Welcome to the fifth and last module on the topic of Medical Error Disclosure. In this module, we review the process of revising the care plan. We also discuss things you need to say and do as you bring closure to what was probably a difficult meeting for you and the family.

The extent to which a care plan needs revision will depend on the severity of the complication. If the error resulted in little harm, few changes may be needed. At the other end of the spectrum, if the patient is dying, then end-of-life decisions need to be discussed. If the patient has already died, the focus changes to caring for the deceased and the bereaved.

In this module, we focus on care planning and closure for severe complications (that is, grades 4 and 5 on the severity scale).

Care planning and closure under these circumstances is complex as it involves attention to not only the patient and the family, but to process of addressing financial and legal repercussions of the error. Broadly speaking, there are four main steps:

• First, engaging in conversation with the family to revise the care plan. This can be difficult, given that the family may have lost trust in you and the system.
• Second, whatever the plan is, confirming the next steps you will take to care for the patient.
• Third, telling the family what to expect in terms of follow-up meetings with the institution to address their concerns about the error.
• Fourth, telling the family how they can get ahold of you and others on the care team and saying goodbye

Let’s look at a few excerpts of shared decision making. In this first video clip, we see a provider working to re-establish trust as she explains what needs to be done.

In this second clip, we see the provider addressing issues of consent for a second surgery. Note the continuing sense of mistrust from the family.

Some families may not be ready to commit to additional surgery. They may want a second opinion, time to reflect, or time to talk with other family members. It is important to give them these options. This disclosure meeting may end with a decision to not decide, followed by agreement to meet again later.

Even if the family is not ready to commit to further interventions, you still need to summarize what you and the family have agreed to. To do that, repeat to the best of your ability what the
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family has told you in terms of their decisions, wishes, or requests. Then, ask them to confirm that you’ve said, or to clarify any piece of your understanding.

Failing to confirm what you’ve heard at the end of this meeting can lead to unwanted or omitted follow-up steps.

After confirming the family wishes, then clearly list your follow-up steps in caring for the patient. As with any case, those steps involve such things as updating the care team and issuing new or revised orders. Given that a severe complication has occurred, you might also be: scheduling the OR and initiating pre-op instructions; or transferring the patient to the SICU and arranging for life support. You might also need to request consults from different specialists, or even transfer the patient to a different surgeon or hospital if the family doesn’t wish you (or the primary surgeon involved with the error) to remain on the case.

In an error disclosure conference, you also need to summarize the family members’ questions about the financial and logistical impacts of the error. Most important, you need to explain who will be contacting them to discuss their concerns, provide support, and talk to them about the institution’s inquiry into the event.

Lastly, consider carefully your documentation of the event and your meeting with the family in the medical record, since it may become evidence. List the names of all the people who attended the meeting, as well as its date and time. Report the facts thoroughly and objectively. In describing your discussion with the family, refrain from emotional vetting. Enumerate the follow-up steps you and the family agreed to.

As with End-of-Life Conferences, the way in which you leave the room is every bit as important as the way you enter it. Consider these phrases, and others listed on the Moodle website.

Here are some brief examples of how three providers ended their disclosure conversation. Consider what additional things you would say.

Okay, time to go. Here is your checklist. Remember: the relationship between you and the family has been “broken” by an unfortunate error. As a result, revising the care plan requires delicate negotiation. Be prepared for family members to not be able to decide right away what to do. Regardless of their decision, be clear about your next steps in patient care. Know who can follow-up with the family to address their financial and logistical concerns, and keep them informed of your institution’s inquiry into the event. Think before you document what
happened in the medical record. In saying goodbye, keep the communication channels open and express your ongoing commitment to the patient and family.

We hope these modules have increased your awareness and stimulated your thinking about medical error disclosure. We encourage you to read the articles linked on our Moodle website, and to observe disclosure meetings when possible. Talking with your mentors and reflecting on these conversations will help you grow professionally. Remember: our goal is that you become more resilient and skilled should you “fail” to perform you best in some situation. Surgery is a dangerous business; there is no way around that fact. We look forward to hearing from you at our upcoming scheduled teaching session on Medical Error Disclosure.