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Dean & Chief Academic Officer

Orlando College of Osteopathic Medicine

(proposed-seeking accreditation)

OCOM



2022

# PREVENTION OF MEDICAL ERRORS

# OBJECTIVES

- Meet biannual CME requirement 64B15-13.001, F.A.C.
- Discuss medication and surgical errors
- Reduce Misdiagnoses
- Prevent System Failures
- Create a Safety Culture
- Perform a Root Cause Analysis
- Reduce and Prevent Errors
- Improve Patient Safety
- Prevent the Most Common Errors as defined by the FL-BOM

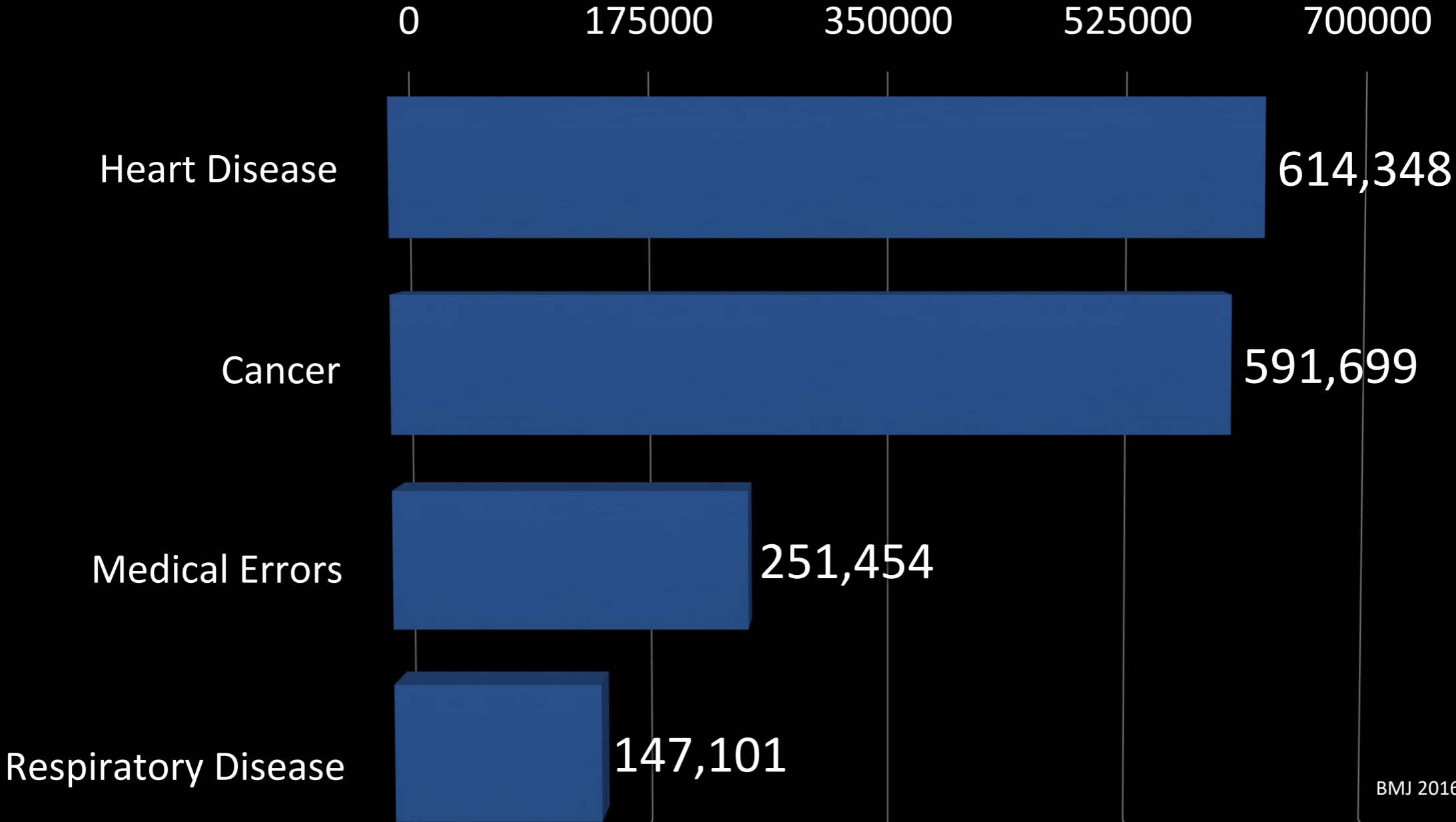
# The Five Most Misdiagnosed Conditions (DO)

Shall include, "root cause analysis, error reduction and prevention, and patient safety. The course shall address medication errors, surgical errors, diagnostic inaccuracies, and system failures, and shall provide recommendations for creating safety systems in health care organizations."

1. Inappropriate prescribing of controlled substances;
2. Failure to monitor the safety of prescribed medications;
3. Retained foreign objects in surgery and wrong site/patient surgery;
4. Failure to accurately diagnose cause of back and leg pain; and
5. Failure to timely diagnose sepsis.

# THIRD LEADING CAUSE OF DEATH

# MEDICAL ERRORS: THIRD LEADING CAUSE OF DEATH IN AMERICA



# United States COVID-19 Cases and Deaths by State

Reported to the CDC since January 21, 2020

**USA**  
**6,916,292**  
**TOTAL CASES**  
 +41,310 New Cases  
 CDC | Updated: Sep 24 2020  
 12:18PM

**USA**  
**201,411**  
**TOTAL DEATHS**  
 +1,136 New Deaths  
 CDC | Updated: Sep 24 2020  
 12:18PM

**USA**  
**302,715**  
**Cases in Last 7 Days**  
 CDC | Updated: Sep 24 2020  
 12:18PM

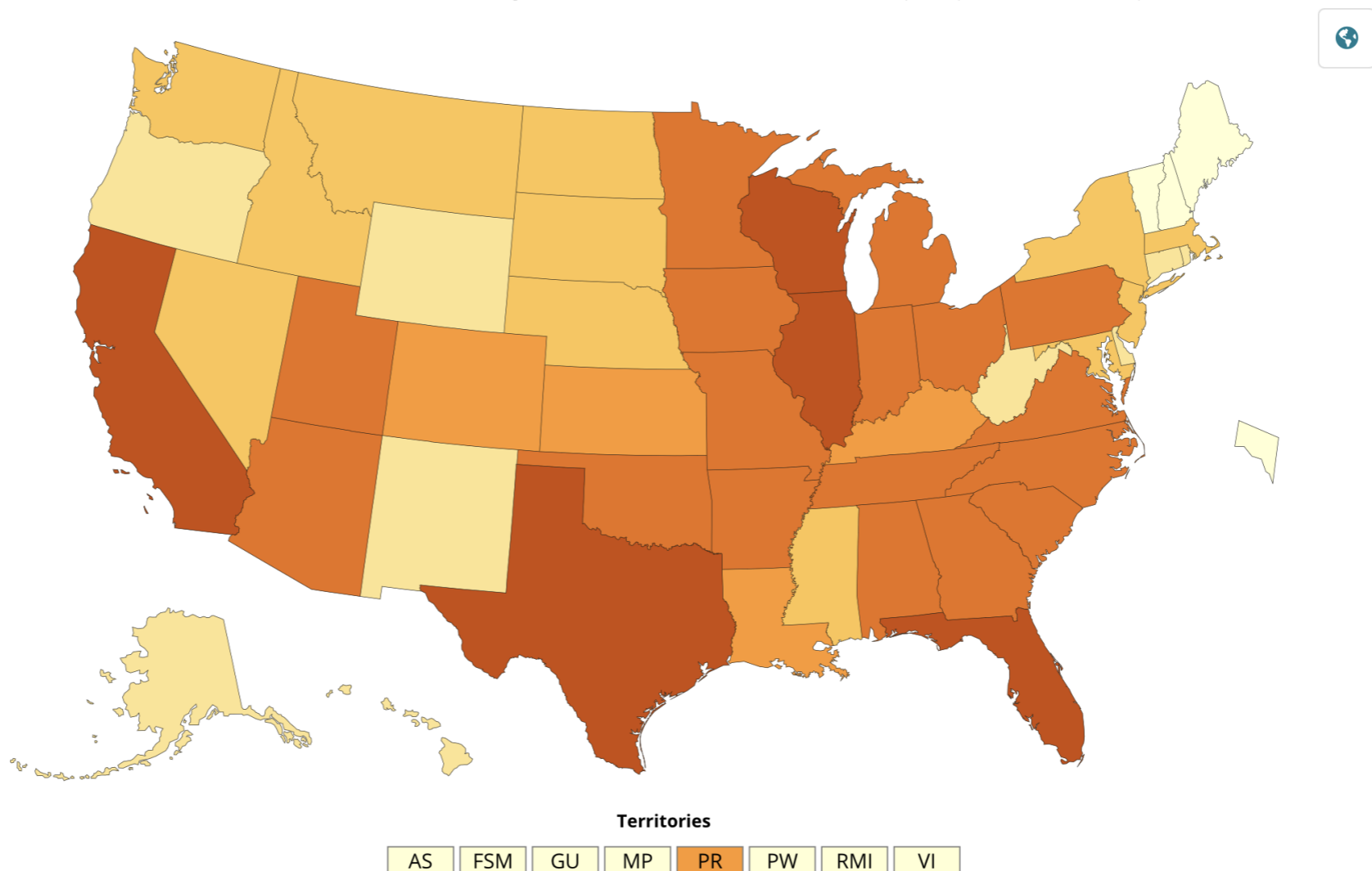
Cases in Last 7 Days by State/Territory

State/Territory	Cases in Last 7 Days
Texas	44,827
California	24,507

CDC | Updated: Sep 24 2020

Cases in Last 7 Days	Total Cases	Cases per 100,000	Deaths in Last 7 Days	Total Deaths	Deaths per 100,000
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US COVID-19 Cases Reported to the CDC in the Last 7 Days, by State/Territory





CMAJ. 2010 Sep 21; 182(13): E645–E646.

PMCID: PMC2942936

Published online 2010 Aug 23. doi: [10.1503/cmaj.109-3344](https://doi.org/10.1503/cmaj.109-3344)

PMID: [20732979](https://pubmed.ncbi.nlm.nih.gov/20732979/)

## Medical errors increasing because of complexity of care and breakdown in doctor–patient relationship, physician consultant says

[Wayne Kondro](#)

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This article has been [cited by](#) other articles in PMC.

The message was direct: many a doctor is out of sync with patients and as a consequence often does them a disservice or makes preventable medical mistakes.

The paradigm for the doctor–patient medical relationship must be revised to account for the explosion of medical information, as well as the increasing demands for transparency and accountability about therapies and outcomes, says Carbondale, Colorado, family physician Dr. John Findley.

Moreover, the increasing complexity of modern medicine has exceeded the ability of an individual doctor to deliver care safely, so doctors must become less paternalistic in assuming that only they have the answers and more willing to work collaboratively with one another and with other health professionals, Findley told delegates to the Canadian Medical Association's 143rd annual meeting on Sunday in Niagara

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IMPROVING PATIENT SAFETY  
THROUGH TECHNOLOGY



# Decreasing the Lag Between Result Availability and Decision-Making in the Emergency Department Using Push Notifications

Christian Koziatek, MD\*

Jordan Swartz, MD, MA\*

Eduardo Iturrate, MD, MSW†

Dina Levy-Lambert, BS\*

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*Section Editor:* David Lee, MD

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Full text available through open access at [http://escholarship.org/uc/uciem\\_westjem](http://escholarship.org/uc/uciem_westjem)

DOI: 10.5811/westjem.2019.5.42749

**Introduction:** Emergency department (ED) patient care often hinges on the result of a diagnostic test. Frequently there is a lag time between a test result becoming available for review and physician decision-making or disposition based on that result. We implemented a system that electronically alerts ED providers when test results are available for review via a smartphone- and smartwatch- push notification. We hypothesized this would reduce the time from result to clinical decision-making.

