European Patient Safety and Quality Masterclass 2019 - Day 1

Time	Description	Duration	Faculty	Remarks
08:00	Faculty briefing			
08:15				
08:30				
08:45				
09:00	Registration	30 min		
09:15				
09:30	Introduction round, participants' expectations	30 min	All faculty	
09:45				
10:00	Human Error: Do 'Bad Apples' exist?	60 min	Christopher - Michael	Old vs. New view of Safety Hindsight bias, outcome bias, local rationality, systems view, dealing with error
10:15				
10:30				
10:45				
11:00	Coffee Break			
11:15	Safety Science 101: Schools of thought	30 min	Christopher – Michael	Origins of Safety Science, TMI, Cognitive Psychology vs. Joint Cognitive Systems (Reason vs. Rasmussen)
11:30				
11:45	Human Factor I: Working with others in healthcare	45 min	Peter	Hand-it on will be conducted with a focus on working with other professionals to achieve a common goal, even though the circumstances might not make it easy to do so.
12:00				
12:15				
12:30	Safety Science 102: NAT vs. HRO	30 min	Christopher – Michael	NAT (Perrow): Coupling & Complexity. HRO Principles
12:45				
13:00	Lunch break			
13:15				
13:30				
13:45				
14:00	Human Factor II : fatigue, limitations and psychology	45 min	Peter	Humans are amazing problem solvers and can adapt to most circumstances. The features that make this versatile being possible also create dynamics and approaches that, in hind - sight, would be considered „wrong". This interactive lecture highlights some of those features and explores ways of dealing with them.
14:15				
14:30				
14:45	Safety Science 103: Drift	30 min	Christopher – Michael	Normalization of deviance
15:00				
15:15	Human Factor III : Cognitive Aids and work-as-imagined	45 min	Michael - Peter	Basic features of human cognition in combination with time pressure, uncertainty, high stakes and stress during a critical situation set limits to human performance. Cognitive aids have come to be views as a promising tool in the management of perioperative events. However, their use is not widely disseminated despite encouraging data from simulation studies. We will explore reasons for this translational gap and reflect upon possible solutions.
15:30				
15:45				
16:00	Coffee break			
16:15				
16:30	Safety Science 104: Resilience Engineering	30 min	Christopher – Michael	
16:45				
17:00	Pro-Con: Evidence based Patient Safety	45 min	Johannes-Daniel	Including Helsinki declaration, evidence for various tools (handovers, checklists etc.), Q: do we need evidence?
17:15				
17:30				
17:45	Day 1 wrapup	15 min	All faculty	How does Day 1 relate to your patient safety efforts?
18:00	End of Day 1 - Open Bar - Get-together			
18:15				
18:30				
18:45				

European Patient Safety and Quality Masterclass 2019 - Day 2

Time	Description		Duration	Faculty	Remarks
08:00	Faculty briefing				
08:15					
08:30					
08:45					
09:00	Welcome back Q&A		30 min	All faculty	
09:15					
09:30	Group 1 W 1	Group 2 W2	90 min	W1 CRM Peter	W1: Crew Resource Management is a set of more or less complex rules of thumb that should help in preventing of and recovering form errors. In this workshop, we will explore, how the relevant principles can support the care for patients. When and where are the underlying principles usable. Where is their scope of application and how can they be implemented in practice? The workshop will be highly interactive.
09:45					
10:00					
10:15				W2 IRS Daniel-Johannes	
10:30					
10:45					
11:00	Coffee Break				
11:15					
11:30	Group 2 W1	Group 1 W 2	90 min	W1 CRM Peter	W2: System Analysis (IRS). Systems approach vs. individual blame. Application of the London protocol for systematic incident analysis
11:45					
12:00					
12:15				W2 IRS Daniel-Johannes	
12:30					
12:45					
13:00	Lunch break				
13:15					
13:30					
13:45					
14:00	Quality workshop I		60 min	Johannes - Daniel	
14:15					
14:30					
14:45					
15:00	(optional break)				
15:15	Quality workshop II		60 min	Johannes - Daniel	
15:30					
15:45					
16:00					
16:15	Coffee break				
16:30					
16:45	Patient testimonial + open discussion?		90 min	Jamie	Maybe steer discussion towards open disclosure?
17:00					
17:15					
17:30					
17:45					
18:00					
18:15	Day 2 wrapup		15 min	All faculty	How does Day 2 relate to your patient safety efforts?
18:30	End of Day 2				
18:45					
	Gala Dinner @ 20:00				

European Patient Safety and Quality Masterclass 2019 - Day 3

Time	Description		Duration	Faculty	Remarks
08:00	Faculty briefing				
08:15					
08:30	Welcome back Q&A		15 min	All faculty	
08:45	Simulation of incident (with transfer to sim lab)		45 min	Local faculty	
09:00					
09:15					
09:30	Crisis task force: analysis of the event (2 groups)		30 min	All faculty	
09:45					
10:00	Group 1 W4	Group 2 W5	45 min	W4 Family Information Jamie - Daniel	W4: Disclosing an event to family (w/ actor)
10:15					
10:30					
10:45	Group 2 W4	Group 1 W5	45 min	W5 Second Victim Christopher – local faculty	W5: Care of the second victim. General considerations, interview preparation, what questions?, building support
11:00					
11:15					
11:30	Coffee Break				
11:45	Improvement plan (groups)		30 min	G1: Daniel - Christopher G2: Michael - Johannes	Based on their analysis, groups should come up with an actionable plan for improvement/next steps
12:00					
12:15	Leadership in Patient Safety		15 + 45 min	Short lecture: Christopher Workshop: Christopher	Short lecture (e.g. getting support, stakeholder analysis), followed by WS based on “Next steps: what will you do now?”, questionnaire sent w/ registration
12:30					
12:45					
13:00					
13:15	Q&A, resume		30 min	All faculty	
13:30					
13:45	Lunch and good bye				
14:00					

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