

## Supplemental Digital Appendix 1

### Instructions for Patient Safety Write-up for Third-Year Medical Students Rotating on the Internal Medicine Clerkship at Geisel School of Medicine, 2015-2016 and 2016-2017

1. Describe the case completely and concisely.

2. Using the article by Vincent et al. (2003) as a guide, complete the following tables. You may use any other resources that are helpful for you.

**What was the severity of the outcome of the incident? Place a check in the appropriate box.**

<b>Death:</b> Any error that directly resulted in the death of one or more persons.	
<b>Severe:</b> Any error that appears to have resulted in permanent harm to one or more persons.	
<b>Moderate:</b> Any error that resulted in a moderate increase in treatment and which caused significant but not permanent harm to one or more persons.	
<b>Low:</b> Any error that required extra observation or minor treatment and caused minimal harm.	
<b>None or Impact Prevented:</b> Any error that ran to completion but no harm occurred to people or the potential harm was prevented.	

**Why did it happen? Please identify which of the factors listed below contributed to the incident. Provide a brief statement or phrase to explain each factor identified.**

<b>Contributory Factor</b>	<b>Details</b>
<p><b>Patient Factors</b>                      Patient’s condition (complexity and seriousness), language, communication, personality, social factors</p>	
<p><b>Task and Technology</b>                      Task design and clarity of structure; availability and use of protocols/guidelines; availability and accuracy of test results; decision making aids</p>	
<p><b>Individual Staff Factors</b>                      Knowledge and skills; competence; physical and mental health</p>	
<p><b>Team</b>                      Verbal and written communication; supervision &amp; seeking help; team structure (congruence, consistency, leadership); interprofessional communication</p>	
<p><b>Institutional</b>                      Regulatory                      Medicolegal factors</p>	
<p><b>Work Environment</b>                      Staffing levels; patterns in workload and shift; design and maintenance of equipment; administrative and managerial support</p>	
<p><b>Organization and Management</b>                      Financial resources; policy standards; safety culture and priorities</p>	

**What might be done to prevent similar incidents from occurring? Please provide three actions that are related to your factor analysis above.**

Actions for gaining insight into the system or to prevent this from happening in the future

**In the space below, please provide any personal reflections about your experience with this event.**