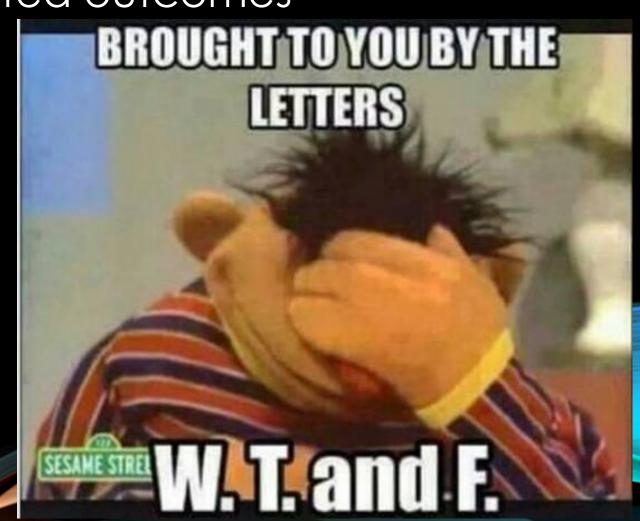
### WHY DO BAD THINGS HAPPEN TO GOOD PEOPLE?

Dealing with unexpected outcomes

Chris Clark WCVM



### MHA WES



### MY NAME IS CHRIS CLARK AND I HAVE SCREWED UP!

 5 days post graduation

 Anyone remember a lecture on bovine scrotal laceration?



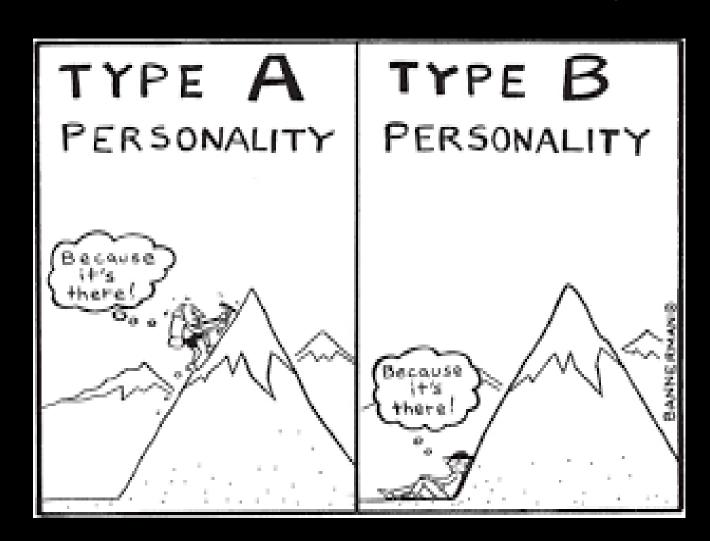
# LEARNING FROM THE OTHER SIDE OF THE EXAM ROOM





# WHY IS THIS SUCH A PROBLEM OF VETERINARIANS

- Type A personality
- Fear of failure
  - Incredibly defensive
  - People pleasers
- Competitive
  - "eat our own young"
- Small work places



# THE VETERINARIAN'S QUEST FOR PERFECTION

 Getting into vet school is hard!

Surviving as a veterinarian is tougher



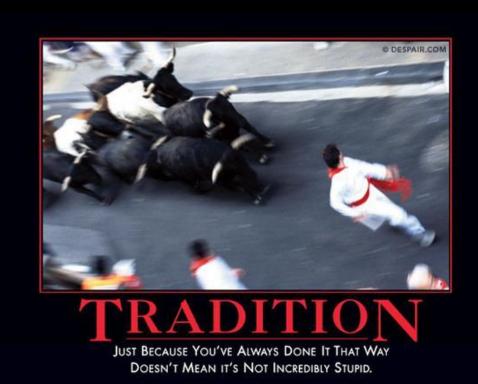
### PERFECTION IS UNOBTAINABLE

- A somewhat cruel reality
- No-one, no matter how good or how well trained; can be perfect in the practice of veterinary medicine

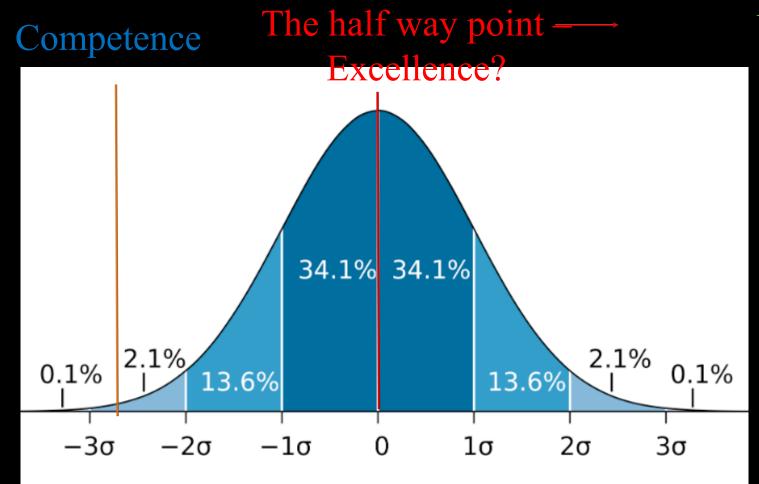


### WORRYING ABOUT THE "WHAT IFS....."

• "The desire for more positive experience is itself a negative experience. And, paradoxically, the acceptance of one's negative experience is itself a positive experience."



