

Errors in Medicine During the Covid Crisis

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INTRODUCTION

In the current environment, the potential risk of medical errors is potentially much more likely. Prior to COVID-19, medical errors were considered a global priority, which prompted the WHO to hold the first “World Patient Safety Day” on September 17, 2019. The goal is to make healthcare safer, raise global awareness of patient safety, and encourage people to demonstrate their commitment (“representing patient safety”) [1-5]. Several interrelated factors have been identified that affect the quality and timely delivery of care in emergencies. These include organizational systems, workloads, time constraints, teamwork, individual human factors, and case complexity [6]. The remainder of this article provides an overview of specific individual human factors (HF) and working within hierarchies during an epidemic do.

PRELIMINARY CLINICAL PREPARATION

What can you do? Simulation Training is a well-established training tool used in the military, aerospace and civilian sectors. It facilitates kinesthetic learning, but it is also a very effective way to learn from mistakes and mistakes in a safe environment. There is evidence that the simulator is effective in improving clinical skills as well as non-technical skills. The courses, including [7] HF training, are: NOTSS (Non-technical skill for surgeons). START (Acute Disease Recognition and Systematic Training in Surgical Treatment) Course. Training exercises in the military context reduce the risk of “invalidation”. Candidates for the 2015 LIVEX (Live Training in Exercise) pilot project have proved to be a good way to stay ready for operation [8]. This is especially true in the military medical environment where HOSPEX (hospital movement simulation) is deployed [9]. This can be reminiscent of certain threats such as the crisis of Ebola and many lessons at B. Op GRITROCK are related to COVID 19 [10].

WHAT YOU CAN DO NOW

The Royal Surgery Society makes online training materials available to members such as : START course including HF section. The Intensive Care Society has launched a dedicated pandemic website with the latest guidance/ resources. Through Podcast [11] and Webinar [12], you will have the opportunity to learn from the teachings of other countries. Social media platforms such as Twitter, Facebook and Instagram have been successfully used in the last years.

For example, the 2010 Haiti earthquake provided disaster relief information between [13] agencies and the general public. It has been suggested that social media plays a more useful role in in tracking disease trends and outbreaks than traditional reporting methods. A 14-week analysis of social media use during the outbreak of Ebola at [14-16]. identified Ebola as a potential source of surveillance to improve public health detection, readiness, and emergency response. Paddy field (used in addition to the traditional monitoring approach) [17] March 29, 2020.

The Information Commissioner’s Office (ICO) in the United Kingdom has notified the government that anonymized mobile phone data may be used in the fight against the coronavirus. Similar steps are being taken in other countries to track the potential spread of the virus. [18] GMC and BMA provide guidance on the use of social media by healthcare professionals, and respect and confidentiality of patients and colleagues remains a top priority. [19,20] The author recently wrote article (in print) on the potential benefits and dangers of using social media in medicine. The optimization of the [21] team and the development of the can be summarized as follows. Ask someone else to guide you. Please take a break and eat. Please rehydrate well. If you think something is wrong, stop [22,23].

Quick Response Code:



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ASSERTIVE FOLLOW

Overall structure-based approaches have been advocated, but top-notch actions still require proper RF integration. An important detail of a flight simulator is not only how the team interacts with the machine, but also how it interacts with everyone else. The desire of lower-level team members to gain authority by asking questions, expressing concerns, and exposing vulnerabilities without fear of retaliation or humiliation is to improve flight safety. Encouraged and taught. Therefore, the venture subculture of assertive loyalty is an important detail, primarily to enable a strong structure based on complete scientific training, and is no longer just a decoration of proficiency, but a scientific error. To reduce. However, for a venture subculture to be strong, the entire organization must adopt and inspire it. Authoritative people actively destroy the hierarchy by advocating and adopting such obvious practices. There was a great deal of lesson from the scientific response to military aid to civilian authorities (MACA) revealed in the 2017 terrorist attacks. A clear desire for command and control (C2) emerged, and senior decision makers worked in groups benefiting from the spirit of mutual support [24]. While there is demand for this C2 technology, science groups must look for a flattened hierarchy. This should be included in all crew briefings so that young crew members can express their opinions without fear of retaliation.

