

SURGEONS' DISCLOSURES OF CLINICAL ADVERSE EVENTS

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Outline

- First—the personal
 - Build on your own experiences
 - Sticking with your plan
- Second—the study
 - Objectives
 - Methods
 - Results
 - Conclusions and recommendations
- Happy to answer questions about both

Build on Your Personal Experiences



The Long Road

Surgery
2006

Submitted
proposal
2007

Got pilot
funding
2009

IRB
approval
2010

Pilot
2010 2011

Received
further
funding
2012

Lost, then
added, a
site 2012
2013

Published
2016

Research

JAMA Surgery | Original Investigation

Surgeons' Disclosures of Clinical Adverse Events

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Questions: *How* are surgeons disclosing adverse events to patients, and *what* is the effect of such disclosure on surgeons' well-being?

Background

- Unwavering ethical obligation to disclose to patients adverse events that have been sustained in the course of their care (VHA Handbook 1004.08)
- Disclosure has a *positive impact* or *no impact* on patients and family members
- No evidence that disclosure increases the risk of negative consequences for physicians (Mazor *et al*, 2006)
- Many do worry about surgeons as “second victims”
- **Very few studies have examined actual disclosures and their impact on physicians; no quantitative measure of disclosure**

Study Aims

- 1) Qualitatively examine how surgeons disclose *adverse events to patients
- 2) Create a quantitative measure of clinical disclosure from interview findings mapped to criteria from the VA's handbook on disclosing adverse events
- 3) Quantitatively and qualitatively measure reported disclosures and their impact on surgeons

*unplanned procedure or unplanned return to OR

Study Methods

PILOT STUDY

- 9 pilot interviews with patient and surgeon pairs
- Development of an 8 item disclosure checklist

FULL STUDY

- Surgeons at 3 VA medical centers consented in advance to participate, representing 12 surgical specialties
- Assessed baseline attitudes towards disclosure using established scale

FULL STUDY (CONT.)

- Web-based surveys completed by surgeons about actual disclosures
- Assessed disclosure, reported seriousness of event, anxiety, experience of and personal impact of disclosure
- In-depth qualitative interviews to explore these events further

Pilot Study Surgeon

“I explained to him that it was a consequence of something during surgery, and I’m sorry it wasn’t perfect, even though honestly, I really, when I did it I thought it went, all things considered, and how sick he was, it went really, really well. So it was unanticipated, it’s not like there was a difficult thing that I expected. But it’s always challenging to talk to patients about it, always, I think, because you try to present the facts, and you try to apologize, and that’s usually how I handle it, and then I try to be as clear as possible and be available if there’s any questions.”

Pilot Study Patient

“He cares about his patients. He doesn’t treat them like a patient, he treats them like a family member of his own. And that’s a feeling you wanna get from a doctor when you’re talking to one. And to have them do operations and things, is to get that feeling that you’re comfortable and they fully explained things, and, he never raised his voice or anything. Just like going to church on Sunday”.

Disclosure Items

1. Why the event happened
2. Whether or not the event was preventable
3. How recurrences of the event could be prevented
4. Express regret for what happened (e.g., I'm sorry you have to go through this)
5. Express concern for the patient's welfare
6. Apologize to the patient
7. Disclose the event within 24 hours to the patient or family member
8. Discuss steps taken to treat any subsequent problems

Yes/no scale; scores summed from 0-8
Higher score=more appropriate disclosure

Attitude towards Disclosure Scale

• Positive Attitudes

- I would feel an obligation to tell my patient the facts necessary for him/her to understand what happened
- I would feel an obligation to make it clear that what happened was unintended
- Disclosing this adverse event is the right thing to do even if it comes at a significant personal cost (eg, harms my reputation or increases my malpractice risk)
- It is important to me to tell this patient about the adverse event that occurred because that is how I would want to be treated if I were a patient

1=strongly agree
5=strongly disagree

• Negative Attitudes

When thinking about disclosing this adverse event, I am concerned about the following:

- Negative patient/family reaction
- Malpractice litigation
- Professional discipline
- Loss of reputation from colleagues
- Blame from colleagues
- Negative publicity

0=no
1=yes

Vignettes for Attitude Scale

Low Harm

A 60 year old man undergoes resection of the left lobe of the liver for metastatic colon cancer. During the operation, a large aberrant vein is entered, resulting in considerable blood loss. The patient requires cell saver blood and seven units of pRBCs. His postoperative course is uncomplicated.

High Harm

A 70 year old woman undergoes a left hemicolectomy for cancer. Sponge and instrument counts are correct at the end of the procedure. She continues to run a low grade fever after surgery, and on postop day #8, a CT scan shows a retained lap pad in the left upper quadrant.