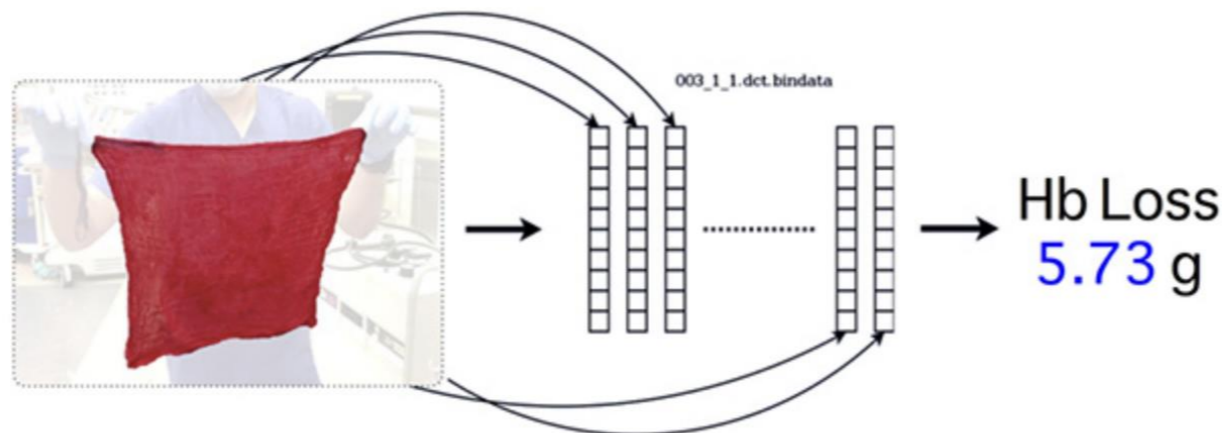
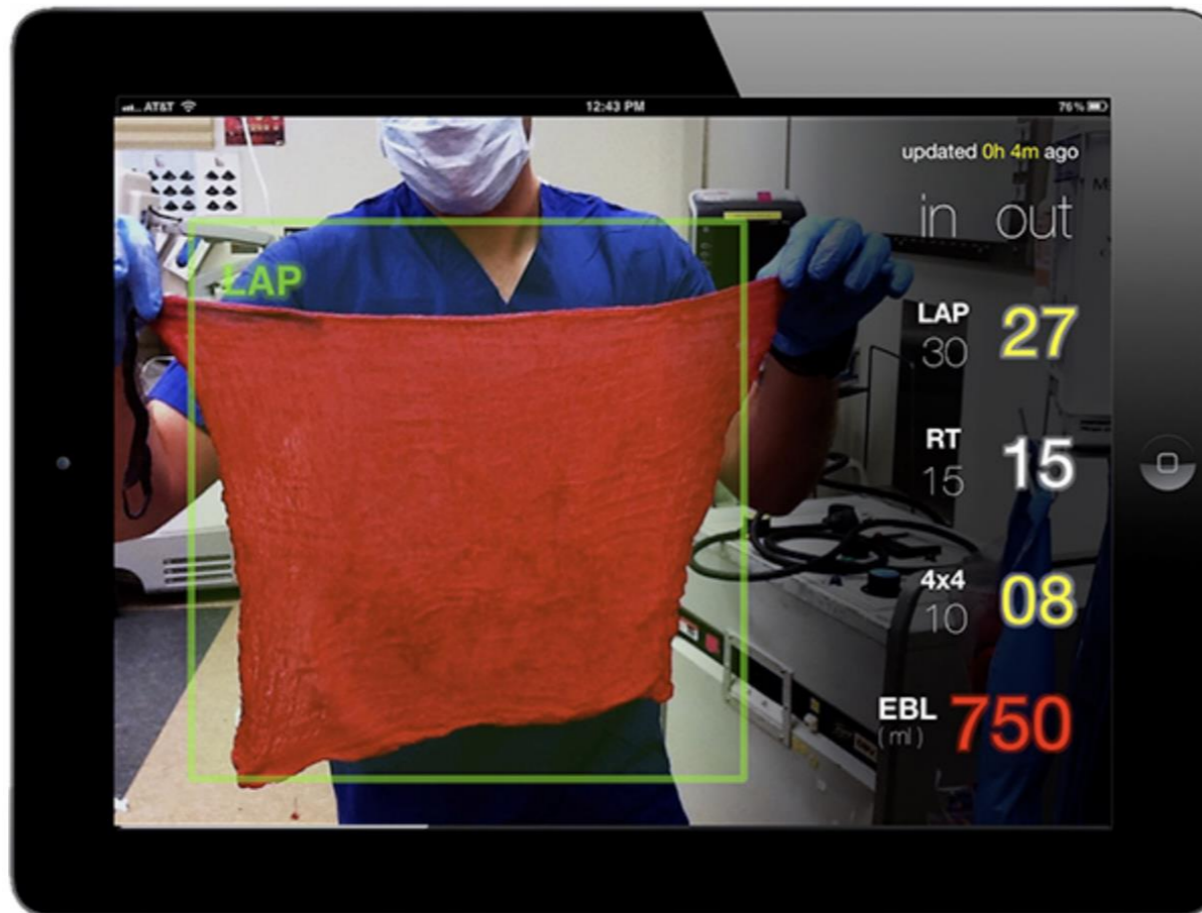
**Methods:** We retrospectively assessed the impact of the implementation of a push notification system at three EDs on time-to-disposition or time-to-follow-up order in six clinical scenarios of interest: chest radiograph (CXR) to disposition, basic metabolic panel (BMP) to disposition, urinalysis (UA) to disposition, respiratory pathogen panel (RPP) to disposition, hemoglobin (Hb) to blood transfusion order, and abnormal D-dimer to computed tomography pulmonary angiography (CTPA) order. All ED patients during a one-year period of push-notification availability were included in the study. The primary outcome

# Gauss Surgical Blood Loss Measurement App Approved by FDA for Use in ORs

MAY 21ST, 2014

MEDGADGET EDITORS

ANESTHESIOLOGY, CARDIAC SURGERY, ENT, NEUROSURGERY, OB/GYN, THORACIC SURGERY, UROLOGY, VASCULAR SURGERY



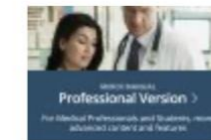
EBL, or estimated blood loss, is "estimated" for a reason



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Online revision for medical and surgical interviews



Merck Manuals Is Now Available to Epic Customers through the App Orchard



VirtaMed and Smith+Nephew Partner for Educational Excellence



The procedural and anatomical determinants of second-generation renal denervation



Learn Best Practices on How Customer-Facing Outreach Can Enhance Consumer

SILENCE & SECRECY

One aspect of professionalism is embracing feedback

DISCLOSURE+APOLOGY +  
OFFER PROGRAMS

OWN YOUR ERRORS

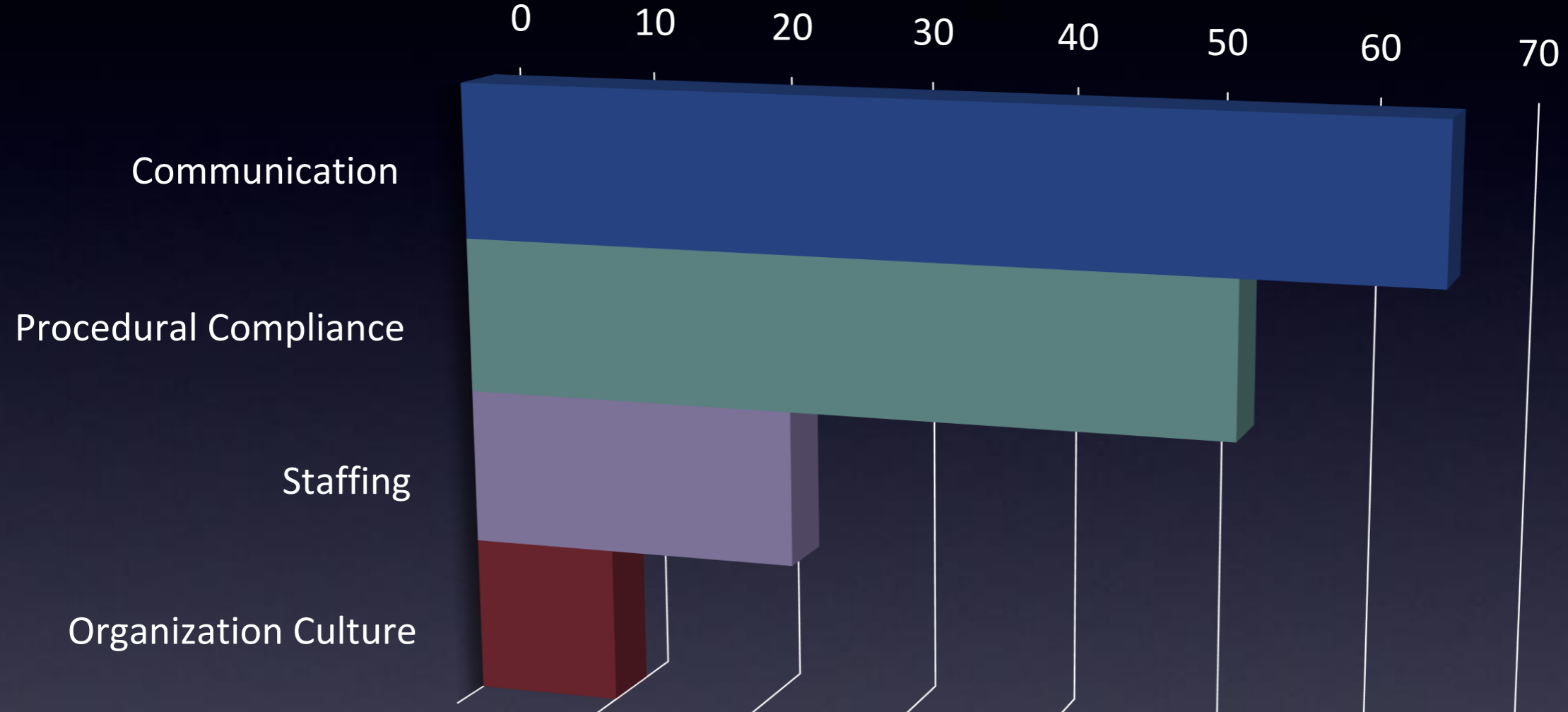


# Root Cause Analyses

A large, mature tree with a dense canopy of green leaves stands in a field. The ground is dark brown soil, and the tree's root system is exposed, showing a complex network of roots spreading out from the trunk. In the background, there is a green field of crops under a clear blue sky.

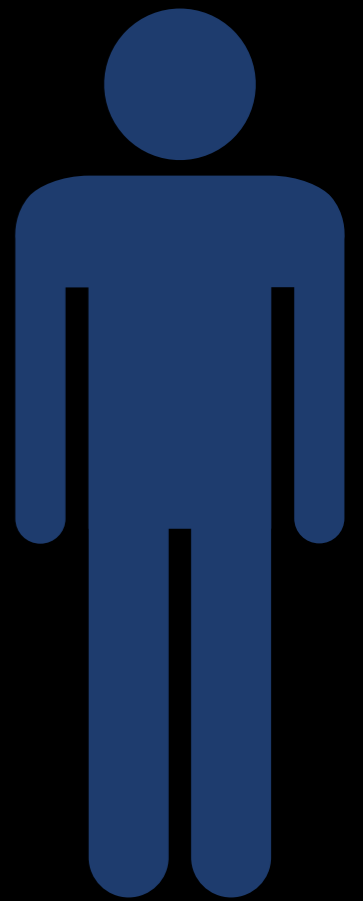
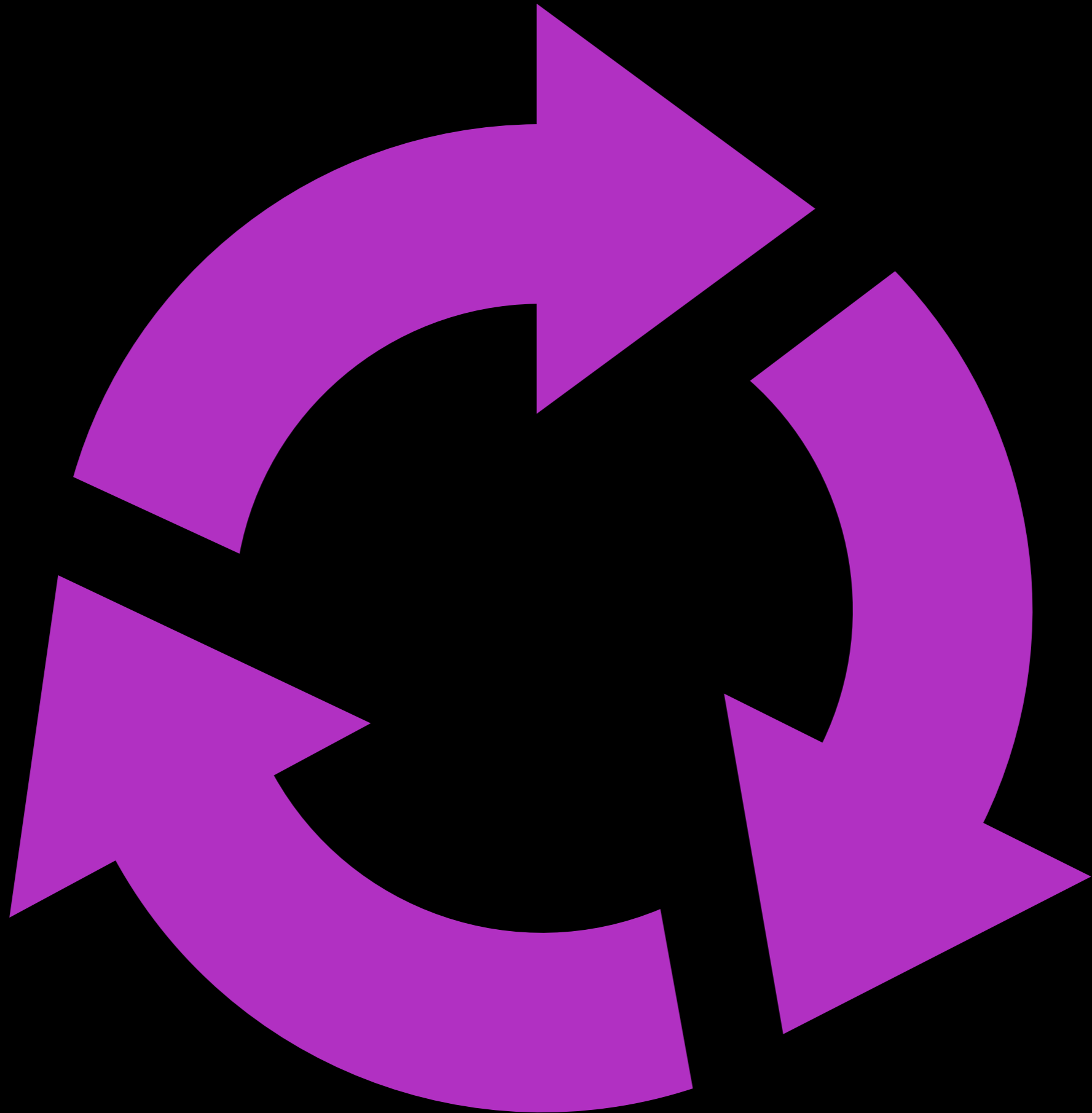
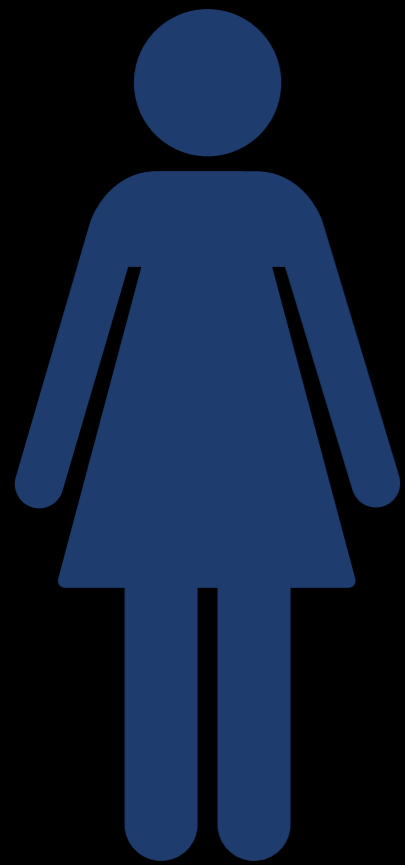
Data Collection  
Causal Factor Charting  
Root Cause Identification  
Recommendation  
Generation &  
Implementation

Root Causes of Sentinel Events (1995-2004)



Root Causes of Sentinel Events (1995-2004)

# CLOSED-LOOP COMMUNICATION



# Breaking: Med Student Saves Patient's Life Using Krebs Cycle



BY DR. GLAUCOMFLECKEN

Join us for <b>MUSCULOSKELETAL ULTRASOUND HANDS-ON TRAINING</b>	<b>Course Dates &amp; Locations</b> Baltimore, MD   Oct 13 - 15, 2017 New Orleans, LA   Jan 26 - 28, 2018 <b>REGISTER NOW</b>	<b>MTMI</b> Medical Technology Management Institute <small>A Continuing Education Division of Westing University</small>	
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18.4K  
SHARES



RALEIGH, NC – In a shocking turn of events in the emergency department this morning, 3rd-year med student Daniel Moder saved a patient's life using only his knowledge of the [Krebs cycle](#).



