Health Education Thames Valley

DIVULGING ERROR IN THE ED

MODULE: DIVULGING ERROR

TARGET: ST4-6 EM & PEM TRAINEES

BACKGROUND:

Admitting to a drug error to patients and managing consequences.

RELEVANT AREAS OF THE CURRICULUM

CC6	The patient as central focus of care
CC7	Prioritisation of patient safety in clinical practice
CC12	Relationships with patients and communication within a consultation
CC13	Breaking bad news
CC8	Team working and patient safety
CC12	Relationship with patient & Communication in consultation
CC14	Complaints and medical error
CCC24	Personal behaviour

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

By the end of this scenario the trainee will have:

- Recognised that a medical error has occurred
- Explained to the parents / carers that a medical error has occurred
- Explored the concerns of the carer and addressed these directly
- Prioritised patient safety over other priorities
- Explore appropriate communication strategies for preventing escalation of situation or if parent already angry, for de-escalating situation.
- Recognised system failures that allowed this error to occur and identify possible solutions
- Discuss impact on staff members involved
- Discuss role of incident reporting

SCENE SETTING

Location: Sideroom, Paediatric Emergency Department

Expected duration of scenario: 15mins Expected duration of debriefing: 45mins

EQUIPMENT AND CONSUMABLES

Paeds Cascard
Drug chart

PERSONNEL-IN-SCENARIO

Mother - SP
Senior clinician (Dr or ED Sister) to interrupt re concerns about breaching

PARTICIPANT BRIEFING

Location: Paediatric Emergency department

Time: 1600hrs **Patient Name**: Rosie (14 months old)

Earlier in the shift, you saw Rosie with her dad. She had been unwell with D&V for 48hrs, had a low-grade pyrexia and was mildly dehydrated.

Having explained to dad that the diagnosis was most likely to be a viral gastroenteritis, you prescribed her some Calpol and started her on the departmental rehydration regimen.

Some time later, Rosie is looking a lot better. She has tolerated the oral rehydration, no longer has a fever and is happily playing with some toys and her mum. As Rosie has now been in the department for almost 4 hours (in 10 minutes time), your Consultant has asked you to review and make a decision to admit or discharge her.

However, before you can do this, the nurse looking after Rosie approaches you. It appears that Rosie has been given two separate doses of calpol, the first at 1400hrs and the second at 1500hrs. From the Cascard, it looks the first dose was prescribed by the triage nurse from the early shift. The second dose has been written up by you on a drug chart and was given by a second nurse who was unaware of the first prescription.

FACULTY BRIEFING

IN-SCENARIO PERSONNEL BRIEFING (MOTHER)

MUM – Claire Jones (SP)

Job: Management Consultant
Age: 28

Events leading to attending the Emergency department:

- You are a competent, caring mother of two, Rosie (14 months) and Sam (5 years).
- Rosie has been unwell for the last 48 hours with diarrhoea and vomiting.
- She has become increasingly listless, floppy and clingy and is hardly tolerating fluids.
- Mark, your husband, tried to get a GP appointment today but the earliest slot was tomorrow so took Rosie to the Emergency department at lunchtime.
- With a project deadline looming tomorrow, this was the last thing you needed.
- The combination of the work deadline and Rosie's illness have meant you have had little sleep for the last 48 hours and are feeling tired, hassled and stressed.
- You took over from Mark, your husband about 1 hour ago so that he could pick up your Sam from school.
- Since Rosie had the calpol at 15:00 (just after you arrived), Rosie has been looking much better. Her temperature has settled and she has tolerated the dioralyte that you have been giving her.
- Now, you are just waiting for the all clear to take Rosie home.

Relevant background

- A close friend of yours took a paracetamol overdose last year. You can't recollect how much paracetamol she took but remember that she left it three days before telling anyone.
- This meant that the antidote was ineffective and left her with liver and kidney failure and she eventually died from the complications.
- When you hear that Rosie has been given too much paracetamol as well, you convince yourself that the same thing might happen to her and that she needs to be treated with the antidote immediately.

Responses & Reactions

Emotional reaction (to the disclosure of the drug error):

- Disbelief closely followed by a mixture of being distraught and angry.

Initial response (determined by)

- How successful the doctor has been at creating and developing a good rapport with you prior to the disclosure, the giving of a sincere apology and whether you feel you can trust him/her or not

To fully de-escalate Rosie's mum, the doctor will also need to:

- Explain why Rosie doesn't require treatment
- Reassurance that this will never happen again and how you intend to do this

If the doctor is abrupt, appears insincere or has not given you a chance to express your concerns, your anxiety/frustration/anger levels should escalate. This would entail threatening to make a formal complaint. In extreme cases, this might entail

- Refusing to talk to the doctor any further on the matter
- Demanding a second opinion
- Going to the press

Information Given Freely:

Following the disclosure of the error, you should raise the following specific concerns:

- Rosie might develop kidney and liver failure
- You know there is an antidote but that if it is left too long it will no longer be effective
- You want Rosie to have the antidote immediately

Information given if appropriate approach has been taken:

- Disclose information regarding your friend's overdose
- An explanation of why you are so keen that Rosie is treated

CONDUCT OF SCENARIO

SCENE SETTING

Minors area, paediatric ED. Patient has been in department for 3hrs50

Nurse has just realised that a Rosie has accidently been given a double dose of calpol.