The details of the C2 are especially important, narrowing the range of different crew members while the unmarried contact factor (SPOC) is established. A typical scenario report (SITREP) is provided to ensure that each crew member is knowledgeable and able to set prices. At some point in this upload update [24]. At this point, transparency and open discussion opportunities are needed to ensure absolute consistency between service providers and insurers [25,26]. Frontline care arena with a special perspective on how well a structure is prepared or managed compared to machine managers and politicians. Therefore, both perspectives need to be weighed so that the choice is completely realistic from the beginning. When in doubt, healthcare professionals in many countries have negative consequences, which actually results in a large number of warnings from a random perspective. A distant feeling.

SELF CARE

There are numerous elements which can be beneathneath our control: self-care (hydration, consuming everyday healthful meals, exercise), staying in contact with cherished ones, and sleep [27-30]. The Military rent a pal-pal machine to make sure that self-care is maintained and accurate software of private defensive equipment [31]. This turned into one of the classes learnt from Operation GRITROCK that ensured if a person turned into worn-out or beneathneath the affect of different HF Performance Influencing Factors, a secure surroundings turned into maintained. The pal-pal machine turned into now no longer simply to reveal discrete duties however additionally to permit every clinician to hold an amazing fashionable of self-care and spotlight capability mistakes and permit mitigation. The debrief consultation is an awesome possibility to realise or cope with the mental or emotional desires of the scientific crew, and, in handling terrorism or pandemics, this burden may be pretty significant [24] This will increase substantially if there may be an expectant demise class delivered to triage, mainly while offerings are overwhelmed, as visible withinside the current COVID-19 reaction in Italy [32].

TOXIC DIRECTOR/HARD SENIOR COLLEAGUE

It is in particular important, throughout those fairly demanding times, that each one scientific specialists are privy to the significance of the way they deal with their crew. For high-functioning groups to paintings efficiently individuals want to experience secure to talk up. Team individuals record that they recognise while the surroundings is proper for `mental safety`: while the crew looks like a family. To allow this, leaders should continuously self-reveal and ask for open feedback. Are they empowering others, encouraging questions or, simply as importantly, apologising for any overbearing behaviour? Leaders should additionally undertaking colleagues whom they experience aren't adopting suitable behaviours and teach a extra suitable reaction.

CONCLUSION

The current situation has created challenges for the workforce in terms of adapting to new ways of working, relocating clinically, and managing our own health and the health of our loved ones. Many front-line colleagues are separated from their families for fears of spreading the virus. All official evaluations, such as the MRCS and FRCS exams, have been discontinued. There is also intense exposure to politics and politicians every day. For example, there is a certain degree of skepticism and distrust about resolving the situation, given previous responses to contracts with junior doctors. COVID19 is affecting all us, our extended families and all those we serve. We must continue to adapt to these new ways of working: within our levels of competency, to deliver safe patient care, and, to minimise the potential for error.

REFERENCES

1. World Health Organization. Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV).
2. World Health Organisation (2020) WHO director-general's opening remarks at the media briefing on COVID-19-11.
3. World Health Organisation (2020) Coronavirus disease (COVID-19) outbreak situation.
4. Iacobucci G (2014) NHS wastes at least £1bn a year on avoidable errors, claims health secretary. *BMJ* 17: 349.
5. Makary MA, Daniel M (2016) Medical error-the third leading cause of death in the US. *BMJ* 3: 353.
6. Zavala AM, Day GE, Plummer D, Anita BW (2018) Decision-making under pressure: medical errors in uncertain and dynamic environments. *Australian Health Review* 42(4): 395-402.
7. McGaghie WC, Issenberg SB, Cohen ER, Jeffrey HB, Diane BW (2011) Does simulation-based medical education with deliberate practice yield better results than traditional clinical education? A meta-analytic comparative review of the evidence. *Academic Medicine* 86(6): 706-711.
8. Smith JE, Withnall RDJ, Rickard RF, D Lamb, A Sitch, et al. (2016) A pilot study to evaluate the utility of live training (LIVEX) in the operational preparedness of UK military trauma teams. *Postgraduate Medical Journal* 92(1094): 697-700.
9. Arora S, Sevdalis N (2008) HOSPEX and concepts of simulation. *Journal of Royal Army Medical Corps* 154(3): 202-205.
10. Bricknell M, Hodgetts T, Beaton K, McCourt A (2016) Operation GRITROCK: The Defence Medical Services' story and emerging lessons from supporting the UK response to the Ebola crisis. *Journal of Royal Army Medical Corps* 162(3): 169-175.
11. St Emlyn's podcast (2020) Covid-19 podcast from Italy with Roberto Cosentini.

