

Disclosing Errors

A leaflet for healthcare staff



Making conversations easier

Disclosing Errors

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Disclosing Errors

Introduction

When managing a situation involving disclosure of an error, you must follow the guidance provided by the HSE, your hospital, professional bodies and defence societies. Disclosing errors to patients and their families requires the same skills as other consultations, however these skills need to be used **more deliberately** and with **greater intensity**. In particular it is very important to re-establish a trusting relationship with the patient, their family and carers and the clinical team as this relationship will have been damaged by the error.



Disclosing Errors

1. Initiating the conversation

Preparation

It is important to prepare for the conversation by choosing an appropriate environment (a comfortable confidential room where you will not be interrupted). Ensure that there are enough chairs for everyone to sit down and arrange the chairs if necessary (e.g. at approximately 45-degree angles to each other), avoiding physical barriers (e.g. a desk) between yourself and the patient.

When?

As soon as practical after the event.

Set aside protected, adequate time for a face-to-face meeting.



Disclosing Errors

1. Initiating the conversation

Where?

Make arrangements to ensure privacy during the conversation.

Consider cultural background and language skills. Will a professionally trained interpreter be required?

Who?

Ask the patient who they would like to have present. Include clinicians involved in the immediate care of the patient.

The most responsible clinician at the time of the event has an ethical and professional responsibility to lead the discussion and answer the patient's clinical questions.



Disclosing Errors

1. Initiating the conversation

What?

Review the healthcare record. Consult with other members of the team. Rehearse the beginning of the meeting, what words will you use? How will you explain what happened, anticipate questions and reactions.

Find out what the patient knows and has been told already.



Communication skills

- ☐ Prepare yourself
- ☐ Prepare the environment
- ☐ Prepare your information

TIP

Reflect on your own thoughts and feelings before the conversation. Self-awareness will make your communication more effective.



Disclosing Errors

1. Initiating the conversation

Establishing initial rapport

Warm greeting

Greet the patient with a warm 'hello'

Consider nonverbal approaches like shaking hands.

Introduce yourself (name and role)

Hello, my name is John Kennedy and I am the consultant physician.



Communication skills

- ☐ Warm greeting
- ☐ Introduce yourself
- ☐ Check the patient's name
- ☐ Check how the patient likes to be addressed
- ☐ Use the patient's name, particularly when demonstrating empathy
- ☐ Check who is with the patient (name/relationship)



Disclosing Errors

1. Initiating the conversation

Check the patient's name and how they like to be addressed

It's Grace Kennedy, is it? And what do you like to be called... is it Grace or...?

Use the patient's name, particularly when demonstrating empathy

*That sounds like it was very tough for you **Grace**.*

Check who is with the patient (name/relationship)

And who is with you here today?

Check if the patient consents to that person being involved in conversations about their care.



TIP

Bad or distressing news, like disclosing an error, is never easy to hear but having someone deliver the news with empathy and understanding can help the person receiving it feel supported and understood.



Disclosing Errors

1. Initiating the conversation

Nonverbal behaviour

Facial expression

Maintain a warm facial expression (not smiling).



Keeping an open warm facial expression will help to build rapport. Ensure that your facial expression matches what you are saying.

Eye contact



Make and maintain appropriate eye contact with the patient.

Our eyes convey how we feel and what we are thinking. Eye contact can help to establish rapport.

Communication skills

- | | |
|---|--|
| <input type="checkbox"/> Facial expression | <input type="checkbox"/> Space |
| <input type="checkbox"/> Eye contact | <input type="checkbox"/> Time |
| <input type="checkbox"/> Open body language | <input type="checkbox"/> Personal presentation |
| <input type="checkbox"/> Touch | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Paralanguage | |



Disclosing Errors

1. Initiating the conversation

Open body language

How we sit, stand or walk can convey strong messages.



Sit down at eye level. Look attentive, interested and calm. Leaning forward can demonstrate interest. A relaxed posture is important so the patient doesn't feel rushed.

Touch

Touch can be used to show support, care and empathy.



A handshake or a hand on the arm or shoulder if the patient becomes upset.

Paralanguage (Pace, pitch, tone, volume)

Use appropriate pitch, slow pace and a warm tone of voice.



It is often through our pace, pitch and tone that we reveal our feelings and attitudes.



