SASCON '15 „FRMS“

Olten, 8. September 2015

The Swiss system of a FRM in medicine


Evidence-based medicine (EBM) is the key to the success of modern medicine

Level I: multiple RCT studies

Level II: a single RCT study

Level III: Cohort studies

Level IV: clinical case reports

Level V: Expert opinion

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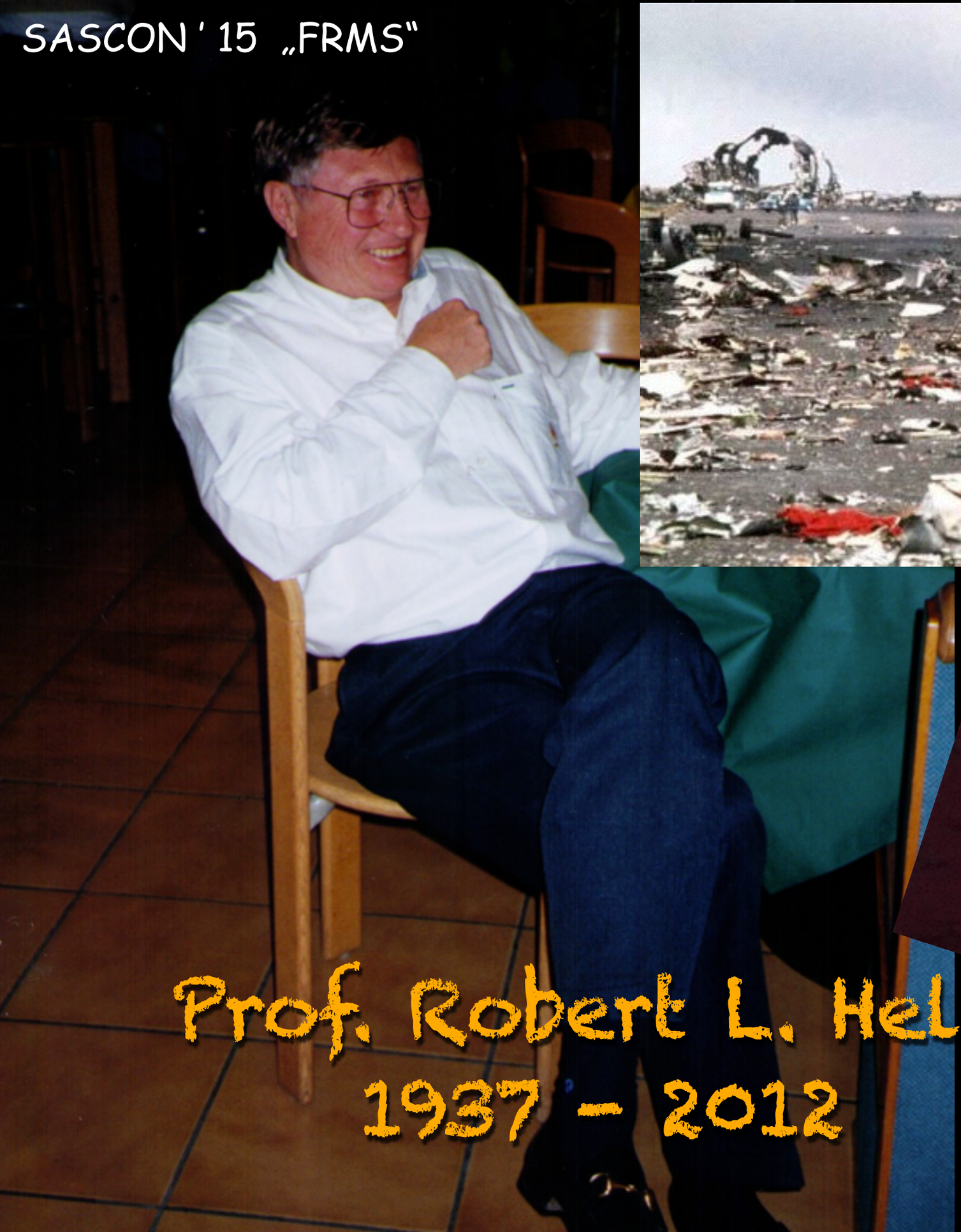