TELEHEALTH & PATIENT  
SAFETY



“Telehealth is associated with lower mortality and emergency admission rates.”



# Innovator Health



# Improving Hypertension Control and Patient Engagement Using Digital Tools

[Richard V. Milani, MD\\*](#), [Carl J. Lavie, MD](#), [Robert M. Bober, MD](#), [Alexander R. Milani](#), [Hector O. Ventura, MD](#)

Department of Cardiovascular Diseases, John Ochsner Heart and Vascular Institute, Ochsner Clinical School – University of Queensland School of Medicine, New Orleans, La



DOI: <https://doi.org/10.1016/j.amjmed.2016.07.029>



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## Abstract

Hypertension is present in 30% of the adult US population and is a major contributor to cardiovascular disease. The established office-based approach yields only 50% blood pressure control rates and low levels of patient engagement. Available home technology now provides accurate, reliable data that can be transmitted directly to the electronic medical record. We evaluated blood pressure control in 156 patients with uncontrolled hypertension enrolled into a home-based digital-medicine blood pressure program and compared them with 400 patients (matched to age, sex, body mass index, and blood pressure) in a usual-care group after 90 days. Digital-medicine patients completed questionnaires online, were asked to submit at least one blood pressure reading/week, and received medication management and lifestyle recommendations via a clinical pharmacist and a health coach. Blood pressure units were commercially available that transmitted data directly to the electronic medical record. Digital-medicine patients averaged 4.2 blood pressure readings per week. At 90 days, 71% of digital-medicine vs 31% of usual-care patients had achieved target blood pressure control. Mean decrease in systolic/diastolic blood pressure was 14/5 mm Hg in digital medicine, vs 4/2 mm Hg in usual care ( $P < .001$ ). Excess sodium consumption decreased from 32% to 8% in the digital-medicine group ( $P = .004$ ). Mean patient activation increased from 41.9 to 44.1 ( $P = .008$ ), and the percentage of patients with low patient activation decreased from 15% to 6% ( $P = .03$ ) in the digital-medicine group. A digital hypertension program is feasible and associated with significant improvement in blood pressure control rates and lifestyle change. Utilization of a virtual health intervention using connected devices improves patient activation and is well accepted by patients.

Keywords:

Chronic disease. Hypertension. Patient engagement

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The American Journal of Cardiology

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REDUCING GLOBAL PERI-OPERATIVE RISK

UPDATES IN RISK PREVENTION RISK MANAGEMENT

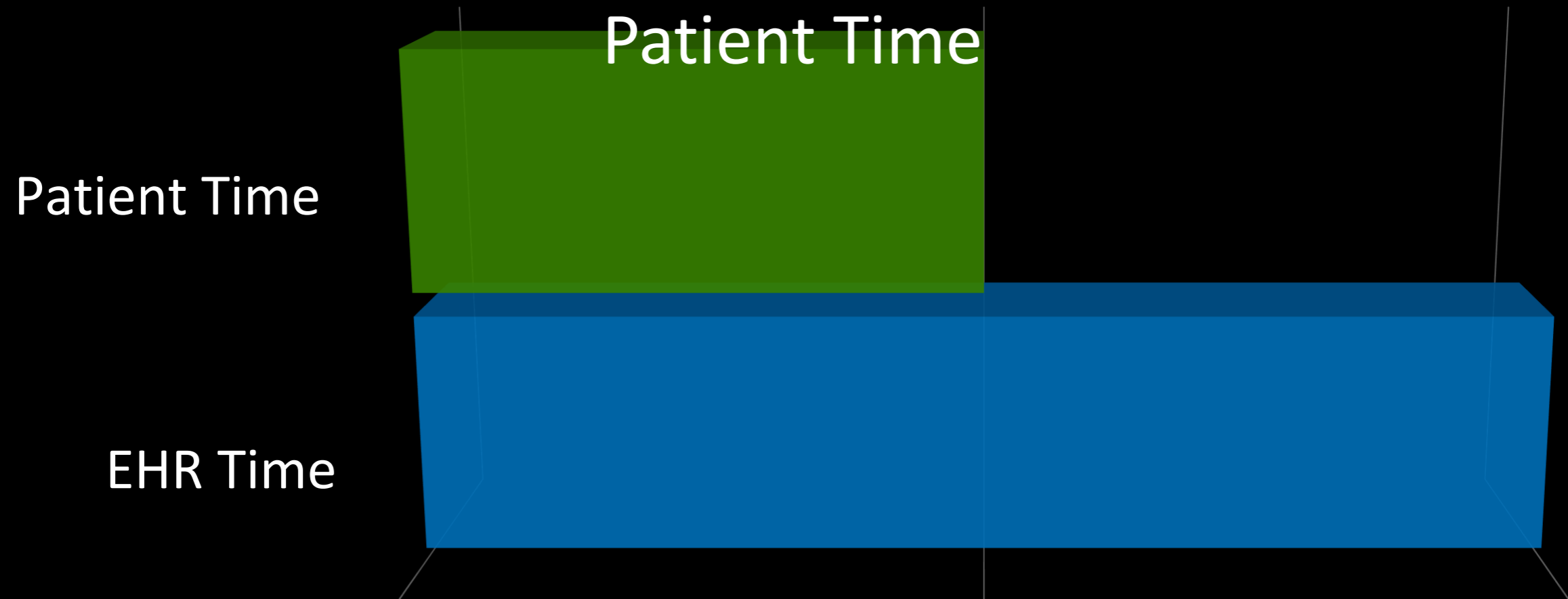
A hand is shown holding a rectangular sign. The sign and the text on it are semi-transparent, allowing the hand and the red background to be visible through them. The text on the sign reads: "THE PATIENT WILL SEE YOU NOW".

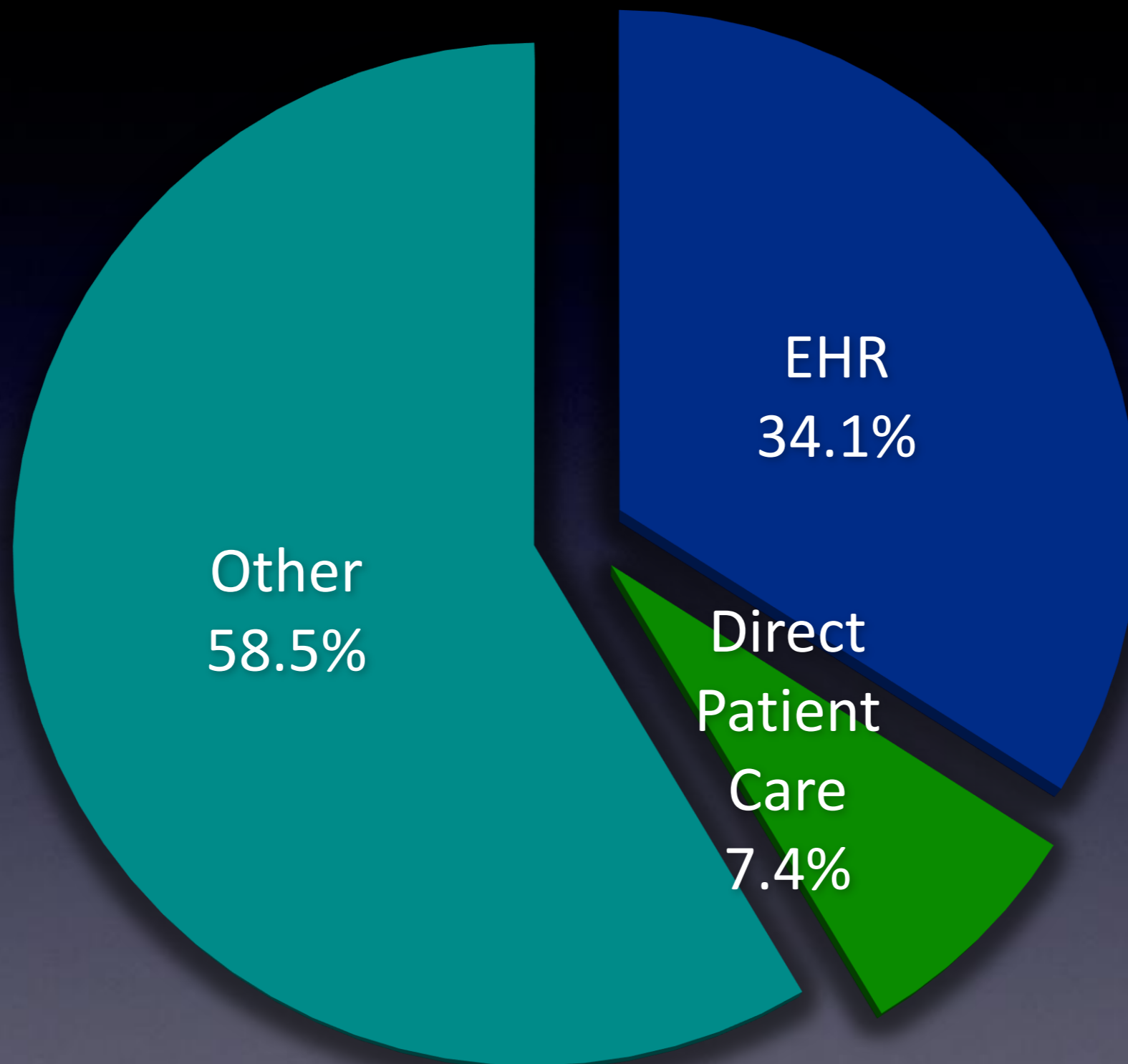
THE  
PATIENT  
WILL SEE  
YOU NOW

ERIC TOPOLO

ELECTRONIC HEALTH  
RECORDS

# TIME SPENT ON EHR





# TOP ISSUES IN EHR-RELATED MALPRACTICE CLAIMS

EHR ERROR	PERCENTAGE
INCORRECT INFORMATION	20%
CONVERSION ISSUES	16%
SYSTEM FAILURE (ELECTRONIC ROUTING OF DATA)	12%
SYSTEM FAILURE (UNABLE TO ACCESS DATA)	10%
PRE-POPULATING/TEMPLATE	10%
FAILURE OF SYSTEM DESIGN	9%
EHR USER TRAINING	7%
INCOMPATIBLE SYSTEMS	7%
EHR-RELATED USER ERROR	7%

TABBED PATIENT/WRONG  
PATIENT ERRORS



Discharge Summary

Date Admitted 08/12/2016

Date Discharged 13/12/2016

Final Exam Summary

Discharge Status & Instructions

Clinician's Narrative

Included Progress Notes

Diagnosis:	T23.209. Burn of second degree of unspecified hand, unspecified site.	Referral(s)
Condition on discharge:	Greatly improved	
Prognosis:	Good	
History of present illness:	<p>22 year old male with 12 000 Instagram followers (bot ratio 15%) "checked in" to the emergency department on Friday night complaining of "OMG 📱🔥🔥🔥👎😭"</p> <p>A&amp;E documented a one inch second degree burn to the right palm and multiple superficial burns on fingers arising from a spontaneously combusting smartphone.</p> <p>Exposure to the ignition source was apparently prolonged as the patient took the time to extract his other smartphone, record a brief video, snap a selfie, select a filter, and post it to social media. Online history included labile opinions, frequent group brunches, and liking to excess.</p> <p>Burn was cooled, disinfected, and dressed in A&amp;E, and patient was admitted to the ward after threatening to leave a negative review on TripAdvisor.</p>	

Hospital Course

On arrival to the ward, the patient reported feeling severely 🤢🥵😭 and described the food as 🍌.

Patient's quality of life has been acutely affected now that he is without his primary smartphone and remains more than 12 months away from his next upgrade. We were unable to gather data using the patient reported outcome measures form as the patient disdained the use of pen and paper as "basic."

On examination, ego was tender and inflated. Patient was initially unreactive to analogue stimuli until we titrated ward's wifi speed down to 0.6 kbps, which induced involuntary eye rolling and prolonged whining. Rapport was initially established by an FY1 on WhatsApp before that became uncool, then SnapChat (ditto), then Kik (ditto), before resorting to the old fashioned method, SMS/iMessage.

Based on the latest government guidelines developed by an advisory committee formed entirely of the commercial sector, we used full spectrum technology deployment to formulate a management plan: We first attempted to crowdsource treatment recommendations on Twitter, but we were unable to decipher many of the replies as they had been massively abbreviated and were lacking punctuation in order to fit the 140 character limit.

Next, an international telemedicine consultation was undertaken with our trust's "rankiss" teaching hospital overseas as a virtual grand round. After watching a mandatory 30 second video ad on "Seven essential weight loss tricks that experts don't want you to know," our sister team suggested (via automatic translation) that we might like to "exterminate him somewhat gingerly for two nights obscuring ironing board." We have taken this advice under advisement.

A virtual coach recommended a rehabilitative course of Pokemon GO (preferably a Bulbasaur if the trust still has them on formulary), 10 000 steps a day on a FitBit with updates streamed to Facebook so his mum can check them, and gentle thumb calisthenics such as Winter Walk or Angry Birds 2.

After consultation with the analogue "version 1.0" multidisciplinary team we have prescribed a course of any topical ointments with 4.5 or more stars on Amazon, referred for a surgical consult with consideration taken into account of residual narcissistic function, and recommended grief counselling to help deal with the untimely loss of a treasured and valued smartphone.

Follow-up: Patient has been scheduled for discharge to the community via Uber or Hailo (depending on surge pricing) although our machine learning algorithm has volunteered to continually track his whereabouts, emails, phone calls, personal beliefs, credit rating, overall survival, date of car insurance renewal, and recovery from his most recent injury. We are reassured that these data will help improve our services.

Emoji Notes?




**PHYSICIANS  
LOUNGE**

THE UNHAPPIEST PLACE ON EARTH

# BURNOUT & MEDICAL ERRORS

Errors reported by surgeons are strongly related to a surgeon's d

A portrait of Jacob Neufeld, MD, a middle-aged man with grey hair, glasses, and a mustache, wearing a dark blue patterned button-down shirt. He is standing outdoors with a blurred background of trees and a building. The text is overlaid in the lower center of the image.

