Disclosure and reporting of medical errors: Implications for Graduate Medical Education

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Objectives
1. Content
   • List the recommended elements of a high quality disclosure
   • Be aware of evidence of gaps in our practice
2. Education implications
   • Reflect on disclosure skills among your faculty and learners
   • Describe options for teaching and enhancing disclosure skills

Background: Societal Context

Macro
International Patient safety movement
National Disclosure Guidelines

Meso
Legislative: ‘apology laws’
Regulatory: Accreditation standards
Medical-legal: guidelines from insurers

Micro
Risk management
Institutional policies

Research on Disclosure: Landmark Study


Patient* and doctor** focus groups on error disclosure

*St. Louis, MO. Mostly female, age 60, white, educated
**Mid/late career adult medical/surgical

Patients’ Attitudes about Errors

Patients conceive of errors broadly
Desire full disclosure of harmful errors
Worry that health care workers might hide errors

Gallagher et al. 2003

Patients’ Preferences for Error Disclosure

Information patients want disclosed
What happened, implications for their health
Why it happened
How will recurrences be prevented
Importance of an apology

Gallagher et al. 2003
Physicians’ Attitudes about Errors

Define errors more narrowly than patients
Agree in principle with full disclosure
Want to be truthful, but experience barriers to disclosure

Gallagher et al. 2003

“Choosing Your Words Carefully”

Physicians “choose their words carefully” when disclosing errors to patients

Avoid explicit identification of error
Assume interested patients will ask questions
Concern re: legal liability makes apologizing hard*

Gallagher et al. 2003

What Patients Want (“The 1, 2, 3”)

   a. What happened
   b. WHY
   c. Implications for their health
2. How will recurrences be prevented
   a. For themselves
   b. For others
3. An apology


Elements of a High Quality Disclosure

First, make sure you know what needs to be disclosed

THRESHOLD FOR DISCLOSURE
Errors that result in harm

Errors with a potential for harm that reach the patient

Errors that did not reach the patient (i.e., near misses) generally not disclosed
Disclosure Threshold: Parent Perspective

Even at the lowest levels, many parents report desiring disclosure

Parents’ Expectations: A qualitative study
• Parents have heterogeneous expectations regarding disclosure of no-harm events
• Survey studies may overestimate this
• Their greater interest in disclosure of no-harm events is related to an interest in ‘vigilance’
Coffey et al. Manuscript in preparation.

How to Disclose an Error
1. Attend to the immediate clinical needs of the patient
2. Prepare
3. Initial disclosure
4. Analysis
5. Post-analysis disclosure

HOW TO DISCLOSE AN ERROR
1. Meet immediate patient care needs
   Ensure the patient is clinically stable*
   Correct safety issues
   Limit further harm
   Provide ongoing care

HOW TO DISCLOSE AN ERROR
2. Prepare for Initial Disclosure
   Who will be present?
   What are the facts?
   When will the initial meeting occur?
   Where will the disclosure take place?

HOW TO DISCLOSE AN ERROR
3. Initial Disclosure
   Anticipate and address anxiety about patient outcome
   The facts known at the time
   Steps taken to mitigate harm/Ongoing care plan for the patient
HOW TO DISCLOSE AN ERROR

3. Initial Disclosure, continued
   Brief overview of investigative process to follow
   Offer to meet in the future
   Time provided for questions and answers
   Apology (expression of sympathy or regret)

HOW TO DISCLOSE AN ERROR

4. Analysis
   Investigation to determine why the error occurred

5. Post-analysis Disclosure
   Discussion with the patient/family regarding future system changes (may be led by the hospital/institution)
   Offer of ongoing meetings/support

These recommendations seem pretty clear.

Evidence of a gap
Patients’ and family members’ views on how clinicians enact and how they should enact incident disclosure: the “100 patient stories” qualitative study

Iedema et al. BMJ 2011

Disclosure gap
Patient are too often left feeling stonewalled or partially informed
Common source of prolonged upset feelings is lack of empathy
Disclosure gap
Is this an issue of …
Awareness?
Knowledge?
Attitudes?
Skills?
Behavior?
Ability?

Implications for GME
At what stage should this material be taught?
Does this need structured curriculum or is it learned on the job?
Isn’t this just an aspect of communications skills in general?
What formats work best?

Stage
You want to prepare people early
But…
Learners need a certain amount of worldliness to engage in this material

Faculty:
How comfortable are YOU with your disclosure skills?

ERROR DISCLOSURE – RESIDENT PERSPECTIVE
Many have made serious errors in training
Most believe that patients should be told of errors BUT…
They aren’t sure they would disclose
The feel very uncomfortable
They lack training

BARRIERS
- Different perceptions of what patients want to know
- Uncertainty with how to proceed with disclosure
- Anxiety about the emotional reaction of the patient
- Own emotional reaction
- Fear of litigation

BENEFITS
- Improve patient satisfaction and trust
- Decrease physician emotional distress
- Improve patient safety
- May decrease litigation
RESIDENTS and DISCLOSURE

Residents with prior instruction in disclosure rated themselves as more skilled and comfortable in disclosure than residents without previous instruction.

Residents with prior experience did not rate themselves any differently than residents without experience.


Pediatric Residents’ “social location” with respect to an error is the primary driver of whether they will report and disclose.

- Fears of being judged
- Pre-occupation with responsibility
- Training level/hierarchy


Formats for teaching disclosure

Large Group
- Discipline-specific content
- Risk management focus
- Videos
- Role play (performance)

Small group
- Role play (volunteers)
- Standardized patient encounters

Current Disclosure Guidelines and Resources

Harvard Hospitals White Paper: “When Things Go Wrong”

AHRQ’s PSNET
- Disclosure “primer”

Formats for teaching disclosure

Evaluation
- OSCE

Current study:
Teaching Disclosure to Internal Medicine, Orthopedic Surgery, and Pediatric Residents

Stroud, Wong, Coffey, Atkinson, Papia et al.
Thank You

Comments?
Questions?

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