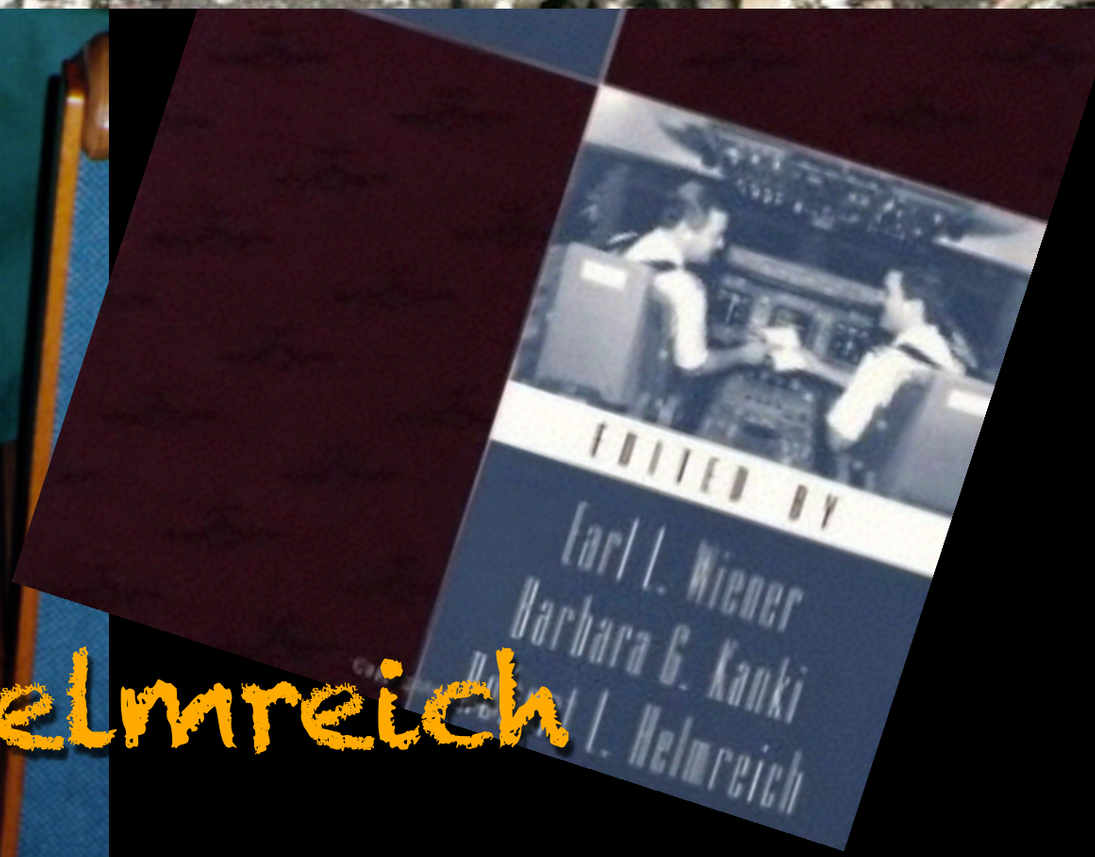

Prof. Robert L. Helmreich
1937 - 2012


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7 Unpublished doctoral dissertation.
Team performance in operating room. In M. S. Bogner (Ed.), Human error in medicine. Hillsdale, NJ: Lawrence Erlbaum Associates.


In Aviation: The regulator imposes things, that seem to be safety relevant often without further research.

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Paul Pepe, MD.

Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

Gordon C S Smith, Jill P Pell

Christmas Edition of the British Medical Journal 2003

Conclusions As with many interventions intended to prevent ill health, the effectiveness of parachutes has not been subjected to rigorous evaluation by using randomised controlled trials. Advocates of evidence based medicine have criticised the adoption of interventions evaluated by using only observational data. We think that everyone might benefit if the most radical protagonists of evidence based medicine organised and participated in a double blind, randomised, placebo controlled, crossover trial of the parachute.

Christmas Edition of the British Medical Journal 2003

Evidence-based medicine (EBM) is an approach to medical practice intended to optimize decision-making by emphasizing the use of evidence from well designed and conducted research

The S  system of a FRM in medicine

50 hours/week


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shifts of <12 hours

3 MD's / 24h


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Level 1 evidence:

Handovers are a serious threat to patient safety

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USA:

The case of Libby Zion in 1984, lead to a proposed limit of 80 hours/week, averaged over 4 weeks.

The Institute of Medicine looked at the impact of those changes in 2009.

USA:

No change in patient outcome

one RCT comparing shifts of 16 hours (65 hours/week) to shifts of 30 hours (80 hours/week: no statistical difference in patient safety.

Educational outcome unknown!

Quality of life has improved.

Rules proposed by the IOM:

Shifts < 16 hours or a 5 hour protected period of sleep.

80 hours per week to achieve the learning goals.

