Experiential Learning
Tim McDonald, M.D., J.D.
Communication Central to the Paradigm Shift

- **Reporting**
  - From delayed
  - To immediate

- **Communication**
  - From delay, deny and defend
  - To immediate and ongoing

- **Event Review**
  - From shame, blame, and train
  - To human factors process redesign

- **Care for the Caregiver**
  - From suffering in isolation
  - To immediate support

- **Resolution**
  - From having to “fight for it”
  - To early offer
Communication After Harm Requires A High Level of Skill

- “Disclosure” communication situations are hard
  - Multiple, conflicting goals
  - High level of emotional arousal
  - High ego-involvement
  - Highly consequential

- Planning is essential for avoiding pitfalls
# Routine Communication 101

<table>
<thead>
<tr>
<th>Patients need</th>
<th>Health care workers need</th>
<th>Process, not an event</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Truthful, accurate information</td>
<td>• Communication coaching</td>
<td>• Initial conversation</td>
</tr>
<tr>
<td>• Emotional support, including apology</td>
<td>• Emotional support</td>
<td>• Event analysis</td>
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<tr>
<td>• Follow-up, potentially compensation</td>
<td></td>
<td>• Follow-up conversation</td>
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</tbody>
</table>
Challenging Conversations

- Complex personal or family dynamics
- Hearing Impaired
- Language Barrier
- Ethnic, Racial, Cultural Sensitivity
- Particularly devastating harm event
Scenario One: Medication Reconciliation Gone Awry

- Child with a history of psychiatric problems was admitted to the acute hospital for management of seizures. Once the child was stabilized and seizures were under control he was discharged directly from the acute care hospital to a psych facility.
- Medication reconciliation and the medication list provided to the receiving institution upon discharge erroneously included one half of the dose of anti-seizure medication he should have received
Scenario One: Medication Reconciliation Gone Awry

- Several days later the patient experienced a serious seizure and was brought back to the acute care hospital emergency department after the seizure.
- **Setting**: In the emergency department
- **Scene**: Parents [divorced] are sitting in a room away from the child waiting to speak with the practitioner. Father was only parent present during the past admission and transfer to other facility. The room is “tense”. Father has sole custody.
The Power Of The Huddle

- Are there any special personal or family dynamics, disabilities, language, ethnic, racial, or cultural sensitivities to consider?
- What are the goals of this conversation?
- Who should be present for this conversation with the family?
- What are you going to say to the family?
- Would a prop, diagram or x-ray be helpful?
- Do you need to provide shot[s] across the bow?
  - Example: What I have to tell you may be very unsettling...
- After brief explanation, deal with feelings first.
- What emotions do you anticipate, how will you name and validate them?
- What questions do you anticipate getting from family?
  - Example: How do you answer “who is going to get fired” question? Do I need to get a lawyer?
- Who continues to respond to the patient/family as more information is learned?
- Who will support the clinicians?
Enactment
Some Lessons Learned
Some Lessons Learned

• Keeping focus on child is helpful.
• Proactively understanding parenting status is critical.
• Be prepared for conflict.
• Carefully consider seating arrangement in room.
• Identify persons skilled in de-escalation to assist.
• Others?
Scenario Two: Medication Error That Results In Temporary Significant Harm
Scenario Two

An internist at your hospital admitted a patient yesterday afternoon with a asthma. Due to a miscommunication, a patient received 100 units of insulin instead of their usual 10 units. The patient received 100 units of insulin last night and was found three hours later unresponsive with a blood sugar of 35. The patient was successfully resuscitated and transferred to the intensive care unit. This morning he is feeling well and is transferred back to the floor. His preferred language is Somali and he lived in Somalia up until the last two years.
Communication Opportunity

• **Situation:** Need to communicate with patient and friend about the insulin overdose.

• **Setting of encounter:** Patient’s Hospital Room

• Interpreter provided
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Enactment
Illegal Organ Harvesting

Somali Girl Trafficked into Britain "Organ Harvesting"

By HanaHOBOT on October 22, 2013

Table X. The Retail Value of Transnational Crime

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<thead>
<tr>
<th>Type of Crime</th>
<th>Estimated Annual Value (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug trafficking</td>
<td>$426 billion to $652 billion</td>
</tr>
<tr>
<td>Small Arms &amp; Light Weapons trafficking</td>
<td>$1.7 billion to $3.5 billion</td>
</tr>
<tr>
<td>Human trafficking</td>
<td>$150.2 billion</td>
</tr>
<tr>
<td>Organ trafficking</td>
<td>$840 million to $1.7 billion</td>
</tr>
<tr>
<td>Trafficking in Cultural Property</td>
<td>$1.2 billion to $1.6 billion</td>
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Some Lessons Learned
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• Learn your language and cultural needs of patients – including non-verbal opportunities.
• Identify your culturally competent resources.
• Appreciate the difference between an “official interpreter” and staff who are deemed competent at interpretation.
• Enlist help from community members.
• Be prepared and plan accordingly.
• Understand needs before the conversation.
• Again, carefully consider seating arrangements
• Others?
Scenario Three: What Do You Say/Do When The Recorder Comes Out?
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Scenario Three

