

Mitigation of patient complaints

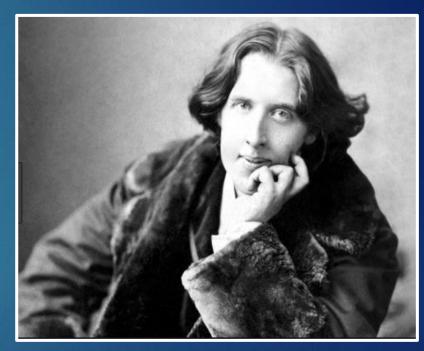
COMPLAINTS AGAINST DOCTORS ON THE RISE





Life is not complex, we are complex99

Oscar Wilde





Brain & social complexity increases

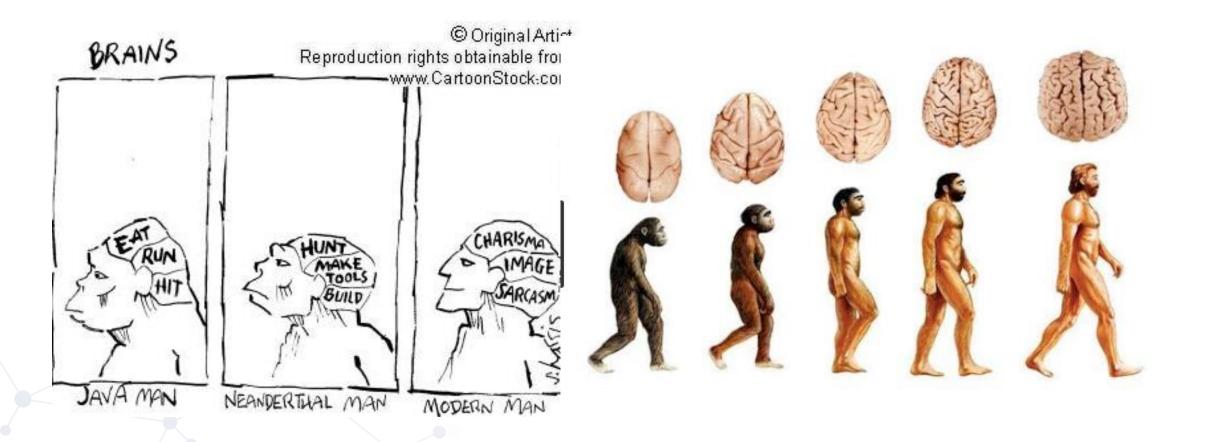
It seems non-coincidental that the prefrontal cortex increased in size and complexity as social systems across primate species also did.

- (Lieberman & Eisenberger, 2009)





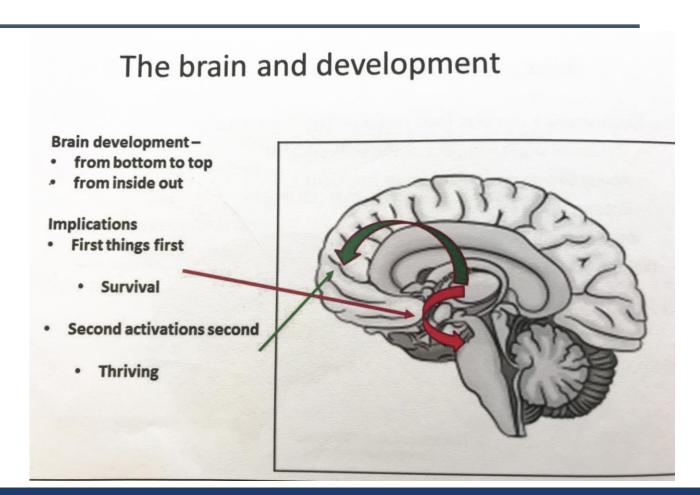
The human brain evolved to function within a matrix of other brains -Cozolino, L. (2014), The Neuroscience of Human Relationships





Impulsive/Fast & Smart/slow thinking

Bottom up development





Psychological Bulletin 1992, Vol. 111, No. 2, 256-274 Copyright 1992 by the American Psychological Association, Inc.

Thin Slices of Expressive Behavior as Predictors of Interpersonal Consequences: A Meta-Analysis

Nalini Ambady and Robert Rosenthal Harvard University



Quiz: predicting which doctor will get sued

Option 1.

