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Error Correction Way

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ABSTRACT

The way to reach the quality standard in the field of occupational health and safety has been opened.

Keywords: Error; Root Cause Analysis; Fault Mode Effect Analysis; Hazard Analysis Critic Control Points

Introduction

The patient is harmed as a result of an error [1,2]. Most physicians do not know how to detect this [3]. According to Kant's four classes of duty are thus: perfect duties to oneself, such as the prohibition of suicide; perfect duties to others, such as the prohibition of deceitful promises; imperfect duties to oneself, such as the prescription to cultivate one's talents; and imperfect duties to others.

Background

I prepare this text on the grounds of improving quality assurance in my profession, which I will be doing business with for 30 years.

Situations that Disturb Our Comfort

Physcian have Bias. These are Following

Confirmation bias, fixation bias, posterior probability error, basic degree of neglect, early shutdown, usability trend, ego bias, status as prejudice, technological case scenario bias, omission bias, conjunction fallacy, post hoc fallacy, sunk cost, instinctive bias, conservative bias [4]. We Improve our Quality of Life by Updating on the Go. Sometimes we Lose our Peace. Thus, our Comfort is Disrupted. These are:

Individual:

1. Postpone
2. To prefer it over another situation.
3. Prioritizing emotions.

Group Requirement: What if they call you greedy? I interfere in someone else's business.

Socially: Tell him this. He can't do this to me. In comparative justice we kill it. We act extremely.

We become Stanford prison guards.

Domestic: Inflation.

International: War.

Root Cause Analysis, Hazard Analysis Critic Control Points, Fault Mode Effect Analysis Methods are Used [5,6].

These are following:

- Levels 0: The doctor is not aware of the error.
- Level 1. The doctor realizes the mistake. He immediately thinks of ways to fix it. Root cause analysis, hazard analysis critic control points, fault mode effect analysis methods are used.
- Level 2. The doctor apologizes to himself. Calculates the error severity score. He plans his speech accordingly.
- Level 3. He corrected his mistake. The process has improved. His peace has been restored.

According to victim.adalet.gov.tr [7]:

Guide to approaching the victim. 2021, Ankara.

Victim Requirements:

- To be safe.
- Be understood.
- To be listened to.

Respecting your Privacy:

- Not to be judged
- Not to be blamed
- To be important
- Being able to express yourself
- To be informed about the process.
- To have access to appropriate diagnosis, treatment and rehabilitation.
- To be supported.
- May experience emotional turmoil
- He may be afraid of not being understood
- He may be afraid of the continuation of the violence he encountered.
- He may have feelings of revenge
- He may be underestimating the situation
- He can solve the problem himself
- The idea that oneself is the cause of victimization
- Feeling like he can't be helped
- May have the desire to protect his family
- He may be having suicidal thoughts
- It should be brought to mind and examined.

1. Level 4. Accordingly, by apologizing, the communication level with the patient has reached the quality level.

2. Level 5. Major error effect has been compensated. A standard form was created to prevent new errors from occurring. Diagnostic errors were often caused by cognitive biases [8]. The most commonly cited biases were availability bias, confirmation bias, anchoring, prematüre closure [8]. Protocol of clinical care of childhood sexual abuse is offered for a systemic review. So, scientists need to correct these faults with notice [4,8].

Conclusion

From this assignment, a process creation method for quality has been developed [9,10].

Acknowledgement

None.

Goals and Objectives

To realize my mistakes and develop ways to correct them.

Footnote

Conflict of Interest

The author has no conflicts of interest to declare.

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