

## Skills for Communicating about an Error



*Click link above to play video*

### **Note on using this video**

Read the background information to gain an understanding of the scenario context. On watching the video, you might feel that while many of the skills are good, perhaps there are some that you might do differently. To support your thinking on this, the communication skills sheet overleaf includes some examples of different wording.

As in any acted version of a healthcare conversation, you will notice that the video does not capture the full nuance of real-life communication. Instead, it highlights in a simplified, sometimes repeated manner, skills that are known to make healthcare conversations easier and more effective. The intention is not to teach skills 'by rote' and to learn wording by heart, but rather to help engage viewers in reflecting on what they communicate and how they do so.

The video includes multiple phases and skills. If you are using it in a teaching session, It can be useful to think in advance about particular skills you want learners to look out for.

### **Supporting materials**

Visit our webpage at [https://bit.ly/NHCP\\_MODULE\\_3\\_WEBAGE](https://bit.ly/NHCP_MODULE_3_WEBAGE) for supporting materials on communication skills for disclosing an error.

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### Background

This scenario takes place in a pharmacy. Denis, the pharmacist, and Tom, a regular customer, know one another well and are on first name terms. Tom regularly collects medicines for his elderly father and had done so the previous day. Tom tells Denis that his Dad's night time 'relaxing' pills look different to the usual ones in size and shape. Denis checks the records and realises there has been a dispensing error. Denis explicitly states that there has been an error, and that the dispensary is responsible. He talks through the consequences for Tom's Dad, offering to speak personally to him, he also explains what steps will be taken within the pharmacy to prevent future errors like this. He gives Tom the opportunity to report this error to the authorities, Tom declines this, he expresses appreciation of Denis's openness in how he has communicated about the error.

In the scenario in this video, the patient's son already suspects a possible error. It nevertheless illustrates some of the skills that are important in disclosing an error where the patient (or their proxy) does not anticipate the disclosure. These skills include (1) clear and open wording that there has been an error and about where responsibility for the error lies; (2) talking through the consequences of the error; (3) discussing what will be done by the service provider or organisation to try to prevent similar future errors; (4) offering opportunities to raise concern with bodies that oversee the service.

### Clips

There are four clips in this scenario.

#### FIRST CLIP

### START OF THE CONVERSATION 0:00-01:02

Denis uses good communication skills to greet and welcome Tom. He enables Tom to explain why he has come to the pharmacy today and shows he is actively listening. He also conveys his familiarity with Tom and his father helping build and reinforce their existing relationship.

#### SECOND CLIP

### GATHER INFORMATION 01:03-02:32

Tom is given time and space to talk through the medications he picked up yesterday, and to tell Denis that one of the medications is a different shape and design to the ones he usually puts into his Dad's dispenser. Denis goes to examine the pharmacy records. We then hear Tom telling Denis that his Dad seemed much more drowsy than usual this morning, having taken the unusual looking night-time medication last night.

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### THIRD CLIP

#### GIVE INFORMATION

02:33-05:23

Denis moves directly into acknowledging that there has been an error by the pharmacy: they dispensed a stronger dose of the night time medication. He apologises with sincerity and acknowledges that this should not happen. Tom asks whether there will be long term effects on his father, Denis is able to reassure him on this. Denis acknowledges and apologises for the impact of the error on both Tom and his Dad. Denis talks through how the pharmacy will work to avoid future errors of this kind. He offers Tom the opportunity to raise the incident through reporting it to those who oversee the pharmacy.

### FOURTH CLIP

#### CLOSE THE CONVERSATION

05.24-END

Denis's communication during the close of the conversation is unhurried. He encourages Tom to return if there are other things he needs or wants to ask, assuring him that he will be on duty at the pharmacy for the rest of the week. Denis again apologises, Tom accepts, and they shake hands. The conversation closes smoothly.

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### Communication Skills

#### FIRST CLIP

#### START OF THE CONVERSATION

0:00-01:02

- Denis greets Tom warmly as soon as he arrives, and also asks after Tom's Dad – in doing so, he shows his familiarity with Tom and his situation, displaying the ongoing nature of their relationship.
- Denis uses a broad question (*"Is there something I can do to help?"*) which gives Tom considerable freedom in how he responds. Tom raises the issue of the tablets he picked up for his father and does so through beginning a story about filling his father's tablet dispenser last night. Denis listens attentively, occasionally he responds in ways that show he is familiar with how Tom and his Dad routinely organise these medications. By doing so he reinforces the ongoing relationship he has with Tom and his Dad. He then encourages Tom to continue his story – he uses nodding, eye contact, and also questions that pick up on what Tom has said and that encourage him to say more (*"And, what do you think you noticed?"*), perhaps wording this slightly differently: *'What did you notice?'* would be an alternative which may avoid implying that Tom thought he noticed something, it would treat him as capable of being an accurate reporter.
- Tom now reaches the crux of his story – one of the tablets looked different to the usual ones. Denis clearly treats this as the key point of the story, and so switches from encouraging Tom to say more, to asking a specific question and relevant – has he brought the tablets with

him? He and Denis agree together to have a look at them together.

