Comparison of Emergency Medicine Malpractice Cases Involving Residents to Nonresident Cases are Similar

DES PLAINES, IL — The malpractice characteristics of emergency medicine resident cases largely mirror those of nonresident cases, with some exceptions. That is the finding of a study published in the September 2018 issue of Academic Emergency Medicine (AEM), a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Kiersten L. Gurley, MD, department of emergency medicine Beth Israel Deaconess Medical Center, Boston, and attending physician Mount Auburn Hospital, Cambridge, Massachusetts.

The study by Gurley et al., found that overall case profiles, including allegation categories, final diagnoses, and contributing factors between resident and nonresident cases, are similar, suggesting that patient safety efforts should therefore encompass the entire care team.

The data indicate that total incurred losses are higher in cases that did not involve residents; however, severity scores are higher in resident cases. Additionally, the study showed that cases involving residents are more likely to involve certain technical skills, specifically vascular access and spinal procedures, which may have important implications regarding supervision.

Further indications suggest that clinical judgment, communication, and documentation are the most prevalent contributing factors in all cases and should be targets for risk reduction strategies.

Anne Messman, MD, assistant professor of emergency medicine, Wayne State University School of Medicine, Detroit and associate program director for the Sinai-Grace Hospital Emergency Medicine Residency Program in Detroit, commented:

“This important work by Gurley et al provides insight into potentially high-risk medicolegal situations that attending physicians may encounter when working with resident physicians. Understanding what these situations are will allow attending physicians to provide more targeted supervision, will mitigate medicolegal risk and will ultimately provide better care to our patients.”

About Academic Emergency Medicine
Academic Emergency Medicine, the monthly journal of Society for Academic Emergency Medicine, features the best in peer-reviewed, cutting-edge original research relevant to the practice and
investigation of emergency care. The above study is published open access and can be downloaded by following the DOI link: https://doi.org/10.1111/acem.13430. Journalists wishing to interview the authors may contact Stacey Roseen at sroseen@saem.org.

About the Society for Academic Emergency Medicine
SAEM is a 501(c)(3) not-for-profit organization dedicated to the improvement of care of the acutely ill and injured patient by leading the advancement of academic emergency medicine through education and research, advocacy, and professional development. To learn more, visit saem.org.

IMAGE: MALPRACTICE CASES: RESIDENT VS NONRESIDENT
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Malpractice cases: resident v nonresident
CBS repository database 2009-13; 845 EM cases
No resident named n=732
Resident named n=113
45 named only a resident

Average incurred cost
$156212
$51163

Severity
49 (7%) low
268 (37%) medium
166 (23%) high
249 (34%) death
7 (6%) low
31 (27%) medium
28 (25%) high
47 (42%) death

Allegation category
Diagnosis 431 (59%)
Medical rx 185 (25%)
Surgical rx 34 (5%)
Medication related 47 (6%)

Diagnosis 64 (57%)
Medical rx 28 (25%)
Surgical rx 9 (8%)
Medication related 7 (6%)

Procedure involved
188 (26%)
36 (32%)