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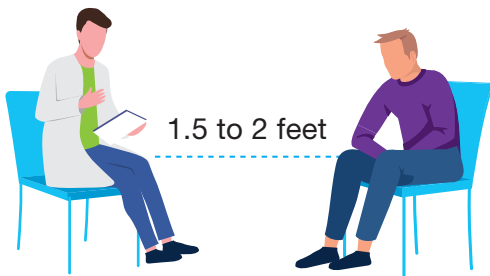
1. Initiating the conversation

Space

Give your patient space while staying connected with them.

Time

Time can be used as a communication tool from punctuality to expectations around waiting or response times.



Avoid glancing at the clock or your watch as this suggests that you wish to bring the conversation to an end.



Disclosing Errors

1. Initiating the conversation

Personal presentation

Be aware of your personal appearance, a professional approach is important to build trust and confidence.

Our appearance and the clothes/ accessories we wear can affect first impressions.

Environment

Consider furniture placement, cleanliness, lighting and scent. These all signal how we want a conversation to proceed.

A warm and restful meeting room communicates a welcoming message.

TIP

Demonstrating relaxed and open nonverbal behaviour will build rapport and trust. Remember that non-verbals are 'two-way'. Observing and interpreting the patient's nonverbals helps us to understand how the patient is feeling or the extent to which they understand the information being shared with them.



Disclosing Errors

1. Initiating the conversation

Identify the reasons for the conversation

It can be helpful to begin by discuss the sequence of events leading up to this point. Observe verbal and nonverbal cues to assess the patient's emotional state.

Establish the patients' understanding

What have you been told already about...?

Establish the patient's understanding of what has happened and assess how they feel by observing their verbal and nonverbal cues.

Communication skills

- ☐ Establish the patient's understanding (starting point)
- ☐ Demonstrate empathy
- ☐ Explain the purpose of the conversation
- ☐ Ask for permission
- ☐ Provide structure



Disclosing Errors

1. Initiating the conversation

Demonstrate empathy

*I can see that this is a shock for you **Emily**...*

Use verbal and nonverbal listening skills (nodding, leaning, summarising and so on) to show the patient that you are listening to understand.

Explain the purpose of the conversation

Something has happened and we need to talk about it...

Acknowledge that something unexpected has happened with words like...

This can act as a warning shot.



Disclosing Errors

1. Initiating the conversation

Ask for permission

Would you like me to tell you what happened now?



Check if the patient wants to receive the information at this time. Some may want to wait until family members are present.



Disclosing Errors

1. Initiating the conversation

Provide structure (summarise a shared agenda)

So I am going to tell you what happened, answer your questions and then move on to discussing next steps...



TIP

We meet patients every day and for us the conversation or consultation can be routine. For the patient, however, the visit can be worrying and distressing. Pay attention to the patient's nonverbals (body language, eye contact, pace, pitch and tone). If the patient appears stressed or worried, using these skills carefully at the start of the conversation helps to build trust and puts the patient at the centre of the conversation.



Disclosing Errors

2. Providing information and planning

Disclosing errors is a complex communication task. It requires admitting that we have made a mistake, observing and responding to the patient's emotional reactions, re-establishing trust and managing patient expectations.

Communication skills

- ☐ Assess starting point
- ☐ Chunk and check
- ☐ Apologise
- ☐ Ask what other information would help the patient
- ☐ Use easy to understand language and avoid jargon
- ☐ Provide structure (signposting)
- ☐ Organise explanation
- ☐ Use visual aids
- ☐ Use repetition and summarising
- ☐ Check understanding
- ☐ Demonstrate empathy
- ☐ Share your thinking
- ☐ Explore options
- ☐ Negotiate the plan
- ☐ Check with the patient



Disclosing Errors

2. Providing information and planning

Provide correct amount and type of information

Assess starting point

Just so I know where to begin, could you tell me what you already know...

Find out what the patient already knows and what they want to know.

Chunk and check

There was a mistake with the prescribing of the antibiotic (pause), you have been given an antibiotic called... (pause), it is a type of penicillin.



Pause often to give the patient time to process the information.



Disclosing Errors

2. Providing information and planning

Apologise

I made a mistake Emily and I am very sorry...

Apologise for the error.

Ask what other information would help the patient

Many people also want to know...? Would that be helpful for you?

