MEDICAL MISTAKES MODULE
ADDITIONAL CASES/SITUATIONS

CASE 1: Dr. Julie R., first year resident

Dr. R. is working on the emergency ward in the middle of the night. About 3 am, a 90-year-old patient, George, is sent in from a nursing home for direct admission. He is moribund, with what appears clinically to be pneumonia. He cannot give a history, so all information must be obtained from the nursing home transfer sheet. Dr. R. orders routine blood work, including a stat blood culture and gram stain, which comes back showing gram positive diplococci. Exhausted and longing to go to bed, she orders up a large dose of penicillin and administer it by IV. Thirty minutes later the patient expires. While completing the paper work, Dr. R. notices at the bottom of one of the papers sent by the nursing home that the patient is (was!) allergic to penicillin. She is devastated when she tells you what has happened.

How would you help her to deal with what has happened?
What could be done to prevent a similar adverse event in the future?

CASE 2: Dr. Henry L., second year resident

Dr. L., has just finished seeing patients. Everyone else has gone home, but Dr. L. now has to review the results of all the lab tests that arrived late in the day on Friday afternoon, and try to reach patients with lab results that require some action.

Dr. L. finds the positive pregnancy test result of your patient, Sally, whom he does not know. He calls her home phone number and is relieved to have an answering machine pick up. He leaves the message that the pregnancy test is positive. The next Monday, terribly angry and upset, Sally calls and speaks to the receptionist. She is a single woman living with her parents, and did not want her parents to know about the pregnancy. Fortunately, she was the first one home, and the person who picked up the message. She would like someone to call her back.

Who should call Sally back, and what should be said?
What could be done to avoid a similar occurrence in the future?

CASE 3: Dr. Kate N., first year resident

Dr. N. is a resident on rotation in obstetrics and gynecology, where she attends a prenatal clinic for half-day once a week. In the prenatal clinic, she first saw Lisa at 12 weeks' gestation. At that time, she thought she heard the baby’s heart beat but was not entirely sure—the process was hindered by significant static with the ultrasound equipment and the patient’s obesity. Lisa returned at 16 weeks for her next prenatal visit. Again, Dr. N. had difficulty hearing the heart beat, but after several minutes, both she and the patient thought they did. Lisa was due to go for some prenatal screens later that week. Results indicated that she did not have a viable pregnancy. Dr. N. was not in the clinic to receive this results—they were given directly to her supervisor, who discussed them with the patient. Dr. N. did not receive these results until she returned to the clinic a couple of weeks later. She felt very concerned about whether she had done something wrong and whether she had falsely reassured Lisa. She was also worried about the patient’s reaction. Today, she is seeing Lisa for a follow-up appointment.

What would you ask Dr. N before she goes in to see Lisa? What suggestions would you offer?
CASE 4: Dr. Peter J., first year resident

Dr. J. is several weeks into an OB/Gyn rotation and just saw a primip patient, who presented to L&D in active labour, very uncomfortable and wanting to push. He completed the initial examination and believed the patient was at 9 cm of cervical dilation. The nursing staff began to set up the delivery room. The patient was requesting an epidural, but was told “there’s not enough time.” Dr. J. called the staff supervisor to come for the delivery.

After 30–40 minutes of pushing, it was evident that there was not sufficient progress. The staff supervisor examined the patient and found that she was only at 8 cm dilation. With the pressure off, preparations were made for the patient to receive her epidural. During this time, Dr. J. overheard the nursing staff complaining about his abilities and lack of consistency in determining cervical dilation.

If you were in Dr. J.’s position, how would you respond?
How would you approach your discussion with him about this incident?