

BACKGROUND

A mistake is defined as an error or a blunder. It is a failure of planned action to be completed as intended or the use of a wrong plan to achieve an aim.

(www.albany.edu/sph/Hoff_learning/hpm_tim_ppt3.htm)

For the purpose of this paper and study, the words mistakes and errors will be used interchangeably. Despite the rapid improvements in diagnostic and treatment technology, the practice of medicine has been viewed upon as “error ridden.” (Christensen et al, 1992) Mistakes that occur within the medical field do not usually cause harm to those involved and they usually go unnoticed by both practitioners and patients (Bosk, 1979). The mistakes that are discussed in the literature relate to errors and mistakes that are seen in an inpatient setting.

Specifically not much has been addressed to the outpatient setting and more specifically there has been even fewer looking at the possibilities and effects of mistakes made in the field of mental health.

IMPORTANCE OF RESEARCH

As it relates to other fields of medicine, outsiders view mistakes as a problem with the outcome of a procedure. Within the field of mental health it is difficult from an outsider's point of view to determine when a mistake or error has been made. Mistakes in this field relate to all aspects of procedure and the processes that are involved with treating a patient (Stelling and Bucher, 1973). Mental health professionals have become increasingly concerned with the consequences of clinical judgment errors (Friel and Chaloner, 1996) and it is important to understand how these professionals determine what are considered mistakes and errors and how they deal with them and potentially learn from them when they may occur.

This purpose of this study is to examine what are thoughts and beliefs that mental health professionals have in relation to mistakes and errors made in their work. It will involve interviewing a sample of both psychologists and psychiatrists. The focus will be how each professional defines a mistake and if there is a difference between how they are viewed from each group, the influence that medication and psychotherapy has on making a potential mistake, and the ways that these professionals seek to learn from their mistakes.

METHODS AND MATERIALS

- Seven professionals – 4 psychologists and 3 psychiatrists from Upstate New York area
- Professionals needed at least one year of field experience and psychologists possessed a doctoral degree
- 30 minute interviews
- Interviews were recorded and transcribed
- Responses were coded using Grounded Theory approach by Strauss and Corbin

DATA ANALYTIC STRATEGY

Coding, specifically open coding, is used by qualitative researchers to be used to draw out the major categories and concepts by the close examination of data provided by the participants. (Strauss, 1987) This process is performed and completed by doing the following : analyzing the individual responses given to the interviewer's questions and the use of probes, which are subsets of questions to further help elaborate the responses given. Categories are then derived per individual interview and then a process of cross coding between the responses occurs. This process of cross coding is similar to the coding of individual responses but now the goal is to determine the main categories that the individual categories would fall under.

MISTAKES AS DEFINED BY PRACTITIONERS

As a general consensus, the idea that applying the wrong diagnosis or arriving at the wrong diagnosis all together, was the most important mistake that a practitioner could make.

“A mistake is clearly defined as an action or lack of action by a practitioner that results in either a negative outcome or a potential negative outcome. Error of most concern is the area of diagnosis. All other errors stem from this.”

“Any mistakes made in our field of work all stem from a misdiagnosis of the patient”

“If you do not have thorough communication with a patient, you may be at risk for coming up with the wrong diagnosis for a patient”

“Although I don’t believe that a diagnosis can be made at an initial meeting with a patient, poor communication will lead a mental health professional in possibly making a wrong diagnosis for a patient. This would then be considered a mistake”

“There are two types of mistakes. Lower level: not viewing something properly, unintentional and a Higher level mistake such as a misdiagnosis.”

“There are three areas where mistakes may lie. The communication between patient and professional, the type of treatment offered, and misdiagnosis. It is from misdiagnosis that the previous two stem from.”

LEARNING EXPERIENCES AS THEY RELATE TO MISTAKES

Learning from mistakes showed the importance of being able to identify a possible mistake and the importance of trial and error in this field. These learning experiences involve the methods that professionals use to treat the patient.

1. ABILITY OF PRACTITIONERS TO IDENTIFY MISTAKES

“If a patient has a brain tumor but is hearing voices and seeing objects that are not there, the patient may be thought of suffering from schizophrenia.”

