



IHC Patient-Centered Communication Series:

Managing Communication after Unanticipated Medical Outcomes (MCUMO) Workshop

Overview

When medical care results in adverse events and outcomes—regardless of the cause—the response of organizations and individual clinicians has a powerful effect on all the parties’ ability to communicate about and resolve the situation satisfactorily. Accrediting bodies, professional organizations, state legislatures and compelling research on disclosure and resolution after adverse outcomes all support forthrightness and sensitivity. JCAHO, the American Medical Association, specialty academies, the National Patient Safety Foundation, the American Nurses Association and the Charter on Medical Professionalism all encourage forthrightness when there has been a disappointing outcome.

The research and practice literature provides compelling evidence of the powerful effect of appropriate disclosure around adverse medical events for patients and providers. On the strength of this evidence, in 2012 Massachusetts enacted a law adopting the “disclosure, apology and offer” approach to reducing the volume of malpractice cases. In addition, malpractice carriers are increasingly recognizing the benefits of candor and early resolution. Growing numbers of carriers encourage disclosure and/or offer premium discounts to clinicians who participate in training related to disclosure (e.g., COPIC, The Doctors Company, Canadian Medical Protective Association, ISMIE). Health systems including the University of Michigan Health System, the University of Illinois Hospital & Health Sciences System, Stanford Hospital & Clinics, Providence Health & Services and Ascension Health have been collecting and reporting data on reduced claims and lower total liability costs, reduced time to resolution and greater satisfaction on the part of medical, legal and patient groups as a result of improved disclosure policies and practices.

We recognize that clinicians and healthcare organizations are deeply fearful of malpractice lawsuits. Simply telling clinicians that they “ought to” disclose an unanticipated outcome or error is ineffective. Instead, the ethical, psychological, legal and business cases for disclosure must be made and the skills to carry this through must be effectively conveyed. While all clinicians need to have a solid understanding of these skills, they also need the help of more highly trained disclosure support partners to organize and carry through the steps to effective resolution. These disclosure facilitators or situation managers need additional training beyond the basic skills. Recognizing this, IHC has developed a 1.5-day program, *Managing Communication after Unanticipated Medical Outcomes (MCUMO)*. MCUMO includes IHC’s foundational disclosure workshop, *Disclosing Unanticipated Medical Outcomes (DUMO)*, with additional contextually relevant practice opportunities tailored to specific situations where a coordinated approach will be needed within

the organization to achieve resolution. *MCUMO* includes opportunities for participants to practice the skills and approaches needed to increase cooperation and achieve resolution with actors who simulate patients, families and clinicians. The program includes small group problem-solving practice of more complex cases where group members must reach consensus and then offer guidance to an organization or clinicians about how to conceptualize, approach and carry through to resolution.

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 within the standard of care. 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, where 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 patient, family and colleagues’ concerns and recommendations about adjustments to the treatment plan.

Audience

Managing Communication after Unanticipated Medical Outcomes is designed for clinicians, risk managers and administrators responsible for advising clinicians and helping to direct the organizational response when unanticipated medical outcomes occur.

Content

The *MCUMO* program’s 1.5-day format provides foundational knowledge, communication models and skills for disclosure and transparency in healthcare. In addition, the program includes discussion and information about individual institutional expectations, policies and procedures. The program components include:

1. Foundational Knowledge and Skills: Disclosure workshop

The first part of the *Managing Communication after Unanticipated Medical Outcomes workshop* is IHC’s 3.5-hour interactive workshop, [Disclosing Unanticipated Medical Outcomes](#). It is designed to enhance participants’ ability to re-establish trust and rapport in the face of adverse outcomes. Participants will gain a better understanding of organizational, ethical and risk management aspects of disclosure, and will have opportunities to practice key communication skills.

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 patient and family 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 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, financial issues;

Managing all aspects of the situation through to 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.

2. Simulation Practice: Managing Communication with Clinicians, Patients and Families

Structured practice opportunities enable learners to explore the complexity of needs and demands placed on patients, families and clinical staff when adverse events occur. The practice sessions build upon the learning and skill-practice from the *Disclosure Unanticipated Medical Outcomes* workshop. Using actors to portray patients, family members or clinicians, participants practice open communication skills and receive feedback from expert training faculty and peers.

3. Institutional Policies and Procedures

The final component of the *MCUMO* workshop focuses on risk management and organizational aspects of disclosure at participants' individual facility or organization. Participants practice facilitating disclosure discussions using contextually accurate cases that call for communication strategies, problem solving and eliciting perspectives from key stakeholders (e.g., legal counsel and risk-management and quality assurance professionals).

Expectations

Managing Communication after Unanticipated Medical Outcomes (MCUMO) trains healthcare professionals who have or plan to have responsibility for professional development specific to clinician-patient communication, risk management and/or disclosure policies and practices. Organizational support is key to the effectiveness of disclosure communication programs, and we expect sponsoring organizations to implement disclosure training as part of—and in alignment with—other efforts to improve individual and organizational responses to adverse events.

MCUMO provides experiential learning opportunities for practicing specific communication skills and working with facilitated small groups that provide support and feedback. Learners are expected to participate in all activities in the 1.5-day program.

To minimize distraction, IHC recommends that learners be freed from additional work-related tasks for the duration of the training.

Learning Objectives

By the end of the *MCUMO* program, participants will:

1. Understand and describe the value of greater openness about adverse outcomes.
2. Recognize the different ways that patients and families may be disappointed with their healthcare.
3. Review the steps to take before, during and after a disappointing outcome.
4. Identify communication skills for practice in discussions with patients and families about adverse outcomes.
5. Gain awareness of their organization's disclosure policy.
6. Appreciate the different perspectives of clinicians and patients and family members.

Methodology

Managing Communication after Unanticipated Medical Outcomes provides 11 hours of training over 1.5 consecutive days. 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, small group practice with actors and discussion to identify and practice the most effective ways of responding both empathically and non-defensively. Cases are presented from a variety of specialties 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 with expertise in and experience with the issues involved in discussing adverse outcomes with patients and families.

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 sponsor continuing medical education for physicians. The Institute for Healthcare Communication designates this 1.5-day Managing Communication after Unanticipated Medical Outcomes course for a maximum of 11 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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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