Rules proposed by the IOM:

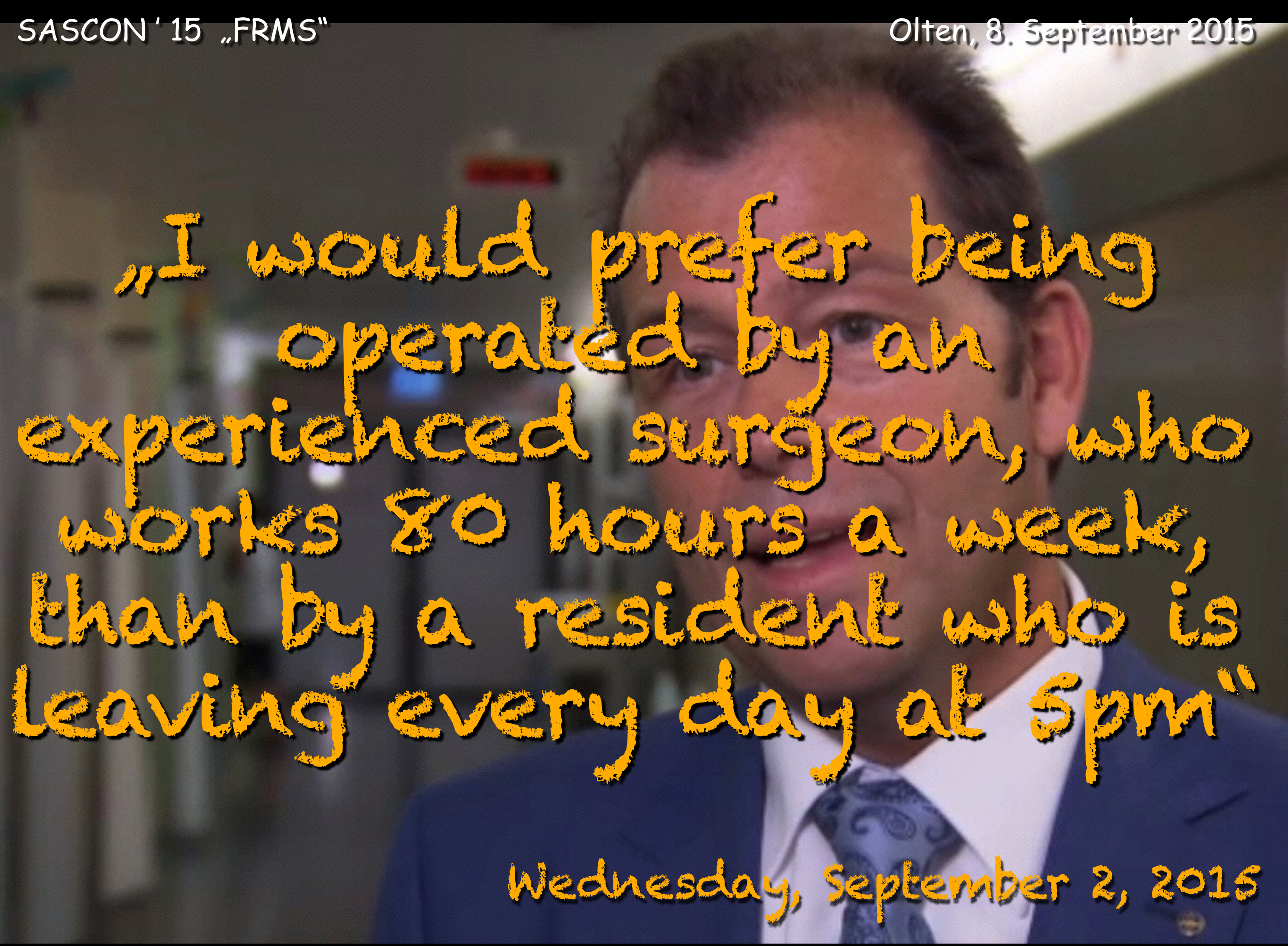
MD's are not allowed to admit a new patient after 16 hours during an extended duty period.

Programs provide annual formal education of the adverse effects of sleep loss and fatigue (FRMS)

SASCON '15 „FRMS" Olten, 8. September 2015

The S system of a FRM in medicine

proposed by the union
decided by politicians
paid by all of us


„I would prefer being
operated by an
experienced surgeon, who
works 80 hours a week,
than by a resident who is
leaving every day at 5pm“
Wednesday, September 2, 2015


GABRIEL SCHÄR
Chefarzt Frauenklinik Aarau

we have the stupidest system to deal with folique in medicine

Another mission failed!

With a proper FRMS we could improve patient safety and quality of care we would decrease costs