Avoid giving advice, information or reassurance prematurely.



Disclosing Errors

2. Providing information and planning

Aid patient recall and understanding

Use easy to understand language and avoid jargon

Our aim now is to provide you with the best possible care (pause). I will explain that and also what else we are going to do as a result of this mistake.

Slow down. Avoid giving too much information too early as this may overwhelm the patient.

Provide structure (signposting)

There are three things that I think we should talk about today...



Move from one part of the conversation to the next using signposting.



Disclosing Errors

2. Providing information and planning

Organise explanation

First I want to talk about...

Use visual aids

Written information and diagrams are very helpful for patients.

Use repetition and summarising

You developed the rash in response to the penicillin.

Highlight key points and reinforce key information.

Check understanding

I know this is a lot to take in Emily. To make sure that I have explained things clearly to you, can you tell me what you know about the next steps for you now?

This can be done by watching the patient's nonverbal responses (when they have had enough) or asking them to restate key messages in their own words.



Disclosing Errors

2. Providing information and planning

Incorporate the patient's perspective

Demonstrate empathy

I can see that you are upset...

It must be very difficult to hear this...

Tell me more about that... what other concerns do you have?

Pick up on nonverbal cues. Identify the emotion(s) that you see.

Validate the patient's emotions.

Invite the patient to expand on any concerns that they have.



Disclosing Errors

2. Providing information and planning

Shared decision-making

Share your thinking

So what we think would be best to do now...? How does that sound?

Use 'we' and make suggestions. Check with the patient.

Explore options

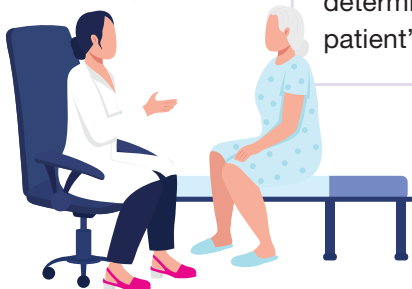
*What do you think?
Tell me about...?
What is important to you...?*

Instead of listing treatment options, use open questions to understand the patient's goals, views and wishes.

Negotiate the plan

How do you feel about?

Signpost your own preference and determine the patient's preference.



Disclosing Errors

2. Providing information and planning

Check with the patient

Can I check that you are comfortable with the plan? What questions do you have for me now?



TIP

After disclosing the error, wait for the patient to re-initiate the conversation. Clinicians often find it uncomfortable watching patients like this in **silence**, but it is important to give the patient time to react. If there are nonverbal cues, describe what you see. Prompt if necessary... for example... *can I ask what is going through your mind?*



Disclosing Errors

3. Closing the conversation

The aim when closing the conversation is to check the patient's understanding of the information you have given them and agree next steps.

Forward planning

Outline next steps

Would you prefer to be referred to another specialist or follow up with me...?

Inform the patient that an investigation will be undertaken to answer how or why this error occurred and that they will be kept informed of progress.

Confirm next clinical steps for example, investigations, treatments or transfer to another clinician or service provider.

Communication skills

- ☐ Outline next steps
- ☐ Safety netting
- ☐ Summarise the conversation (briefly)
- ☐ Check with the patient



Disclosing Errors

3. Closing the conversation

Safety netting

If you are worried about anything in the meantime you can contact...

Identify support systems, involve relatives. Offer to see/tell partner or others.

Ensuring appropriate point of closure

Summarise the conversation

The team are recommending that removing the lump and a course of radiation is the best treatment for you.



Repeat any important points as the patient may be upset and find it difficult to take in all the information given.



Disclosing Errors

3. Closing the conversation

Check with the patient

*Before you go, can I check that you are comfortable with the plan?...
What questions do you have for me now?*

Final check that the patient agrees with and is comfortable with the plan.

Document fully what you told the patient and their relatives and their reactions to the news. This will help to facilitate co-ordination of care.



TIP

Disclosing errors can be difficult. It may be helpful to debrief with a colleague or take a short break before seeing your next patient.

www.hse.ie/nhcprogramme



@NHCPprogramme

This Skills Card is the work of Paul Kinnersley (EACH & Cardiff University), Peter Gillen & Eva Doherty (RCSI) & Winifred Ryan (HSE) with the help and support of Jonathan Silverman and many others in EACH.

