



National Healthcare  
Communication  
Programme

# DISCLOSING ERRORS

**CALGARY-CAMBRIDGE GUIDE**



**Making conversations easier**

## DISCLOSING ERRORS

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 in 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 between the patient, their family and carers and the clinical team as this relationship will have been damaged by the error.

### Initiating the session

#### Preparation

##### Where?

- Make arrangements to ensure privacy and that you will not be interrupted during the conversation.

##### When?

- As soon as practical after the event.
- Set aside protected time for a face-to-face meeting.

##### Who?

- Ask the patient who they would like to have present. Consider cultural background and language skills. Include an interpreter as needed.
- Include clinicians involved with immediate care of the patient.
- The *most responsible clinician* at the time of the event has an ethical and professional obligation to lead the discussion and answer the patient's clinical questions.

##### What do you need to know?

- Review the healthcare record and consult with others.
- What has the patient been told already/what do they know already?
- Rehearse the beginning of the meeting, what words will you use, how you will explain what happened, anticipate questions and reactions.

## How am I feeling?

- **Reflect** on your own feelings.
- **Expect emotions** (your own and theirs) to come your way.
- Know **when NOT to have conversation** (when emotions are too intense).
- **Monitor** what you think and feel (awareness of your communication can make you more effective).
- **Practice self-regulation** – keep your own emotions in check when your buttons are pushed.

## Establishing initial rapport

- **Greet the patient** and ask how they wish to be addressed.
- **Introductions** (name and role) of all persons present.
- **Sit down at eye level** with the patient and look attentive, interested and calm.
- **Avoid interruptions** and distractions.

## Identifying the reasons for the consultation

- **Establish the patient's understanding** of what has happened since the patient was last seen and how they are now feeling.
- **Acknowledge** that something unexpected has happened - introduce the topic with words such as *“something has happened and we need to talk about it”*.

## Providing information and planning

### Providing the correct amount & type of information

- **Assess the patient's starting point:** ask for prior knowledge and extent of wish for information.
- **Chunk and check:** give information in manageable chunks using the patient's response as guide for how to proceed.
- **Ask what other information** would help the patient.
- **Give information at appropriate times:** avoid giving advice, information or reassurance prematurely.

## The apology

- *“We are very sorry this has happened to you...”*
- *“Our aim now is to provide you with the best possible care. I will explain that and also what else we are going to do as a result of this mistake...”*

## Aiding accurate recall and understanding

- **Organise explanation:** what has happened; the implications for the patient; further care needed; what action will be taken to prevent happening again; what other actions the patient and their family may want to take.
- **Categorise and signpost:** for example *‘there are three things I want to discuss.’*
- **Use repetition and summarising** to reinforce key information.
- Use concise, easily understood language; avoid or **explain jargon**.
- Use **visual methods** to support information: diagrams, leaflets.
- **Check the patient’s understanding of information:** watch the patient’s non-verbal responses throughout; watch for when the patient has had enough; ask the patient to restate in own words.

## Achieving a shared understanding

- **Provide opportunities** and encourage the patient to contribute: to ask questions, seek clarification or express doubts; respond appropriately.
- Pick up **non-verbal** and covert **verbal cues**: for example, patient’s wish to contribute information or ask questions; information overload, distress.
- **Elicit the patient’s beliefs**, reactions and feelings regarding the information given, terms used; acknowledge and address as necessary.

## Planning: shared decision making

- **Share own thinking** as appropriate: ideas, thoughts, dilemmas.
- **Involve the patient:** offer suggestions and choices.
- **Encourage** the patient's ideas and suggestions.
- **Explore** management options.
- Ascertain **level of involvement** the patient wishes.
- **Negotiate** a mutually acceptable plan.
- **Check** with the patient that plans have been accepted and concerns addressed.

## Closing the session

### Forward Planning

- **Inform the patient** that an investigation will be undertaken (or is underway) to answer how or why the event occurred – and that they will be informed of this.
- **Keep the patient informed** of progress (if patient wishes) – arrange a follow-up meeting to discuss any new facts.
- **Confirm the next clinical steps** such as investigations, treatments, consultations, or a transfer of care to another clinician or service provider.
- **Identify support systems**, involve relatives, friends. Offer to see/tell partner or others.

### Ensuring appropriate point of closure

- **Summarise** conversation briefly.
- **Final check** that the patient agrees and is comfortable with the plan.

### Debrief and record keeping

- Make **other members of the healthcare team** aware of the patient's condition and care needs.
- **Document** the clinical care and discussions fully and accurately.
- **Debrief** – look after yourself and your colleagues.

## Building the relationship

### Greetings and introductions

- **Greet** the patient.
- **Introduce** self, role and nature of consultation.

### Non-verbal behaviour

- Throughout consider **eye contact, facial expression, posture, vocal cues** (pace, pitch, volume, tone).
- **Avoid writing notes** unless essential.
- **Avoid physical barriers** like desks.

### Involving the patient

- **Share thinking** with the patient.
- **Explain rationale** for actions being taken.

### Empathy

- Accept the patient's **views** and **feelings** non judgmentally.
- Use empathy to clearly **acknowledge** feelings, concerns and predicament.
- Be **honest** and transparent.

## Providing structure

### Making organisation overt

- **Summarise** at the end of a specific line of inquiry to confirm understanding before moving on to the next section.
- Progress from one section to another using **signposting**, transitional statements; include rationale for next section.

### Attending to flow

- **Structure** consultation in logical sequence.
- **Attend to timing** and keep consultation on task.