



**Hospital Quality Institute**

# A Day At The Improv: Preparing for Critical Conversations After Harm

## When Words and Actions Matter Most

**Tim McDonald**

Chief Patient Safety and Risk Officer, RLDatix, Faculty BETA HEART

**Deanna Tarnow**

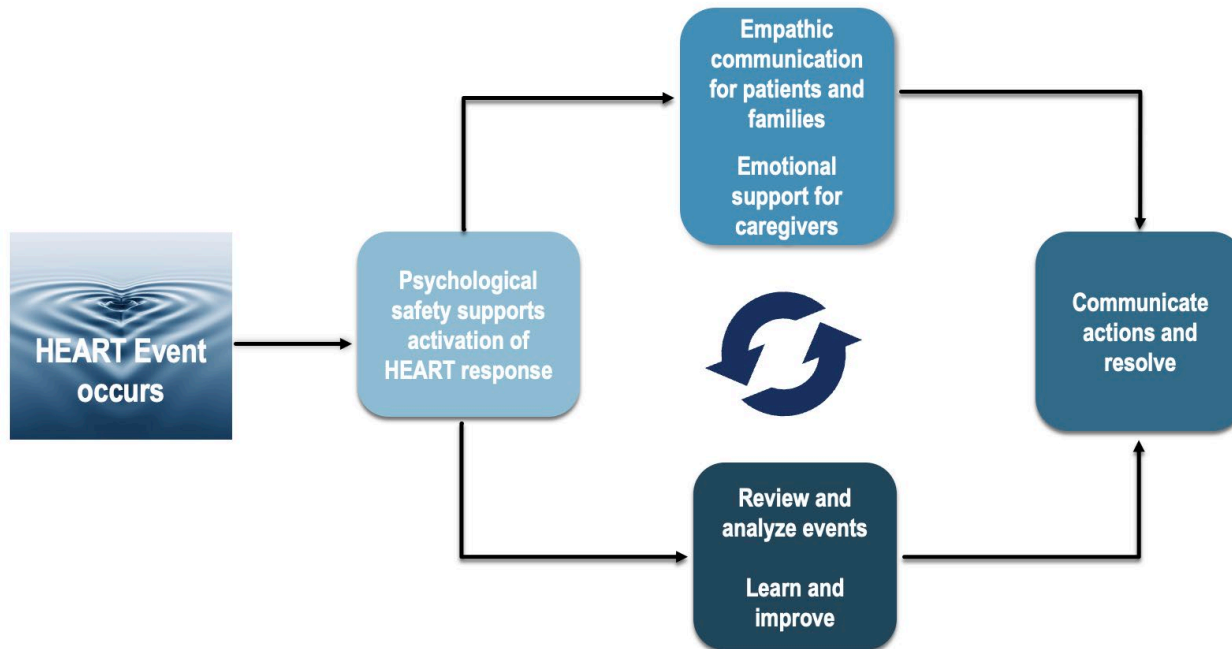
Senior Director, Risk Management & Patient Safety, BETA Healthcare Group

## Conflict of Interest Disclosure

Tim McDonald, MD, JD reported no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.

## Conflict of Interest Disclosure

Deanna Tarnow, RN, BA, CPHRM reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



# Empathic Communication:

- The foundation for all components of the response to harm

**Empathic  
communication  
for patients and  
families**

**Emotional  
support for  
caregivers**

# What is Empathy?

“Empathy is a social and emotional skill that helps us feel and understand the emotions, circumstances, intentions, thoughts, and needs of others, such that we can offer sensitive, perceptive, and appropriate communication and support”

-Karla McLaren  
The Art of Empathy

# What Is Empathic Communication?

Showing people that they are listened to, cared for, respected, and understood

Specifically, their thoughts, feelings, attitudes, and values count and are being understood



# How to Provide Emotional Support and Reassurance

- Deal with emotions first
- Adopt stance of curiosity, solidarity, and support
- Acknowledge and name emotional states
- Express empathy and regret about bad outcome
- Paraphrase to check understanding
- Acknowledge limits of language/empathy



**“When you don’t know what to do, just be human.”**



# Experiential Learning

- Set up
  - “Real” environment, facts based on real cases
  - Trained actors
- Ground rules
  - Learning mode: “Putting practice before us”
  - Participation awareness
  - Respect multiple perspectives
- Debriefing structure
  - Curiosity driven
  - Actor feedback – rare opportunity



