ARIADNE LABS | Collaborative FOR ACCOUNTABILITY AND IMPROVEMENT | Institute for Healthcare Improvement | The PACT Collaborative

# Harm Communication Coaching Guide
# Talking with Patients and their Families about Harm Events

## Overview

This guide helps a communication coach prepare a clinician (coachee) to communicate effectively with a patient who has experienced harm during healthcare and/or their family. Suggested language and prompts are provided but the coach should adapt their language to the situation.

## Start the coaching session

- Explain the purpose of the session and describe what the session will look like
  - *"Our organization cares about you, knows that harm events are upsetting, and is here to support you"*
  - *"The initial interactions with the patient/family after harm are key to maintaining trust"*
  - *"Planning and practice helps these difficult discussions go better"*
- Ask whether the coachee has had this kind of conversation before
- Ask the coachee how they are doing
  - *"Have you been connected with the peer support program?"*
  - *"How does the rest of your day look?"*
  - *"Do you need to change your schedule?"*
- Explore and normalize coachee emotions and distress. Discuss how our emotions can impact the way we communicate with the patient about harm
  - *"Some of our emotions in these situations are 'cognitive distortions' (exaggerations such as 'my career is ruined'), while others are natural components of the difficult task we are undertaking"*
  - *"Talking about how you are feeling can put the situation into perspective and reduce these distortions"*
  - *"The remaining emotions we carry with us throughout the discussion and they remind us to bring our authentic selves to this critical conversation"*

This work © 2023 by The Brigham and Women's Hospital, Harvard University, Institute for Healthcare Improvement, and University of Washington is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc-nd/4.0/

# Create a shared mental model of the harm conversation

- Reflect together on the goals of the harm conversation: demonstrating caring, building trust, promoting understanding, demonstrating cultural humility, and staying attuned to the needs of the specific individuals with whom you are speaking (e.g., the patient/family)
- Review with the coachee what is known about what happened
  - *"What is the patient's condition? What is the immediate plan of care?"*
  - *"What are the high-level clinical details?"*
  - *"What other clinicians were involved? How can we be sure all clinicians are sending the same message to the patient/family? Should other clinicians be a part of this discussion?"*
  - *"Where are we in the process of event analysis?"*
  - Review with the coachee what is known about what happened
- Discuss the perspective of the patient/family
  - "What do they know about the event so far?"
  - "What insights do we have regarding patient/family emotions?"
  - "Who from the family is involved? Is there a point-person? Are any family members especially challenging? Do you anticipate conflict among family members?"
  - Also, discuss the role of cultural humility
    - "What cultural factors may influence the discussion?"
      - *"What is the patient/family member's preferred language? Is an interpreter needed?*
      - *"While you might not know all of the answers, consider cultural factors, such as financial status, religious practices, generational norms, education level, body language, communication norms, etc., that may influence the discussion."*
    - Some patients and family members already distrust the healthcare system. What strategies can we use to address this distrust?"
- Develop goals for the interaction with the patient/family
  - " What 3-4 things do you want to accomplish during the discussion?"
  - "Expect the patient/family to continue to be upset or angry even after this conversation"
  - "Do not seek to move past the emotion too quickly, or try to problem solve the situation in hopes the emotion will go away. Allow the patient and family to dictate the flow of this conversation."

# Plan the initial conversations

- Discuss who is going to be in the room and what each person's role in the conversation will be
- Review the Patient and Family Communication Tip Sheet
- Plan how to ***Start the Conversation***

CC BY NC ND

- Prepare to ***Discuss the Facts***
  - Talk about what happened
    - Focus on facts–information that has an objective, verifiable source and is different from "opinions"
    - Share only information that is clinically material to the patient/family's understanding of what happened to them
    - Be sure to also solicit the patient and family perspective on what happened and ask them if they would prefer to share first
  - Share our immediate care plan
  - Summarize our CRP process – how it works, what happens after this discussion, who will be their point of contact
  - Err on the side of saying you don't know but will get the answer and report back
- Discuss how to support the emotions of the patient and/or family
- Consider ***Common Questions*** and plan responses
- Remind the coachee to ***Avoid Pitfalls***: sharing opinion, speculating, blaming others, ignoring the patient/family emotions
- Discuss how to ***Close the Conversation***
- Emphasize how important it is to ***Document the Conversation***