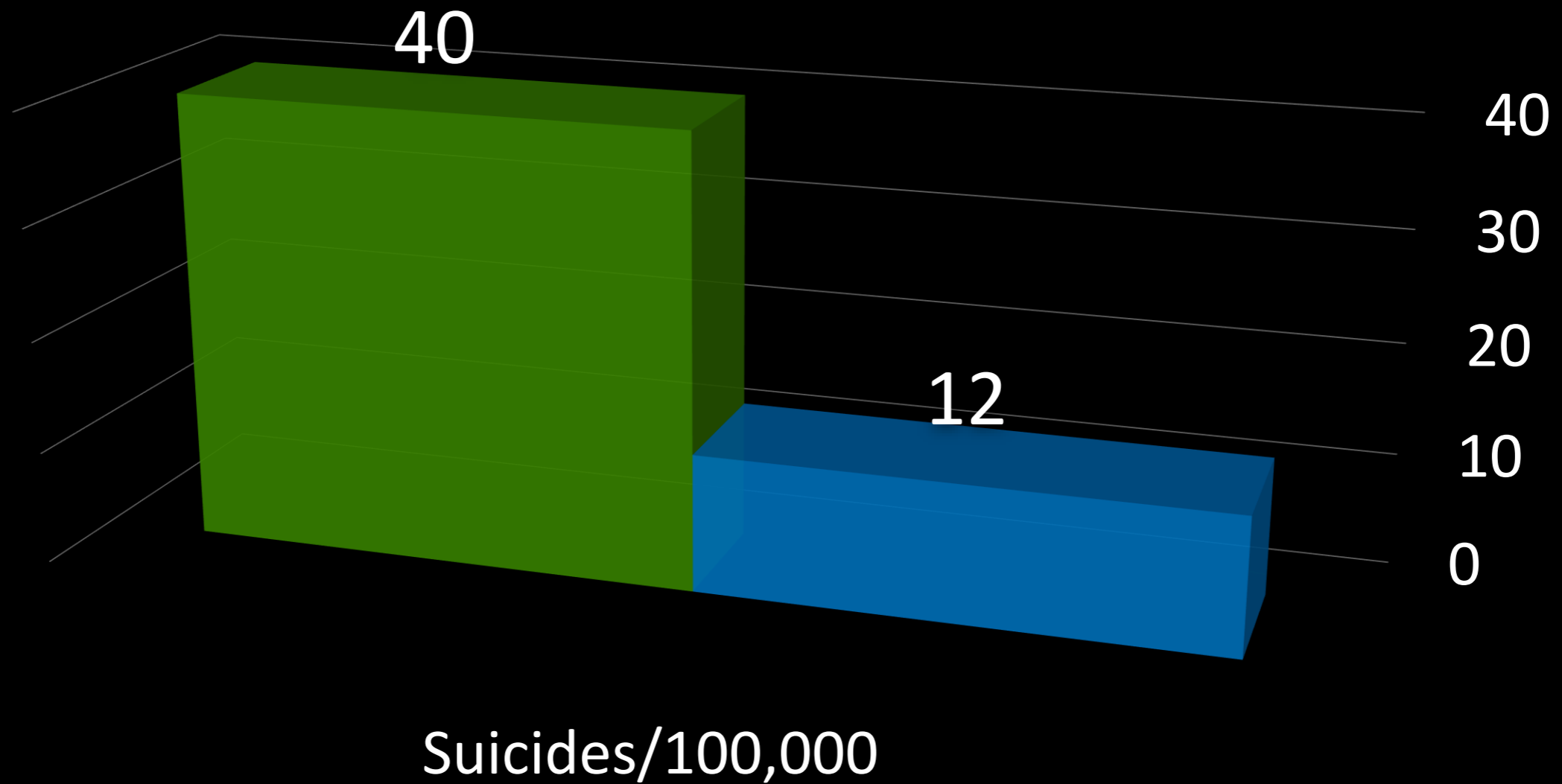
Jacob Neufeld, MD  
4/22/1962 - 9/29/2017

# “Doctors' Suicide Rate Highest of Any Profession”

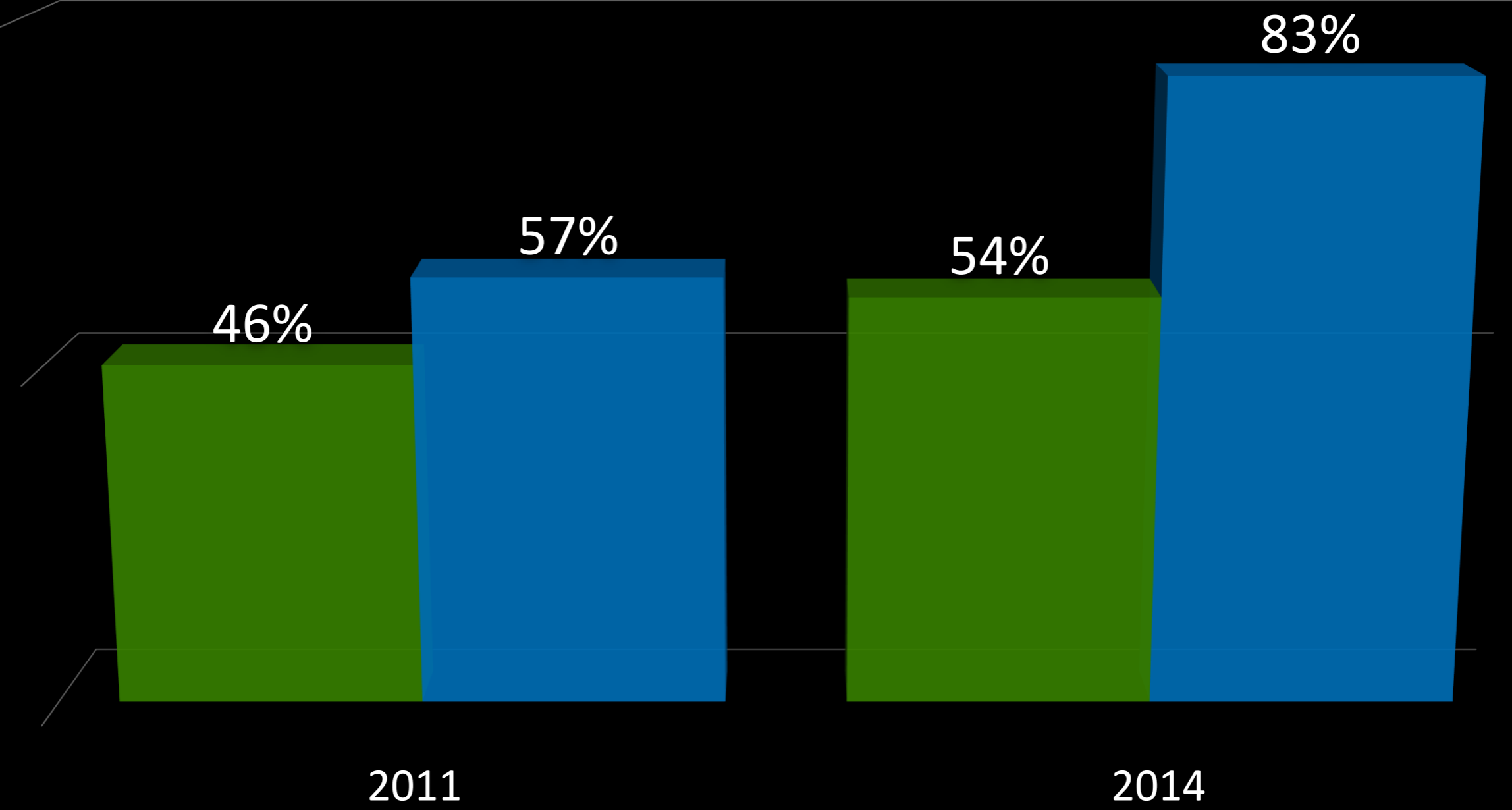
[HTTPS://WWW.WEBMD.COM/MENTAL-HEALTH/NEWS/20180508/DOCTORS-SUICIDE-RATE-HIGHEST-OF-ANY-PROFESSION#1](https://www.webmd.com/mental-health/news/20180508/doctors-suicide-rate-highest-of-any-profession#1) LAST ACCESSED  
10/19/19

■ Physicians

■ General Population

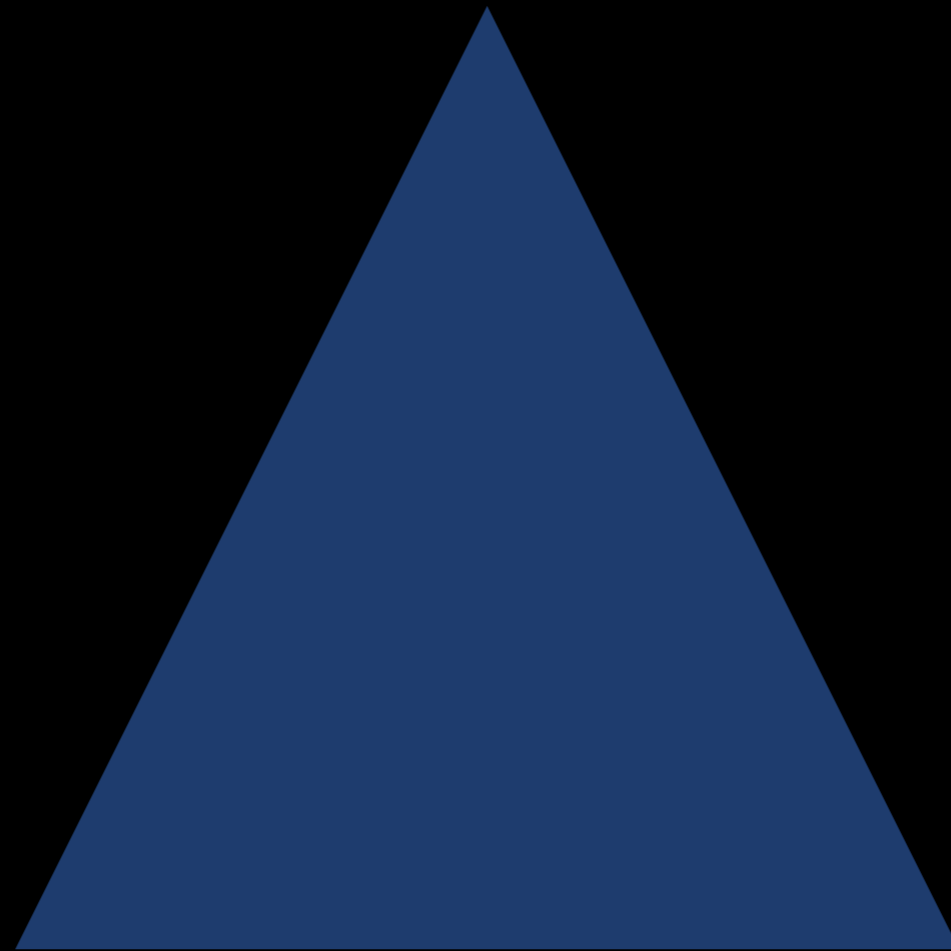


# EHR UTILIZATION COMPARED WITH PHYSICIANS REPORTING AT LEAST 1 SYMPTOM OF BURNOUT



# TRIAD OF BURNOUT

Emotional Exhaustion



Decreased  
Sense of Personal  
Accomplishment

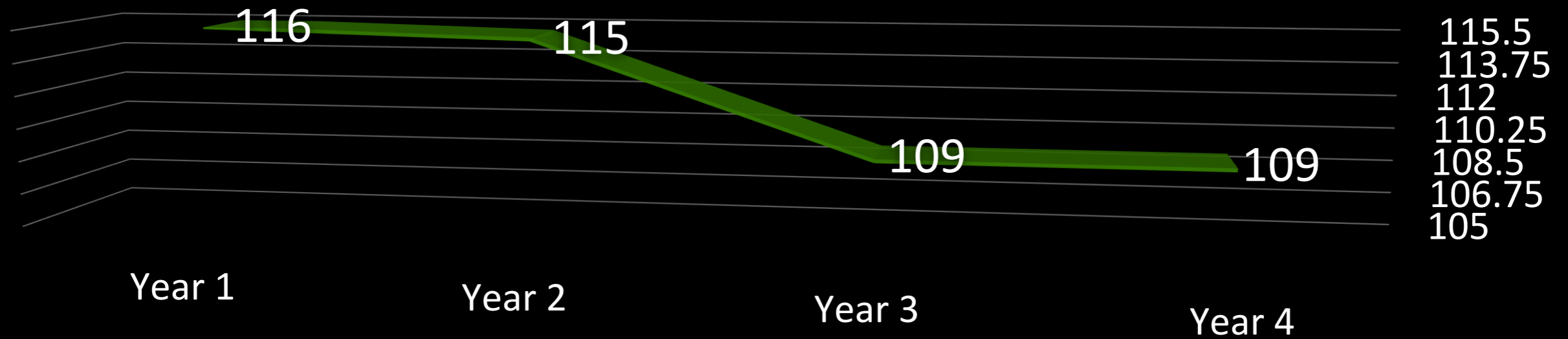
Depersonalization



# QUADRUPLE AIM

Triple Aim + Physician/Staff Wellness

# Empathy Declines During Medical School



# NEIL PASRICHA 20 Minutes/Day

1. Nature Walks
2. Positive Journaling
3. Random Acts of Kindness

HANDOFFS

IPASS SHOWN TO DECREASE  
PREVENTABLE ERRORS BY 30%

Handoff

Jennings, Sophie Medicine

---

**Summary**

Sophie Jennings is a 78 year old female presenting with fever and cough. Found to have right lower lobe pneumonia. Arrived in respiratory distress.  
 PMH: CAP, environmental allergies  
 Social Hx: Smoker

Edited by: Wade, Dana at 7/30/2013 3:22 PM History

---

**To Do**

Ordered 2 LPM of O2 via nasal cannula. Increase to 4 LPM if desaturating or confused.

