CAEP GEMeS
Great Evidence in Medical education Summary
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EDUCATIONAL DILEMMA:
Is patient safety influenced by leadership styles and power dynamics within medical teams?

Reference

Appelbaum NP, Dow A, Mazmanian PE, et al. The effect of power, leadership and psychological safety on resident event reporting. Medical Educ 2016; 50(3): 343-50.
PMID: 26896019
DOI: 10.1111/medu.12947
http://onlinelibrary.wiley.com/doi/10.1111/medu.12947/epdf

Why is this paper relevant to Emergency Medicine education?

Emergency Departments (ED) are inherently risky environments, vulnerable to adverse events and medical error. While evidence suggests such events are relatively common on inpatient wards, Calder et al. confirmed an even higher incidence of preventable adverse events in the ED.[1,2] Emergency physicians should be aware of aggravating and mitigating behaviours that potentiate event disclosure by medical learners to improve patient safety in the ED.

Funding Sources

Internally funded.

Study Design

Cross-sectional survey using a convenience sample of 106 residents from eight different specialities.

Setting

An urban American teaching hospital.

Synopsis

Researchers explored the effect of power distance and leader inclusiveness on psychological safety and the likelihood of residents to report adverse events. It was hypothesized that reduced power distance and increased leader inclusiveness would increase psychological safety and increase the likelihood that a resident would report an adverse event.

In the context of this study, psychological safety is defined as the belief that residents can express themselves without risking negative consequences. Leader inclusiveness exists when a leader's behaviour indicates an invitation and appreciation for other's contributions. Power distance is the perceived status discrepancy among individuals in a health care team.[3]

Investigators surveyed 106 residents from various programs, including Emergency Medicine, using validated tools to assess power distance, leader inclusiveness and psychological safety. Guided by existing literature, the investigators also developed a tool to measure resident's intention to report adverse events. Data were examined using factor analysis and path analysis to determine the relationship between variables.

Leader inclusiveness was positively correlated with psychological safety and intention to report events while perceived power distance demonstrated a negative correlation with psychological safety and intention to report. In turn, path analysis revealed that the concept of psychological safety was found to mediate the effect of perceived power distance and leader inclusiveness on the intention to report adverse events.

Researchers concluded that decreasing power distance and increasing leader inclusiveness within health care teams may lead to increased adverse event reporting and recommended leaders and educators to adopt these concepts in the pursuit of patient safety.

Although this methodology does not allow for determination of causality and researchers did not directly measure actual event reporting, this study will likely be the genesis of future research in this area and highlights an important consideration in medical education.

References

1. De Vires EN, Ramrattan MA, Smorenburg SM, et al. The incidence and nature of in-hospital adverse events: a systemic review. Qual Saf Health Care 2008; 17(3): 216-23.
2. Calder LA, Forster AM, Nelson M, Leclair J, et al. Adverse events among patients registered in high-acuity areas of the emergency department: a prospective cohort study. CJEM 2010; 12(5): 421-30.
3. Nembhard IM, Edmonsdon AC. Making it safe: the effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. J Organiz Behav 2006; 27(7): 941-66.

BOTTOM LINE:
Decreasing traditional power dynamics and fostering safe and open communication with residents may encourage adverse event reporting and improve patient safety.

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