



## Breaking the Silence: Discussing Errors with Clients

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# PLIT's Interest in Communication

- Proven connection to Complaints
- Better communication skills
  - Reduced claims=reduced defense costs, reduced claim handling costs, stable premiums
- Estimated that 60% of all claims are related to some breakdown in communications
- What can you do?

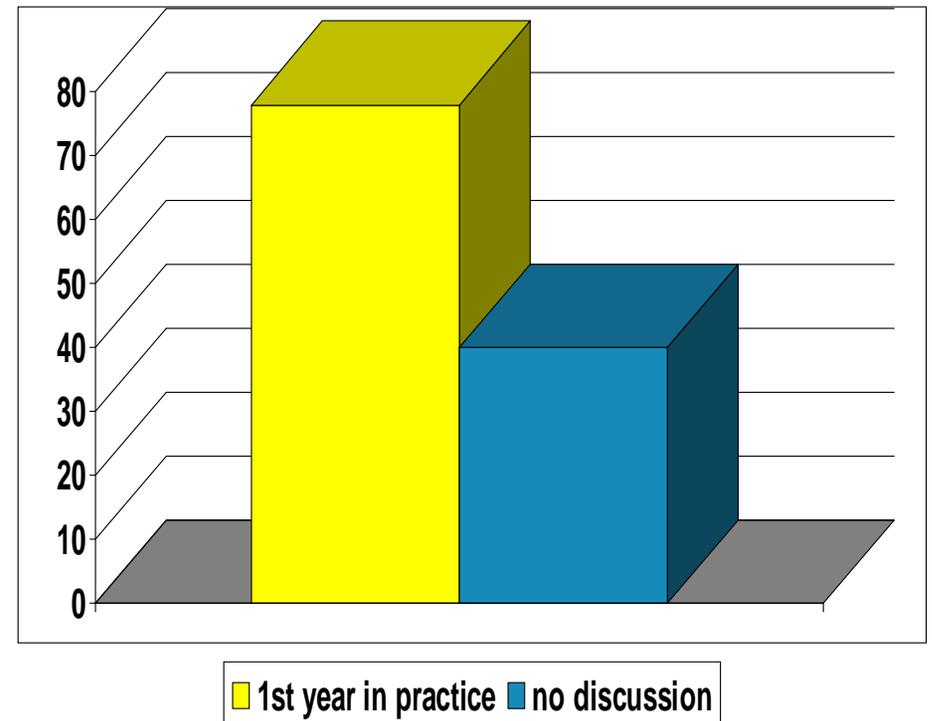
# Communicate Effectively

- Clients
- Staff
- Colleagues



# The reality: Veterinary Medicine

- **Seventy-eight (78) percent** of recent graduates reported making a medical error resulting in an adverse outcome
- **Forty (40) percent** of them had ***NOT*** discussed the error with the client



Mellanby and Herrtage, 2004

# Barriers to Disclosure

- **Culture of infallibility (incapable of error, perfection)**
  - **Lack of training**
  - **Shame**
  - **Fear of:**
    - **Damage to reputation**
    - **Adding further emotional distress to client**
    - **Malpractice claim or licensing board complaint**
- \*\***
- **Most feared by dvms**

Gallagher and Lucas, 2005

# Core Values and Principles Guide

## Ethical Behavior

- Truth and Transparency
- Honesty
- Empathy
- Apology
- Openness
- Rebuilding Trust
- Professional Integrity
- Patient Welfare

# Practice: A tale of two disclosures

- Watch video of 2 different “disclosure” conversations
- Consider approach taken by the veterinarian in each conversation
- Which one feels right to you?

NOTE: The video presentation is a re-creation based on an actual case

# Misplaced feeding tube

Who: Dr. Campbell and client, Mrs. Simpson.

