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Open Disclosure

Workshop Facilitators Handbook



**A GUIDE FOR WORKSHOP FACILITATORS TO ASSIST WITH THE
IMPLEMENTATION OF THE OPEN DISCLOSURE STANDARD**



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This Handbook is designed to assist those within health care organisations responsible for delivery of strategies to facilitate implementation of the Open Disclosure Standard.

Specifically it provides guidance for facilitating the Open Disclosure Introductory Workshop and the Ward In-service Training Module. These two workshops have been designed to engage hospital staff in the need for open disclosure and to achieve greater understanding of the open disclosure communication process.

When implementing the workshops described (Open Disclosure Introductory Workshop and Ward In-service Training Module) it is important that they are facilitated by someone who has appropriate training and is able to manage the complex and emotional issues that may arise. Workshop facilitators should have a thorough knowledge and understanding of the Open Disclosure Standard, particularly the patient support, staff support and legal issues described in it.

This Handbook forms part of the Open Disclosure Education and Organisational Support Package developed in 2002-2003 by the Pam McLean Cancer Communications Centre and Clinical Practice Improvement Unit, Northern Sydney Health for the Open Disclosure Project. The Education and Organisational Support Package has a number of components including the following:

- Interactive CD Rom
- Open Disclosure Workshop and Trigger Video
- Managers Handbook
- Health Care Professionals Handbook
- Open Disclosure Implementation Toolkit

Open Disclosure Introductory Workshop

THE WORKSHOP IS DESIGNED as a general introduction to open disclosure for audiences who have limited prior exposure to the topic. It is important to remember that each organisation and group of participants is different and has a different level of knowledge and commitment to the principles of open disclosure. You may find that you need to modify the agenda or the sequence in which you run each section. A planned workshop evaluation will help to inform you of the effectiveness of the workshop in engaging people and changing attitudes. If open disclosure is a new concept within your organisation, or there is significant resistance to its implementation, you may need to have a segment on the rationale for open disclosure, and discuss definitions and frequently asked questions prior to commencing the video and role-play segments. The workshop will raise awareness of open disclosure within your organisation. Further education and training is required for staff to participate effectively in the open disclosure process.

The workshop includes a:

- Trigger video
- Role play
- Discussion of different perspectives when an adverse event occurs.

Objectives

Objectives of the Introductory Workshop are to:

- Engage hospital staff in the re-assessment of their attitudes to open disclosure.
- Identify issues that act as barriers to or promoters of open disclosure.
- Explore these issues in the context of local management of open disclosure.
- Introduce the National Standard for Open Disclosure.
- Explore the local application of the Standard.

Workshop Preparation

EIGHT WEEKS PRIOR to the workshop you should begin planning for the workshop by:

- appointing an enthusiast with adequate time to co-ordinate the workshop;
 - engaging nursing, medical and allied health clinical leaders who will help engage and enlist key participants;
 - compiling a list of invitees (see Participants section below);
 - developing a promotion strategy for publicising the workshop. This may include personalised mailed invitations (for an example, see Attachment A); general or targeted email; posters for wards; short presentations at departmental, executive or ward meetings; face-to-face meetings with key personnel;
 - setting an RSVP date for participants – no later than one week before the workshop – so that you can mail any pre-reading to them and identify any “gaps” in participant groups that will require lobbying to ensure a good spread of attendance;
 - deciding on any pre-reading material that you wish attendees to read. This may include the Standard, Handbooks, or the Open Disclosure Legal Review;
 - booking an appropriate venue. This should be one room (> 60 sq m) to accommodate all participants seated in a horseshoe configuration around a central desk or table with video player or computer projection (if using the CD-Rom) facility;
 - planning your workshop evaluation and commencing development of your evaluation tool. Note the sample post workshop evaluation survey (Attachment B).
- FOUR WEEKS PRIOR** to workshop, you should:
- send out preparatory reading materials;
 - develop your agenda for the workshop (for an example agenda, see Attachment C);
 - enlist a senior leader to open the workshop and provide supportive comments;
 - organise catering as needed.