- Examine doctors' training & credentials
- Analyse their records for past errors

Option 2.

Listen in on very brief snippets of conversation between Dr and patient



Super thin-slicing

Surgical outcomes research

Surgeons' tone of voice: A clue to malpractice history

Nalini Ambady, PhD, Debi LaPlante, MA, Thai Nguyen, BA, Robert Rosenthal, PhD, Nigel Chaumeton, PhD, and Wendy Levinson, MD, Boston, Mass, Riverside, Calif, and Toronto, Ontario, Canada

Conclusions. Surgeons' tone of voice in routine visits is associated with malpractice claims history. This is the first study to show clear associations between communication and malpractice in surgeons. Specific types of affect associated with claims can be judged from brief audio clips, suggesting that this method might be useful in training surgeons. (Surgery 2002;132:5-9.)



Summary of 'thin-slicing' studies

- It's not about the mistakes made in regard to medical care it's about <u>HOW</u> the mistakes made were managed, <u>HOW</u> the patients were treated on a personal level
- "People just don't sue doctors they <u>like and trust</u>"
- The doctor has to <u>treat the patient like a human being</u>; "the doctors that don't are the ones that get sued"
- You don't need to know how a surgeon operates in order to know their likelihood of being sued, what you need to understand is the <u>relationship</u> <u>between the doctor and their patient</u>



In a nutshell...







We memorise our emotions — it's efficient!

People will forget what you did, people will forget what you said but people will never forget <u>how you</u> <u>made them feel</u>

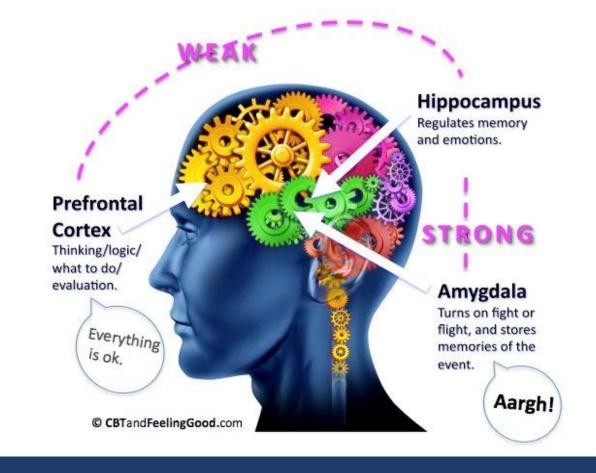
- Maya Angelou



Breakdown in communication

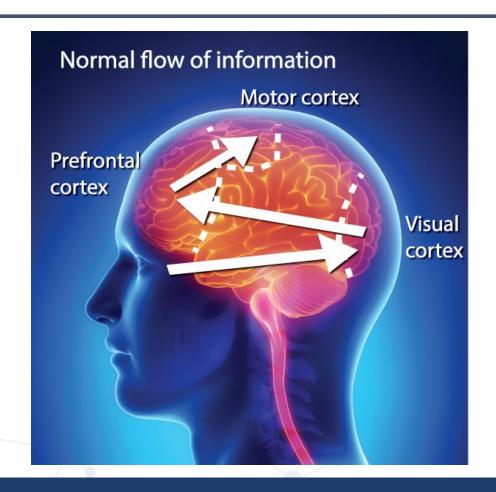
Breakdowns in communication can lead to disconnection of smart brain:

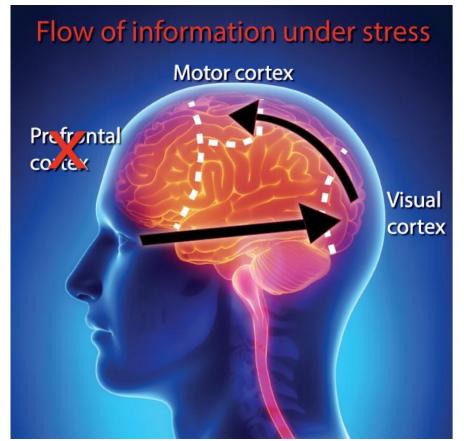
- Internalised reaction
- Externalised reaction
- Conflict