“A good therapists/psychiatrists generally tends to review what they have done often to see what possible errors may have arose.”

“The purpose of review processes is so that it may educate the system and show others where potential mistakes may be made in their practices.”

“Reviewing charts with colleagues to see what other possible options may have been done in treatment.”

2. IMPORTANCE OF TRIAL AND ERROR

“The nature of the business is derived from trial and error. Since you do not know what will work for whom, you may need to try different types of treatment to reach the desired effect.”

“It is a matter of finding what works; not only for the patient but for the practitioner as well.”

“Informed trial and error is not a mistake in any branch of medicine; if a patient is given a diagnosis and a treatment method is determined and there is no response, it is not deemed to be a mistake.”

“If drug A does not work, so I try drug B it is not considered a mistake. It is a matter of finding what works for each patient.”

“Although you may be able to generalize treatment modality on past experiences, it is important to view each case individually because you are not certain that what worked for one patient will work for another.”

“It is imperative to see what type of treatment would work for each patient, knowing that what works for one will not necessarily work for another.”

SUICIDE AND ITS RELATION TO MISTAKES IN MENTAL HEALTH

Suicide is not always considered an error on the practitioner's part, but when they occur, investigations arise. Because every case should be individualized, an incidence of suicide may be deemed an adverse event but not necessarily an error.

“There seems to be a preconceived notion that all suicides can be prevented.”

“Assuming that an incidence of suicide is considered an error, is to assume that treating physicians have much more power than they truly have.”

“Not asking about suicide and not assessing the situation of the patient is a preventable mistake.”

“If treatment protocol is followed and a patient still commits suicide, then the professional is not at fault and it is not considered an error or mistake on their part.”

“If you do not hospitalize or take the proper action on a patient that has suicidal signs, then you would have made a mistake.”

“It is difficult to assess if suicide is a mistake when there is a problem in communication. If the patient is hiding or is not being forthcoming with information, a professional may not be able to see any suicidal signs. It may difficult to say that this is a mistake on the psychologists or psychiatrists part.”

DISCUSSION

- All seven seemed to agree that a misdiagnosis is the ultimate mistake that a practitioner in the field on mental health can make, and that all other errors would stem from this.
- The one area where the psychiatrists and psychologists were in full agreement was the use of trial and error within the mental health practices
- There is agreement on the importance of reviewing cases, but they all failed to mention how often this may occur, especially on an individual basis
- Communication is an essential component in treating patients especially in cases where a patient may be considered suicidal. Only 2 of the professionals addressed that maybe poor communication may be the cause of a potential mistake.

CONCLUSION/STUDY LIMITATIONS

- Small Sample Size
- Location of profession – i.e. hospital vs. private practice
- Bias of Experienced professionals vs. Non experienced
- Stressing the importance of the error of communication
- Apply findings to the future training of these professionals
- “How often does a psychiatrist review records to see the past effects of medication on the patient, or how often does the psychologist decide from rereading the charts that the treatment method they arrived at was not necessarily the proper treatment plan for this patient.”

INTERVIEWEES PROFILES

Interview Number	Specialty	Years of Practice	Gender	Employment & Reimbursement type
1	Psychiatrist, MD	14	Female	Hospital/salary Private Practice/FFS
2	Psychiatrist, MD	1	Female	Hospital/salary
3	Psychologist, Ph.D.	24	Male	Hospital/salary
4	Psychologist, Ph.D.	28	Male	Hospital/salary
5	Psychiatrist, MD	19	Male	Hospital/salary Private Practice/FFS
6	Psychologist, Ph.D.	8	Male	Private Practice/FFS
7	Psychologist, Ph.D.	32	Male	Private Practice/FFS

LIST OF INTERVIEW QUESTIONS

1. What is your personal definition of a mistake in the field of mental health?
2. In your opinion, how would a mistake made by a psychologist differ from that made by a psychiatrist and vice versa (if at all)?
3. What is the relationship between medicine and mistakes in mental health?
4. Would suicide ever be considered an adverse event deriving from some type of “mistake” made by the mental health professional?
5. What are formal and informal ways that mistakes are identified and handled in your field? Does this facilitate learning and if so, how? If not, why not?