Table 1. Factors identified through literature review related to physician error management and growth after error (bold items were selected as targets). Adapted from Langlois and Hallam.1

|  |  |  |
| --- | --- | --- |
| **Predisposing** | **Enabling** | **Reinforcing** |
| Training2–5 | **Skill - Identify error and causes**6 | Reminders – routine error processing/daily activities7 |
| Know what error is8 | **Skill – disclose error**3,4,6,9–15 | Reminders – routine peer and mentor support6 |
| **Know steps to effective disclosure**6 | **Skill – manage emotions**6,16,17 | Positive reinforcement – quality of disclosure18,19 |
| Know factors associated with physician recovery16,20,21 | **Skill - cope**2,10,17,22–24 | **Positive reinforcement – ‘talking’ to process**6,16,25 |
| **Know related professional values**26,27 | **Skill – access support**6 | Positive reinforcement – feedback regarding process improvement after error reporting6 |
| **Know local policies and procedures**2,26 | Access – support for reporting, disclosing from peers and supervisors7 | Support – family, friends, colleagues, mentors, mental health, supervisor, patient safety organizations, religious community16,17,28 |
| **Believe error is a common experience**6 | Access – nonpunitive environment15,26 |  |
| **Believe doctors should disclose**29 | Access – role models2 |  |
| Believe it is safe and effective to disclose28 | Access – routine error debriefing/daily activities7 |  |
| **Believe I can recover/grow after error**5 | Access – easy reporting26,30,31 |  |
| Intend to grow from errors6 | Access – mental health support22 |  |
|  | Access – colleague and mentor support for recovery and growth16,17 |  |

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