Don’t Shoot the Messenger: An Interdisciplinary Approach to Error Disclosure
Carly M. Christensen, Kristin V. Escamilla MD, Ana Marie Houser RN CHPN, Sarah K. Jungnitsch RN, Abigail R. Rohan

Purpose
The purpose of this project is to create and present a proposal for a training module on error disclosure using an interprofessional approach.

Significance
- Error disclosure is an integral part of the medical profession
- Allows for transparency and facilitation of trust
- Raises knowledge of other professionals’ responsibilities and roles enhancing collegiality and career satisfaction
- Provides best patient care by learning from mistakes
- Emphasizes that recognition and intervention of errors is the responsibility of entire medical team
- Improved communication and patient outcome
- Addresses current lack of interprofessional education on error disclosure

Background
- Teamwork and support systems are critical in facilitating error disclosure
- A values based culture encourages error disclosure
- Error disclosure training solely directed at medical students
- Collaboration between professions aids success in error disclosure
- Training produces more confident and comfortable professionals disclosing errors
- A minority of students receive error disclosure training or education
- Utilizing videos of patients increased empathy for patient experiences amongst professionals

Description
- Module is approximately 3-5 hours
- Applicable to a variety of medical settings
  - Ideally a teaching hospital or clinic with multiple professions working together
  - E.g. J1 nursing students, P1 pharmacy students, 2nd year social work students, PGY1 medical residents
- Starts with a guided group-wide discussion
  - Myths of error disclosure
  - Culture change from “Deny and Defend” and “Shame and Blame” to “Disclose and Apologize”
  - Four R’s of apologizing: Recognition, Responsibility, Regret, and Remedy
- View video of patients affected by medical errors

Case Scenarios
- 81-year-old male with pneumonia is given multiple antibiotic doses in error and develops renal failure
- 42-year-old homeless female is readmitted to the hospital three times in one month for abnormal INR’s due insufficient discharge planning and education
- 56-year-old male develops delirium tremens from unrecognized alcohol withdrawal after being admitted to the hospital for a hypertensive emergency

Conclusions and Implications
- Error disclosure training is a necessity
- Disclosing as an interprofessional team improves outcomes
- Fosters collegiality among the different professions
- Curriculum is applicable to a variety of settings
- Effective error disclosure improves patient and professional satisfaction
- Interactive program on interdisciplinary error disclosure can be affordable, efficient, and fun

Outcomes
- Measured by pre- and post-tests using Likert scales assessing:
  - Heightened awareness of other professionals’ roles and responsibilities
  - Elevated trust in other professionals’ ethics and values
  - Increased sense of rapport with fellow providers
  - Building of students’ communication skills
  - Increased familiarity with the error disclosure process
  - Increased confidence and preparedness in communicating errors to patients and families

Participants create custom error disclosure reference “cheat sheet”

References