# THE IMPORTANCE OF THE STANDARD DISTRIBUTION Perfection



# WHY IS THIS A PROBLEM OF SOCIETY

Culture of blame

Fear of law suits



### SOCIETY'S QUESTION

Who is to blame?



### What actually happened?

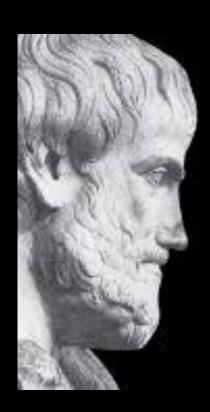
### THE BIGGER QUESTION



"Botched attempt is correct. But can anyone suggest a more family-friendly way of describing what happened?"

# SOME THOUGHTS TO GET US STARTED

- There are few things as stressful as an unexpected outcome in a case
  - For you
  - For the client



Knowing yourself is the beginning of all wisdom

**Aristotle** 

# BAD THINGS HAPPEN TO GOOD PEOPLE



### NO-ONE HAS TO DO ANYTHING WRONG FOR THEIR TO BE A BAD (LESS THAN PERFECT) OUTCOME

 This is why we are a self regulating profession

### THINGS WILL GO WRONG

 "If it hasn't happened to you; you haven't done it enough!" Dr. L. Petrie

- There are known and unknown patient factors that cannot be controlled
  - Adverse reactions
  - Anatomical abnormalities
  - Underlying medical conditions
  - Clients have a role to play!

 We have to learn to balance risk and reward and have our clients understand the benefit

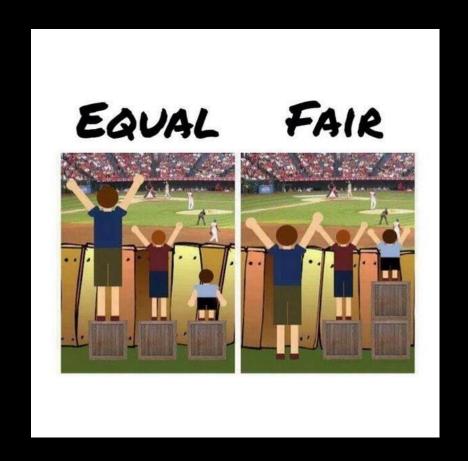


"I didn't experience any of the side effects listed in the enclosed literature. Should I be concerned?"

#### LIFE ISN'T FAIR

 "Life isn't fair. It never was and it never will be!" – John F. Kennedy

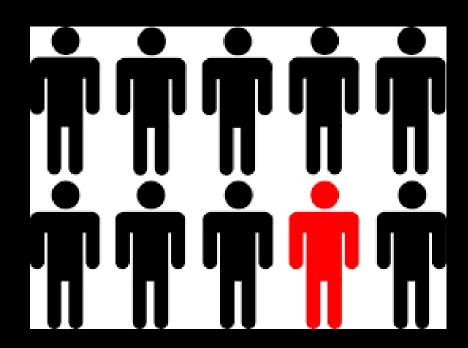
What we mean by fair –
 "Deservedness"



Outcome is not always proportional to input

# POPULATION STATISTICS CANNOT BE APPLIED TO THE INDIVIDUAL

What does a 65% success rate mean when you only have 1 patient?



### EVERY PATIENT YOU EVER TREAT WILL DIE!

- "What's wrong with death sir? What are we so mortally afraid of? Why can't we treat death with a certain amount of humanity and dignity, and decency, and God forbid, maybe even humor. Death is not the enemy gentlemen. If we're going to fight a disease, let's fight one of the most terrible diseases of all, indifference."
- Hunter "Patch" Adams

# SOME TIMES AN UNEXPECTED OUTCOME IS EXPECTED!

# SOME TIMES AN UNEXPECTED OUTCOME IS EXPECTED! YOU CANNOT SAVE EVERYTHING

- T
- Totally
- F
- F\*\*\*ed
- B
- But
- し
- Unfortunately
- N
  - Not
- D
- Dead
- Y
- Yet



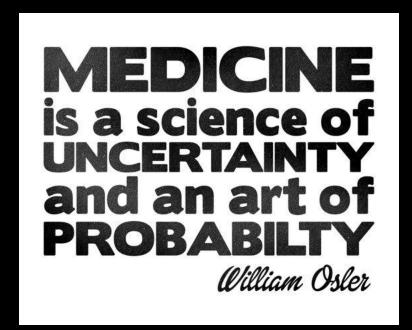
### CLIENTS AREN'T ALWAYS GRATEFUL

- We want people to like us.....
- We give bad news
- We are expensive
- We see people on their worst days

Some people aren't loyal to you...they are loyal to their need of you...once their need changes, so does their loyalty #Real

#### TRAINING FOR UNCERTAINTY

- You are always the first person to have seen "that case" in "that state"
- You will not have enough information to make the correct decision,
- Yet you will make the right decision



Avoid saying "you should have....."

