

Disclosing Adverse Events

The PAMAP Model*



* Joan Evans, John Muir, & Heather MacLeod, (2012).
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PREPARE

Gather the facts

- Review the medical record and consult with others involved
- Consider consulting the *Canadian Medical Protective Assoc.*

Set the time and place for the meeting

- Meet as soon as possible after the event
- Set aside protected time for a face-to-face meeting
- Sit at eye level with patient and avoid barriers such as a desk

Adverse Event: any event that results in unintended harm to the patient, and is related to care/services provided, rather than to the patient's underlying medical condition.

Harm: an outcome that negatively affects a patient's health and/or quality of life.

Consider who will be present

- Ask patient who they would like to have present - ask permission to share personal information prior to the meeting
- Health care providers involved - to establish consistent understanding of facts
- Physician colleague(s) if patient will be transferred to their care
- The “*most responsible physician*” at time of event has an ethical and professional obligation to lead the discussion and answer the patient’s clinical questions
- Be sensitive to patient/family cultural and language needs - include a professionally trained interpreter as needed

Plan what you will say

- Rehearse...consider how you will explain what happened, express your concern and regret and respond to the patient’s emotional reaction
- Focus on the existing facts - avoid speculation and blame

ACKNOWLEDGE & APOLOGIZE

- Be honest and transparent - convey a genuine desire to help the patient
- Your posture, tone of voice and demeanor all need to be congruent with the expression of regret and empathy
- Acknowledge that something unexpected has happened - introduce the topic with words such as “*something has happened and we need to talk about it*”
- Impress upon the patient how seriously you are taking the situation
- Speak at a comfortable slow rate - repeat information as needed
- Solicit the patient/family’s perspective of what happened in the event - ask them to tell you their experience in their own words
- Reassure the patient/family, as appropriate, that harm did not result from anything they did or did not do
- Let the patient know you understand why she/he is upset - acknowledge patient’s concerns and feelings (eg. frustration, shock, anger)
- If patient reacts with anger, do not respond with defensiveness or resentment
- Express your regret/concern/sorrow as appropriate - apologize

It is critical that patients and their families not feel abandoned by their physician after an adverse event. Good communication at this time can restore and even strengthen the patient-doctor relationship.

THE APOLOGY

The apology is a genuine expression of being sorry for what has happened.

The exact words used will vary depending on the nature of the adverse event, the nature of the harm, and the relationship between the patient and physician

- *The words “I’m sorry” should be part of any apology*
- *Use a personal approach - use “I” or “We”*

Apologize to convey regret alone, or regret with responsibility as appropriate:

Regret Alone: “I’m (or we’re) sorry this happened to you”

Regret with Responsibility: “I’m sorry that I (or we) harmed you by...”

In most provinces, legislation expressly prevents apologies from being taken as an admission of legal liability.

As of 2011, provinces and territories that have apology legislation include: AB, BC, MB, NL, NS, NU, ON, PEI, SK

Canadian Disclosure Guidelines: Being Open with Patients and Families. Canadian Patient Safety Institute, Edmonton, AB, 2011.

Gallagher, T.H., & Lucas, M.H. (2005). Should we disclose harmful medical errors to patients? If so, how? J Clin Outcome Manag, 12 (5), 253-259.

The term ‘error’ should be avoided in disclosure discussions because it often misrepresents the reason for the adverse event and implies blame and negligence.

MANAGE THE CLINICAL PROBLEM

- Find out what the patient already knows and is experiencing - it is helpful to know if your information is consistent with that already given by others
- Describe the current clinical condition and any future care needs
- Give your recommendation as to how best to manage the current medical condition - include alternate treatments/ investigations, risks/benefits
- Be sensitive to what the patient is ready to hear - avoid overloading the patient
- Allow time and silence for the patient to reflect on information
- Respond honestly to patient questions - if you don't know the answer to a question, tell the patient you don't know, but that you will try to find out
- Check for understanding - repeat information as needed

ANALYZE & INVESTIGATE WHAT HAPPENED

- Reassure the patient that an investigation will be undertaken (or is underway) to answer how or why the event occurred - share any analysis to date
- Keep the patient informed of progress (if patient wishes) - arrange a follow-up meeting to discuss any new facts

PREVENT FURTHER HARM/EVENTS

- Confirm the next clinical steps such as investigations, treatments, consultations, or a transfer of care to another physician or facility
- Explain the steps that will be taken to prevent the adverse event from happening again - to this patient, to any patient
- Make other members of the health care team aware of the patient's condition and care needs
- Document the clinical care and discussions in a factual manner

Adapted from:

Communicating with your patient about harm. Disclosure of Adverse Events. Suggestions to help CMPA members meet their patients' clinical, information and emotional needs after an adverse event. The Canadian Medical Protective Association, 2008.