CSI Pediatrics: Communication Skills Instruction using role play with simulated patients to optimize residents’ medical error disclosure
Presenters

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None of the presenters has any conflicts of interest to disclose

Simulator

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demetria@marshsimulators.com
Agenda

- Introductions
- Workshop goals and background
- History of CHP Communication Course
- Facilitator training
- Simulated patients (SPs)
- Demonstration of the method
- Practice facilitator and group roles
- Implementation: Take Home Points
Goals

- To review essential elements (content and emotion) included in medical error disclosure
- To describe and practice the Primary Teaching Method, an experiential method to teach communication skills
- To model learner-centered teaching and communication, which is necessary to teach our learners to be patient-centered

“Treat your learners the way you want them to treat the patients.”

-- Laurel Milberg, PhD
Background: Medical Error Disclosure

- Improving medical error disclosure leads to:
  - Improved trust from patients and families
  - Fewer lawsuits and lower financial burden on hospitals
  - Better patient care, when combined with QI

- Training physicians in disclosure skills is challenging
Background: Medical Error Disclosure

- Physician disclosure should include:
  - An explicit statement that an error occurred
  - Description of what happened and why
  - Description of how recurrences will be prevented
  - An apology

- Physicians should also express empathy to patients and families

CHP Communication Course

- 1993: Need for communication skills training
- 1994: Training grant obtained
- 1995: First year of Communications Course
- Yearly since then
  - Instruction based on the Primary Teaching Method
  - Residents cohorted by level of training
  - Cases developed to address skills relevant to level
    - PL-1: Share diagnosis of Down Syndrome in newborn
    - PL-2: Facilitate family-centered rounds
    - PL-3: Disclose medical errors
  - Evaluation: anonymous, self-report pre/post surveys
Tell the family that an error occurred

2010-2014 PL-3 survey data
Offer an explanation about what happened

2010-2014 PL-3 survey data
Respond to questions about how similar errors can be prevented.

2010-2014 PL-3 survey data
Offer an apology

2010-2014 PL-3 survey data
Attend to parent’s emotional reaction

2010-2014 PL-3 survey data
Express empathy

2010-2014 PL-3 survey data
Recognize your own emotions

2010-2014 PL-3 survey data
Facilitator Training

How is this course taught?

- This course is an experiential, learner-centered, skill-based, group learning process: learning by interviewing and by observing one’s peers interview a simulated patient (SP)

  I hear and I forget.
  I see and I remember.
  I do and I understand.

  --Confucius
Facilitator Training

What are the objectives of the course?

Objective 1: To practice the essential content elements of medical error disclosure:

- An explicit statement that an error occurred
- Description of what happened and why
- Description of how recurrences will be prevented
- An apology
Facilitator Training

Objective 2: To practice recognizing and responding to emotions (conveying empathy) related to error disclosure:

- **N**ame the patient’s emotion
- **U**nderstand the patient’s perspective
- **R**espect the patient’s feelings
- **S**upport the patient
- **E**xplore the patient's experience/feelings
Facilitator Training

Additional communication skills:

- Basic facilitation skills:
  - Body language, pace, use of silence, nonverbal and verbal encouragers (e.g., nodding, “I see”), echoing, requests for elaboration (e.g., “Could you tell me more about that?”)

- “Ask-Tell-Ask”:
  - Ask the patient his/her understanding of the situation, provide information, ask the patient to reiterate information to assess comprehension

- Listening without judging, fixing, rushing to agree or disagree or ask another question
Facilitator Training

From Motivational Interviewing: Open ended-question, Affirmation, Reflection, Summarize (OARS):

• Reflections: to convey empathy
  • Simple restatement
    (e.g., To an anxious parent of child with an asthma exacerbation: “I can see that you are really worried.”)
  • Add assumed meaning
    (e.g., “I wonder if you may be worried that you waited too long to bring him in.”)
Facilitator Training

Facilitator Skills: The Primary Teaching Method

- Create a safe learning environment.

Ground Rules:

- Only the learner or facilitator can call a Time Out
- Observers share comments about skills demonstrated, not criticisms
- Group experiences stay in the room
- One facilitator guides the process for each resident
- Not evaluative (no grades); be adventurous!

- Describe unique features of working with SPs: Time Out, Rewind, SP Feedback

- Before interviewing begins, read the case and discuss briefly the content needed for the case
Facilitator Training

- Facilitate the learning process: Direct the flow of the learning experience; be a Traffic Cop, not teacher/expert. “Be a guide on the side, not a sage on the stage.”

- Monitor the time to allow all residents to participate “Everyone will have a chance to practice.”