## Practice and close the session

- Practice the conversation and provide feedback
- Reflect with the coachee on any emotional and/or cultural perspectives that emerged during the practice that may influence the conversation
- Ask the coachee to reiterate the 3-4 primary goals of the discussion
- Remind the coachee that these are difficult but critical conversations towards demonstrating caring, rebuilding trust, and promoting understanding with patients and families after harm events

---

CC BY NC ND

# Having Follow-Up Conversations with Patients and Families about Harm Events

### Overview

The response to harm events typically involves multiple conversations with patients and families. This guide also includes additional considerations for preparing for follow-up conversations.

## Start the coaching session

- Emphasize the importance of ongoing communication with patients and families
  - *"Staying in close contact with patients and families after harm events is critical to building trust, demonstrating caring, and promoting understanding"*
- Prepare the coachee for follow-up conversations with the patient/family and how they may change over time
  - *"The experience of each patient and their family after a harm event is unique, and you should seek to understand what this patient and their family are going through"*
    - *"For many patients and families, their beliefs about what happened, how it happened, and how they feel about the event change and intensify"*
    - *"The patient and family's questions about responsibility for the event often become more direct"*
    - *"More information becomes available to the CRP team about the event's cause and plans for preventing recurrences, though considerable uncertainty often remains"*
- Remind the coachee to consider the cultural factors that influenced the initial conversation

## Create a shared mental model of the harm conversation

- Review principles for determining what information to share with patients and families about the harm event
  - Decisions about what information to share with patients and families about harm events should aim to promote their understanding of what happened to them
  - Those facts (information that has an objective, verifiable source) about the harm event that are clinically material should be shared with every patient and their family
    - "Clinically material" information is information of sufficient importance that it is likely to influence a reasonable person's actions or beliefs concerning the event

CC BY NC ND

        - Conversely, "clinically material" information is information which, if withheld, is likely to cause a reasonable person to misunderstand the circumstances of the event
    - Summary causal conclusions (determinations about whether an event was preventable, what caused the event, and plans for preventing recurrences) can be shared with the patient and family once they reach a level of certainty that is either "persuasive" or "definitive" if the information is not covered by state or federal confidentiality laws

## Plan the follow-up conversation

- When possible, solicit the perspectives of patients and families in advance of follow-up conversations
    - *"What questions would you like addressed at the meeting?"*
    - *"Who from the healthcare organization would you like to attend the meeting?"*
    - *"Are there friends, family, or other supports you would like to be present for the meeting?"*
- Review the Patient and Family Communication Tip Sheet
- Plan how to ***Start the Conversation***
- Discuss what to ask the patient and family during each follow-up conversation
    - *"How are you feeling? What has this been like for you and your family?"*
    - *"What questions do you have about the harm event?"*
    - *"Do you have any new perspectives on what happened that you'd like to share with us?"*
    - *"What needs do you and your family have (medical, emotional, logistical) that we could help address?"*
- Prepare to ***Discuss the Facts***
- Consider ***Common Questions*** and plan responses
- Remind the coachee to ***Avoid Pitfalls***: sharing opinion, speculating, blaming others, ignoring the patient/family emotions
- Discuss how to ***Close the Conversation***
- Emphasize how important it is to ***Document the Conversation***

## Practice and close the session

- Practice the conversation and provide feedback
- Reflect with the coachee on any emotional or cultural perspectives that emerged during the practice that may influence the conversation
- Ask the coachee to reiterate the 3-4 primary goals of the discussion
- Remind the coachee that these are difficult but critical conversations towards demonstrating caring, and rebuilding trust, and promoting understanding with patients and families after harm events

CC BY NC ND