



## A BREAKDOWN OF THE WORKSHOP COMPONENTS

The open disclosure workshop is divided into the following components:

SECTION	TIME
<ul style="list-style-type: none"><li>Welcome and Introduction</li><li>Ways of Working</li><li>Housekeeping</li><li>Objectives</li></ul>	<b>10 minutes</b>
<b>Introductory Slides</b>	
<ul style="list-style-type: none"><li>Context of Open Disclosure</li><li>Principles of Open Disclosure</li><li>Incident Management Process</li><li>Open Disclosure Legislation</li></ul>	<b>20 minutes</b>
<b>Workshop Exercises</b>	
<b>Activity 1</b> <ul style="list-style-type: none"><li>Assist Model</li><li>Managing Low Level Open Disclosure</li></ul>	<b>45 minutes</b>
<b>Activity 2</b> <ul style="list-style-type: none"><li>The Formal Open Disclosure Process- Managing Emotions</li></ul>	<b>45 minutes</b>
<b>Activity 3</b> <ul style="list-style-type: none"><li>Managing the Formal Open Disclosure Meeting</li></ul>	<b>45 minutes</b>
<ul style="list-style-type: none"><li>Documentation of Open Disclosure</li></ul>	<b>5 minutes</b>
<b>Summary and Closing</b>	
Open Disclosure ethos Resources and contact arrangements Workshop evaluation <ul style="list-style-type: none"><li>Closing and thank you</li></ul>	<b>10 minutes</b>



## OPEN DISCLOSURE: Workshop self-awareness tool

Please take a few moments prior to the commencement of this workshop to consider your experience of the open disclosure process or patient/ family meetings. Consider what went well and areas that you would like to improve. This exercise is for your own self-awareness and you do not need to share the document with others.

<b>Event Attended:</b>	Open Disclosure Workshop	<b>Event Date:</b>	
<b>Pre training self-reflection</b>			
<b>1. What was your involvement in patient meetings, particularly after a clinical incident</b>			
<b>2. What aspect(s) of patient / family meetings do you find most difficult?</b>			
<b>3. What aspect of your role in a patient meeting would you most like to improve on?</b>			
<b>Post training action plan</b>			
<b>4. At the end of the workshop please consider:</b>	<ul style="list-style-type: none"> <li>• Has this workshop highlighted any areas for development and new learning needs for you</li> <li>• If you have previously been involved in Open Disclosure, is there anything you would do differently now</li> </ul>		
<b>What learning will you put into practice after today's workshop</b>	1		
	2		
	3		



# NATIONAL OPEN DISCLOSURE PROGRAMME

## National Open Disclosure Programme – Face to Face Training Programme

### OBSERVER'S CHECKLIST

Date: \_\_\_\_\_

Exercise: \_\_\_\_\_

ACTIVITY	OBSERVED	COMMENT
<b>INTRODUCTIONS / INITIAL APPROACH</b>		
Ensures appropriate seating arrangements		
Welcomes patient/relevant person and thanks them for attending		
Introduces all persons present including name and role		
Explains note-taking		
<b>ACKNOWLEDGE</b>		
Acknowledges that a patient safety incident has occurred and how and why it happened (sticks to the facts).		
Discusses consequences for the patient.		
<b>SORRY</b>		
Provides a sincere and meaningful apology/expression of regret.		
Expresses personal concern regarding the patient safety incident for the patient/relevant person.		
<b>STORY</b>		
Encourages patient/relevant person to talk about what has happened from their perspective and how it has affected them.		
Summarises their story with empathy and understanding.		
Recognises and accepts reasonable expectations from the patient/relevant person.		
<b>INQUIRE</b>		
Encourages questions and provides factual answers.		
<b>SOLUTIONS</b>		
Involves the patient/relevant person in decisions made and ensures understanding and agreement.		
Informs the patient/relevant person what steps will be taken to prevent future similar events.		
<b>TRAVEL</b>		
Describes next steps in the patient's care.		
Demonstrates a willingness to speak with the patient/relevant person at a later stage, if required.		
Provides details of contact person.		
Offers an opportunity for further questions before closing the meeting.		
<b>DOCUMENTATION</b>		
Documents the interaction.		
<b>COMMUNICATION (general observation throughout the exercise)</b>		
Demonstrates openness and transparency		
Demonstrates appropriate non-verbal communication (good eye to eye contact, positive body language)		
Uses appropriate language (speaks slowly, avoids medical jargon)		
Demonstrates compassion and empathy		
Pauses regularly to check understanding and provide clarification		

Completed by: \_\_\_\_\_



An Stiúirthóireacht um Ardchaighdeán  
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National Quality and  
Patient Safety Directorate  
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## OPEN DISCLOSURE: EVALUATION FORM

<b>Type of Training:</b>		<b>Training Date:</b>	
<b>Training Facilitator(s):</b>			
<b>1. How relevant was this training to you?</b>	Extremely relevant <input type="checkbox"/> Very relevant <input type="checkbox"/> Moderately relevant <input type="checkbox"/> Minimal relevance <input type="checkbox"/> Not relevant <input type="checkbox"/>		
<b>2. Will this training influence or change your practice?</b>	Yes <input type="checkbox"/> Please specify 3 proposed changes to your practice going forward: 1. 2. 3. No <input type="checkbox"/>		
<b>3. Were the stated objectives met?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why?	
<b>4. What is your overall assessment of the training?</b>	Very Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Partially Satisfied <input type="checkbox"/> Not Satisfied <input type="checkbox"/>	<b>5. How much learning did you gain from this training?</b>	Learned a lot <input type="checkbox"/> Learned somewhat <input type="checkbox"/> Learned little <input type="checkbox"/> Learned nothing <input type="checkbox"/>
<b>6. Please indicate up to three learning points from this training.</b>	1		
	2		
	3		
<b>7. What did you specifically like about this training?</b>			
<b>8. What would you improve about this training?</b>			
<b>9. Circle the number that best represents your confidence/readiness level to engage in an OD process where 1= least confident/ready and 5 = most confident/ready:</b>	<b>1    2    3    4    5</b>		
<b>10. Would you recommend this training to others? (please circle)</b>	YES	NO	

**Thank you for taking the time to complete this evaluation**