12. European Centre for Disease Prevention and Control (2020) Covid19 webinars.
13. Yates D, Paquette S (2011) Emergency knowledge management and social media technologies: A case study of the 2010 Haitian earthquake. *International Journal of Information Management* 31(1): 6-13.
14. Corley C, Mikler AR, Singh KP (2009) Monitoring influenza trends through mining social media. *Proceedings of Conference on Bioinformatics & Computational Biology (BIOCOMP 2009)*, Las Vegas, USA, pp. 340-346.
15. Paul MJ, Dredze M (2011) You are what you tweet: Analyzing twitter for public health. *International Conference on Web and Social Media* 20: 265-272.
16. Chunara R, Andrews JR, Brownstein JS (2012) Social and news media enable estimation of epidemiological patterns early in the 2010 Haitian cholera outbreak. *American Journal of Tropical Medicine and Hygiene* 86(1): 39-45.
17. Hossain L, Kam D, Kong F, Wigand RT, Bossomaier T (2016) Social media in Ebola outbreak. *Epidemiology Infection* 144(10): 2136-2143.
18. Sharwood S (2020) UK Information Commissioner oks use of phone data to track coronavirus spread. *The Register*.
19. GMC . General Medical Council (2013) Doctors' use of social media.
20. Ethics of social media. BMA (2017) London.
21. Hay-David AGC, Herron JBT, Brennan PA (2020) Social media (#SoMe): A life support or a life drain? *British Journal of Oral Maxillofacial Surgery* 58(8): 879-881.
22. Brennan PA, Holden C, Shaw G, S Morris, R S Oeppen (2020) Leading article: What can we do to improve individual and team situational awareness to benefit patient safety? *British Journal of Oral Maxillofacial Surgery* 58(4): 404-408.
23. Parry D, Oeppen RS, Gass H, Brennan PA (2017) Impact of hydration and nutrition on personal performance in the clinical workplace. *British Journal of Oral Maxillofacial Surgery* 55(10): 995-998.
24. Hunt P (2020) Lessons identified from the 2017 Manchester and London terrorism incidents. Part 1: Introduction and the prehospital phase. *BMJ Military Health* 166(2): 111-114.
25. Miller A (2020) End the paternalism and top-down orders, to move forward in fighting the pandemic.
26. Brennan PA, Davidson M (2019) Improving patient safety: We need to reduce hierarchy and empower junior doctors to speak up. *BMJ* 366: 4461.
27. Green B, Oepen RS, Smith DW, Brennan PA (2017) Challenging hierarchy in healthcare teams- ways to flatten gradients to improve teamwork and patient care. *British Journal of Oral Maxillofacial Surgery* 55(5): 449-453.
28. Murden F, Bailey D, Mackenzie F, Oeppen RS, Brennan PA (2018) The impact and effect of emotional resilience on performance: An overview for surgeons and other healthcare professionals. *British Journal of Oral Maxillofacial Surgery* 56(9): 786-790.
29. Parry DA, Oeppen RS, Amin MS, Brennan PA (2018) Sleep: Its importance and the effects of deprivation on surgeons and other healthcare professionals. *British Journal of Oral Maxillofacial Surgery* 56(8): 663-666.
30. Brennan PA, De Martino M, Ponnusamy M, S White, R De Martino, et al. (2020) Review: Avoid, trap, and mitigate - an overview of threat and error management. *British Journal of Oral Maxillofacial Surgery* 58(2): 146-150.
31. Reidy P, Fletcher T, Shieber C, Shallcross J, Towler H, et al. (2017) Personal protective equipment solution for UK military medical personnel working in an Ebola virus disease treatment unit in Sierra Leone. *Journal of Hospital Infection* 96(1): 42-48.
32. Truog RD, Mitchell C, Daley GQ (2020) The toughest triage-allocating ventilators in a pandemic. *New England Journal of Medicine* 382(21): 1973-1975.