The ICH Research Area IV:
Communicating Medical Errors

Annegret F. Hannawa, Ph.D.
ICH - USI Lugano
Our Four Research Areas

- Health literacy and empowerment
- Technologies and doctor-patient interaction
- Cultural factors in health promotion
- Communicating medical errors
Our Four Research Areas

- Health literacy and empowerment
- Technologies and doctor-patient interaction
- Cultural factors in health promotion
- Communicating medical errors
First, do no harm.
98,000 deaths
1,3 million injuries
$29 billion cost
failure

guilt

coll

cence

patience
Key Challenges

1. Conceptualizing medical error
2. Identifying the role(s) of communication
3. Illuminating the communication problems
4. Advancing scientifically based solutions
1. It all starts with a solid conceptualization...
Interrelated Terminology

- Critical incident
- Adverse event
- Complications
- Preventability
- System
- Near miss
- Harmless hit
- Accidents
- Side effects
- Communication
- Intentionality
- Skill
- Predictability
- Individual
- Knowledge
Leading Definition

“The failure of actions to be completed as intended (i.e., error of execution), and (2) the use of a wrong plan to achieve an aim (i.e., error of planning)”

-- Kohn et al., 2000, p. 28

Baseline criteria?

Reasonability? Perspective?

Clinical contexts?
Mapping the Concepts...

Preventable

Human Error

Close Calls

Adverse Events

Complication (predictable)

Accident (unpredictable)

Unpreventable
...exploring Theoretical Frameworks ...

- Typology of Human Errors (Reason)
- Criterion of Reasonability (Banja)
- Communication Competence (Spitzberg)
...and Connecting the Dots into a...
### Tool for the Retrospective Analysis of Critical Events (TRACE)

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2. Identifying the Role(s) of Communication
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### MEDICAL PERFORMANCE

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3. Illuminating the communication problems
What is competent communication?
Significant Effects…

1. of other variables onto communication?
   - Physician, patient, physician*patient, institutional, legal, cultural, societal…

2. of communication onto outcome variables?
   - E.g., trust, distress, satisfaction, litigation…
Sample Investigations

Swiss Medical Weekly (in press):

Physician nonverbal involvement was significantly associated with higher patient ratings of closeness, trust, empathy, satisfaction, and forgiveness, and with lower ratings of patient emotional distress and avoidance. These associations were not affected by patient predispositions such as sex, ethnicity, religiosity and previous experiences with medical errors.
Sample Investigations

Error Disclosure Competence

- Informational messages: Appropriate, effective, Appropriate, ineffective, Inappropriate, effective, Inappropriate, ineffective
- Relational messages: Appropriate, effective, Appropriate, ineffective, Inappropriate, effective, Inappropriate, ineffective

Error Disclosure Outcomes

- Symptomology: Disturbance, Affective health, Cognitive health, Physical health, Social health, Resource health, Resilience
- Coping tactics: Move inward, Move outward, Move away, Move with, Move against
4. Advancing scientifically based solutions
First Implications in the Disclosure Context

Swiss Medical Weekly (in press):

Physicians are advised to combine effective verbal messages with nonverbal displays of immediacy (e.g., appropriate touching and physical distancing, direct body orientation, prolonged gazes), expressiveness (i.e., appropriate physical and vocal animation), altercentrism (e.g., displays of attentiveness and interest in the patient, affirming head nods), and positive affect (e.g., appropriate smiling, vocal and facial pleasantness), and to engage in skilled nonverbal interaction management (e.g., allowing the patient to speak without interruptions) in order to facilitate positive error disclosure outcomes.
Remaining „Hot Topics“ for Investigation

1. Nuanced nonverbal skill sets
2. Moderation effects of nonverbal skills
3. Triangulated data points
4. Intercultural cross-validations
5. The process of patient forgiveness
6. Error prevention

Peer groups, anyone?
Also coming up...

Conference on Communicating Medical Error
March 18-22, 2013
Monte Verità, Ascona
Thank you for your attention!

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