- Call “Time Out for time” as soon as enough data, even if residents don’t “get stuck”, to allow for self-reflection, peer observation and SP feedback. Watch for SP disconnect.

- If the group learning process gets off track, remind them of the goals and learning objectives.

- At the end, ask the group: “What did we learn today? What skills will you take with you?”
Simulated Patients

What’s in a Name?

**Standardized**
Portrays facts
Testing
Content-focused:
- Information gathering
Did you ask the question?

**Simulated**
Portrays facts and emotion
Training
Process-focused:
- Interpersonal skills
How did you ask the question?

“You don’t smoke, do you?”
“Yes.”

“Uhhhh . . . no.”
Simulated Patient Skills

• **Be Prepared**: memorize case, fill the backstory with cogent details and emotions; know goal of the day and attendant skill set; dress in character

• **Act**: be “in the moment” as often as necessary; control information flow, drop hints/clues

• **React**: connect or disconnect based on skillful or unskillful behaviors

• **Decode or Feedback**: relate how you feel to the learner identifying their specific behavior that evoked that feeling

• **Devices or Rituals**: Time-Outs, Neutral, Rewind, Pick-Up or Piggy-Back, Feedback in Time-Out
Demonstration of the Primary Teaching Method
# Quick Guide to Facilitating the Primary Teaching Method

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**Learner goes back in to continue interview**

**Note:** Can skip Steps 4-7 if Learner was very skillful and you and h/she have no concerns.

*Evelyn Reis, MD, September 2011*
Learner volunteers and interviews

- Learner gets “stuck” and calls a time out
  OR
- Facilitator times out Learner “for time”

Debrief the Learner

- Have the group notice what Learner did skillfully
  - Ask Learner about ideas on how to proceed or become “unstuck”

Learner figures out issue on his/her own
Learner asks for feedback from the group and/or SP

Learner makes a plan on how to get back on track

Learner times in and interviews again

Facilitator times Learner out for time (after a success)

Get Feedback from SP

Take Home points?
Case Scenario 1

- It is late morning and you are on rounds with your team. Ryan, a 5 yo boy with asthma, is admitted to the floor after waiting for a bed overnight in the ER. He arrives in the middle of rounds, so you go to see him quickly by yourself. You meet his mother, and check that Ryan is doing well on albuterol 5mg Q2h.

- As you are walking away from the room, Ryan’s nurse calls you over to a nearby computer. She tells you she was about to give Ryan his next dose of Q12h Orapred, and she was looking up the dose.
Case Scenario 1

- She thought that the 80mg which was ordered seemed like a lot for Ryan’s size, so she went back to the ER record to double-check. She found that Ryan did get 80mg of Orapred in the ER, which was likely based on his recorded weight of 44kg. However, when he was re-weighed on the floor, his weight was found to be 20kg, which is the equivalent of 44 pounds. She feels that his weight was likely recorded as pounds instead of kg in the ER.

- Now, you must go in and tell Ryan’s mother that her son got double the correct dose of Orapred.
Resident Goals

- Disclose the error and take responsibility
- Convey empathy by recognizing and responding to the parent’s emotion
Resident Skill Reminders

Essential elements of medical error disclosure:
- An explicit statement that an error occurred
- Description of what happened and why
- Description of how recurrences will be prevented
- An apology

Recognizing and responding to emotion:
- **N**ame the patient’s emotion
- **U**nderstand the patient’s perspective
- **R**espect the patient’s feelings
- **S**upport the patient
- **E**xplain the patient's experience/feelings
Practice using the Primary Teaching Method
Case Scenario 2

- The error in the ER did not occur.
- It is day #2 of Ryan’s hospitalization. Since he has remained on Q2 Albuterol with no improvement, the team decided to check a chest x-ray. When this was discussed with his mother on rounds, you talked about possibly starting antibiotics, depending on the results of the x-ray.
- The film showed peribronchial thickening with no suggestion of pneumonia, so you decided to hold off on antibiotics.
Case Scenario 2

- Currently, it is about 4pm on the same day, and you are reviewing orders on your team’s patients in preparation for signing out. Going through Ryan’s chart, you notice that he received a dose of Zithromax today. You know that this was not the plan.

- When you look closer at the order, you realize that you must have ordered the Zithromax for Ryan by mistake; another child on your team was supposed to start antibiotics today. Even though the Zithromax that was given was the correct dose and Ryan is not allergic to it, he wasn’t supposed to have received it at all.