Edited by: Wade, Dana at 7/30/2013 3:42 PM History

---

**Meds**

**Current Facility-Administered Medications**

Medication	Dose	Route
doxycycline (VIBRA-TABS) tablet 100 mg	100 mg	Oral

---

**Labs**

RED BLOOD CELL COUNT (M/uL)

↑ Prev
↓ Next

✓ Close
✗ Cancel



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## Medical errors increase by nearly 20% around daylight savings, study finds

Gabrielle Masson - Friday, September 18th, 2020 [Print](#) | [Email](#)

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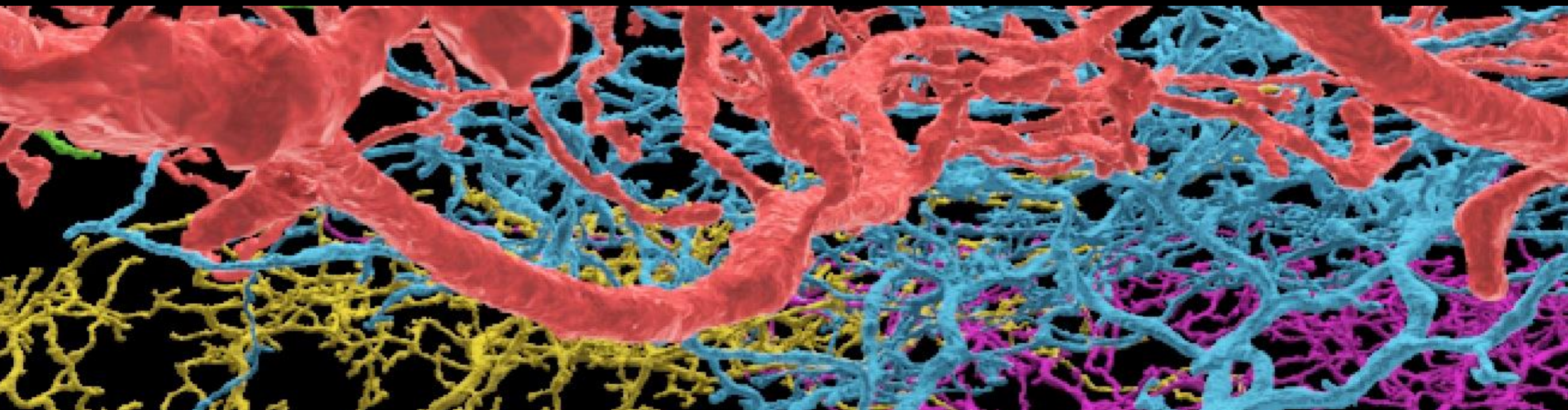
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In the days following the switch to daylight saving time, human mistakes tied to patient safety-related

**Interoperability can help improve cash flow and increase revenue.**

Learn how to leverage the Conditions of Participation to your organization's

# HEURISTICS: COGNITIVE SHORTCUTS





# Confirmation Bias



Stuck on confirming a false diagnosis (eg Looking for stroke in a patient carrying that dx when patient has GBS)

# AVAILABILITY BIAS



Make readily available  
DX (eg H1N1  
increased dx after  
news stories)

An electron micrograph showing a cell with various organelles. A dark, semi-transparent rectangular box is overlaid on the top half of the image, containing white text. The text reads "Anchoring Heuristic/Premature Closure". The background shows a cell with a nucleus, mitochondria, and other organelles. There are some labels: "R" on the left, "E" at the top, and "I" in the middle. A scale bar is visible in the bottom left corner.

# Anchoring Heuristic/Premature Closure

Stuck on Dx and  
Disregards Evidence  
to the Contrary (e.g.  
Chronic Chlamydia)

# Framing Effects

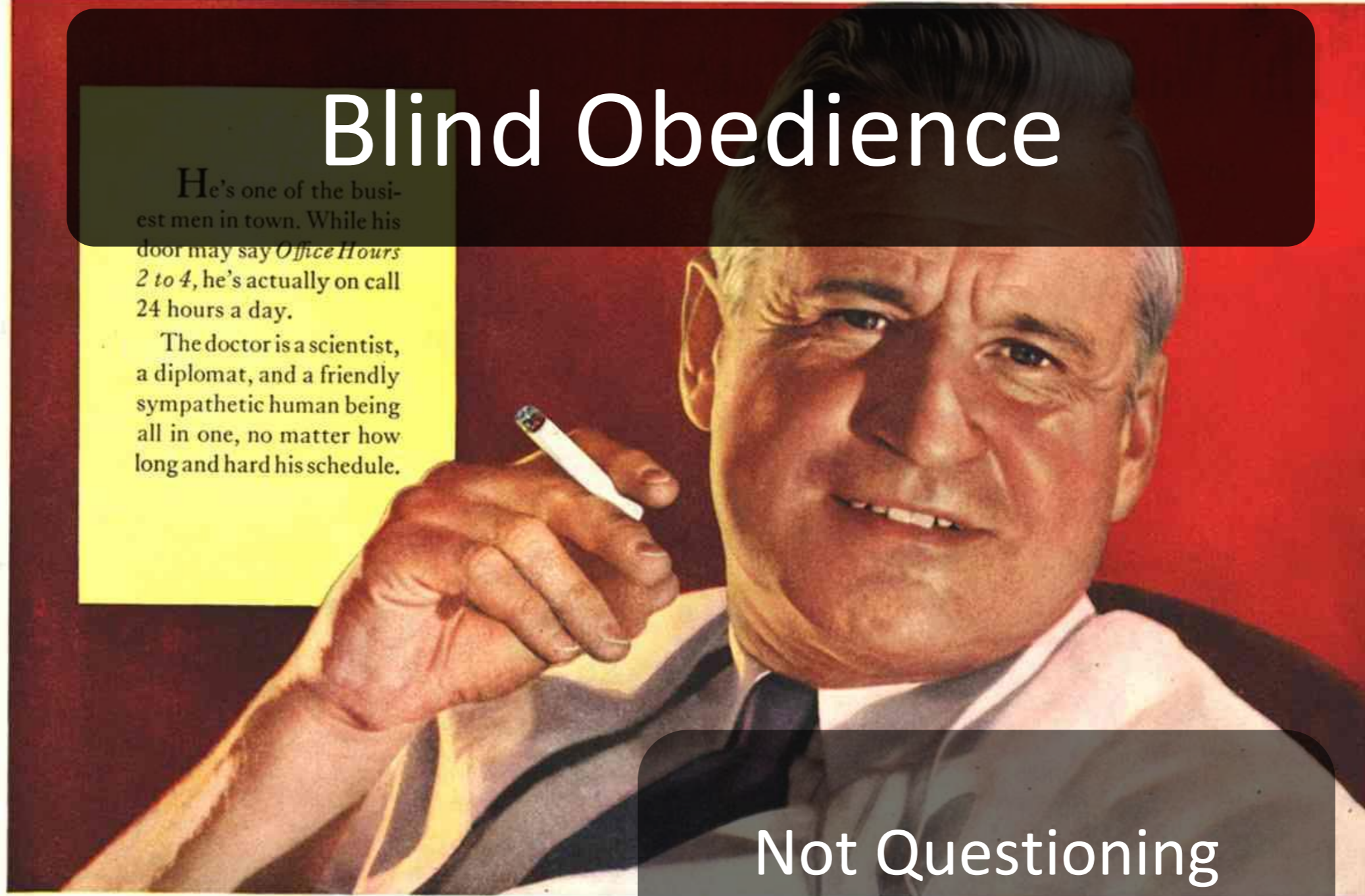


Diagnosis heavily based upon cues (eg looking for I.E. In IVDU wth Fever & missing influenza)

# Blind Obedience

He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.



Not Questioning  
Expert Dx or Test  
Results

*According to a recent Nationwide survey:*

**MORE DOCTORS SMOKE CAMELS**  
**THAN ANY OTHER CIGARETTE**

# Gamblers Fallacy



False Belief that Past Occurrences Influence Frequency of Future Occurrences

# Base-Rate Neglect

A photograph of two zebras in a savanna landscape. The zebras are the central focus, with their black and white stripes clearly visible. They are standing in a field of dry, yellowish-brown grass. The background is slightly blurred, showing more of the savanna environment. The overall lighting is warm, suggesting a sunset or sunrise setting.

Stick with Rare Diagnosis  
Despite Common Symptoms  
of a Common Problem

# The Black Box: FDAs Highest of 5 Warning Categories

Promethazine IV



# The Black Box: FDAs Highest of 5 Warning Categories

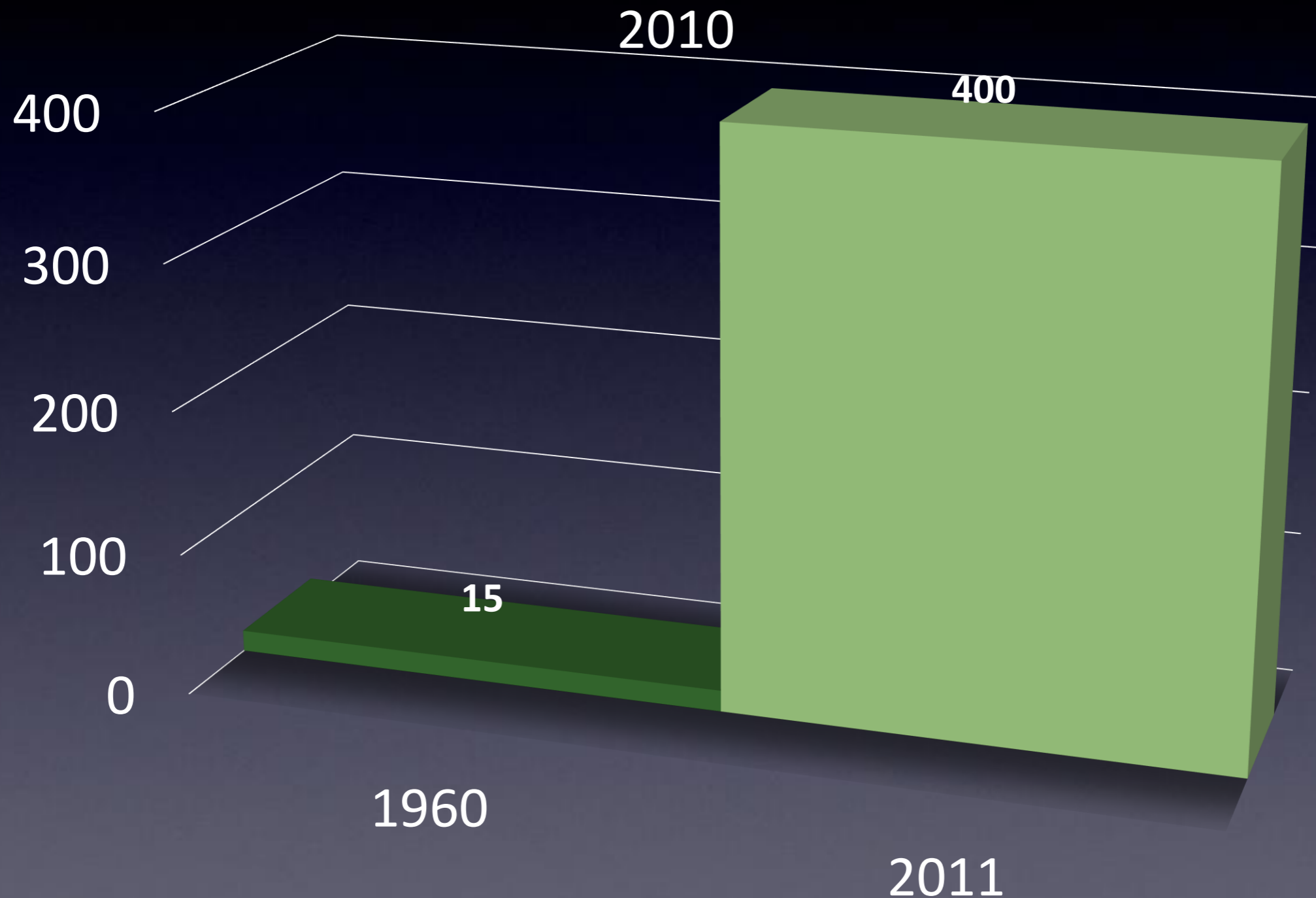
Codeine after T & A

(AAP now recommends against codeine for Children)

# The Black Box: FDAs Highest of 5 Warning Categories

Opioids & Serotonin Syndrome (3/16)

# Number of Medications that the Average Internist Needs to Master



# HIGH-FREQUENCY LOW STAKES ASSESSMENT

make it stick



*The Science of Successful Learning*

Peter C. Brown

Henry L. Roediger III

Mark A. McDaniel



The Agnew Clinic



“the design of which is to improve on our present system of surgery, obstetrics, and treatment of generally, and place the same on a more rational and scientific basis.”

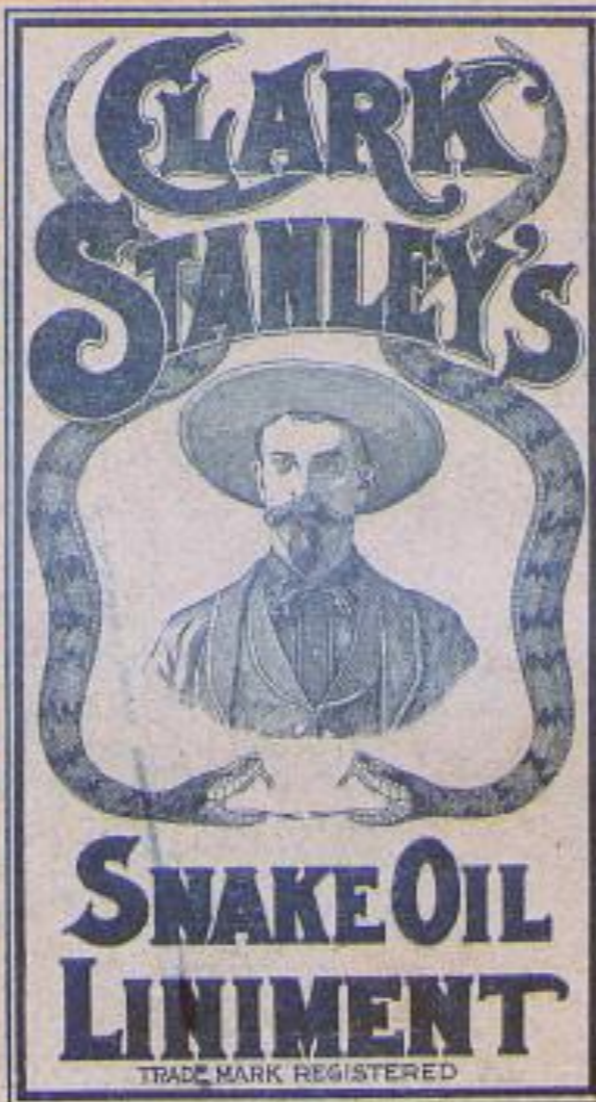
–AT STILL, MD

**SNAKE  
OIL  
LINIMENT**

THE  
STRONGEST AND  
BEST LINIMENT  
KNOWN FOR PAIN  
AND LAMENESS.

USED EXTERNAL  
ONLY.

FOR  
RHEUMATISM  
NEURALGIA  
SCIATICA  
LAME BACK  
LUMBAGO  
CONTRACTED  
CORDS  
TOOTHACHE  
SPRAINS  
SWELLINGS  
ETC.



—FOR—

FROST BITES  
CHILL BLAINS  
BRUISES  
SORE THROAT  
BITES OF  
ANIMALS  
INSECTS AND  
REPTILES.

GOOD FOR  
MAN AND BEAST

IT GIVES  
IMMEDIATE  
RELIEF.

IS GOOD  
FOR  
EVERYTHING  
A LINIMENT  
OUGHT  
TO BE  
GOOD FOR

Manufactured by  
CLARK STANLEY  
Snake Oil Liniment  
Company  
Providence, R. I.

