

Preparing for Disclosure Meetings

Everyone has a role in Patient Safety

Understanding What Happened

You better have all the facts straight. There is nothing more infuriating to a family than when they have to correct you on the facts. It tells them you really don't care.

I start with a timeline. It's sequential, factual information that can be shared with the patient and family. We have specially trained people to generate timelines. They add an incredible amount of clarity.

If someone can speak with the family ahead of time to clarify their needs, we can be better prepared to address them.

Having the patient take time to write a list of questions that are important to them and share them. It saves having to say 'I don't know but we'll look into it' too many times.

The Right Disclosure Team

The composition of the team varies in different situations. We need the right people to address the patient's questions and needs. There might be a need for clinical and other information or for support and resources. Patients and families almost always want to hear from the people who were involved.

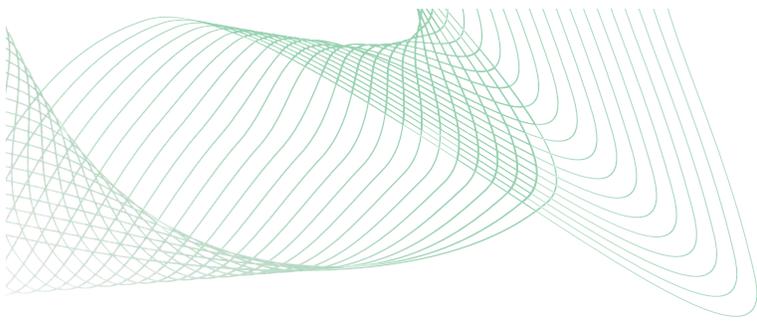
It works much better when it's people that the family know and it's a limited group.

If anyone in the room cannot introduce themselves and explain what role they bring to help the patient and family, they should not be in the room.

Connecting With the Patient/Family

Some families want to meet on a different site. Returning to the same site can be very traumatic for them.

We need to invite them to bring whomever they would like to support them, but to let us know who that will be. Families may have preferences of who we bring to the meeting. We need to ask and be very cognizant of all these issues.



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A Pre-Meeting

We used to have a pre-meeting about 45 minutes before the meeting to prepare. That didn't leave enough time to address questions and issues that came up when we discussed things. Now we do it a day or two in advance and it is far more valuable.

It's very helpful if we can all try to see the issues from the patient's perspective. As uncomfortable as many of us are with role playing, it is a really valuable technique to accomplish this.

We need to be certain who is going to lead the meeting and who is going to address which issues.

One of the hardest parts is preparing the team for the extreme emotions they may feel and see. Anger seems to be the toughest for us to face. We have to try not to take it personally, although that can be very hard. The tendency is to become defensive when we need to respond with empathy. That takes a lot of preparation and coaching.

Starting the Meeting

We start by introducing everyone in the meeting, explaining their role, and why they are there. We then try to clarify everyone's expectations of the meeting and outline what will happen.

It's really important to set aside our urge to talk and spend most of our time listening in the early stages. That's our opportunity to understand their needs and perspective but it seems really difficult for us. Our natural instincts make us want to talk.

Having someone take notes and identify unresolved issues to be addressed that the parties agree to, is an important tool in preparing for future meetings.

The Patient Representative

The patient representative can be your best friend. They can establish ongoing contact with the patient and family, learn their concerns and beliefs and help identify emotions and needs. Without this information it would be so hard to prepare for these meetings.

It is an enormous amount of work to pick a meeting site, book the rooms, coordinate with everyone, meet the patients and address their practical needs. The patient representatives did a fabulous job, making my role a little less stressful.