



Primum non tacere, or why don't we speak up?

John Banja, PhD
The John and Susan Wieland Center for Ethics
Emory University, Atlanta, GA
jbanja@emory.edu

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


A Famous Case

- “Joan Morris” has the procedure (an electrophysiologic study with possible implantable cardiac defibrillator and pacemaker) scheduled for “Jane Morrison.”
- 17 separate errors identify by RCA
- “Physicians failed to communicate with nurses, attendings failed to communicate with residents and fellows, staff from one unit failed to communicate with those from others, and no one listened carefully to the patient.” Chassin & Becker, Annals of Internal Medicine, 2002, pp. 826-833.

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Failures to Speak Up

- Nurse #1, who transported the patient from the floor to the operating room, noticed the absence of an informed consent for the procedure. She assumed the studied was arranged, however.
- Nurse #2, upon receiving the patient, notices the lack of informed consent and pages the electrophysiology fellow (EF).
- The EF is “surprised” at the lack of pertinent information regarding this patient and her need for the procedure, but he gets her to sign the consent form.

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

More....

- The resident taking care of Joan Morris is “surprised” to find her missing; he assumes, however, that the attending ordered the study without telling him;
- The electrophysiology charge nurse notices no patients are scheduled that day named “Joan Morris.” But by the time she questions this, the procedure had already begun, and she does not pursue the conversation further.
- The electrophysiology attending finally discovers the error and aborts the procedure.

Another example ...

“I was observing what turned into a difficult surgery when, about an hour into it, the surgeon inadvertently touched the tip of the instrument he was using to his plastic face mask. Everyone in the OR just froze for a few seconds and stared at him. Without asking for or being offered a sterile replacement, he just continued operating. About five minutes later, he did it again! And still nobody did anything. I was really puzzled, but what do I know? So when the operation was over, I asked one of the nurses. “Oh, no big deal,” she said. “We’ll just load the patient up with antibiotics, and he’ll be OK.” And as far as I know, he recovered just fine.”

3rd year medical student

Silence over...

- System failures
- Broken rules
- Errors and mistakes
- Incompetence
- Poor teamwork
- Disrespectful, abusive behavior
- Lack of support

Performance Failures

Not washing or sanitizing hands sufficiently, not gowning up or skipping some other infection control measures, not changing gloves or instruments when appropriate, failing to check armbands, not performing safety checks, using abbreviations, not getting required consents or approvals before acting, violating policies on storing or dispensing medications.

HALIFAX  Halifax Health Services

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Relational Failures

Profane or disrespectful language, demeaning behaviors, sexual innuendos, inappropriate touching, racial or ethnic slurs, angry outbursts, throwing instruments or charts, criticizing staff in front of others, negative comments about another physician, boundary violations, inappropriate chart notes, unethical or dishonest behavior, failure to respond to calls, too argumentative, unresponsive to corrective actions.

HALIFAX  Halifax Health Services

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Risks from being silent

- Patient safety (and sometimes employee safety) is compromised
- Morale is compromised
- System failures go unaddressed
- Productivity suffers
- Immense amount of time and money sometimes involved when risks materialize

HALIFAX  Halifax Health Services

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


Why don't we speak up?

- Personal reasons
- Skill related reasons
- Organizational reasons

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


Personal Reasons

- Fear of retaliation, ridicule and alienation (lose job, get demoted, receive poor grade)
- Need to feel safe: SU feels frightening
- I will be regarded as odd or as a complainer
- Don't want to see a colleague harmed

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Training/Skill related

- Don't know how; never taught; no training resources available
- I'm afraid I'll mess it up
- Not my job

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


Organizational

- System usually works OK, even with errors
- Takes too much time
- Unprofessional—not what a team player would do in this organization
- Don't want to precipitate organizational upheaval

Some comments about physicians


- “Throughout their training, physicians learn to think on their own and take responsibility for their actions. This self-preservation fosters autonomy, independence and an autocratic ...behavior pattern that is the antithesis of team building and collaboration.” (Alan Rosenstein, Henry Russell, Richard Lauve.)
- “Getting physicians to collaborate is like getting a bunch of eagles to fly in formation.” (Michael Woods, MD)
- “You learn not to trust anybody.” Rick van Pelt, MD

- “For physicians, part of the professional ethic is putting patients’ needs ahead of other considerations.” Richard Thompson, MD
- “In the training of a physician, the focus is on obtaining results, to the virtual exclusion of developing leadership attributes...[A]s long as the patient is cared for, it doesn’t matter how it gets accomplished—how nurses are treated, how office staff are handled, can become a secondary consideration, their being used merely as “instruments of patient care.”” (Michael Woods, MD)


HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

(5% – 15%) People who do speak up

- Confident in their ability to confront others in a constructive way
- Do not anticipate and are not discouraged by the negatives that most others are
- More satisfied with their work environment than others are; they intend to stay at that hospital; they like working there
- Work beyond the minimum required
- Probably have a healthy sense of self (e.g., can tolerate another’s anger, discomfort, the complaint process)

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Implementing Speaking Up

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Preliminary considerations

- All departments and leadership must be committed to patient safety and the value of speaking up
- Leadership must be committed to enforcing employees' right to work in a safe, nonhostile environment, and to be treated with respect (e.g., 3rd year med student)
- Need a policy that identifies/specifies instances that merit speaking up and promises protection to those who do so

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

More considerations

- Organization might begin by conducting focus groups to learn about obstacles to SU
- Training resources need to be committed to learning how to manage disruptive or problem employees, identifying and remediating system failures, and reinforcing employee morale and self-respect

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


Still more...