Disconnect from 'smart brain' – PFC



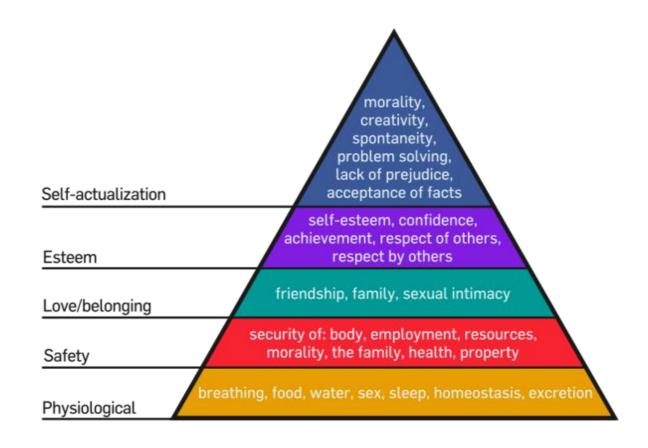




Conflict & needs

Human conflict arises when one or more of our most basic physical or psychological needs are unheard, unmet, violated or perceived to be violated in some way

- Morse, P. S. & Ivery, A. E. (1996)

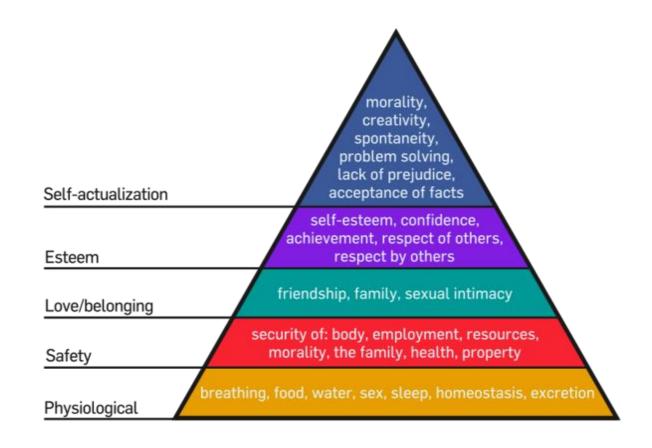




Conflict & needs

Anger is one way humans respond to unmet needs or expectations. The patient who is angry is a <u>lawsuit waiting to happen</u>. The <u>physician</u>, not the <u>lawyer</u>, is in the best position to defuse the patient's anger.

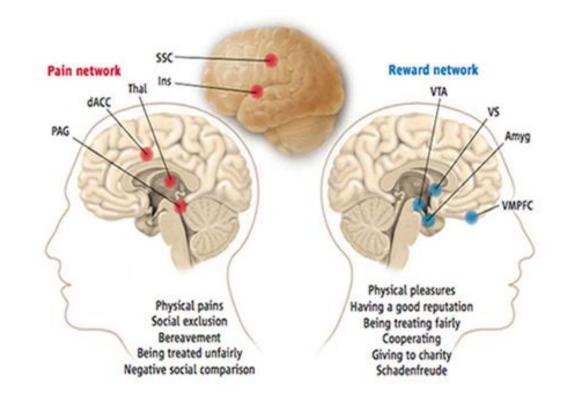
- Huntington et al., 2003





Social & physical pain: shared neural pathways

- Exclusion, unfair treatment, negative social comparison, reputation risk activate the same neural networks as experiencing physical pain
- Lieberman & Eisenberger, 2009
 Eisenberger, N. I. (2015)





Smart brain back online

Identifying the unmet needs driving conflict helps to down-regulate the stress response, bring the PFC back online, along with vital skills of perspective taking, compassion, empathy & judgement.

Avoid escalation early on!





Slow things down: listen to understand

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom." - Viktor E. Frankl



Value of an apology





Apology but no change: no trust restored



Third wrong-sided brain surgery at R.I. hospital

Patient OK in 2 of the incidents; institution fined \$50,000 after latest error

If it happens once it's a mistake. If it happens a second time it is a choice and if it happens a third time it is a pattern.

PROVIDENCE, R.I. — Rhode Island Hospital was fined \$50,000 and reprimanded by the state Department of Health Monday after its third instance this year of a doctor performing brain surgery in the wrong side of a patient's head.