Participants

The audience should include as many staff as practicable, but opinion leaders who are likely to influence the successful implementation of open disclosure standards are essential at the outset. It is critical that senior staff attend and participate fully. Pilot workshops that were conducted in several States reinforced the fact that staff are unwilling to commit to open disclosure unless they are convinced that senior clinical staff and management support its implementation unequivocally. Ideally, this should be a multidisciplinary group with senior medical, surgical, nursing, allied health and management staff together with ward staff and risk management personnel. A total of 25-40 participants is optimal.

Resources

Time: 3 hours

Space: one room (> 60 sq m) to accommodate all participants. Participants should be seated in a horseshoe configuration.

Resources: facilities for screening a video and computer projection from CD-ROM; six labelled operating theatre gowns.

Trigger video: FAULTLINES (also available under 'Resources' on the CD-ROM). The 16-minute video presents a fictional account of an adverse cardiac event involving (principally) a patient and his wife, two doctors and two nurses in an Accident & Emergency Department. The script was written by a team of clinicians and a dramatist, and filmed with professional actors. It dramatises a realistic situation which can be used as the stimulus for discussion and role play by workshop participants. It was produced specifically for training for open disclosure and should not be taken out of this context.

Workshop Implementation

WORKSHOP INTRODUCTION: 15 MINUTES

Commence the workshop with a welcome and endorsement of the principle of open disclosure from a senior clinician or manager. Ideally, this should be the Health Service CEO, Hospital Executive Director or Clinician Leader.

Where workshop participants are not from the one unit, or may not know each other, commence with a "getting to know you" (ice-breaker) exercise. Some useful exercises are to ask each person to announce their name and position. If time permits, you could also ask them to share with their neighbour, one issue they have with open disclosure, why they are at the workshop or what they think they would like to get out of the workshop. This helps break down communication barriers between participants and is a good mood setter prior to the role play exercises.

ROLE PLAY SET-UP: 15 MINUTES

BEFORE VIEWING THE VIDEO, select seven (7) course participants to play the roles of the health professionals and patient/support persons involved in the video FAULTLINES. These participants should wear operating theatre gowns with clear labels: MIKE (Pt), ROS (Wife), PAUL (Dr 1), SALLY (Nurse 1), BEN (Dr 2), STEVE (Nurse 2), HOD (Head of Accident & Emergency Department). Other participants can be added as required. For example, Risk Manager, Patient Advocate or Consumer Representative, if present, can play their own roles.

One option is to ask people to play roles outside their normal ones (including nurses playing the roles of doctors, males playing females, and vice versa). This allows people to better appreciate the perspective of others. However, participants must be encouraged to be themselves and not act.

These participants are instructed to watch the video carefully and observe what's happening in the video from the perspective of the person they represent. They must be prepared to interact from within that role following the video. You may also choose to allocate a role to the remainder of the participants.

FAULTLINES VIDEO:

17 MINUTES

The case of a fictitious patient, Mike Harris, involves a missed diagnosis of cardiac ischaemia due to a mix up in diagnostic tests, a cardiac arrest and resuscitation.

Mr Harris presents to the hospital Emergency Ward complaining of chest pain. The medical and nursing staff have a low index of suspicion about the seriousness of the pain. The patient is treated appropriately to the point where he awaits a routine ECG before discharge. Paul, the doctor primarily responsible for the patient, is distracted and tired. He makes an error of communication with a second doctor, Ben, who discharges Mr Harris on the basis of another patient's ECG report. Mr Harris collapses in the hospital car park and is brought back into Emergency. He suffers a cardiac arrest and requires resuscitation.