#### SECOND CLIP

#### GATHER INFORMATION

01:03-02:32

- Tom opts to go through each of the different medications in turn, and Denis leaves him space to do so, as well as agreeing with and confirming Tom's evident knowledge about the medications.
- Tom now picks out one of the medications (*"Now, this is the one I was wondering about, it's his relaxer, it gets him off to sleep."*). As in all his talk so far, by saying he was 'wondering about' this medication, Tom stops short of claiming there has definitely been an error. He thereby avoids setting an argumentative and accusatory tone, and Denis does not have to put work into dealing with the communication challenges of argument and accusation (you can learn more about handling argument and accusation in the 'Strong emotions' communication skills video and debrief). Where patients or their proxies take a more subtle indirect approach like Tom, it is important for practitioners to pick up on and recognise that what is being raised may nevertheless a very important concern or complaint. Whilst often in healthcare conversations, it is sensitive and helpful for the practitioner to match the patient's communicative tone and terminology, in clinical error conversations it is important that the practitioner addresses and articulates the matter directly, even if the patient or their proxy are being indirect.

## Skills for Communicating about an Error

- Denis shows active listening with eye contact, nodding, and open body language, and avoiding interrupting Tom.
- Denis clearly signposts to Tom that he will immediately go and investigate via the pharmacy records.
- The video switches to showing another piece of information that Tom gives – that his Dad took this medication last night, and that this morning he was not his usual self (“*he just wasn’t himself, I mean, he seemed very groggy and a bit confused*”). Denis asks a fairly broad follow up question (“*and how is he now Tom?*”) – thus ensuring he has an understanding of the current situation and checking for safety concerns.

### THIRD CLIP

#### GIVE INFORMATION 02:33-05:23

In this clip we see and hear Denis telling Tom clearly and openly that an error has occurred, and that the pharmacy is responsible.

- Denis describes the error in clear language (“*we’ve made a mistake. We’ve given him the wrong dose.*”). Tom expresses some surprise, though we know that he suspected an error with this medication.
- Denis repeats key information and adds detail in small chunks in a step by step manner. This is particularly important given Tom has expressed some shock and distress at this point, and so may have difficulty taking in what is being said.
- Tom asks how this might have happened, Denis answers directly, apologises, explains this should not have happened, and describes the current systems that are in place.
- The next thing Tom raises is whether there might be other negative effects on his Dad. By doing so, Tom shows that his first concern is his Dad, rather than the error itself. Denis answers this immediately, via small chunks of information and reassurance.
- Tom talks of how he was worried, and Denis picks up on this, validating Tom’s feelings and apologising “*I’m sorry again to cause you such worry, and sorry to cause him such worry*”.
- Without Tom needing to raise it, Denis now talks about what will be done to try to avoid such an error happening again. This is an important topic in error communication, the practitioner should raise it even if the patient or their proxy does not. Part of the reason for doing so is to help rebuild the patient’s trust in the service.
- Tom appreciates that Denis “*came clean about it*”, Denis reciprocates by thanking Tom for raising this with him – this also helps (re)build trust, and to encourage Tom to raise concerns with him in the future.
- Denis adds further information on what will be done next by the pharmacy, and offers Tom the opportunity to take the matter further (“*We have a reporting mechanism Tom, if you’d like to take it any further...*”). Additional explanation about what ‘reporting mechanism’ means could have helped clarify that he is offering Tom the option of making a formal complaint and involving the pharmacy’s overseeing body/bodies. Tom declines.

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### FOURTH CLIP

### CLOSE THE CONVERSATION

### 05.24-END

- Denis begins to close the conversation encouraging Tom to return if there are other things he needs or wants to ask, assuring him of his availability for this (*"I'm here for the rest of the week."*)
- Denis's communication towards the end of the conversation is unhurried, Tom does not appear to feel he is being rushed.
- Denis again thanks Tom and apologises, Tom accepts this, Denis offers his hand and they shake hands. The conversation closes smoothly.