Post-Disclosure Variables

- In your opinion, how **serious was this event**?
 - 1-4, extremely serious, very serious, somewhat serious, not at all
- How was your **experience discussing this event** with the patient or family member?
 - 1-4, very difficult, somewhat difficult, not very difficult, not at all
- How much did this event **affect you personally**?
 - 1-5, extremely, quite a bit, moderately, a little bit, not at all
- Has this outcome or event impacted your **anxiety** about future outcomes or events?
 - Yes or No

Surgeon demographics at baseline

Baseline (N=67 respondents)	N	%
Male	54	80.6
Q: How many years have you been in clinical practice?		
Less than 10 years	24	38.7
10 or more years	38	61.3
Q: What percentage of your time is spent in clinical practice?		
26-50% time	3	4.8
51-75% time	23	37.1
76-100% time	36	58.0
Q: What percentage of your time is spent caring for hospitalized patients?		
1-25% time	14	22.6
26-50% time	15	24.2
51-75% time	20	32.3
76-100% time	13	21.0
Other	11	17.7

Surgeon demographics at post-disclosure

Post-Disclosure Surveys (n=35 respondents)	<u>N=62</u> <u>surveys</u>	%
Male	41	67.2
Completed 1 survey post-disclosure	35	56.5
Completed 2 surveys post-disclosure	18	29.0
Completed 3 surveys post-disclosure	9	14.5
Attending	52	85.0
Fellow	2	3.3
Resident	7	11.5
Q: Which best describes the type of event you experienced?		
Return to operating room	16	25.8
Required additional procedure after surgery	35	56.5
Other	11	17.7

Surgeons' Reports of Disclosure

<u>Please indicate which of the following you discussed with your patient after this event:</u>	No (%)
Why the event happened?	No: 5 (8.3) Yes: 55 (91.7)
Whether or not the event was preventable ?	No: 27 (45) Yes: 33 (55)
How recurrences of the event could be prevented?	No: 40 (67.8) Yes: 19 (32.2)
Did you express regret for what happened? (e.g. I'm sorry you have to go through this)	No: 8 (13.3) Yes: 52 (86.7)
Did you express concern for the patient's welfare?	No: 3 (5.0) Yes: 57 (95.0)
Did you apologize to the patient?	No: 27 (45.0) Yes: 33 (55.0)
Did you disclose the event within 24 hours to the patient or family member?	No: 2 (3.3) Yes: 58 (96.7)
Did you discuss steps taken to treat any subsequent problems?	No: 1 (1.7) Yes: 59 (98.3)

Mixed Regression Models Testing Hypotheses of Surgeons' Perceptions, Disclosure Elements and Attitudes on the Effect on Surgeons

Outcome	Predictor	Estimate β	95% CI	*FDR p-value
Affected you personally (1=not at all to 5=extremely)	Seriousness of event (1=not at all to 4=extremely)	0.60	0.31, 0.90	p=0.004
Affected you personally (1=not at all to 5=extremely)	Experience discussing event (1=very difficult to 4=not difficult at all)	-0.61	-1.00, -0.23	p=0.02
Affected you personally (1=not at all to 5=extremely)	Whether or not event was preventable? (0=no; 1=yes)	1.00	0.39, 1.61	p=0.02
Affected you personally (1=not at all to 5=extremely)	How recurrences of the event could be prevented? (0=no; 1=yes)	1.39	0.70, 2.08	p=0.005

*False discovery rate for multiplicity of tests; CI: confidence interval

Logistic Regression Models Testing Hypotheses of Surgeons' Perceptions, Disclosure Elements and Attitudes on the Effect on Surgeons

Outcome	Predictor	OR	95% CI	*FDR p-value
No negative effect on your life (0=no; 1=yes)	Experience discussing event (1=very difficult to 4=not difficult at all)	4.09	1.72, 9.72	p=0.01
Anxiety about future outcomes or events (0=no, 1=yes)	Negative attitudes in <u>low harm</u> (blood loss) scenario (scale range 0-6)	1.54	1.16, 2.06	p=0.03

*False discovery rate for multiplicity of models; OR: odds ratio; CI: confidence interval

Post-Disclosure Interviews (n=23)

Greater anxiety about future outcomes:

“Cause it always kind of, you always wonder if it was me a different day, was it my skill set, if it was a different surgeon would that not have happened, and then if this happens a lot, what are other people thinking about my skill set and my ability to take care of my patients and all that kind of stuff”.

Post-Disclosure Interviews (n=23)

Affected you personally:

“I think as physicians our whole goal is to try to make people feel better, and when something isn't perfect and actually impacts a patient negatively like, you beat yourself up about that...it just adds a lot of angst”.