The perspective given is that of the health professionals. In doing so, the Trigger Video presents a number of the issues that have been identified as obstacles to satisfactory disclosure. These include:

- *shame; fear of recrimination or penalty; and the emotional impact of an adverse event on the practitioners involved;*
- *failure of individuals to take responsibility for the adverse event;*
- *rationalisation of events as not warranting disclosure;*
- *the adverse event as a result of a breakdown in communication and systems of care.*

FAULTLINES CAST

MIKE HARRIS Patient – 40's male

ROS HARRIS Patient's wife – 40's female

PAUL Young male doctor: resident/
junior registrar in Emergency

SALLY Female nurse

BEN Another young emergency
doctor

STEVE Male nurse

HEAD OF A&E Minor walk in role

PLAY THE FAULTLINES VIDEO. At the point in the video where MIKE and ROS walk out of the hospital, stop the video and read the following instructions to the person playing ROS (Wife):

“We will ask you to wait outside for the remainder of the video, since ROS does not see the action that follows. When you and MIKE go outside to the carpark, MIKE suddenly collapses to the ground. Hospital staff arrive and place him on a trolley and take him back into the Emergency department. You wait outside the room where he is being treated.”

The person playing ROS then leaves the room and the video continues.

After viewing the video, lead the participants through four scenes that investigate key moments in the procedures of establishing the exact nature of the harm, and possible ways of disclosing that information to the patient.

SCENE 1: BREAKING THE NEWS

15 MINUTES

1. Ask each of the protagonists to describe their **feelings** at this moment, without group discussion or critique at this point. Remind PAUL, SALLY, BEN and STEVE that MIKE requires continuing care and that ROS (wife) is outside and they must decide who and how they will inform her of MIKE'S situation.

2. Then bring in ROS and tell her what has happened since she left the room. This scene aims to reinforce the dramatic human consequences of adverse events on patients and families. Ask ROS to describe her concerns and needs. Emphasise that this is not the disclosure interview. Limit this scene to a maximum of 10 minutes.

3. Refer to the National Standard – *Section 9: Incident Detection or Recognition* and *Section 10: Initiating the Open Disclosure Process*.

SCENE 2: INFORMAL DISCUSSION

WITH ALL PARTICIPANTS

15 MINUTES

Invite **all participants** to discuss the incident. PAUL, SALLY, BEN and STEVE are called on to justify their decisions and actions. Encourage each individual to identify their concerns and needs at this point. Involve the Head of Department as appropriate.

1. Refer to the National Standard – Section 10.3.1: Preliminary team discussion.

2. Refer to CD-ROM Resources.

SCENE 3: FORMAL DEBRIEF WITH HEAD OF DEPARTMENT 15 MINUTES

1. The group discusses when and how the Head of Department should become involved. Issues such as incident severity, high and low level responses, and debriefing will generally be raised at this point. The Head of Department discusses how they will conduct a formal meeting with the protagonists, including such issues as independent or combined meetings. One debrief scene is then played out and discussed.

2. Refer to the National Standard – *Section 10: Initiating the Open Disclosure Process*.

3. Refer to CD-ROM video segments in *What to Say*.

SCENE 4: MEETING – DISCLOSURE INTERVIEW WITH MIKE & ROS 15 MINUTES

1. The group discusses the optimal timing and protocol for arranging a meeting with MIKE and ROS. Should it be the initiative of the patient or the hospital? Who should attend? This should involve debate of issues like the different roles of patient representatives and consumer advocates, and the objectives of all participants for the meeting.

2. Have the participants practice various approaches to open disclosure in role-play with mutual feedback. Elicit feedback from MIKE and ROS and other participants. Use feedback as primary evidence for the effectiveness of different approaches to disclosure and then lead into the National Standard.

3. The Open Disclosure Standard has identified three main objectives to be addressed in accordance with Vincent (Lancet 1994) – Sincere Expression of Regret, Explanation, Rectification.

4. Refer to the National Standard – *Section 7: Legal Issues, Section 10: Initiating the Open Disclosure Process, Section 11: Documentation and Section 16: Completing the Process*.

5. Refer to CD-ROM video segments in *What to Say*.

DISCUSSION OF THE DISCLOSURE PROCESS AND FLOW CHART 15 MINUTES

The conclusion of the workshop should include a discussion of the difference between the management of a high level incident (as in the *FAULTLINES* case) and a low level incident. Refer to the Open Disclosure Flow Chart and Clause 10.2 of the Standard. Present some examples of high and low level incidents and criteria for initiation of the open disclosure process and have group discussion on the rationale for each case (see the Health Care Professionals Handbook for examples of high level and low level incidents).