#### REALITY.

 You will find yourself in situations that you have not been fully trained for

- But...
- You are the most qualified individual in the room and you were trained to be a veterinarian
- Just make sure you explain things to the client

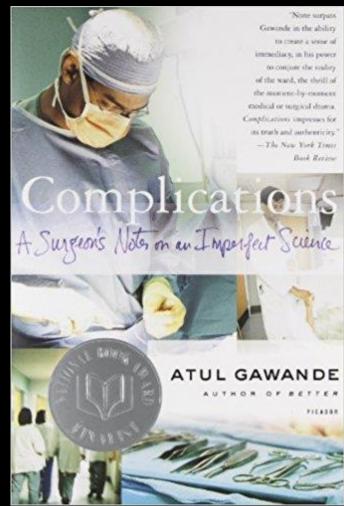
#### IT IS OK NOT TO KNOW EVERYTHING

- If you know that you don't know...
  - Look it up!
  - Ask someone else

### LEARN TO DEAL WITH ADVERSE OUTCOMES

When you make a mistake, there are only three things you should ever do about it: admit it, learn from it, and don't repeat it.

Paul Bear Bryant // Quoteistan.com



Morbidity and Mortality Rounds

Learning is hard

• It requires objectivity

 It requires the courage to change

 It allows you to move on



# THE IMPORTANCE OF SELF REFLECTION



# THE IMPORTANCE OF GROUP REFLECTION

Centers for Diseases Control and Prevention



Morbidity and Mortality Weekly Report

### TYPES OF UNEXPECTED OUTCOME A FAR FROM COMPLETE LIST

Adverse drug reactions

Medical errors

Known Risk

Patient abnormalities

### ISSUES OF INFORMED CONSENT

 What is informed consent?  Can a client be truly informed?

### DEALING WITH THE CLIENT

• Be honest

Explain as best you can

Empathize

Apologize when necessary

### TWO TYPES OF DISAPPOINTMENT

1) In the adverse outcome itself

"Champ may not come through this"

2) In the way that the clinicians behaved after the adverse outcome

"I can't believe how they are handling this!"



### WHAT DO CLIENTS WANT?

- What happened?
- How did it happen?
- What happens next for my pet?
- Apology
- How will you prevent reoccurrence?
- Offer to make reparation



(Liebman & Hyman, 2004; Witman 1996, Blendon 2002, Schneider 1999, Lazare 2006)

### T.E.A.M. MODEL OF DISCLOSURE

Be Truthful – acknowledge error and harm



Apologize and express regret

Empathize with client experience



Manage through to resolution

#### FIRST THINGS FIRST

Following an adverse outcome:

- Tend to patient's immediate clinical care
- Develop clarity re: what happened



- Recognize your own emotions and needs
- Prepare for client discussion

# T = Be Truthful – Acknowledge Error and Harm

Anticipate: Give warning with expressed sympathy

"I have some difficult news to share with you.

I am very sorry to have to tell you..."

#### Ask permission:

"Would it help if I explain what we now believe happened?"

- Demonstrate openness to build trust
- Hiding or spinning undermines trust

#### And then EXPLAIN

•Keep it conversational by eliciting their reaction to the information "I imagine you have a number of questions."

### EMPATHIZE and normalize

"It's natural to feel shocked and angry. This is so different from what any of us were hoping for or expecting."

#### LISTEN and REFLECT

"I imagine you're feeling so many things right now."

# TECHNIQUES: T-E-A-M CLIENT'S EMOTIONS

- Shock and anger are common
- Use humility and Empathy
  - "I can see you're angry and that's understandable"
  - Defensive comments will heighten client frustration



## TECHNIQUES: T—E—A-M

#### Client's thoughts

"You're really confused about how this could have happened."

#### Client's feelings

"I can see how upsetting this is."

#### Client's needs

"What would be most helpful now?"

### APOLOGIZE



"I'm terribly sorry for this error we made that has caused more problems for Teddy."

# TECHNIQUES: T-E-A-M MANAGE THROUGH TO RESOLUTION

# Managing means being ACCOUNTABLE

"We are already taking steps to reduce the chance this would ever happen to another animal in our care."

# TECHNIQUES: T-E-A-M MANAGE THROUGH TO RESOLUTION

Discuss the ongoing management of the case

Including referral
Offer to cover the costs

# TECHNIQUES: T-E-A-M MANAGE THROUGH TO RESOLUTION

- May require additional meetings with appropriate charting & documentation
- Your malpractice carrier can guide you in determining fair reparation, if appropriate

#### DEALING WITH YOURSELF

- Be self reflective and honest
- Don't take what the client says to heart
- Seek out a respected, honest and trusted second opinion
- Seek help when needed

# DEALING WITH YOUR COLLEAGUES

- Avoid judgement
- Be supportive
- Make sure they are OK

Talk!

Avoid the "back on the horse" mentality

#### LEARN TO BE RELIANT ON THE TEAM



#### CONCLUSIONS

Veterinary Medicine is a fantastic career

 The unpredictability is what makes the job interesting!