EXPECTED ACTIONS

1. Introduce yourself to the parent
2. Builds rapport with parents e.g.asks parent how she feels Rosie is doing
3. Explain that a double dose of calpol been given using appropriate terminology and apologises
4. Explains that no harm has been done to the patient
5. If issues regarding friends death have not been divulged, recognises that parent is not yet reassured and explores further.
6. Elicits the parent's full spectrum of concerns and address them appropriately

OTHER INFORMATION

If the participant is struggling, a 'timeout' may be called, allowing the SP to enunciate their feelings/concerns. This also gives the candidate the opportunity to alter their approach to mum.

QUIET AREA DISCUSSION

With chaperone present

Improvisation: mum adjusts her response to the initial introduction dependent on the approach taken.

LOW DIFFICULTY

- Mother spontaneously divulges experience of friend dying from paracetamol O/D

NORMAL DIFFICULTY

- Divulges experience with friend if feels listened to.
- Interrupted by senior who wants to know whats going on as patient is about to breach

HIGH DIFFICULTY

- Parent has already been told about the error by the nurse and is angry and upset.
- Threatens to complain
- Interupted by senior who wants to know whats going on as patient about to breach

RESOLUTION:

Mother is reassured and happy to take Rosie home.

DEBRIEFING

POINTS FOR FURTHER DISCUSSION

1. Effectiveness of communication
    - SP feedback (often the most valuable/memorable part of the feedback)
    - Attributes of an effective communicator?
    - Techniques used to facilitate communicator (pauses, verbal/non-verbal queues)

2. Managing interruptions
    - **Ignore:** Good during critical phases of management
    - **Delay:** If it can wait, then delay it (judgment comes in here!)
    - **Delegate:** Let someone else handle the distraction if warranted
    - **Handle:** Handle the important distraction right away, but do not become fixated at the expense of other important functions
    - **Sterile area:** Reduces or eliminates distractions

3. Recognised system failures that allowed this error to occur and identify possible solutions

4. Discuss impact on staff members involved
    - Staff debrief

5. Discuss role of clinical governance
    - Incident reporting
    - Drug error audit
    - Standardised methods of prescribing

ADDITIONAL INFORMATION FOR FACULTY TO HELP WITH DEBRIEF

Purpose of Scenario
This scenario is centred on the communication of a drug error to a stressed and frightened parent. The mother will only feel reassured if she really feels listened to and her fears are elicited, explored and addressed. The more the parent feels listened to, the more she is likely to divulge. The debrief can be used to discuss issues around communication, managing interruptions, divulging error, investigating and learning from errors and incident reporting. The content of the debrief will be determined to some degree by how the trainee performed in the scenario.

Communication
The following have been identified as barriers to effective communication and could result in escalation of this situation with the parent becoming more anxious and defensive:

- Not listening
- Appearing disrespectful (e.g. using first names without making sure that's OK)
- Body language is probably more important than what is said in conveying that fact that you are listening.
- Minimising or skimming over the issue
- Ignoring the concerns of the parent
- Ordering
- Threatening
- Arguing
- Being distracted by other tasks during the consultation

Three elements of effective listening

- **Attending**: Giving your physical (and mental) attention to another person.
- **Following**: Making sure you are engaged by using eye contact. Use un-intrusive gestures (such as nodding of your head, saying okay or asking an infrequent question.)
- **Reflecting**: Paraphrasing and reflecting, using the feelings of the other person. (empathy)

Consider the tone, volume, rate and inflection of your voice. A lowered voice level may set a tone of anger which could create fear or challenges. A raised voice may set a tone of anticipation or uncertainty which may promote excitement or disruption. Speak slowly -- This is usually interpreted as soothing. A controlled voice is one of calm and firmness which promotes confidence in both parties.

Be careful when using humour in these situations, it can sometimes be taken in offence.

Distractions and interruptions can be a problem in the Emergency department. There are some broad principles which can be applied to help manage distractions, depending on the urgency of the distraction and these could be discussed in the debrief.

- **Ignore:** Good during critical phases of management
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DEBRIEFING RESOURCES

1. www.psnet.ahrq.gov/primer.aspx?primerID=2
2. www.medicalprotection.org/uk/casebook-september-2010/culture-of-candour-versus-duty-of-disclosure
3. http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=65171&.
4. http://www.gmc-uk.org/10_annex_a.pdf_25398521.pdf
5. http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/
6. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5529774
7. http://www.rcpe.ac.uk/journal/issue/journal_37_4/Williams.pdf

EMERGENCY MEDICINE > HUMAN FACTORS > SCENARIO 4

INFORMATION FOR PARTICIPANTS

KEY POINTS

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FURTHER RESOURCES

http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=74247&type=full&servicetype=Attachment

http://www.rcpe.ac.uk/journal/issue/journal_37_4/Williams.pdf

http://www.nrls.npsa.nhs.uk/resources/?entryid45=74246

www.psnet.ahrq.gov/primer.aspx?primerID=2

www.medicalprotection.org/uk/casebook-september-2010/culture-of-candour-versus-duty-of-disclosure

http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=65171&.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924693/pdf/jgi0021-0704.pdf

http://psnet.ahrq.gov/primer.aspx?primerID=2

http://navyemergencymedicine.com/wp-content/uploads/2010/01/EDP-Disclosure-of-Medical-Errors-AnEM-07.pdf

http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5529774

http://www.rcpe.ac.uk/journal/issue/journal_37_4/Williams.pdf

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify):	
Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?