

Core Risk Curriculum Courses

SBAR+R – Structuring Communication in Health Care: How we as health care workers obtain, organize, and relay information affects our ability to provide safe, comprehensive care for our patients. Very few industries depend so greatly on clear and accurate communication. Those that do, such as the airlines, NASA, and the nuclear power industry, long ago adopted strategies to safeguard against the potential for tragic mistakes due to faulty communication. In this course, you will learn about one of these strategies: structured communication using the SBAR+R method. Learning and using SBAR+R will help you avoid unnecessary errors by enhancing the effective transmission of timely and vital information among all members of your health care team.

Course Authors and Contributors: Kristine Larison, RNC, BSN, MBA; Marion Constable, CNM, MSN

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The Risk of Poor Communications: Communication among clinicians and with patients is critical to good health care, but many clinicians underestimate its importance. This course discusses the many different kinds of communication that clinicians use to provide care, highlights the risks posed to patients by poor communication, and outlines ways to reduce or eliminate poor communication practices.

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Root Causes of Sentinel Events

(All categories; 1995-2005)



Figure 10.1: Top 3 root causes of sentinel events are communication, orientation/training, and patient assessment.

Documentation Makes the Difference: Meeting the standard of care may not be protection enough should a liability claim result. Proper documentation of the patient’s condition, history, and consent, as well as the treatment path and its rationale, can help clinicians successfully defend or avoid a malpractice suit. This course discusses several steps that can be taken to improve documentation practices and ensure a complete medical record and illustrates the effect that documentation can have on malpractice cases.

Course Authors and Contributors: Warren Wacker, MD; William Berry, MD

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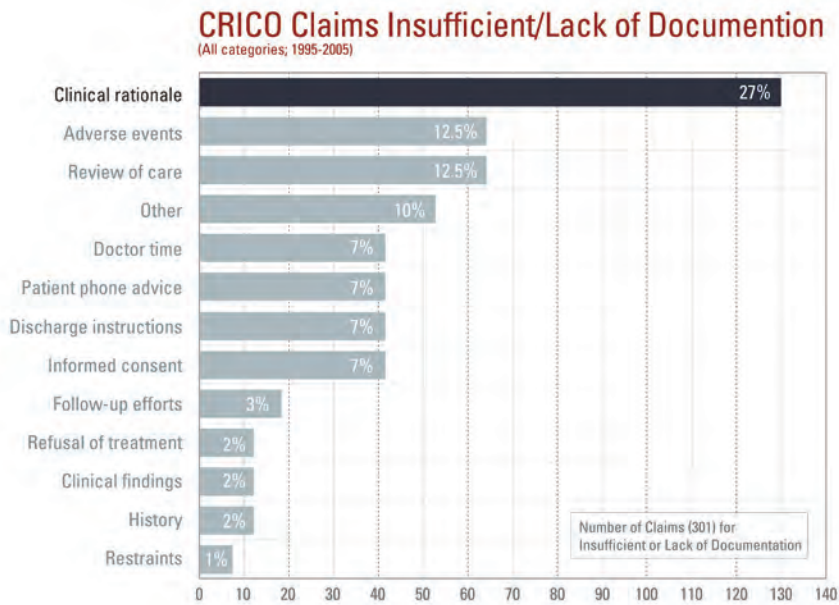


Figure 10.2: Clinical rationale is most often cited as insufficient in documentation.

Risk Management Basics – Protection and Pitfalls: This course discusses the basic liability risks associated with the practice of medicine and highlights steps physicians can take to reduce those risks. This course describes the malpractice liabilities that exist within the patient care process, lists the most frequently named specialties and the allegations most often made in malpractice cases, describes how organizational systems help patient safety, and lists areas of risk management concern.

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Informed Consent: A Medico-Legal Case Study: Although a critical part of medical care, informed consent is one of the most complex and least understood concepts in health care. This course discusses the concepts of informed consent: the underlying legal principles, the elements of the consent process, and the information needed to make consent informed. These concepts are applied to a real-world case involving a breast cancer diagnosis to highlight how informed consent can be interpreted differently in a courtroom than it is in a doctor's office.

