



IHC Patient-Centered Communication Series:

Disclosing Unanticipated Medical Outcomes

Introduction

The Joint Commission for Accreditation of Hospitals and Organizations (JCAHO) implemented a new standard effective July 2001 requiring discussion with patients or their representatives whenever outcomes differ significantly from the anticipated. JCAHO, the AMA, the National Patient Safety Foundation and the ethical literature in health care all encourage forthrightness when there has been a disappointing outcome.

Clinicians and staff need the skill and understanding to communicate effectively when patients and families are disappointed with the outcome of care. In order to address this constructively, clinicians must understand what caused the disappointing outcome, how the patient and family feel and think about it and respond in a timely and empathic manner. This process begins with shared decision making before the fact and empathy rather than defensiveness or avoidance when the disappointment occurs. When the outcome may be the result of medical error, it requires a particularly thoughtful response on the part of the clinician, staff, organization and malpractice carrier.

The Challenge

In addition to their sensitivity to the patient and family's experience of disappointment when there have been adverse outcomes in care, clinicians and healthcare organizations are deeply fearful of malpractice suits. As a result, simply telling clinicians that they "ought" to disclose an unanticipated outcome or error is ineffective. Recognizing this, *Disclosing Unanticipated Medical Outcomes* was developed to enable clinicians to appreciate and hone the perspectives and skills that are essential to responding constructively when there has been an adverse outcome.

The Program

There are three programs within the "*Disclosing*" curriculum.

1. *Disclosing Unanticipated Medical Outcomes* workshop

The workshop is typically offered in formats from 2 to 3.5 hours in length. Institutional policies and procedures may be added to the presentation so participants understand the expectations unique to their own organization.

The goal of the workshop is to enhance participants' ability to re-establish trust and rapport in the face of adverse outcomes. Research and experience suggest that the clinicians' and organizations' abilities to effectively respond to the patient and family's concerns and emotions are the best way to reduce the likelihood that the situation will escalate to more contentious legal processes.

Where financial compensations is appropriate, the odds of reaching some equitable resolution without enormous legal expenses are greatly enhanced when the clinicians and organization can respond effectively after the adverse outcome. Finally, clinicians, patients and families are able to acknowledge, forgive, and move on with less emotional distress when the process of working through adverse outcomes is handled sensitively, ethically and equitably.

The workshop addresses each aspect of the communication process using lecture, video examples, small group practice and discussion to identify and practice the most effective ways of responding both empathically and non-defensively. Participants will have the opportunity to better understand organizational, ethical, and risk management aspects of disclosure along with practicing the communication skills needed with patients and families.

2. Situation Management Team Training

Since disclosure situations can be both emotionally and practically challenging, we have found that clinicians are best served when an organization has specially trained people available to assist in the planning, conducting, and following-up on the disclosure conversations with patients and families. In response to this need, we have also developed a 1.5-day Situation Management Team training program for individuals and teams of individuals who will provide assistance to clinicians in disclosure situations. This program builds on the "Disclosing" workshop for clinicians and also includes advanced problem solving and communication strategies, skills practice, perspectives from key stakeholders (e.g., legal and risk-management, quality assurance), and practice facilitating disclosure situations with the clinicians involved.

3. Train the Trainer / Faculty Development Program

The Institute offers a 3-day Train-the-Trainer program for individuals who would like to be workshop leaders in the core "*Disclosing Unanticipated Medical Outcomes*" workshop for clinicians. This program is intended for individuals who have presentation skills, awareness of risk management and organizational aspects of disclosure and sufficient clinical background that they can appreciate the clinician-patient-family dynamics in situations where there has been disappointment with care and possible perception of injury caused by medical error. This training will include the core elements of the *Situation Management Team* training described above while also teaching how to lead the "*Disclosing Unanticipated Medical Outcomes*" workshop to clinicians.

Objectives

By the end of the program, participants will:

- Describe a rationale for openness.
- Identify factors that may cause patient and family disappointment with medical care.

- Review the steps to take before, during, and after an unanticipated outcomes.
- Choose communication skills for practice in discussions with patients and families about adverse outcomes.

Content

We acknowledge that unanticipated outcomes arise from two sources, those involving medical errors (deviation from the standard of care) and those that arise even when care is well within the community standard. Both require discussion with patients and families. Each requires a somewhat different approach.

We focus on three opportunities for interventions: before, during and after an unanticipated outcome. **Before** any diagnostic and treatment initiatives is the time to assure that you and the patient are in partnership, one in which risks, responsibilities and decisions are understood and agreed upon.

Attention to concerns and disappointments **during** the course of treatment are also crucial. Too often clinicians do not become aware of patient, family and staff concerns, or fail to react with sufficient urgency to maintain the “benefit of the doubt” about their thoroughness and competence should there be an adverse outcome. The clinician must listen and empathize without defensiveness or superficial reassurances when concerns are expressed. Making decisions together as much as possible about how to respond can preserve the relationship in the face of problems both small and large. Responding flexibly takes into account patient, family, staff and colleagues’ concerns and recommendations about adjustments to the treatment plan.

After the unanticipated / disappointing outcome has occurred we recommend a “**TEAM**” approach. We recommend that no clinician face the patient and/or family alone, especially when an error has been made. There are four aspects to address:

- **Truth and Transparency**—Discussing the situation honestly with the patient/family and taking the follow-up steps necessary to resolve the situation over time in all of its dimensions (i.e., including administrative, financial, and clinical).
- **Empathy**—Listening and empathizing without defensiveness or superficial reassurances when concerns are expressed.
- **Apology and Accountability**—Offering a sincere apology in the case of a medical error and accepting responsibility.
- **Manage the situation:**
 1. Attending to the immediate clinical care of the patient. There are many instances where clinicians have hesitated to quickly take all the steps needed when there has been an unanticipated turn of events. Perhaps this is wishful thinking, a hoping that the difficult truth of complications can be avoided. Yet the patient is at risk, and afterwards slowness to get help may be interpreted as having placed the patient in additional jeopardy.
 2. Recognizing and addressing the clinician’s own emotions are a key to being able to cope and respond constructively to the patient and family.

Process

The program uses brief lectures, a focused review of the salient literature, and videotaped practice cases to trigger recognition and skill development. Cases are presented from various specialty situations.

Faculty

There are 3 ways to offer the program. Workshop leaders trained by the Institute can come to your site to lead the program or you can arrange for a Train-the-Trainer program to be held for your organization (or a collaboration of organizations).

Trainers from the Institute for Healthcare Communication are healthcare providers and administrators, risk managers and attorneys who are very familiar with the issues involved in discussing adverse outcomes with patients and families.

We invite individuals and organizations to contact the Institute and inquire about our situation management team and faculty development programs.

Sponsors

The workshop is offered by a wide variety of sponsors at different sites in North America. To sponsor a workshop, contact the Institute for Healthcare Communication. Sponsors include malpractice insurance companies, managed care organizations, specialty societies, government agencies, medical groups, and hospitals. Situation Management Team and faculty development trainings can be arranged for your organization. Contact the Institute for more information.

CME

The Institute for Healthcare Communication is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Institute for Healthcare Communication takes responsibility for the content, quality, and scientific integrity of this CME activity. *Disclosing Unanticipated Medical Outcomes* is designated by the Institute for Healthcare Communication as a continuing medical education activity meeting the criteria for up to 3.25 hours in Category 1 of the Physician's Recognition Award of the American Medical Association and for nursing continuing education credits.

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