Case Summary: Elderly gentleman with dementia and severe aortic stenosis [A.S.] falls at home and develops a subdural hematoma. He goes to the operating room for burr hole placement. He is prepped and draped and only given moderate sedation due to severe A.S. He received two liter per minute of nasal canula oxygen. After the incision is made and cautery is used, the patients sits up and a fire is noted beneath his shoulders and neck. Several conversations have taken place and the hospital and family are about to begin the financial resolution process. The family has brought their lawyer to this conversation.
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Enactment
Lessons Learned

• Be prepared and have a plan.
• Assume you are being recorded.
• Others?
Experiential Learning
Return to the challenging case example

- Elderly gentleman with dementia and severe aortic stenosis [A.S.] falls at home
- Develops a subdural hematoma
- Taken to the operating room for burr hole placement
- Patient is prepped and draped
- Moderate sedation is given due to severe A.S.
- Incision is made
- Ten minutes in to procedure patient sits up
- Smoke escapes from under the drapes
- Flames are extinguished
Fire Triangle

Oxygen

Heat

Chemical Reaction

Fuel
Results of early interviews

1) Head shaved with clippers
2) 70% alcohol poured on 4X4’s to wipe head
3) 4 steri-drape 1000’s used
4) Incision site is marked
5) Head prepped with 26 ml of Duraprep
6) Lidocaine injected.
7) Upon return of surgeon after scrubbing, pt is prepped in a sterile fashion with an additional 26 ml of Duraprep
8) 4 towels used to drape head
9) Ioban applied
10) Spilt sheet applied
DuraPrep™ Surgical Solution
Iodine Povacrylex (0.7% Available Iodine) and Isopropyl Alcohol (74% v/v)
Patient Preoperative Skin Preparation for large prep areas below the neck

WARNING

Flammable

Keep away from fire or flame.

To reduce the risk of fire:
- Do not use 26-mL applicator for head and neck surgery.
- Do not use on an area smaller than 8 in. x 10 in.
- Use a small applicator instead.
- Solution contains alcohol and gives off flammable vapors.
- Do not drape or use ignition source (e.g., cautery, laser) until solution is completely dry (minimum of 3 minutes on hairless skin).
- Avoid getting solution into hairy areas. Solution may take much longer to dry or may not dry completely.
- Do not allow solution to pool.
- Remove solution-stained material from prep area.

Single Use
Sterile Contents: Applicator swab/foam sponge (1)
Cotton-tipped swabs (2)

* Identity of sterile contents guaranteed unless package is damaged or open.

DuraPrep Surgical Solution is a 3-in-1 preoperative skin preparation. Each pad applicator contains 0.9 fl oz (30 mL) of solution which covers a 16 in. x 30 in. area (approximately 1 square foot given an average swab size of 6 in. in diameter). For procedures requiring less coverage, a smaller applicator is available (6635). It contains 0.3 fl oz (9 mL) of solution which covers an approximate 8 in. x 10 in. area. Do not use more than required for the area.

3M recommends all users participate in product-in-service training prior to use.

In-service training is available online, from your 3M sales representative, or at the 3M website (www.3M.com).

Cat. No. 8630 0.9 fl oz • 26 mL

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- Do not allow solution to pool.
- Remove solution-stained material from prep area.

Patient Take Home Instructions

Your surgeon uses 3M™ DuraPrep™ Surgical Solution, a barrier-washing skin preparation. It is recommended that the film remain on the skin after the procedure. The film will gradually wear away. It, however, may remain deposited:
- Apply 8630 or 8631. Wash with the prescribed water or soapy solution for 2 minutes. Wash with soap and water. Avoid getting solution into hairy areas. Solution may take much longer to dry or may not dry completely. Lightly rinse to remove the solution.

If you have questions, call 1-800-228-3597.
Summary of event review with cognitive interviewing

- Fire risk was not part of time out process
- Surgeon unaware of nasal canula oxygen
- No in-service on alcohol-based prep solution
- Small prep applicators were not available in OR
- Nine x too much prep used
Communication Opportunity

- **Situation**: Need to communicate findings with children of patient with dementia and their advisor. May be opportunity to “hand over” financial and non-financial resolution issues. Early empathic communication took place 6 weeks prior and several follow-up phone calls have taken place. Burned patient has had several outpatient procedures and is recovering well.

- **Setting of encounter**: Private room on campus but not in hospital at family request.
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Debrief
Lessons Learned