

DISCLOSING MEDICAL ERROR CLINIC APPOINTMENT

MODULE: TRAUMA AND ORTHOPAEDICS

TARGET: CT1 – ST4

BACKGROUND:

Disclosing medical error can be a particular communication challenge for the junior surgical trainee. Honesty with the patient is important as well as a clear plan of how treatment will proceed from this point. A missed fracture in the Accident and Emergency department is not an uncommon error - it is important that core surgical trainees practice disclosing this type of information and receive feedback upon their communication skills and performance.

RELEVANT AREAS OF THE CURRICULUM

Module 2: Common surgical conditions

Traumatic limb and joint pain and deformity
Simple fractures and joint dislocations
Fractures around the hip and ankle

Module 10: Professional behaviour and leadership skills

To provide good clinical care
To be a good communicator
To understand and manage people and resources within the health environment
To understand the ethical and legal obligations of a surgeon

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

Learners will reflect upon how to conduct an effective clinic consultation including time keeping and maintaining control of the consultation process

Learners will reflect upon how to disclose medical error

Learners will review correct management of ankle fractures

SCENE SETTING

Location: Fracture clinic room

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

EQUIPMENT AND CONSUMABLES

Patient notes with Xray report

Access to Xrays via laptop

Table and chairs

Clinical notes paper plus pen

Crutches

Tubigrip bandage

PERSONNEL-IN-SCENARIO

Patient (actor) The Harry Partnership £250

PARTICIPANT BRIEFING

You are in the fracture clinic. There is one more patient to see and the boss has left. The clinic nurse gives you the notes - call the patient in when you are ready.

FACULTY BRIEFING

The trainee will start in the clinic room with the notes. They will have access to the Xrays and radiology report. They will have access to the Internet should they wish to look up technical information. The patient (actor) will be waiting outside.

The Xrays show a Weber C type fracture which is potentially unstable and might benefit from a lag screw, however, this was missed in A and E.

This scenario is NOT about the learner 'identifying' the fracture or 'knowing' the correct management as there is a radiology report in the notes and the internet is available for them to look up the correct management. The emphasis of the scenario is upon their communication skills.

ACTOR

You are Mr. Brian Fleming a 67 year old computer programmer. 5 days ago you were playing football outside with your grandchildren when you 'turned over' your ankle (the foot went inwards). It was painful straight away and you found it very difficult to put weight through it so went to A and E.

You were seen by a junior doctor in A and E and told that there was no break. You were told to rest it and put ice on it. You were given a tubigrip bandage and some crutches as you were having difficulty walking. You were told that it would take a couple of weeks to settle down and that you should try to take weight on it as you are able. You have been taking regular paracetamol and ibuprofen because it has been so painful.

Yesterday you got an answerphone message from one of the secretaries to come up to the fracture clinic at the hospital today. You don't know what it's about and you couldn't ring back because they just left a message with no return phone number.

You are otherwise pretty fit and well – only blood pressure that your GP is keeping an eye on, not currently on medication.

You are initially irritated at having to re-attend the hospital but when the learner discloses that there was a fracture that was missed or not picked up in Accident and Emergency become angry. Specific questions you might like to ask are:

How did this get missed?

I've been trying to walk on it, will this have made it worse?

