



the CENTER for PROFESSIONALISM and PEER SUPPORT

 BRIGHAM AND WOMEN'S HOSPITAL

 HARVARD MEDICAL SCHOOL

Disclosure Guidelines after an Adverse Event

A briefing conversation should take place when possible before meeting with the patient and family.

Helpful resources for this conversation include risk management, trained clinician disclosure coaches, division chief/chair, other healthcare team members and patient/family relations.

For advice contact:

Center for Professionalism & Peer Support

business hours: (617) 525-9797

after hours, Jo Shapiro, MD: (617) 968-0799

BWH Risk Management

business hours: (617) 264-3005

after hours, Susan Wante, RN, MS: (617) 676-5849
or pager 31557

Preparation

- Communication after an adverse event is a process; the first encounter only begins the conversation. Your first discussion with the patient should convey your empathy, concern, and assurance that you, the team and the institution will continue to meet the patient's needs.
- Review the event and establish known facts. Avoid speculation, opinion, or blame.
- The attending physician should lead the conversation with the patient/family. Identify who else will be present and who will be responsible for follow-up with the patient/family.
- Assess the patient's ability to understand what you will say, taking into account factors such as the patient's clinical condition, pain, sedation, language, culture, disabilities, and health literacy. Consider including other patient supports, such as family members, interpreters, and other healthcare team members.
- Anticipate varied patient and family responses to bad news. These may include, anger, sadness, and/or loss of trust.

The Patient/Family Conversation

- The initial disclosure should take place as soon as possible after the event, allowing for consultation if feasible.
- Choose a private location, place pagers and cell phones in silent mode, and avoid interruptions. Sit down, make eye contact, and speak slowly.
- Inform the patient simply and succinctly about what happened and the care plan. Avoid speculation about why it happened.
- Be empathic.
- Express empathy without blaming yourself or others. For example: "I'm sorry that things didn't go the way we expected" or "I'm so sorry this happened."
- If an actual known mistake has been made, apologize.
- If relevant, explain that you and/or other care team members will review the event and keep the patient/family informed regarding any new information. If asked to provide more information than you have, simply say that you don't have that information right now but you will communicate any new information to the patient as soon as you have it.
- Listen actively to the patient/family's responses. Provide time for their questions and reactions. Silence can be very helpful in allowing people to process their emotions.
- If asked about support for additional expenses, explain that you do not make those decisions, but you will contact an appropriate person to follow-up with them about this.
- Assure the patient that you will continue to provide care unless the patient chooses otherwise. Do not withdraw from the patient, appearing to abandon him/her. You are the patient's advocate who will assure continued care.
- Provide the name of a key clinical contact for follow-up, if it is someone other than you.
- Provide patient resources. This may include Patient/Family Relations, Social Services, and clergy.
- Before leaving, ask, "Is there anything else you need now?"

Summary

Useful tips

- Be empathic.
- Elicit questions and concerns.
- Be transparent and clear regarding facts.
- Allow for silence: sit with the patient's emotions.
- Accept that there may be some questions for which you don't have the answer.
- Reassure the patient that the discussions and support will continue as needed.
- Follow-up with the patient regarding clinical or social needs. Keep the patient informed regarding the status of the review. Inform the patient of system changes adopted to prevent recurrence.

Avoid

- Speculation
- Medical jargon
- Talking too much
- Over-blaming self
- Ascribing blame to others
- Emphasis on your own emotions (versus empathy)
- Asking for forgiveness

Documentation

- In the medical record, document the date, time, and the participants in the conversation. Include a simple statement that the events were discussed with the patient/family.
- Complete an online safety report if relevant.
- Contact Risk Management if you have any questions about documentation.

Resources & Contact Information

Center for Professionalism & Peer Support

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business hours: (617) 525-9797
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BWH Risk Management

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Patient/Family Relations

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Social Work

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Chaplaincy

Kathleen Gallivan, SND, PhD: (617) 732-7480

Developed in conjunction with
CRICO and Faulkner Hospital

BWH Peer Support Program

Many clinicians find that talking to another clinician who has "been there" is incredibly helpful. We have trained peer support colleagues in multiple departments, one of whom will reach out to you if you are involved in an adverse event.

Peer support is private and confidential. If you haven't heard from a peer supporter, please contact us via phone or email per the contact information below.

While a traumatic incident cannot be erased from your memory, most people find that memories become less upsetting and vivid over time.

You are not alone, so please don't hesitate to reach out.

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