



IHC Patient-Centered Communication Series:

Disclosing Unanticipated Medical Outcomes (DUMO) Workshop

Overview

When there are adverse events and outcomes in a patient's care, providers' responses have a powerful effect on all the parties' ability to communicate about and resolve the situation satisfactorily. Many accrediting bodies (e.g., the Joint Commission for Accreditation of Hospitals and Organizations), patient safety organizations (e.g., the National Patient Safety Foundation), professional associations (e.g., the American Medical Association), malpractice liability carriers and state legislatures now either promote or require disclosure and, in some instances, require early financial compensation when there has been an adverse outcome. Patients and families increasingly expect and demand providers will handle adverse events and disappointing outcomes forthrightly and honestly.

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.

In addition to their sensitivity to the patient's 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 (DUMO)*** 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.

Effective communication that leads to a satisfactory resolution in these painful situations involves four considerations: the ethics involved, the need for psychological healing, an understanding of legal requirements and the tort system and recognition of the business/economic consequences. In order to develop the perspectives and skills needed to accomplish this, IHC has created a series of programs of varying intensity and depth for practicing clinicians, risk managers, administrators and others who will be involved in helping to communicate about and ultimately resolve these situations with patients and families. IHC also offers a more in-depth and extended program entitled ***Managing Communication after Unanticipated Medical Outcomes (MCUMO)*** for medical and nursing leaders, risk managers and administrators responsible for organizational responses to adverse events.

Audience

Disclosing Unanticipated Medical Outcomes is designed for clinicians in all practice specialties and settings. Organizational risk managers and administrators who direct the organizational response when serious harm has occurred also find the program valuable.

A wide variety of sponsors across North America offer this program to their members and employees, including malpractice insurance companies, managed care organizations, specialty societies, government agencies, medical groups and hospitals.

IHC also offers train-the-trainer faculty development courses to train experienced clinicians and risk managers to teach ***Disclosing Unanticipated Medical Outcomes*** workshops in their own organizations or a collaboration of organizations. This is an efficient and cost-effective way to enhance internal training capacity in this critical area.

Content

Participants will learn the ethical, psychological, legal and business aspects involved in pursuing a successful resolution with patients and families after unanticipated adverse events and outcomes. Unanticipated outcomes may 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 specific approach.

We focus on opportunities for interventions before, during and after an unanticipated outcome. Before any diagnostic and treatment initiative is the time to assure that the clinician 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. Clinicians are frequently unaware of patient, family and staff concerns, or, when they become aware, fail to react with sufficient urgency to maintain the “benefit of the doubt” about their thoroughness and competence. 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 the patient’s, the family’s and colleagues’ concerns and recommendations about adjustments to the treatment plan.

In this program, we teach approaches tailored to specific situations. The overall approach to disclosure is captured in the **AID model**:

- **Acknowledging the patient’s and family’s disappointment:** The clinician plays a key role providing empathic recognition of the disappointment in a timely fashion, however without making any conjectures about causation prior to a conclusive investigation.
- **Investigation is necessary to understand what happened:** There are important considerations for how the promise of investigation is made to patients, why clinicians must participate in timely investigations to reach consensus conclusions, and how to keep patients and families informed of the progress of the investigation to maintain communication and trust.

- **Disclosure of the results of the investigation:** We will describe the processes of informal disclosures (at the bedside or in the exam room) and formal disclosures (planned meetings in conference rooms following more extensive investigations of more significant adverse events and outcomes), with consideration of the impact of these disclosures on the patient and the patient's care.

For situations where the care was reasonable yet still resulted in an adverse event or outcome, the **ALEE approach** provides a useful framework for how to:

- **Anticipate** and **Adjust** to start the conversation;
- **Listen** to learn the patient's and the family's thoughts, emotions concerns and questions;
- **Empathize** with painful emotions without becoming defensive; and
- **Explain** the contributors to the adverse outcome and answer questions and give explanations that demonstrate that the care provided was reasonable.

This program also addresses situations where there were sufficient problems in the care and the investigation concluded the harm should have been preventable. Here we teach the **TEAM model**:

- Presenting the **Truth** (the conclusion of the investigation) in a sufficiently **Transparent** manner that addresses the patient's and the family's ability to understand and is done by a team of people brought together thoughtfully in recognition of who and what will be needed to pursue resolution;
- **Empathy** skills for recognizing and responding to the full range of impacts;
- **Apologizing** and demonstrating **Accountability** to solve the problems in care that caused the harm, and taking any and all steps necessary to address the clinical, administrative and financial issues; and
- **Managing** all aspects of the situation to reach the best resolution possible. This includes attending to the immediate clinical care of the patient, recognizing and addressing the clinician's own emotions to promote effective coping and a constructive response to the patient and family.

Expectations

Learners are expected to participate in all large and small group exercises and discussions. This is a validated approach for adult learners, grounded in the research on cooperative learning and action learning. Learners consistently report high value hearing from their peers and sharing their experiences in this structured and safe environment.

Learning Objectives

By the end of the program, participants will:

1. Understand the ethical, psychological, legal and business aspects of disclosing and resolving adverse medical outcomes with patients and families.
2. Appreciate the perceptions and concerns of all parties after an adverse event or outcome (e.g., patients, family, colleagues, staff, risk and legal).
3. Recognize the value of greater openness among the care providers and with the patient and the family when there have been adverse events or outcomes in the care
4. Be better able to apply the most effective steps to reaching resolution in situations where the care was reasonable (and the harm unpreventable) and where aspects of the care were unreasonable (breached the standard and the harm should have been preventable.)
5. Practice the disclosure skills in a variety of clinical situations.

Methodology

Workshop duration varies from 2 hours (focused on key concepts and skills) to 3.25 hours (providing greater opportunity for skill building with simulations). Attendance is limited to 25 to ensure full participation and effective interaction. The workshop addresses each aspect of the communication process using brief lectures, a focused review of the salient literature, video practice cases to trigger recognition and skill development and small group practice and discussion to identify and practice the most effective ways of responding both empathically and non-defensively. Cases are presented from various specialty situations and address situations of minor and more serious adverse outcomes and situations where the care was reasonable as well as situations where the standard of care was breached.

Faculty

Senior Trainers from the Institute for Healthcare Communication are healthcare providers and administrators, risk managers and attorneys experienced with the issues involved in discussing adverse outcomes with patients and families. Faculty members have completed a comprehensive faculty development program.

CME

The Institute for Healthcare Communication (IHC) takes responsibility for the content, quality and scientific integrity of this CME/CE activity. IHC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Institute for Healthcare Communication designates the ***Disclosing Unanticipated Medical Outcomes workshop*** for a maximum of 3.25 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

IHC and the University of Pittsburgh School of Nursing jointly provide this Continuing Education Workshop. The University of Pittsburgh is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. Nurses completing a jointly provided Continuing Education Workshop and the evaluation tool will be awarded the appropriate number of contact hours for that specific workshop.

Continuing education (CE) credit may be available to non-physician, non-nurse participants. IHC will provide a certificate of completion, which can be submitted to learners' respective accrediting organizations. IHC is pleased to provide any necessary documentation to help learners gain CE credits for completion of this activity.

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