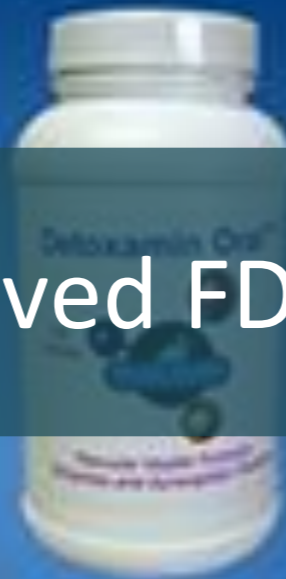
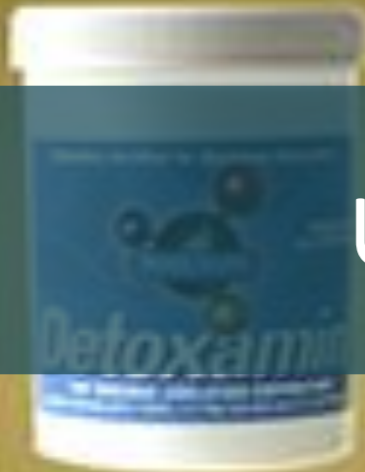
**Clark Stanley's Snake Oil Liniment**

Is for sale by all druggists. If your druggist fails to have it, tell him he can get it for you from any wholesale druggists or it will be sent to you to any part of the United States or Canada upon the receipt of fifty cents in stamps by addressing the

**Clark Stanley Snake Oil Liniment Co.**

**PROVIDENCE, R. I.**





Unapproved FDA Drugs

Inappropriate prescribing of controlled substances

# EXAMPLES OF CONTROLLED SUBSTANCES

- Opioids
- Benzodiazepines
- Tramadol
- Testosterone
- Methamphetamines



Barry Schultz, MD

# Opioid Withdrawal

Mydriasis  
Yawning  
Increased Bowel Sounds  
Piloerection  
Irritability  
Diarrhea  
Tremor  
Lacrimation

# PREVENTING PRESSURE ULCERS

- Risk Assessment
- Specialty mattresses (Static Mattress) for increased risk
- Interventions: rotate q 2 hours, keep clean and dry

# FALL PREVENTION

- Bed alarms/fall risk to those at risk
- Avoid sedative hypnotics
- Nurse call button in close proximity
- Remove floor rugs at home

Failure to monitor the safety of prescribed medications



# EXAMPLES OF SAFETY MONITORING OF PRESCRIBED MEDICATIONS

- Anticoagulants (evaluate for occult bleeding, falls)
- QT prolongation (periodic EKG)
- Polypharmacy (especially with care transitions)
- Compliance and missed doses (therapeutic range)
- Monitoring for common side effects (e.g. Amiodarone – thyroid and lung function)

Retained foreign objects in surgery and  
wrong site/patient surgery

# RETAINED FOREIGN BODY

POST OP

R  
TLK

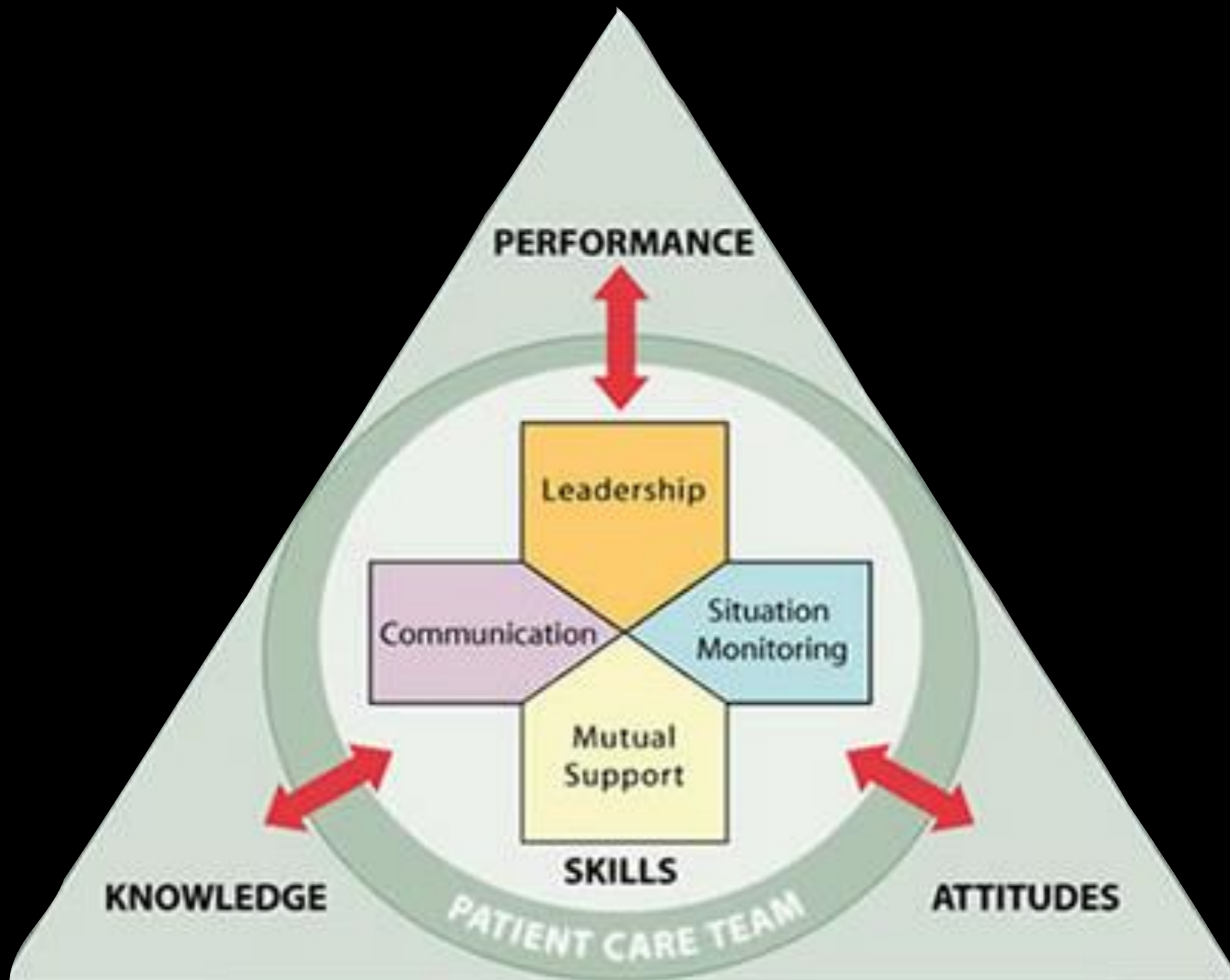


COMMUNICATION ERROR MOST COMMON CAUSE OF  
WRONG-SITE SX & RETAINED SX ITEMS

CHECKLISTS  
LIMIT DISTRACTIONS  
TEAMWORK  
PREVENT HIGH-STRESS  
ENVIRONMENT  
"CHECK BACK"

TEAMSSTEPS

# TEAMSTEPPS



# OR CHECKLISTS PROVEN TO DECREASE ERRORS IN 12 COMMON OR CRISES



Failure to accurately diagnose cause of back  
and leg pain



# DIFFERENTIAL OF BACK PAIN

DISC HERNIATION	INFECTION
MUSCLE STRAIN	MALIGNANCY/EPIDURAL CORD COMPRESSION
OA	FRACTURE/TRAUMATIC LESION
SPONDYLOLISTHESIS	AORTIC DISEASE/ANEURYSM
ANKYLOSIS SPONDYLITIS	REFERRED PAIN (ORGAN)
NEPHROLITHIASIS/PYELONEP HRITIS	

# DIFFERENTIAL OF LEG PAIN

DVT

FRACTURES/TRAUMATIC

MALIGNANCY

MUSCLE STRAIN

PVD

INFECTION

OA

Failure to timely diagnose sepsis

TYPICAL PRESENTATION OF SEPSIS:  
HYPOTENSION, TACHYCARDIA, FEVER,  
AND LEUKOCYTOSIS

# SEPSIS S/SX

Obvious infection (e.g. respiratory, wound)

Hypotension (<90 mmHg)

Temp (>38.3 or <36)

Tachycardia (>90)

Tachypnea (>20)

End-Organ Perfusion (e.g. AMS, cyanosis, ileus)

# LABORATORY SIGNS

WBC 12k or <4K

>10% immature WBCs

Hyperglycemia without DM

CRP >2 Standard Deviations Above

Arterial Hypoxemia

Acute Oliguria

Creatinine Increase > 0.5

INR > 1.5

Platelet <100k

Total bilirubin >4 mg/dL

Severely elevated lactate or procalcitonin

“CORRECTING HYPOXEMIA, AND ESTABLISHING VENOUS ACCESS FOR THE EARLY ADMINISTRATION OF FLUIDS AND ANTIBIOTICS ARE PRIORITIES IN THE MANAGEMENT OF PATIENTS WITH SEPSIS AND SEPTIC SHOCK”

# NEUROLOGICAL ERRORS

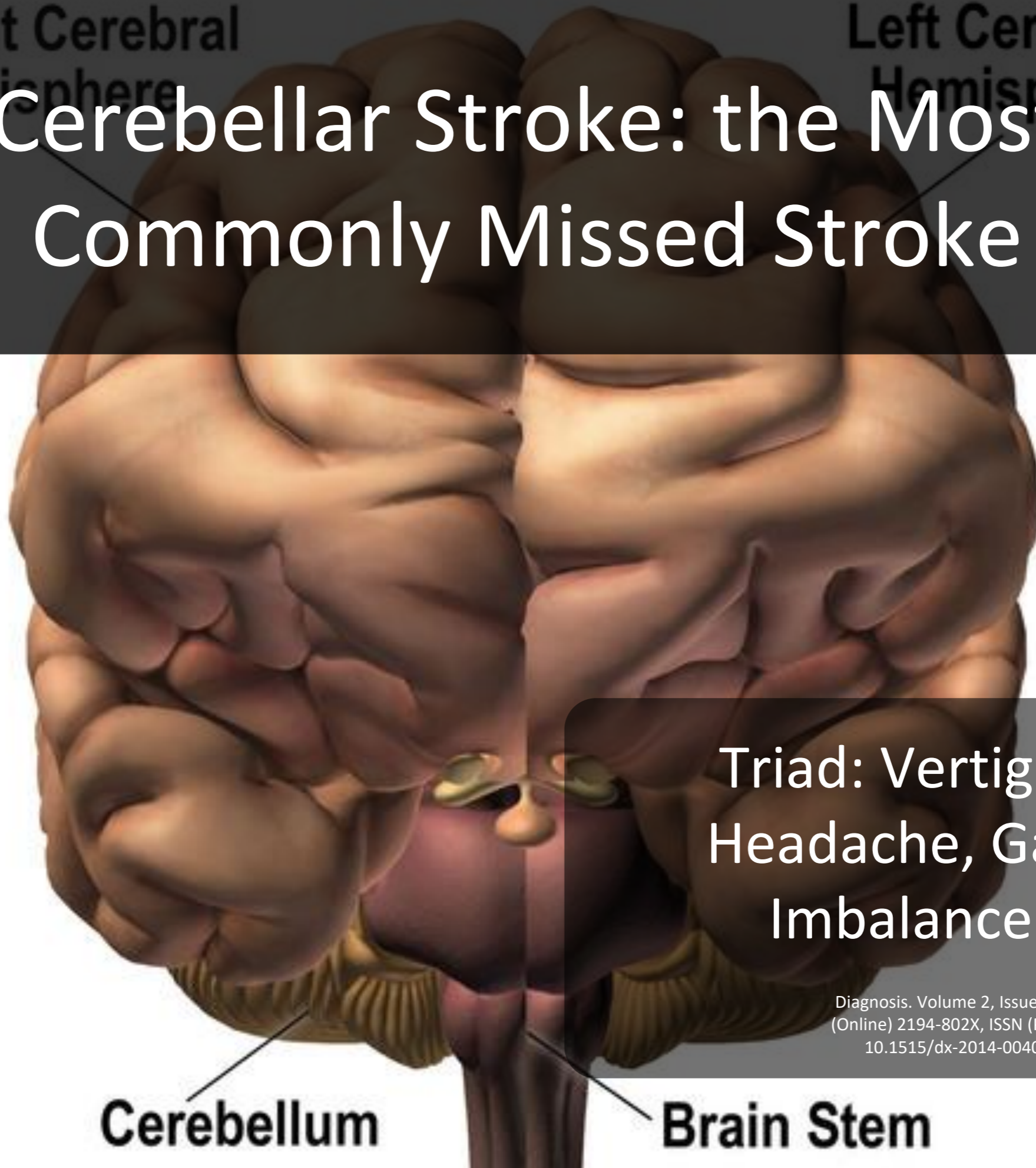


# GUILLAIN-BARRE SYNDROME

Right Cerebral  
Hemisphere

Left Cerebral  
Hemisphere

# Cerebellar Stroke: the Most Commonly Missed Stroke



Triad: Vertigo,  
Headache, Gait  
Imbalance

Cerebellum

Brain Stem

Diagnosis. Volume 2, Issue 1, Pages 21–28, ISSN  
(Online) 2194-802X, ISSN (Print) 2194-8011, DOI:  
10.1515/dx-2014-0040, December 2014