Course Authors and Contributors: Ronald Katz, MD; William Berry, MD

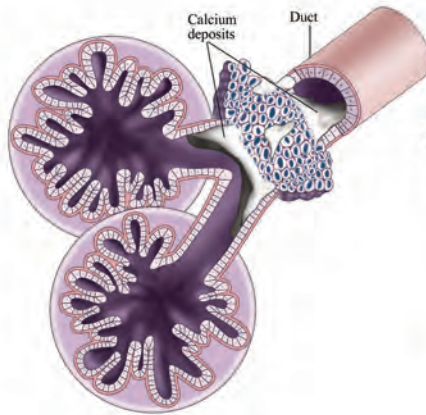
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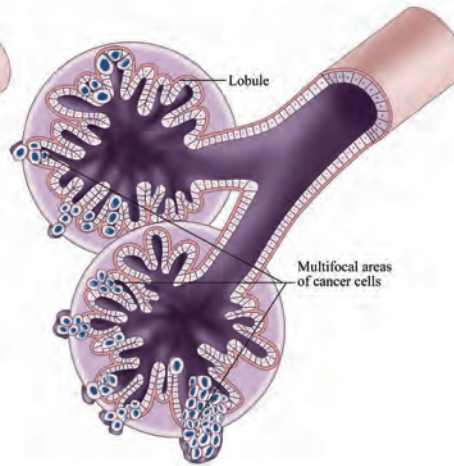
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Invasive Ductal Carcinoma



Invasive Lobular Carcinoma



The Telephone in Clinical Practice: The telephone is a major point of contact for office-based practices, with some handling as much as 30% of their patient interactions over the telephone. This course uses audio clips to illustrate effective telephone communication techniques and encourages providers to create protocols indicating where calls should be directed based on their seriousness. The importance of telephone triage is also discussed, along with the need to employ clinicians who are qualified to perform such triage.

Course Authors and Contributors: Harvey P Katz, MD; William Berry, MD

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Coordination of Patient Care: Medical care can be a complex process, whether inpatient or outpatient, requiring the frequent transfer of patient information from one care site or department to another. When physicians do not take steps to coordinate these information transfers, “hand-offs” of patient care become subject to error and risk. This course discusses methods for coordinating patient care, highlighting the systems approaches to preventing the information losses that increase risk and endanger patients.

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The Disclosure of Unanticipated Outcomes: As the health care industry view of errors evolves from individual responsibility to a systems approach, the attitude toward disclosing such errors is also changing. The old view held that admitting an error to a patient was a sure ticket to a malpractice suit. This attitude is being replaced, as research shows that patients are less likely to sue physicians who are honest with them about mistakes. This course places error disclosure in the context of these changing views, discussing the recommendations of professional organizations and the attitudes of patients and clinicians to help participants develop strategies for navigating the ambiguities of disclosure.

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Reporting Errors–Learning from Experience: With the advent of the Patient Safety Movement, the health care industry is moving toward the view that errors and adverse events are caused not by individual failings but by flawed systems. To correct these systems, institutions and practices must gather information on the systems failures: the errors. Clinicians are often reluctant to report such errors; however, this course discusses the role that error reporting plays in identifying and fixing flawed systems and shares ways — such as organizational commitment to nonpunitive reactions, easy-to-use systems for error reporting, and drawing connections between reported errors and improved systems — that can help to overcome clinicians’ reluctance to report errors.

Course Authors and Contributors: Frank Federico, BS, RPh; Kathy Dwyer, RN, NP, MS; William Berry, MD

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Office-Based Risk: Traditionally, teaching tools designed to help learners use a systematic approach to error reduction have been aimed mostly at inpatient facilities, where errors are more likely to be matters of life and death. Offices and other outpatient facilities have their own special challenges, however, requiring specific strategies for error reduction. This course discusses these risks and strategies, emphasizing how office care relies on clinical judgment and on building strong relationships with patients through good communication, and explains how

systems approaches can eliminate obstacles that would otherwise hinder clinical judgment and communication.

Course Authors and Contributors: John Ryan, JD; Phyllis Jen, MD; William Berry, MD

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Managing a Medical Malpractice Case: Being the subject of a malpractice claim can be a harrowing experience for clinicians, both personally and professionally, so much so that they may wish to avoid considering the possibility. Steps can be taken, however, to help reduce some of the negative consequences associated with malpractice suits. This course outlines these steps, starting with reactions to the initial notification that the claim has been filed and moving through the process to the ultimate outcome of either settlement or a verdict in a jury trial.

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Resident Supervision: For attending physicians, supervision of resident physicians is a balancing act between providing oversight and autonomy, between helping residents gain necessary clinical, communication, and teamwork skills and keeping patient safety at the forefront of care. Each clinical situation is unique, and each attending-resident relationship different. This course uses a learner-centric design to address critical elements of resident supervision, including basic communication and teamwork concepts, effective hand-offs, and clinical oversight. The practicum section tests learners' ability to apply these lessons in clinical scenarios.

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