"We are extremely concerned about this continuing pattern," Director of Health David R. Gifford said in a written statement. "While the hospital has made improvements in the operating room, they have not extended these changes to the rest of the nospital."



Recent Australian studies

Why do surgeons receive more complaints than their physician peers?

Holly M. Tibble, Nigel S. Broughton, David M. Studdert, Matthew J. Spittal,

Nicola Hill, Jennifer M. Morris, Marie M. Bismark

First published: 9 September 2017 Full publication history

Patients' Experiences with Communication-and-Resolution Programs After Medical Injury

<u>I ennifer Moore, LLB, MA, PhD¹</u>; <u>Marie Bismark, LLB, MPH, MD²</u>; <u>Michelle M. Mello, JD, PhD, MPhil³,4</u>



Australian Studies

BMJ Quality & Safety Online First, published on 10 April 2013 as 10.1136/bmjgs-2012-001691



Identification of doctors at risk of recurrent complaints: a national study of healthcare complaints in Australia

Marie M Bismark, ¹ Matthew J Spittal, ¹ Lyle C Gurrin, ¹ Michael Ward, ² David M Studdert^{1,3}

Disciplinary Tribunal Cases Involving New Zealand Lawyers with Physical or Mental Impairment, 2009–2013

Jennifer Moore, Donna Buckingham &Kate Diesfeld

Published online: 16 Jul 2015



U.S. studies

Proc (Bayl Univ Med Cent). 2003 Apr; 16(2): 157-161.

PMCI

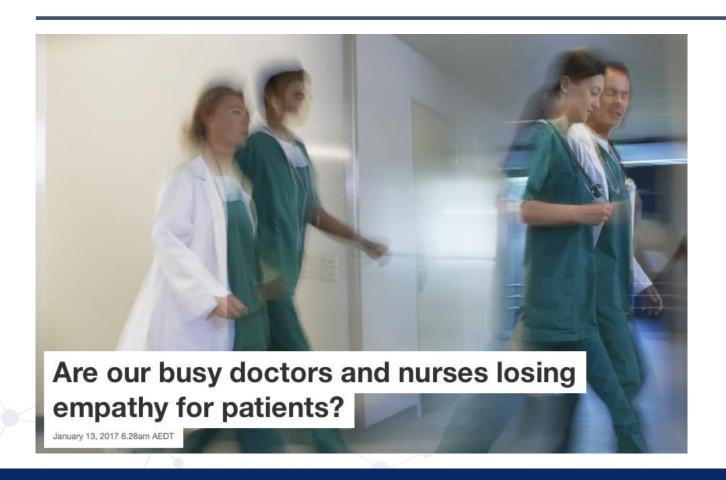
Communication gaffes: a root cause of malpractice claims

Beth Huntington, BSN, MSN, JD^{™1} and Nettie Kuhn, RN, BSPA, CPHRM¹

- Devalued patient or family views
- Failed to see patient's perspective
- Were unavailable for communication
- Failure to disclose medical errors



What's going on for doctors?



Because there are fewer opportunities for direct patient contact, it hinders the ability to develop a rapport with patients, monitor their non-verbal communication and elicit feedback on the interaction.



What's going on for doctors?



Half of hospital doctors work 'unsafe hours', audit reveals

IT'S no secret a doctor's job is a gruelling one. But a new snapshot of Australia's public hospitals has revealed just how dangerous it can be.

Roje Adain

AMA president Michael Cannon was left dismayed.

2017 5:16PM

"It is disappointing that work and rostering practices in some hospitals are still contributing to doctor fatigue and stress, which ultimately affect patient safety and quality of care and the health of the doctor," he said in a statement.



What's going on for doctors?

WATCH IT LIVE NOW

SYDNEY SKYCAM

News / National

Chairs thrown at hospital staff in patient outbursts



By Sean Thompson | 6:38am Feb 26, 2018

19 JUN 2017 - 10:13AM

Violence against nurses is on the rise, but protections remain weak



EWS OPINION BUSINESS REVIEW NATIONAL AFFAIRS SPORT LIFE TECH ARTS TRAVEL HIGHER ED MEDIA PROPERTY

CAREERS

Medical staff mental illness: getting help with no fear



NEWS

Drastic action: Violence against hospital staff out of control



by jacobmiley







20th Sep 2017 6:00 AM | Updated: 7:34 AM



Burnout leads to depersonalization

Journal of Organizational Behavior J. Organiz. Behav. 21, 425-441 (2000)