- Organizational leaders should be trained and then actually conduct the training sessions
- Some training will have to focus on handling emotionally difficult conversations
- Allow 4 to 6 months for changes to start being felt

HALIFAX 


October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Steps in Managing Problem Behaviors as suggested by Kent Neff, MD and the Vital Smarts, Dialogue Heals teams

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


Steps #1

- Firmly and clearly establish the behavioral standard that will be adhered to
- If the problem is not terribly serious, first intervener should be a peer without much administrative power ("keep it safe!")
- If a physician's behavior is at issue, then intervene with other physicians
- If problem is more serious, a team (e.g., administrator, legal, counseling, medical leadership, etc.) might be required
- Complaints should be kept confidential, if possible

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


More ...

- A plan must be developed for more serious problematic behaviors and the interveners must rehearse their roles and responsibilities
- Intervention should be very prompt

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


Possible Actions following a complaint

- Determine that no further action is warranted
- Meeting with offending employee formally or informally
- Issue a letter or warning
- Require a written apology
- Refer case to appropriate committee for corrective action

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


The Meeting/Conversation #1

- Begin by acknowledging the employee's value to the organization; emphasize that this is not about the employee, but his or her behavior: "You are a fine X and you are valued employee."
- Consider having a second person in the room who will enforce the rules and observe.
- Ask that you be heard out in full: "Jack, I want to discuss with you a complaint (or whatever) that has come to my office. And sometimes it is not easy for an employee to listen to a complaint. So, I need to make a request of you, which is that you will listen to me for ____ minutes, without interrupting."

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

The Conversation #2

- Describe the problem in objective, observable, nonjudgmental terms; include specific times, dates, and details; do not speculate on motives; do not make character slurs.
- Label behavior as "inappropriate" and tell why
- Match consequences/sanctions to the infraction
- Try hard not to argue or get angry or defensive
- In the early going, don't invoke legalese or the bylaws, etc.; the more informal and the less threatening, the better

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

The conversation #3

- At the end of the meeting, summarize and plan the next steps
- Write a summary letter of the meeting to the physician; ask the physician to acknowledge that the summary is accurate
- Be persistent

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Helpful things to say

- "I'm sure you don't realize this but..."
- "You are very important to this organization"
- "I could be wrong here"
- "Can I explain what I'm seeing and get your point of view?"
- "Right now, the way you do X would be considered risky or a departure from the standard of care" (focus on safety, not competence)

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Helpful things to say #2


- "I value our friendship/relationship, and I want us to be honest with one another"
- "My understanding is X, is that yours?"
- "What do you think can be done about this?"
- "When I bring up a concern, I see you tense up. Sometimes you cut me off or jump in with a disagreement. I think you stop listening and begin defending. You may not realize how you're coming across, but that's how it appears to me and others. Do you realize you're doing that?"

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


A prominent recommendation in responding to undesirable behavior

- 1) "This is what you just said/did..."
- 2) "This is how that made me feel:...."
- 3) "When I feel that way,"
- 4) "This is what I'd like you to say/do instead:....."

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa


In case an evaluation is needed

- Multidisciplinary evaluation is favored over a single evaluator, who can be more easily misled
- Let the offending employee choose a team of evaluators from a list that you have created; (the offending employee might need a "fitness for duty" evaluation)
- Tell the evaluator(s) the purpose of the evaluation and exactly what you want
- Evaluator(s) should be different from treating professionals

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Monitoring

- Is the employee attending sessions?
- Is the employee complying with the treatment program?
- Does the evaluator think the employee is safe to practice?
- Progress (or lack thereof) needs to be noted/documentd

HALIFAX  October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Final thoughts

- “The key to motivating people to behave differently is to help them see more clearly the consequences of their behavior they haven’t considered.”
- “If we are less self-centered when confronting problems, we will give thought to consequences the other person is likely concerned about and will invite a significantly different response from them.”

» Maxfield, et al., Dialogue Heals.

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Thanks very much.

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa

Resources (Google)

- Kent Neff, MD
- Wayne Sotile, PhD
- Albert Bernstein’s Emotional Vampires
- Dialogue Heals and Silence Kills (VitalSmarts and the American Association of Critical-Care Nurses)

HALIFAX 

October 11-13, 2007
Ottawa, Ontario
The Westin Ottawa
