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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