

Increasing Patient-Clinician Concordance about Disclosure through the TIPS model

The Problem

- Patient advocates and safety experts recommend including patients in safety efforts, but robust partnering experiences are limited.
- Medical error disclosure is an important part of safety culture. However, such conversations may not meet patients' needs. Data suggest that patients rate lower satisfaction with disclosure conversations than doctors.

Aim/Goal

1. Understand differences in patients' and providers' expectations and attitudes about medical error disclosure
2. Test a new learning paradigm with patients and family members as teachers and co-learners in interprofessional error disclosure and prevention training
3. Encourage interprofessional providers and patients/family members to speak up about safety concerns

The Team

Sigall K. Bell, MD; William Martinez, MD; David Browning MSW,BCD; Pamela Varrin, PhD; Elana Premack Sandler, LICSW, MPH; Barbara Sarnoff, LICSW; BIDMC, CHA PFAC members

The Interventions

We developed a "Patient-Teachers in Patient Safety (Patient TIPS) workshop using live enactments on medical error disclosure, bringing interprofessional clinicians together with patients/family members. We used pre-post surveys to evaluate the impact of workshops on concordance of clinician and patient/family views regarding error disclosure.

The Results/Progress to Date

- 96% (53/55) of interprofessional clinicians who registered for workshops and 81% (71/88) of patients/family members from two hospital advisory councils completed baseline surveys.
- Patient baseline disclosure attitudes were significantly different from clinicians' across 72% (8/11) of "expectation" items, and 100% (3/3) vignette questions.
- Following the workshop, clinician views moved "closer" to patients' in 72% of categories; with <50% expectation differences remaining. There were no (0%) remaining significant differences in the vignette responses.
- 100% (9/9) patients 84% (44/53) clinicians completing the program felt comfortable discussing errors together; 96% clinicians reported patient/family participation was valuable to their learning.
- At 3-month follow-up, 79% of clinicians stated workshop participation helped make their patient interactions more collaborative; 100% patients reported the same about clinicians.

Item	Patient baseline (mean Likert score)	Clinician baseline (mean Likert score)	p value	Clinician post-intervention (mean Likert score)	p value	Patient and clinician views better aligned?
Patient Disclosure Expectations						
Want to know all the details of what happened	4.72	4.20	0.0009	4.60	NS	y
Find explanation of medical facts more confusing than helpful	1.64	2.64	<.0001	2.62	0.0001	n
Worry more about my safety	3.15	3.68	0.0202	3.78	0.0069	n
No longer trust my doctor	2.35	3.10	0.0001	2.94	0.0031	y
Understand that doctors are not perfect	4.40	3.94	0.0025	4.44	NS	y
Want a different doctor to take care of me	2.70	3.29	0.0041	3.33	0.0003	n
Want an apology	4.45	4.69	NS	4.92	0.0006	y*
Be more likely to sue my doctor	2.10	2.32	NS	2.00	NS	y
Want to be notified about QI changes made as a result of error	4.70	4.60	NS	4.80	NS	y*
Worry the doctor was not telling me the whole truth	2.82	3.26	0.0342	2.96	NS	y
Believe the doctor would spend enough time with me	4.51	3.62	0.0003	4.00	0.0273	y
Error Vignette						
The medication error should be disclosed to the patient	4.77	4.30	0.0051	4.64	NS	y
The patient/family would want to know	4.63	4.30	0.0244	4.64	NS	y
The disclosure would cause more harm than good	1.67	2.14	0.0247	1.71	NS	y

*In some cases, clinician "post" responses endorsed greater transparency than patients' expectations

Lessons Learned

- Even with motivated volunteer clinicians, collaborative learning with patients/families highlights important differences in baseline perspectives, and brings patient and provider views about disclosure into greater concordance.
- "[I learned about] the collective wisdom of 'us,' and the 'us' includes patients." – A nurse
- "The program provides a "perspective that we don't usually get. I don't really know what patients are really feeling." -- A Physician Assistant
- "How simple some interventions are that help patients and families" – A rehab clinician
- I now have much more empathy and compassion for providers who are fearful of speaking up to prevent potential errors or when things have gone wrong. I completely understand their fears...Not that dissimilar from patient's/family's fears... – A patient
- "My perspective regarding my role as a patient has also shifted and I no longer see myself as the recipient of care but rather an equal partner in my care. –A patient

Next Steps/What Should Happen Next

- Aim to link Patient TIPS training to actual disclosure practices and patient experience in the BIDMC CARE program
- Develop a SPEAK UP program enabling patients to speak up about safety, and partner with clinicians to prevent errors.