DEFINITIONS AND FREQUENTLY ASKED QUESTIONS 15 MINUTES

You may use this session for questions or discussion from the floor regarding definitions, medico-legal issues, strategies for managing the investigation process and feedback of information to staff or patients.

CONCLUSION AND WORKSHOP EVALUATION 15 MINUTES

Conclude the session by highlighting three key issues that arose during the workshop. Also, try and create a sense of anticipation and expectation amongst the group around implementation of open disclosure and start them thinking about implementation strategies.

Highlight other sources of information including the Education and Organisational Support Package and where they can be obtained.

Remind participants about the importance of feedback on the workshop and ask them to complete an evaluation questionnaire (example provided Attachment C)

Ward In-service Training Module

THE MOST EFFECTIVE PLACE to introduce and encourage culture change is at the coalface. The hospital ward is thus a strategic arena in which to discuss how to move hospital culture away from one of blame and recrimination towards one of honesty, disclosure and mutual support. This Ward In-service Training Module is designed as a practical model of teaching a session on open disclosure for clinical teams.

Session Duration: 40-60 minutes.

Facilitator

The facilitator may be the person responsible for clinical risk, quality manager, senior clinical manager or designated facilitator with appropriate skills and training who is able to manage the complex and emotional issues that may arise. It is assumed that a facilitator will attend a routine ward round or ward in-service. Workshop facilitators should have a thorough knowledge and understanding of the Open Disclosure Standard and particularly the patient support, staff support and legal issues described in it.

Who should attend?

The following health care staff should attend:

- Nursing staff
- Medical staff
- Allied health staff
- Management.

Encourage as many people as possible to attend. All levels of staff should attend. Don't just target senior clinicians. Each session should have a mix of professional groups and seniority. Wherever possible arrange for a representative of senior management to attend or open each training session as visible evidence of executive and organisational support for open disclosure.

Numerous studies show that greater change in ward culture is achieved if medical, nursing, allied health and management staff are committed to working as a team.

Preparing for the teaching session

- Flag the upcoming teaching session with as many staff as possible several weeks beforehand;
- Emphasise that this will be a special teaching session;
- Liaise directly and personally with medical and nursing staff to encourage their attendance;
- Ask medical and nursing staff to bring an example of an actual adverse event that has occurred;
- Enlist a representative from senior hospital management to attend the meeting;
- Place a poster introducing open disclosure on the ward notice board a couple of weeks beforehand. Use the poster provided on the CD-Rom or design your own;
- Put a copy of the Open Disclosure Flowchart next to the poster so that staff can begin to familiarise themselves with the major elements of the Standard;
- Request participant to think about a real adverse event that has happened on their ward (or in their recent experience) and to come prepared to use it as a case study;
- Select one or two case studies from the Open Disclosure CD-ROM that seem to be relevant to the experience of the ward. The case study may be:
 - a written case study
 - a video extract
 - a section of *FAULTLINES*, the trigger video used in the introductory workshops;
- Have the case studies readily accessible so that you can produce them quickly if needed during the training session;
- Bring the Open Disclosure Flowchart or the checklists (Initial disclosure discussion, High Level Incident response) from the Implementation Toolkit for use in the training session to walk through each component of the Open Disclosure Standard.

Running the teaching session

What to bring

- CD Rom
- Printed copies of the Open Disclosure Flowchart
- Checklists

INTRODUCTION

Make sure everyone present knows each other. An ice-breaker is a good way of getting people comfortable with the group. An example of an ice-breaker is to introduce the person sitting next to you to the group.

CASE STUDY

Ask the ward staff to present an actual case for discussion. If they do not have such a case, access the study or studies that you have prepared in advance.

IDENTIFY HOW THE WARD WOULD IMPLEMENT THE STANDARD

Use the case study to identify how the ward would implement the Standard. Walk through each step of the flowchart in open discussion. Encourage as much interactivity as possible. Use questions to elicit responses. Identify specific details in how the ward would implement the Standard, such as:

- How would they identify a support person for the patient/carer?
- Whom would they choose to disclose and why?
- Whom would they choose for staff debrief and to complete the incident report?

