**SAMPLE LANGUAGE TO ASSIST IN OPEN DISCLOSURE DISCUSSIONS**

**using the MPS ASSIST Model of Communication**

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| **Stage of Discussion** | **Sample Phrases** |
| **Acknowledgement**  Discussing what has happened and the impact | “We are here to discuss the harm that you have experienced/the complications with your surgery/treatment”    “I realise that this has caused you great pain/distress/anxiety/worry”  “I can only imagine how upset you must be”  “ I appreciate that you are anxious and upset about what happened during your procedure – this must have come as a big shock for you”  “I understand that you are angry/disappointed about what has happened” |
| **Sorry**  Saying Sorry /  Expressing Regret  Managing the Apology | “ I am so sorry that this has happened to you”  “ I am very sorry that the procedure was not as straightforward as we expected and that you will have to stay in hospital for an extra few days for observation”  “I truly regret that you have suffered xxx which is a recognised complication associated with the xxx procedure/treatment”. “I am so sorry about the anxiety that this has caused for you”  “ A review of your care has indicated that an error occurred – I am truly sorry about this”  “A review of this event has indicated that there were certain failings in the care provided to you. (List failings identified)… I am so sorry about this and I would like to offer you my sincere apologies on behalf of myself and my team. We are planning the following actions to try to prevent this happening again in the future…” |
| **Story**  Listening to the patient’s/relevant person’s story and summarising | **Establishing their Story**  “How are you since we last met?”  “Tell me about your understanding of your condition”  “Can you tell me what has been happening to you?”  “Can you tell me your understanding of what has happened?”  **Demonstrating your understanding of their Story: (Summarising)**  “I understand from what you have said that you are very upset and angry about this” “You think that …… Is this correct?” (I.e. summarise their story and acknowledge any emotions/concerns demonstrated)  “Am I right in saying that you …?”  “From what you have told me it is your understanding that ..., is this correct, have I missed anything?”  **Relating your understanding of the story to date**  “Is it ok for me to explain to you the facts known to us at this stage in relation to what has happened and hopefully address some of the concerns you have mentioned?”  “Do you mind if I tell you what we have been able to establish at this stage?”  “We have been able to determine at this stage that …”  “We are not sure at this stage about exactly what happened but we have established that … We will remain in contact with you as more information unfolds”  “You may at a later stage experience xx - if this happens you should …” |
| **Inquire**  Encouraging questions and providing factual answers | “What questions do you have in relation to what we just discussed?”  “We may not be able to answer all of your questions until we have completed our review of the incident.”  “How do you feel about this?”  “Is there anything we talked about that is not clear to you?”  “Do you understand what has happened?”  “Do you understand what is happening in relation to your care now?”  “Have we addressed all of your questions and concerns?”  “Is there anything that you would like me to explain again?”  “You will likely think of other questions following this discussion. Please write them down and I can try to answer them for you when we meet next or you can contact your designated person who will let me know.” |

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| **Solutions**  Establishing and agreeing the plan of care together | “What do you think should happen now?”  “What is important to you?”  “Do you mind if I talk you through what I think we could do and you can let me know if you are happy with this? “  “I have reviewed your condition and this is what I think we need to do next … What do you think about that?”  “These are your options now in relation to managing your condition, do you want to have a think about it and I will come back later to talk about it with you?”  “I have discussed your condition with my colleague Dr X. We both think that you would benefit from xx. What do you think about that?” |
| **Travel**  Moving forward with the patient/relevant person. Providing reassurance and on-going support | “It is important to us that we find out why this happened. We have already commenced a review of the incident to establish the facts.”  “We expect the review to take xx time.”  “We will keep you up to date on what is happening.”  “We will be taking steps to learn from this incident so that we can try to prevent it happening again in the future”  “I will be with you every step of the way and this is what I think we need to do now - …”  “We will keep you up to date in relation to our progress with the review of the incident and you will receive a report in relation to the findings and recommendations of the review team”.  “Would you like us to contact you to set up another meeting to discuss our progress with the review?  “I will be seeing you regularly and will see you next in ….. days/weeks.  “You will see me at each appointment”  “Please do not hesitate to contact me at any time if you have any questions or if there are further concerns – you can contact me by …”    “XX your designated person will be in contact with you and continue to support you during this time. Please let them know if you need any assistance or have any further questions for us”    “If you think of any questions write them down and bring them with you to your next appointment.”  “Here are some information leaflets regarding the support services we discussed – we can assist you if you wish to access any of these services.” |

**Language to avoid when apologising/expressing regret to the patient/relevant person**

Certain phrases should be avoided during an apology or expression of regret. This is to ensure that only known facts are communicated to the patient/relevant person and also to ensure that the apology is sincere and meaningful. Hearing the word ‘sorry’ in an apology or expression of regret is very important to the patient who has been harmed and also to their relevant persons/support persons. However, any insincerity, real or perceived, can have the opposite effect. It is important to realise that people harmed during care are likely to have a heightened emotional sensitivity.

Some examples of **wording to be** **avoided**:

* So-called apologies that are vague, passive or conditional:
  + *‘I apologise for whatever it is that happened’*
  + *‘Mistakes were made … mistakes happen’*
  + *‘These things happen to the best of people…”*
  + *‘If I did anything wrong, I’m sorry’*
  + *“We are sorry …but the mistake certainly didn’t change the outcome…”*
  + *“I know that this is awful for you.... but believe me, for me it is shattering’*
* Any speculative statements and apportioning of blame:
  + ‘*I would say that the night staff probably neglected to write down that you were given this medication*…’
  + *I am sorry that this has happened – I don’t know what they were doing/how they could have missed this at xx Hospital*
  + “*I don’t really know what happened …… it was probably due to* ……”
* Try to avoid the words “**but**” and “**however**” as they often negate the first part of the sentence and can come across as defensive
  + “*I am sorry that you feel that way but*…….”
  + *“I am sorry if you feel that X was rude to you, however…….*
* Avoid the use of legal terminology:
  + “*It is all my fault – I am liable”*
  + *I made a mistake – I was negligent in my actions”*

**NOTE:** Negligence and liability are matters that are established in a court of law and therefore these terms should be avoided when communicating with patients/relevant person(s).

**Disclaimer:** Please note this is a guidance document which contains sample language which may assist staff when communicating with patients/relevant persons during open disclosure meetings. Each case must be assessed on an individual basis and managed in accordance with the specific needs of the patient/relevant person affected.