Background: Dr. Campbell performed surgery on 13-y.o. German Shepherd

“Champ” to remove tumor and portion of intestine

- Due to lack of appetite, Dr. C recommended tube be placed from Champ’s nose into his esophagus for nutritional support.
- Mrs. Simpson agreed. Tube was placed late yesterday. Since then, Champ has been fed via tube continuously at a slow rate.
- This morning Mrs. Simpson has come to visit Champ. Dr. C has asked to speak with Mrs. Simpson in an examination room.

# A tale of 2 disclosures: Part 1

1. What would you imagine are the thoughts, worries, and goals of:
  - The veterinarian
  - The client
2. What are the ethical, emotional and legal implications?
3. Truth, acknowledge error, explain, empathy, apology, plans, non-verbals

# A tale of 2 disclosures: Part 2

- How did the veterinarian address the client's need for the following?
  - What happened?
  - How did it happen?
  - What happens next for my pet?
  - Apology
  - How will reoccurrence be prevented?
  - Offer to make reparation (compensation)

# Two types of disappointment

1) In the adverse outcome itself

**“Champ may not come through this”**

2) In the way that the clinicians behaved after the adverse outcome

**“I can’t believe how they are handling this!”**



**Research suggests individuals  
are more forgiving of the first  
type of disappointment than  
the second**

**Hickson, 1992; Beckman, 1994;  
Vincent, 1994; Kraman, 1999; Gallagher, 2003**

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# Impact of Honesty and Openness Needed for Disclosure

- Rebuilds trust
- Live our professional ethics
- Retain clients
- Help negotiate fair settlements
- Reduce malpractice suits, state licensing board complaints \*\*\*

2.0

# SORRY WORKS!

DISCLOSURE, APOLOGY, AND RELATIONSHIPS  
PREVENT MEDICAL MALPRACTICE CLAIMS



DOUG WOJCIESZAK, JAMES W. SAXTON, ESQ., AND  
MAGGIE M. FINKELSTEIN, ESQ.

# 5 KEY FACTS.....

## **#1 DISCLOSURE IS GOOD FOR PROVIDERS!**

- REDUCE LAWSUITS AND LITIGATION
- NATURALLY IMPROVES QUALITY AND SAFETY
- CLOSURE AND HEALING

# 5 KEY FACTS

## #3 Empathetic I'm sorry

- Empathy: "I'm sorry this happened...I feel bad for you..."
- Apology: "I'm sorry I made this mistake....it's my fault."
- Empathy appropriate 100% of time; apology appropriate only after investigation

# 5 KEY FACTS

## #3 Empathetic I'm sorry

- **What was said...**

- Speed: "I'm sorry" should be provided as soon as possible after adverse event.
- Empathy personalized and feelings of patient/family acknowledged
- Said "sorry"
- Taking the situation seriously
- Customer service elements
- Staying connected!

# 5 KEY FACTS

## #3 Empathetic I'm sorry

- **What was NOT said:**

- No Admission of fault – yet! Do NOT prematurely admit fault or play retrospection game:
  - Only admit fault *after* investigation has proven a mistake occurred *and* error has causation to the injury or death.
  - Need to PAUSE!!
- No jousting or speculation – not time to throw colleagues under the bus!

# 3 Step Disclosure Process

- Empathy and good customer service:
- initial disclosure/initial apology
- Investigation
- Resolution:
  - Error: Apologize, Admit Fault, Compensate
  - No Error: Empathize, Answer Questions, Open Records, Prove Innocence, Never Settle

# Three main principals:

- Compensate quickly and fairly when inappropriate medical care causes injury
- Defend medically appropriate care vigorously.
- Reduce patient injuries (and therefore claims) by learning from mistakes.