PRACTICE WHAT TO SAY

Have staff rehearse the words that they would use in disclosing to the patient and/or their support person what has happened. The intention here is for all staff and all disciplines to hear significant others saying the words that capture the philosophy of honesty and mutual support that underpins open disclosure. Practice the various components of the disclosure process:

- Immediate response to patient/support person when full disclosure is not yet possible
- Senior staff to practice introductions for the initial disclosure or follow-up discussion with the patient
- Disclosure to patient/support person as soon as information is available
- An expression of regret
- Providing an explanation
- Offering reassurance of change in practice.

For examples, show excerpts from *What to Say* section of the overview pathway on the CD-ROM.

Leave a copy of the CD Rom with the ward. Let them know that you will contact them in two weeks as follow-up to the teaching session.

Follow-up to the session

Circulate an anonymous, follow-up questionnaire two weeks after the education session which will assess staff confidence in open disclosure. An example questionnaire is provided in Attachment B.

Compile a database of these responses, by ward, for the hospital. The database would allow for feedback to individual wards on how their mean scores compare with the hospital average. It would also allow for spot checks after adverse events in the future to determine whether confidence levels are holding and whether further interventions and/or system change may be required.

Attachment A

Example letter of Invitation to Introductory Workshop

[date]
[Address]

Dear [name]

OPEN DISCLOSURE WORKSHOP [DATE]

[Organisation] is currently implementing open disclosure and hopes that you will be able to attend an important workshop as part of its strategy.

The Open Disclosure Standard, endorsed by Health Ministers in July 2003, is a national initiative of the Australian Council for Safety and Quality in Health Care aimed at producing widespread change in the management of adverse events within the health care system.

The workshop aims to provide you with:

- guidance on communicating with patients and their families following an adverse event;
- an opportunity to develop and practice the communication skills required; and
- discuss strategies for incorporating open disclosure into your clinical practice in a consistent manner and in accordance with the best practice guidance provided by the Open Disclosure Standard.

The Open Disclosure Workshop is being organised for staff at [Organisation] on [Date] from [time] in the [venue]. The workshop will provide participants with the opportunity to learn about why open disclosure is important, the process and methods for communicating openly and effectively with patients following an adverse event and how to support staff following an adverse event. It will also provide participants with the opportunity to ask questions about how the process works, any legal implications there may be or any other concerns they may have.

If you wish to attend the workshop please RSVP to [Workshop organiser] [email address] [telephone number]

Yours sincerely

[name]

Attachment B

Example of Workshop Evaluation

Thank you for attending the open disclosure workshop. To assist in its evaluation and to improve its effectiveness please take a minute to complete the questionnaire below.

CATEGORY OF STAFF

- What category of staff are you? Medical
 Nursing
 Allied Health
 Management
 Other

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE
<i>Please tick</i>					
My attitude towards open disclosure has changed since participating in the workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I could manage the disclosure process with the patient and their family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I could make a decision whether the incident was high level, low level or did not require disclosure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel able to explain/ demonstrate open disclosure to my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open disclosure is in the patient's best interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was enough opportunity to practice communicating to the patient during the workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know which support services are available if I should require assistance in managing an adverse event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to provide support for other staff who have been involved in an adverse event or where to get advice on support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel able to discuss adverse events within my multi-disciplinary team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The open disclosure workshop will help me perform my role more effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will recommend the open disclosure workshop to my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other comments:

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Attachment C

Example of Workshop Agenda

30 mins	Welcome, Introductions, Role play set up
20 mins	Trigger video
60 mins	Role plays: <ol style="list-style-type: none">1. Breaking the news2. Informal discussion with participants3. Formal debrief4. Open disclosure interview
15 mins	Break
15 mins	Flow chart and discussion of disclosure process for low level incidents
15 mins	Definitions and FAQ's
15 mins	Conclusion & Workshop evaluation