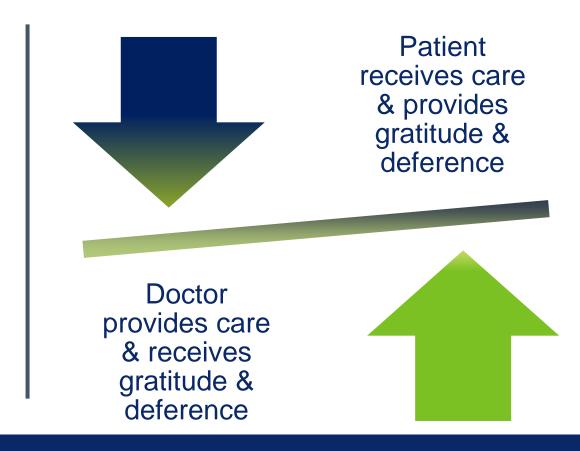
Patient demands, lack of reciprocity, and burnout: A five-year longitudinal study among general practitioners

ARNOLD B. BAKKER¹*, WILMAR B. SCHAUFELI¹, HERMAN J. SIXMA², WILLEM BOSVELD³ AND DIRK VAN DIERENDONCK⁴



Unique Relationship: patient-physician

Relationship is tested when one of the players do not hold up their up their end of the deal, when they are giving more than they are getting or not getting what they believe they should





Skills training

Physician-Patient Communication A Key to Malpractice Prevention

Wendy Levinson, MD

JAMA. 1994;272(20):1619-1620. doi:10.1001/jama.

By Wendy Levinson, Cara S. Lesser, and Ronald M. Epstein

Developing Physician Communication Skills For Patient-Centered Care



Skills training

May 4, 2011

Patient-Physican Communication It's About Time

Wendy Levinson, MD; Philip A. Pizzo, MD

Teaching communications skills to medical students: Introducing the fine art of medical practice

Anjali Choudhary and Vineeta Gupta



Skills training

Journal of General Internal Medicine

July 2016, Volume 31, <u>Issue 7</u>, pp 755–761 | <u>Cite as</u>

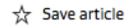
Communication Skills Training for Physicians Improves Patient Satisfaction

System-wide relationship-centered communication skills training improved patient satisfaction scores, improved physician empathy, self-efficacy, and reduced physician burnout. Further research is necessary to examine longer-term sustainability of such interventions.



Patient/consumer focus

Feb 21 2018 at 7:00 PM Updated Feb 21 2018 at 7:00 PM



Talking to a doctor a two-way conversation

Whitecoat, Australia's largest healthcare consumer platform, which allows patients to rate physiotherapists, dentists and other affied professionals on their listening skills and customer service – has now extended its ratings services to doctors in 77 different specialties.











Time to get an Appointment Listening Skills

Treatment Explanation

Likelihood to Recommend

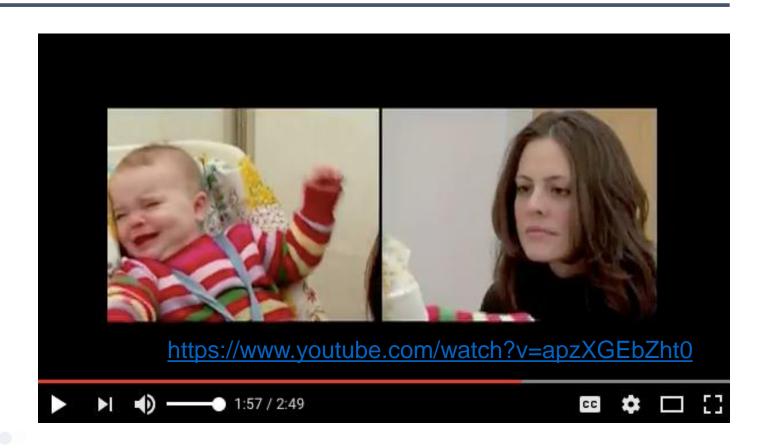
Leave a Review



Still face experiment

Innate need for:

- Attunement
- Reciprocity
- Connection
- Inclusion





Thank you

NB: All references for research papers mentioned will be made available for those interested.