Conclusions and Recommendations

- **Results from this study highlight:**
 - Many surgeons, without training, use 5 of 8 disclosure items
 - Preventability of adverse event difficult to discuss
 - Difficult experiences was associated with feeling more negatively affected
 - Negative attitudes associated with greater anxiety following disclosure

- 1. **Assess attitudes** towards disclosure to identify surgeons who may benefit from disclosure support

- 2. **Plan for follow-up** with surgeons after disclosures to provide support; this would help facilitate increased use of disclosure items

- 3. **Establish peer-support systems** for surgeons, because only other surgeons will understand this impact of disclosure

Peer Support for MDs

- 79% of surgery, emergency med, anesthesiology residents and attendings experienced serious adverse patient event or traumatic personal event within previous year
- 88% willing to seek support from physician colleague; 48% mental health; 29% EAP
- 1:1 peer support program incorporated into hospitals' support services



Disclosure Support Program +

Following in 4:1 stream

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GROUP OVERVIEW



The Disclosure Technical Assistance & Support Program is available to help VA facilities, leaders and employees prepare disclosure communications for all types of adverse events. Resources include Toolkits, tracking spreadsheets, and checklists to help in disclosing to one or more patients. All guidance is based on VA policy and feedback from leaders, employees, and patients who have been through the disclosure process in the past. Please reach out to the group with any questions, concerns, or suggestions.

Owned by:

Ravi Eley, Elizabeth Maguire

Tags:

adverse events, toolkits, communications materials, disclosure

Group Type:

Secret

Created:

Oct 14, 2015

LATEST POLL

[4 Questions](#) [View poll](#)
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1. What is your biggest concern when disclosing adverse events to patients?

17% [Marked as the correct answer](#) [View poll](#)

Thank you!

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Surgeons' Experiences of Disclosing Adverse Events

Variables	No (%)
<i>Questions about Surgeons' Perception of the Event and Disclosure</i>	
In your opinion, was the patient at risk for an event due to their condition before surgery?	Very much at risk: 15 (24.2) Somewhat at risk: 12 (19.4) A little at risk: 24 (38.7) Not at risk: 11 (17.7)
In your opinion, how serious was this event ?	Extremely: 9 (14.8) Very serious: 31 (50.8) Somewhat: 9 (14.8) Not at all: 12 (19.8)
In your opinion, is this a common event ?	Very common: 12 (19.4) Somewhat common: 40 (64.5) Not at all common: 10 (16.1)
How was your experience discussing this event with the patient or family member?	Very difficult: 1 (1.6) Somewhat difficult: 15 (24.6) Not very difficult: 26 (42.6) Not at all difficult: 19 (31.2)
How much did this event affect you personally ?	Extremely: 3 (5) Quite a bit: 12 (20) Moderately: 21 (35) A little bit: 13 (21.7) Not at all: 11 (18.3)

Surgeons' Experiences of Disclosing Adverse Events (continued)

<i>Question: Has this outcome or event that you have been involved with negatively impacted any of these areas in your life?</i>	
Your job satisfaction	No: 59 (95.2) Yes: 3 (4.8)
Your confidence in your ability as a physician	No: 56 (90.3) Yes: 6 (9.7)
Your professional reputation	No: 60 (96.8) Yes: 2 (3.2)
Your anxiety about future outcomes or events	No: 45 (72.6) Yes: 17 (27.4)
Your ability to sleep	No: 52 (83.9) Yes: 16.1)
There has been no negative impact on my life from this event.	No: 32 (51.6) Yes: 30 (48.4)

Variable	Low Harm/Intraoperative Blood Loss Scenario Mean (SD)	High Harm/Retained Sponge Scenario Mean (SD)
Facilitating/Positive Attitudes:		
I would feel an obligation to tell my patient the facts necessary for him/her to understand what happened.	4.74 (0.57)	5.0 (0)
I would feel an obligation to make it clear that what happened was unintended.	4.31 (0.92)	4.90 (0.43)
Disclosing this adverse event is the right thing to do even if it comes at a significant personal cost (eg, harms my reputation or increases my malpractice risk).	4.63 (0.66)	5.0 (0)
It is important to me to tell this patient about the adverse event that has occurred because that is how I would want to be treated if I were a patient.	4.56 (0.84)	4.85 (0.72)
Disclosing the adverse event to my patient would help alleviate my feelings of guilt.	2.85 (1.02)	2.87 (0.97)
Telling my patient about this adverse event that has occurred in my care strengthens my patient's trust in me as their physician.	1.31 (0.58)	1.52 (0.74)
My decision to disclose depends on whether I think the information will help or harm the patient.	4.02 (0.95)	3.69 (1.53)
If there were no malpractice risks related to disclosing adverse events to patients, it would be much easier to talk with my patient about this adverse event.	3.05 (1.40)	2.81 (1.56)
Total Facilitating/Positive Attitude Subscale Score^a	18.24 (2.57)	19.76 (0.82)
Variable	YES (%)	YES (%)
When thinking about disclosing this adverse events, I am concerned about the following: (Impeding/Negative Attitudes)		
Negative patient/family reaction	47 (75.8)	48 (77.4)
Malpractice litigation	35 (56.5)	45 (72.6)
Professional discipline	19 (30.7)	24 (38.7)
Loss of reputation from colleagues	23 (37.1)	25 (40.3)
Blame from colleagues	17 (27.4)	16 (25.8)
Negative publicity	16 (25.8)	22 (35.5)
Total Impeding/Negative Attitude Subscale Score^b	M=2.53 (SD=2.13)	M=2.90 (SD=1.96)

^aHigher score represents more positive attitude; ^bLower score represents more negative attitude