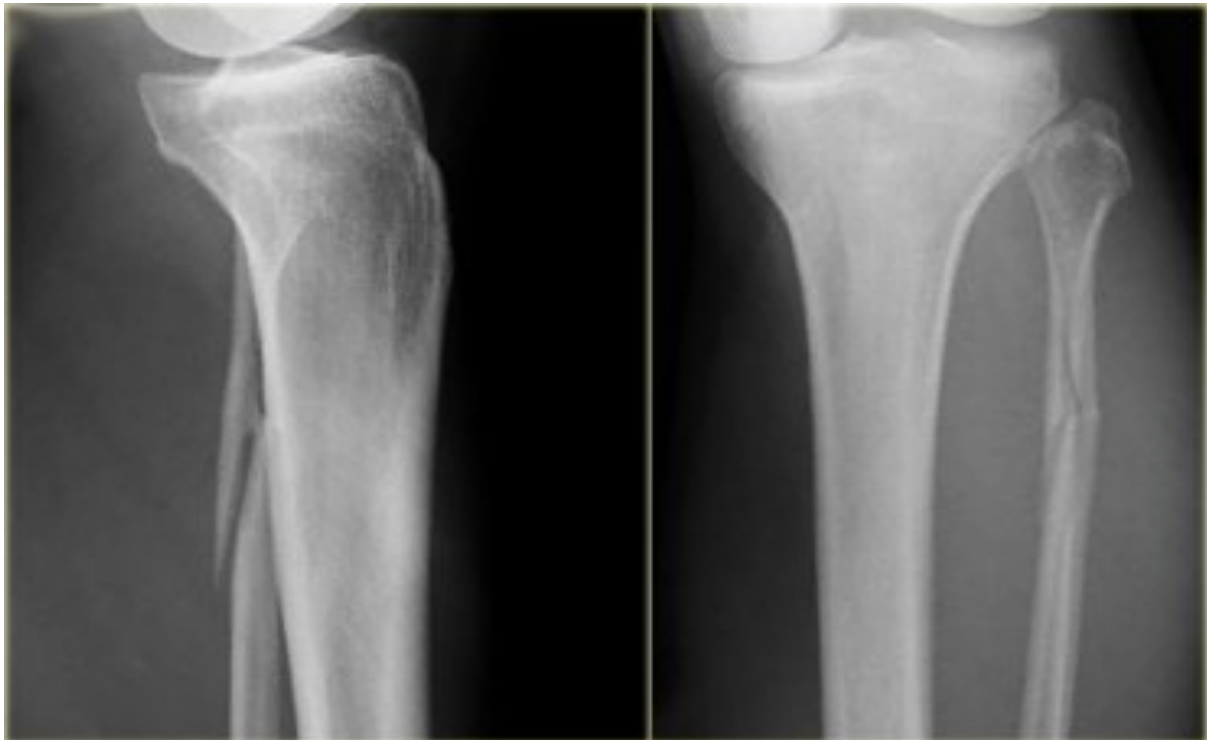
What's going to happen now?

Who is responsible?

Please be prepared to give face to face feedback to the trainee about their communication style, body language and any terminology that you found difficult to understand.

ADDITIONAL INFORMATION





RADIOLOGY REPORT

FLEMING, Brian Date of Series: 12/10/2013
 MRN: 9183762 Time 17:36
 NHS:418-222-1005 AP & Lateral Left Ankle
 DOB: 03/01/2013

History: Twisting injury to left ankle ? fracture

Report: There is a proximal fibula fracture noted on the tibial view. There is diastasis of the ankle mortice with too much clear space on the medial side. This would be in keeping with a high Weber C fracture of the ankle and represents an unstable ankle injury.

Addendum: Findings discrepant with ED management plan. Report forwarded to ED Consultant Parker 14:31 16/10/12 to arrange call back of patient

DEBRIEFING

Debriefing to be led by external surgeon observer

Use patient (actor) to give feedback on communication skills

POINTS FOR FURTHER DISCUSSION

Initial establishing of rapport - help with crutches / chair etc
 Consider examining the ankle, get hands on with the patient - helps with rapport building
 Warning shot
 Show pictures - patient and doctor on same side of the table
 Explain need up to date information - so more Xrays
 Offer to ring Xray to let them know patient is on the way
 Inform the Consultant - include them in any decision making
 Can give PALS contact details if the patient wishes to complain

Patients want "information about what happened, why the error happened, how the error's consequences will be mitigated, and how recurrences will be prevented."

DEBRIEFING RESOURCES

Gallagher TH, Waterman AD, Ebers AG, Fraser VJ, Levinson W (2003). "Patients' and physicians' attitudes regarding the disclosure of medical errors". *JAMA* **289** (8): 1001–7.

SURGERY > IMMERSIVE SCENARIO 10 > DISCLOSING MEDICAL ERROR

INFORMATION FOR PARTICIPANTS

Read the patient notes before you call the patient in
Use the resources available to you – internet, radiology report
Structure the clinic appointment so that there is initial rapport making.
Do not assume that the patient already knows the result.
Offer opportunity for the patient to ask questions

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:.....

Learner Grade:.....

	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					

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?