- source: Univ. of Michigan Disclosure Program

# First things first

Following an adverse outcome:

- Tend to patient's immediate clinical care
- Recognize your own emotions and needs
- Develop clarity re: what happened
- Prepare for client discussion

# First things first: Recognize and manage your emotions

- Listen to your inner dialogue
- What direction is it taking you?
- What help do you need?
  - For support, clarity, advice, assistance

# TIMING: Proactive vs. Reactive

- § Disclosure needs to be timely – delay magnifies problems
- § Don't wait for all the "facts"  
*"Here is what we know now and we'll keep you informed as we learn more"*
- § Don't wait for a complaint

# TECHNIQUES: T – E – A – M

**T** = Be Truthful – Acknowledge Error & Harm

- **Anticipate** with warning and expression of sympathy

*"I have some difficult news to share with you.  
I am very sorry to have to tell you..."*

# TECHNIQUES: T – E – A – M

Ask permission:

*“Would it help if I explain what we now believe happened?”*

- Demonstrate openness to build trust

# TECHNIQUES: T – E – A – M

And then ***EXPLAIN***

- Keep it conversational by eliciting their reaction to the information

*“I imagine you have a number of questions.”*

# TECHNIQUES: T – E – A – M

## Client's Emotions

- Shock and anger are common
- Use humility and **E**mpathy:  
*“I can see you're angry and that's understandable”*
- Defensive comments will heighten client frustration



# TECHNIQUES: T – E – A – M

**E**MPATHIZE and normalize

*"It's natural to feel shocked and angry. This is so different from what any of us were hoping for or expecting."*

- **LISTEN** and **REFLECT**

*"I imagine you're feeling so many things right now."*

# TECHNIQUES: T – E – A – M

- **Client's thoughts**

*"You're really confused about how this could have happened."*

- **Client's feelings**

*"I can see how upsetting this is."*

- **Client's needs**

*"What would be most helpful now?"*

TECHNIQUES: T – E – A – M

**APOLOGIZE**

*"I am terribly sorry for this error we made that  
has caused ....."*

TECHNIQUES: T – E – A – M

**M**anage through to resolution

Managing means being

**ACCOUNTABLE**

*"We are already taking steps to reduce the chance this would ever happen to another animal in our care."*

# TEAM Model for Disclosure Discussion

**Be Truthful –  
acknowledge  
error  
and harm**

**Apologize  
and express  
regret**



**Empathize  
with client  
experience**

**Manage  
through to  
resolution**

O'Connell & Reifsteck, 2004

# What You Can Say

*"I'm very sorry this happened. "*

*"I understand you feel shocked and even angry."*

*"I wish things would have not turned out this way. I'm going to be with you every step of the way as we get through this."*

*"We've taken steps to make sure this never happens again."*

## More words to consider

*"I regret very much that this happened and feel terrible that it did."*

*"I realize this mistake has caused you and your family a great deal of pain."*

*"Let's plan to talk again later this afternoon. Would it be OK if I call you at that time?"*

# Who should be present?

- Consider who:
  - Has the most information
  - Has the best relationship with the client
  - Is an effective communicator with appreciation for openness
  - Is emotionally able to handle the conversation

# Disclosing a Medical Error or Adverse Outcome

- Gather as much information as possible before you call the owner but call as soon as possible
- Be professional and empathetic
- Recommend necropsy if cause of death is unknown
- Do you charge? Was a mistake made?
- Contact your malpractice carrier for guidance and what to say and do.

# What Does A Client Want To Know If An Error Was Made?

- What Happened? (Tell THE TRUTH!)
- Why?
- What Happens Next? (Recommend what is in the best interest of the animal)
- What will you do to prevent this from happening again?
- APOLOGY (*Express Empathy!!!*)

## Points to Remember

- Always recommend what is in the best interest of the animal
- •Document if owner declines your recommendations
- •Even if owner states financial concerns, still provide the recommendations and options, document owner declined, then work with owner on plan
- •Post-op 24 hour care if critical case or anesthetic complications
- •Referral to specialists
- •Duty to Refer- if outside your level of competence

# Preventing Claims-A Few Tips!

- Sound Medical Practice
- Superior Communication Skills
- Good Record Keeping
- Keep People Out of Harm's Way