- You now need to tell Ryan’s mother that the Zithromax was given in error.
Resident Skill Reminders

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Evelyn Reis, MD, September 2011
Case Scenario 3

- The previous errors did not occur.
- It is Day #3 of Ryan’s admission. This morning the team felt that Ryan would be able to wean from Q2 Albuterol nebs to Q3 Albuterol by MDI. You put the order in on rounds at about 9:30am. Since Ryan got his last Albuterol neb around 8am, you ordered the MDI to start at 11am.
- After noon conference around 1:30 PM, your intern comes to tell you that Ryan is having a lot of trouble breathing. When you check on Ryan, he appears uncomfortable, breathing in the 40s, retracting with very prolonged expiration, and his room air SaO2 = 91%.
Case Scenario 3

- You order a stat Albuterol MDI 6 puffs, which doesn’t change his respiratory status, so you order Albuterol 5mg neb STAT and ask respiratory to do another 5 mg neb as soon as the first one is done.

- You review the orders and realize that you did order the Albuterol MDI, but you forgot to order a respiratory consult that was required for administration of the MDI.
Case Scenario 3

- Now Ryan hasn’t received any Albuterol for almost 6 hours, and if he doesn’t improve after these albuterol treatments, you plan to call the PICU so he can be transferred for continuous albuterol.

- In the middle of the second nebulizer treatment, Ryan’s mother returns from a couple of hours away from the hospital. She had left after the team rounded this morning since Ryan was doing better.

- You need to explain to Ryan’s mother what has happened.
Resident Skill Reminders

Essential elements of medical error disclosure:
- An explicit statement that an error occurred
- Description of what happened and why
- Description of how recurrences will be prevented
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Recognizing and responding to emotion:
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• Model asking about feelings  
• Resist the temptation to give your feedback or teaching points here |
| 2     | Learner         | “Could we ask the group about the skills that they noticed?”                      | • Model asking permission                                                                   |
| 3     | Group (if Learner agrees) | “Could you tell Learner what skills s/he demonstrated?”                             | • Guide Group members to speak directly to learner, not to facilitator  
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• You can add skills you noticed at the end |
| 4     | Learner         | “Let’s go back to your question. Do you have ideas? Would you like to ask the group for suggestions?” | • Learner-centered                                                                |
| 5     | Group (if Learner wants group input) | “Do you have suggestions for how Learner could proceed?”                           | • If necessary, redirect discussion to focus on the goal and learning objectives of the course  
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| 6     | Learner         | “Based on the group’s suggestions and your own ideas, what would you like to try now?” | • Learner-centered  
• Helps SP and Group know what to watch for in second part of Learner’s interview |

**Learner goes back in to continue interview**

| 7     | Learner         | “How did that part go?”  
“What did you notice in yourself? in the patient?”                                  | • Promoting attending to one’s own feelings (mindfulness) and to patient’s cues |
| 8     | Learner         | “What part of the interview are you most curious about?”                           | • Help Learner frame specific question to SP (e.g., “How did you feel when I said ______?“) |

**Note:** Can skip Steps 4-7 if Learner was very skillful and you and h/she have no concerns.

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Implementation

- **Identify stakeholders**
  - PDs, Dept chair, chief residents, fellowship directors

- **Obtain support from stakeholders**
  - Protected time for faculty, fellows and residents
  - Financial support for space and SP funding

- **Recruit facilitators**
  - Identify key teaching faculty within each division, including behavioral health and social work
Implementation

- **Identify Simulated Patients**
  - Standardized patients from local medical schools may be trained for the role of simulated patients
  - Local actors

- **Hold facilitator training sessions**
  - Review learning objectives
  - Practice case scenarios

- **Select case scenarios**
  - Focus on skills relevant to trainees
  - Cohort based on level of training or other skill need
Resources

- Demetria Marsh
  Marsh Professional Simulators
  demetria@marshsimulators.com
  www.marshsimulators.com
  www.youtube.com/watch?v=YDpYbcidljk
  (Marsh Professional Simulators Demonstration.mov)

- Evelyn Reis, MD (evelyn.reis@chp.edu)

- Sylvia Choi, MD (sylvia.choi@chp.edu)

- Stephanie Dewar, MD (stephanie.dewar@chp.edu)

- Laurie Wilkie, MD (lwilkie@iuhealth.org)
Selected References


Milberg LC, Reis EC, Marsh D, Choi S, Hofkosh D. The Primary Teaching Method: An experiential approach to teaching medical interviewing and clinical communication skills (submitted for publication)

Choi S, Reis EC, Marsh D, Milberg LC, Hofkosh D. Using the Primary Teaching Method to teach advanced communication skills during pediatric residency (submitted for publication)
Evaluation

We welcome your feedback!

Please complete the online evaluation:

www.appd.org/amsurvey/