



Workshop

Mastering Adverse Outcomes

Exploring the effective management of adverse outcomes for the benefit of patients and clinicians to reduce risk

Target audience

General Practitioners and Specialists

Video scenarios/exercises available for:

- Obstetricians and Gynaecologists
 - Surgeons
 - Anaesthetics
 - Physicians
 - General Practitioners
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Number of participants

Optimum	7 to 15
Minimum	5
Maximum	25

Duration

Standard	3 hours
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Presenter

All presenters of Cognitive Institute workshops are doctors or health professionals who have attained accreditation after undertaking intensive formal communication skills training with the Institute.

Other recommended workshops

Recommended to undertake before this workshop:

- Mastering Your Risk
- Doctor Patient Communications
- Mastering Difficult Patient Interactions

Recommended to undertake after this workshop:

- Advanced Training in becoming a Clinical Adverse Outcome Facilitator
 - Clinical Incident Management Program
- Risk Reduction Communication Skills Masterclass

See overviews at www.cognitiveinstitute.org

CME

Refer to College Accreditation and Points Document at www.cognitiveinstitute.org or email enquiries@cognitiveinstitute.org

Format

Workshop with short lectures, reflective exercises, small group facilitated discussions, group activities, and rehearsal of skills.

Brief didactic presentations will provide the focus for small group sessions in which participants are able to share experience and pool knowledge, enabling critical comparison of their skills with their peers and peer learning. Videotaped case vignettes will be used to enable participants to analyse and reflect upon their own skills. The format has been carefully structured to enable a mix of lectures, discussion, critical reflection and evaluation.

For information on the Cognitive Institute, presenters and workshops visit www.cognitiveinstitute.org

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Benefits

- Better clinician-patient relationship
- Opportunity to address patient concerns – avoiding the need for litigation
- as the only option for the patient to gain answers
- Does not compromise legal defence
- Decreases risk of litigation
- Provides opportunity to address the issue within the system
- Increases public confidence in the healthcare system

Premise

Research has clearly identified the needs of patients following an adverse outcome.

In addition to ongoing care, these include information about what has happened; acknowledgement of their situation and an explanation of why an adverse outcome is believed to have occurred. Meeting these needs empathically is not only part of a clinician's role; it is likely to contribute to a reduction in medico-legal risk.

Communicating regret about a patient's situation is not necessarily an admission of liability and can be an extremely important part of meeting patient expectations during a discussion about an adverse outcome.

There is evidence that avoiding discussion of adverse outcomes may increase the risk of complaint or claim. Avoidance is often caused by embarrassment, defensiveness, or even fear of compromising a potential defence.

Research shows the reasons patients claim include:

- to correct deficient standards of care
- to find out what happened and why
- to enforce accountability
- compensation for accrued and future cost

Precipitating factors (such as adverse outcomes) are unlikely to lead to complaint or claim unless there are predisposing factors such as rudeness, inattentiveness, poor communication, etc. There is now a substantial body of research that points to the many benefits of effective communications with patients after an adverse outcome for patients, clinicians and healthcare institutions. The essential components of that effective communication are presented in this workshop.

Overview

This workshop takes a comprehensive approach to the difficult area of discussing adverse outcomes with patients. There is a natural inclination to want to avoid such discussions – whether there is negligence or even natural causes involved – for fear of strong emotions from the patient, causing the patient distress, or even loss or professional reputation. Clinicians are also fearful that any discussion on the adverse outcome may be used against them in any future proceedings.

This workshop highlights the importance of recognising patient expectations when an adverse outcome occurs and how failing to address them increases the risk of the patient turning to legal or disciplinary processes for answers and accountability. To enable participants to master managing adverse outcomes, the workshop provides a thorough grounding on the issues and the legal obligations and implications of these discussions. Participants also learn that their own personal barriers to confronting patients can contribute to a climate of predisposing factors that increase the likelihood of complaint or claim.

Clinician-patient video scenarios of the various approaches to handling an adverse

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outcome are shown. Participants discuss the merits and disadvantages of each approach in small groups. With this understanding, participants then learn an effective model for handling adverse outcomes, called A.S.S.I.S.T.©

Objectives

- To define adverse outcomes, explore current healthcare professionals' attitudes and examine research revealing patient motivations to complain or claim.
- To understand the legal obligations / implications of discussing adverse outcomes with patients and their carers.
- To understand that communicating regret and empathy with the patient's situation are not necessarily admissions of liability
- To explore personal and cultural barriers to discussing adverse outcomes
- To understand what patients want to know following an adverse outcome
- To learn models for communicating with patients about adverse outcomes
- To learn and practice skills for undertaking these interactions

Summary

Clinicians learn an effective model for communicating with patient after an adverse outcome. The model addresses the patient's needs without compromising the clinician's legal position.

The A.S.S.I.S.T. ©

The Cognitive Institute's A.S.S.I.S.T.© model:

- helps clinicians stay focused on the patient's experience
- provides a framework for key communication tasks to be undertaken
- facilitates a discussion on possible solutions and future care

The A.S.S.I.S.T.© approach recognises and addresses what patients are looking for in a dialogue about an adverse outcome, namely:

- an open and honest discussion
- information to their level of satisfaction
- an acknowledgement of the adverse outcome from the clinician
- sometimes a referral to another clinician for further care

Clinicians have an opportunity to rehearse the A.S.S.I.S.T.© model to develop skills that can be used immediately. The workshop then addresses the area of important pre-conditions needed to conduct an effective discussion about an adverse outcome.

Clinicians are provided with a self assessing checklist they can use to help determine whether they / the patient / or the situation are ideal to undertake the process.

Participants are always encouraged to seek assistance from their medical defence organisation, insurer or employing organisation in difficult situations.

Important statistics

Incidence of adverse outcomes

Harvard Study

- Sampling of 31,000 records in 1984
- 3.7% adverse outcomes (14% fatal)
- 1 in 4 adverse outcomes resulted from medical negligence

Quality in Australian Healthcare Study

- Sampling of 14,210 records in 1992-1995

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- 16.6% adverse outcomes (permanent disability and/or death 3%)
- 51.2% considered preventable

British Hospital Study

- Sampling of 1014 records in 2000
- Adverse outcomes 10.8%
- Permanent injury 19%
- Death 6%

What motivates patients to sue?

- 1 in 4 adverse outcomes (1% of total outcomes) due to negligence
- Only 12% of patients who suffered negligence filed a lawsuit
- 2 of 3 claims for no adverse outcome or adverse outcome not due to negligence
Leape et al. 1991
- 70% of litigation is related to poor communication
- – Desertion, devaluation, lack of information, lack of understanding
Beckman 1994

Factors in the decision to sue?

- Predisposing factors: rudeness, delays, inattentiveness, miscommunication, apathy, no communication
- Precipitating factors: adverse outcomes, iatrogenic injuries, failure to provide adequate care, providing incorrect care, system errors, mistakes
- Precipitating events were unlikely to lead to litigation if there were not predisposing factors
Bunting et al. 1996

Is risk related to disclosure of adverse outcomes?

- Early work in numerous centres suggests effective management of adverse outcomes may reduce the risk of complaint or claim
Kraman and Hamm 1999, Boothman 2004, Copic 3Rs report, Liebman 2005
- No evidence that disclosure increases litigation
Kapp 1997
- Patients reported they were nearly twice as likely to claim if they had not been told the truth
Witman et al.

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