Right Cerebral Hemisphere

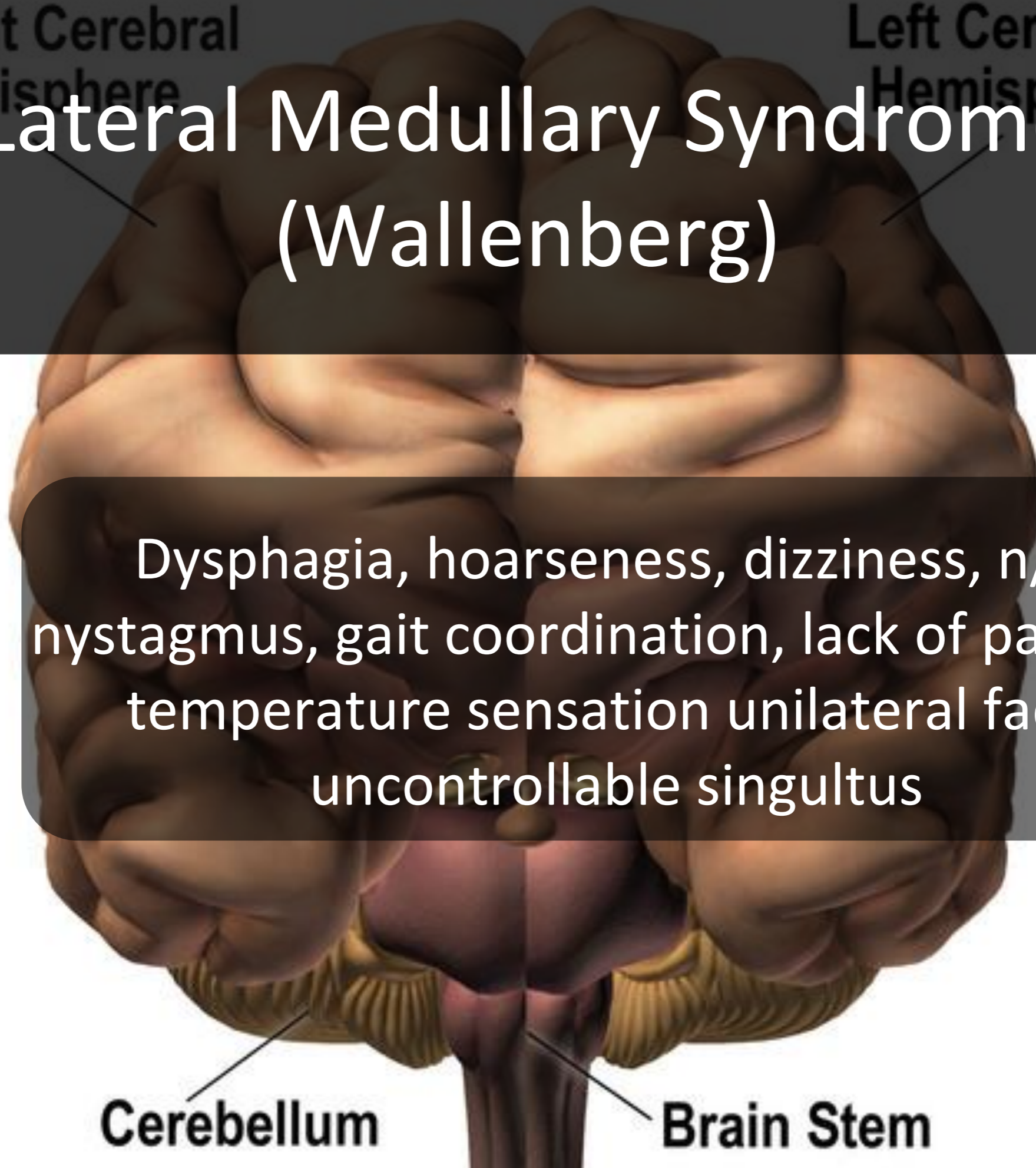
Left Cerebral Hemisphere

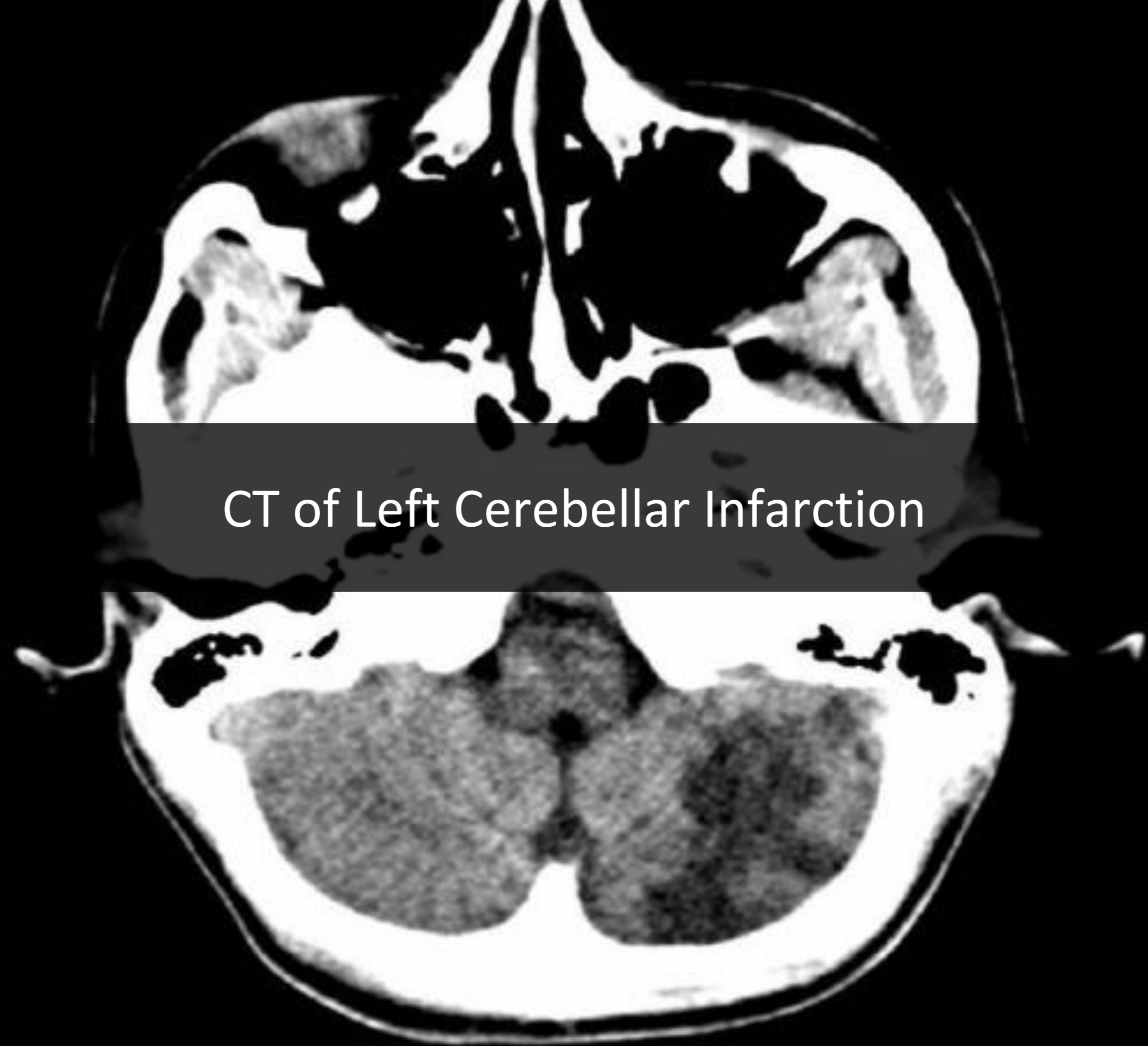
# Lateral Medullary Syndrome (Wallenberg)

Dysphagia, hoarseness, dizziness, n/v, nystagmus, gait coordination, lack of pain and temperature sensation unilateral face, uncontrollable singultus

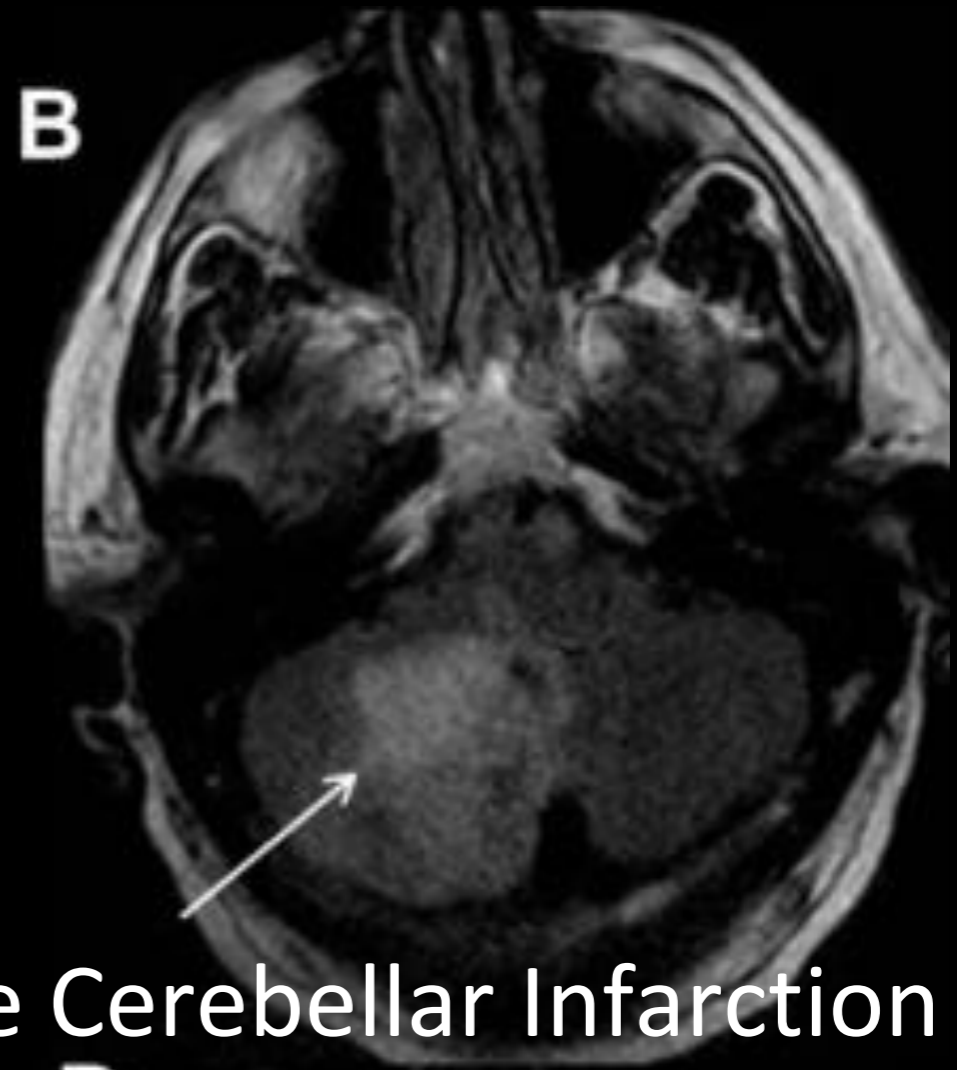
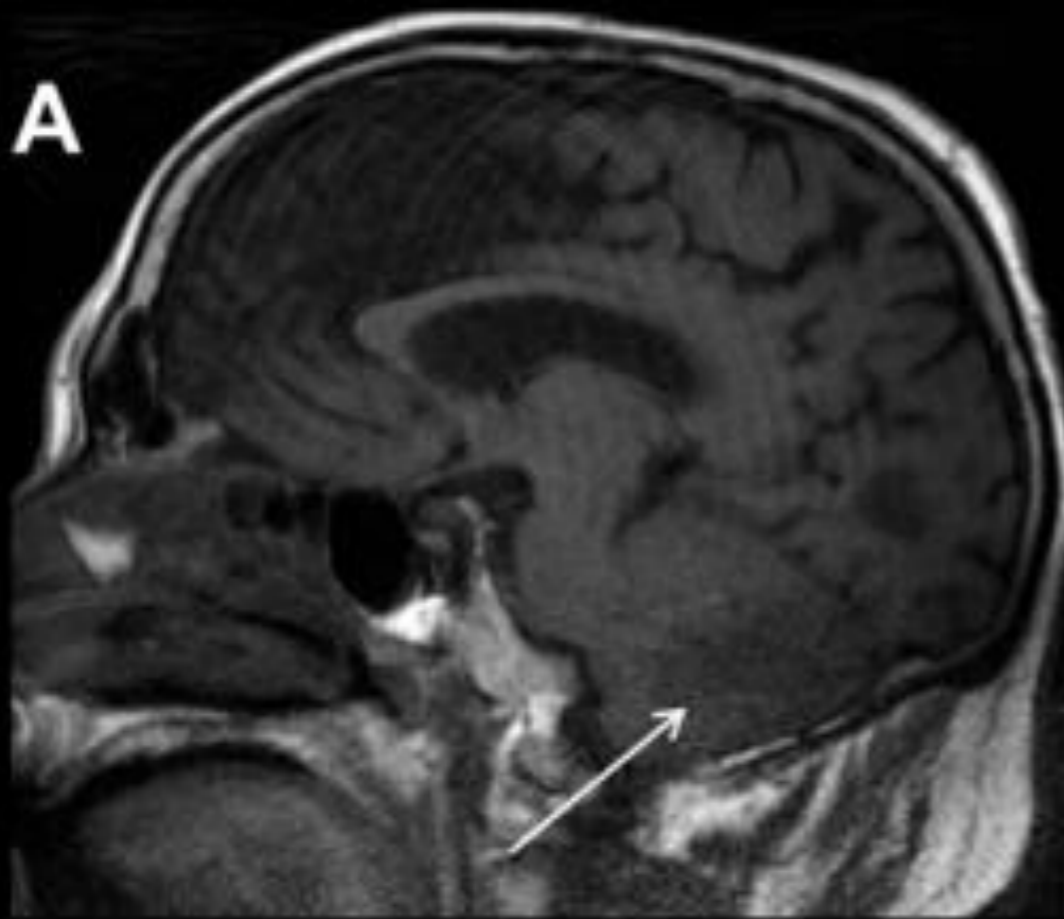
Cerebellum

