A Medical Malpractice Trial where the Residents and Faculty are the Judge and the Jury

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Medical Malpractice Mock Trial Presentation
For Wright State Medical Students, Residents, Program Directors & Faculty – Where the audience is the Judge and the Jury...

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RISK MANAGEMENT AND MALPRACTICE …

*What every physician needs to know*

Kelly Rabah, Director of Patient Safety Quality Improvement for GME
OBJECTIVES

- Name 3-5 most common reasons for a medical malpractice claim
- Describe and compare negligence, types of error, and recklessness
- Explain 3-5 steps that should be taken to minimize risk for malpractice suit
- Discuss the emotional toll of litigation and personal and professional risks that result.
Residents and fellows often unaware of behaviors that put them at greatest risk

Unaware of the process once a claim has been made

Unable to articulate levels of culpability

Lack knowledge of emotional and professional toll
OPPORTUNITIES

- Reframe the relationship with risk management
- Implement a preemptive strategy
- Collaborate with your multi-disciplinary team
- Examine policies, procedure, and protocols often and utilize quality protected processes to improve

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WHEN YOU ASK PATIENTS AND FAMILIES WHY THEY FILED A LAWSUIT, THEY SAY:

- The doctor didn’t care about us
- The doctor didn’t listen
- The doctor knew “X” and didn’t “Y”
- He or she didn’t tell us …

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MOCK TRIAL EXERCISE

- Actual case, real attorneys, residents played the defendant and the prosecution, and a program director played the expert witness.

- Exercise was sponsored by the legal firm who defends the hospital, the medical school, and the risk management department

- Almost 200 attended
THE CASE

- Delay of diagnosis and treatment of acute compartment syndrome, (4 days), resulting in permanent loss of mobility in right leg- 53 y/o active female patient.

- First year orthopedic resident, third year EM resident, and orthopedic attending. Multiple nurse witnesses.
SOME KEY FACTORS IN PLAY

- Supervision
- Communication
- Documentation
- Culture of joint accountability—those concerned said little and did not engage
- Case can be made key findings may have been minimized (ex. Pain the 5th vital sign)
NOW LET’S WATCH SOME EXCERPTS

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DISCUSSION

- The experience from the residents’ perspective
- The attorney’s insight
- Was it negligence, error, or recklessness?
- What could have been done differently?
- The emotional and personal toll

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REACH

REACTIONS FROM PARTICIPANTS AND OBSERVERS

- More powerful than Expected – “It felt real.”
- It’s not easy to decide guilt - many factors and players
- Didn’t realize these cases often go on for years
- Didn’t anticipate the scope of disruption emotionally or professionally
- Never thought about facing the plaintiff

Kelly Rabah, Director of Patient Safety Quality Improvement for GME
NEXT STEPS

How can you use what you’ve learned here today in your own settings?

- Develop your own mock trial exercise
- Utilize student legal service attorneys
- Network with community partners to co-sponsor the event
- Abbreviated “Lunch and learn” exercise

Kelly Rabah, Director of Patient Safety Quality Improvement for GME
REFERENCES:

- http://wrightstatephysicians.org/training
- Freund, Freeze and Arnold Law Firm
- Premier Health Risk Management Team
- Boonshoft School of Medicine https://medicine.wright.edu