Brain Stem

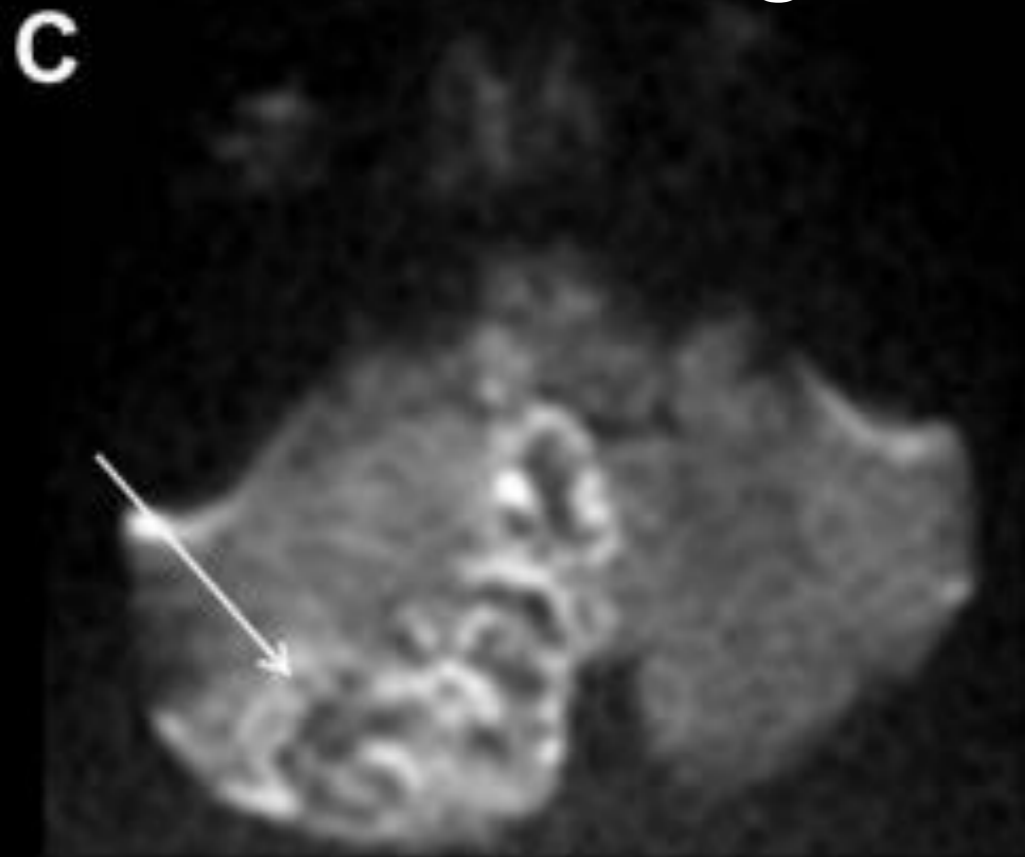




CT of Left Cerebellar Infarction

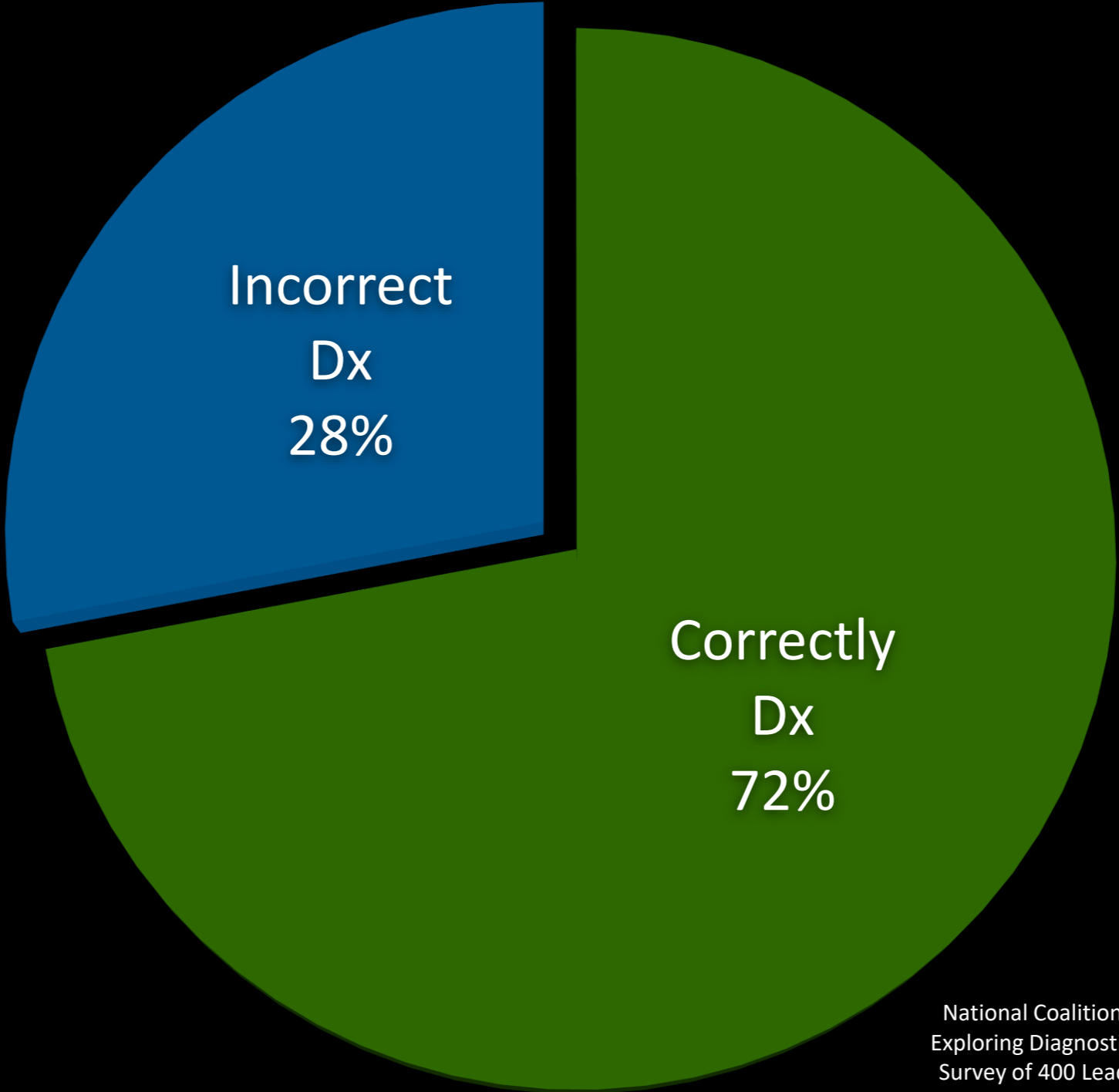


MRI of Hemorrhagic Acute Cerebellar Infarction

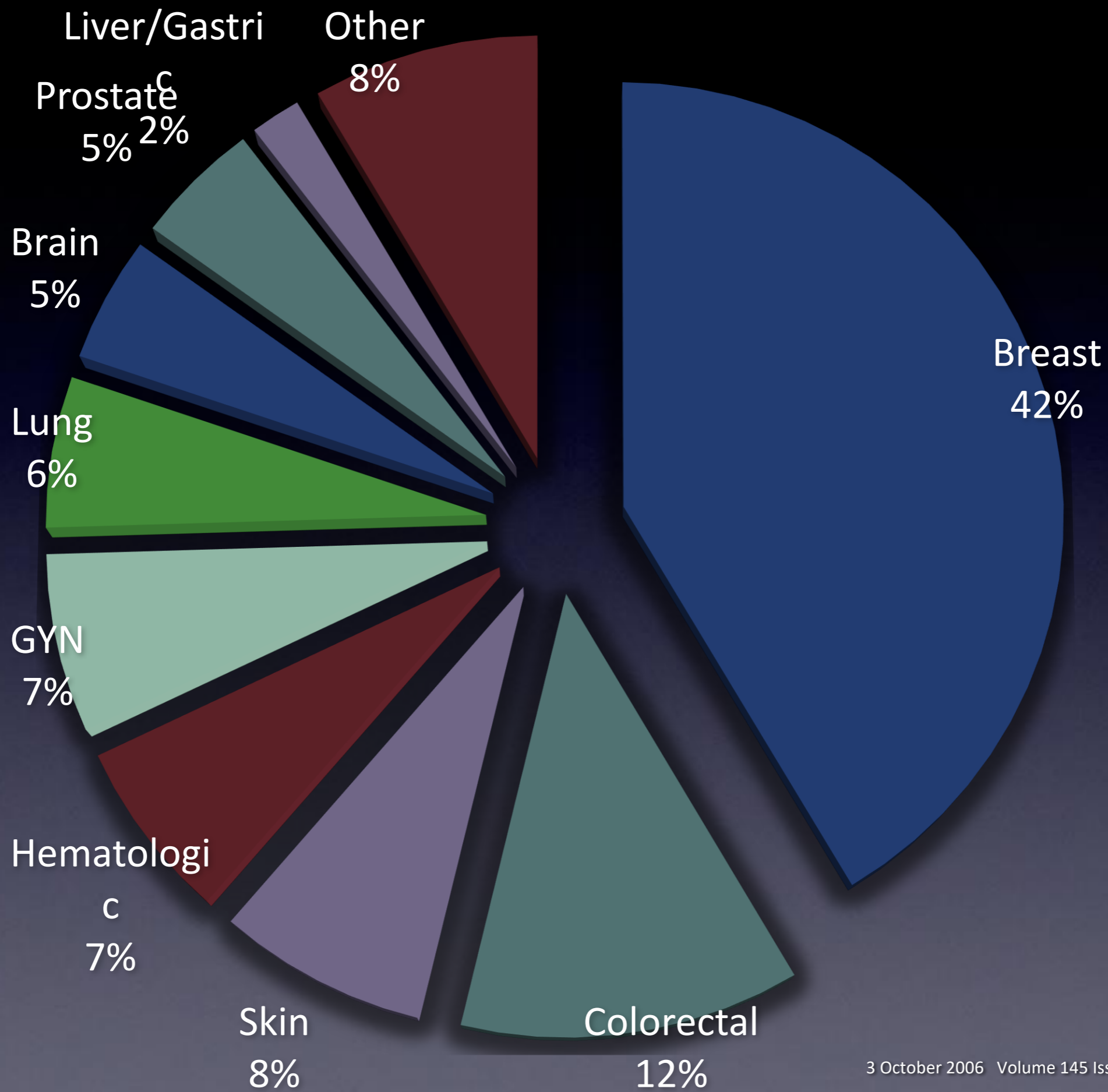


# CANCER MISDIAGNOSIS

# CANCER MISDIAGNOSED



National Coalition on Health Care; Best Doctors, Inc. Exploring Diagnostic Accuracy in Cancer: A Nationwide Survey of 400 Leading Cancer Specialists. January 29, 2013. [http://www.bestdoctors.com/~media/PR%20and%20Public%20Affairs/MisdiagnosisSurvey\\_FINALiv.pdf](http://www.bestdoctors.com/~media/PR%20and%20Public%20Affairs/MisdiagnosisSurvey_FINALiv.pdf). L





# BETTER THINGS TO SAY

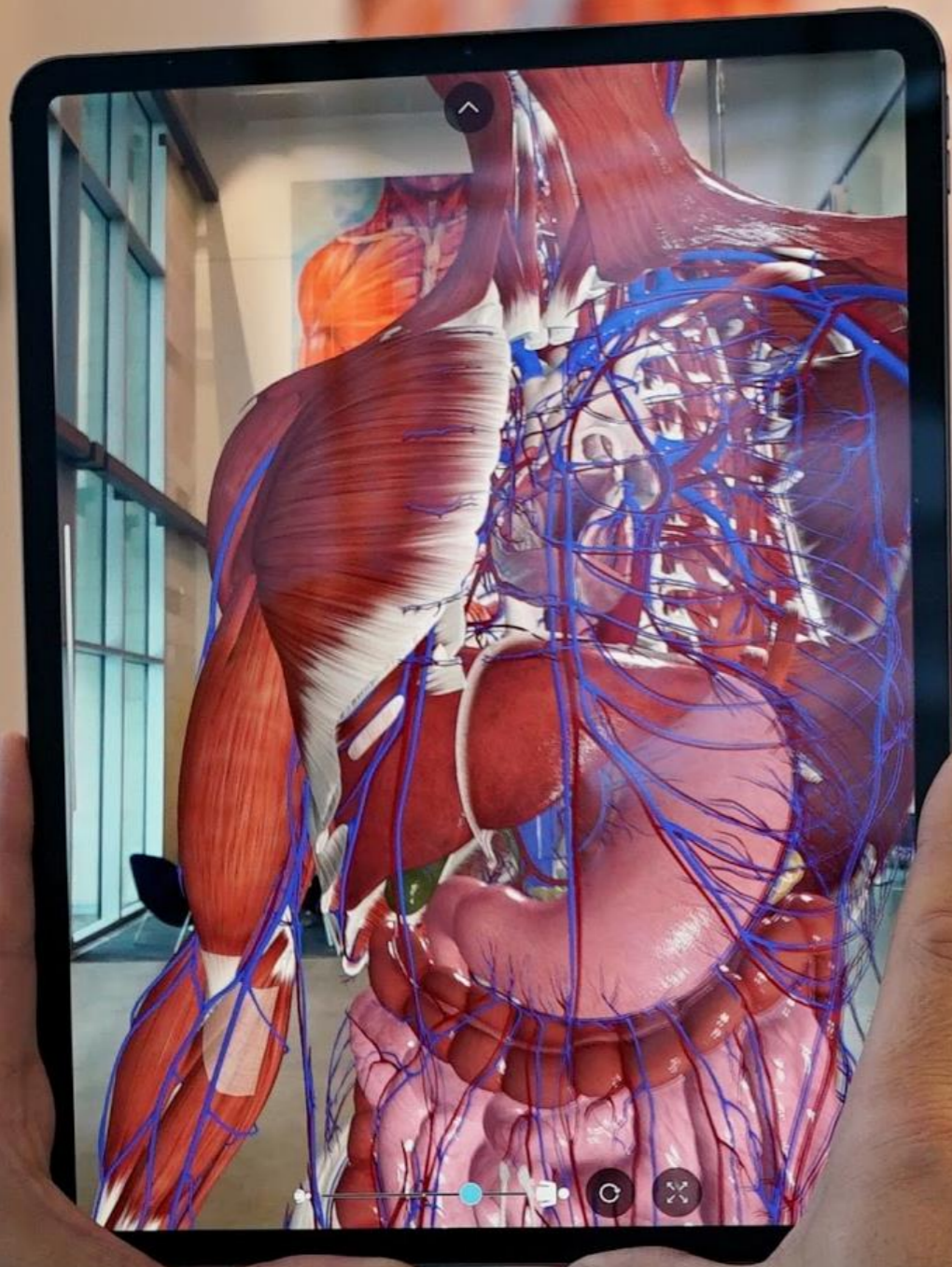
OLD	NEW
"THERES NOTHING MORE TO DO"	"I WISH THERE WAS SOMETHING THAT I COULD DO TO CURE YOUR ILLNESS"
"WOULD YOU LIKE US TO DO EVERYTHING POSSIBLE?"	"HOW WERE YOU HOPING WE COULD HELP?"
"STOP THE MACHINES"	"STOP THE BREATHING MACHINES AND USE MEDICINES THAT WOULD MAKE HIS BREATHING MORE COMFORTABLE"

PATIENT SAFETY FOR THE  
NEXT GENERATION



Tblood  
37.0





Technology in Medical Education  
AR & VR

TEAMSTEPS

TAKE-HOME POINTS

MOST MISSED TYPE OF  
STROKE?

Cerebellar Stroke



PROFESSION WITH  
HIGHEST SUICIDE RATE?

Physicians

ASCENDING PARALYSIS  
AFTER INFLUENZA. DX?

GBS

MOST COMMON ROOT CAUSE  
OF MEDICAL ERROR?

Communication

OCULAR FINDING IN A PATIENT  
WITH OPIOID WITHDRAWAL?

Mydriasis

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Dean & Chief Academic Officer

Orlando College of Osteopathic Medicine

(proposed-seeking accreditation)

OCOM