# Empathic Debriefing

Doing an enactment in front of an audience is hard

**Be kind**

**Be  
thoughtful**

**Be  
compassionate**

**Express  
gratitude**

**Be specific**

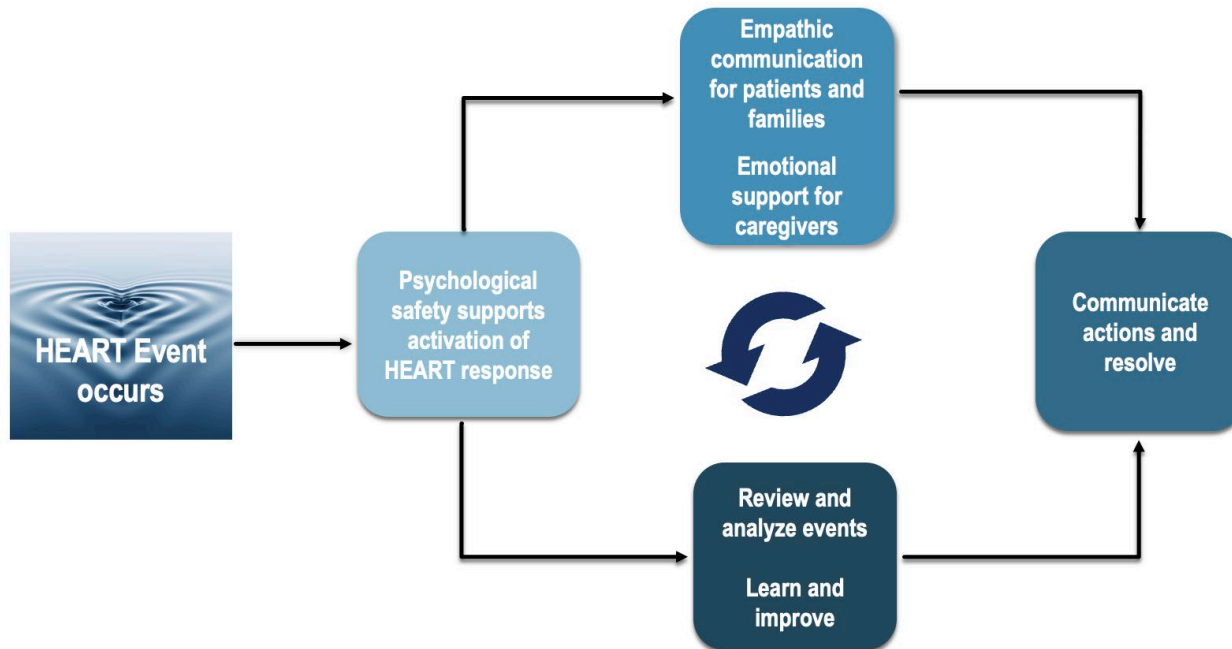
# Case Background

- Samantha is a labor and delivery nurse
- Due to staffing shortages, Samantha, exhausted, has worked back to back shifts
- Taylor, a primipara patient is assigned to Samantha, needs IV antibiotics
- Taylor also needs epidural local anesthetic connected to epidural catheter
- Distracted, Samantha connects epidural anesthetic tubing to intravenous line
- Taylor develops malignant dysrhythmia and cardiac arrest
- Emergency C-Section saves baby but Taylor cannot be resuscitated and dies
- Taylor's brother, Scott, is the next of kin as parents had died during auto accident
- Immediate empathic communication took place with a promise to share more information once learned

# Enactment

Scenario: In a private conference room separate from the hospital. Scott has agreed to meet with the hospital's safety specialist 3 weeks after his sister has died. The baby's name is Rose

# Debrief





# Support Strategies Interventions

The Scott Three-Tiered Interventional Model of Second Victim Support



# The Peer Support Commandments

- Be proactive
- Be nonjudgmental and empathic (lead with your heart)
- Don't give personal advice or opine on legal or regulatory matters, etc.
- Don't take responsibility for other people's problems
- Don't interpret (when a paraphrase will do)
- Stick with the here and now
- Deal with feelings first (theirs)
- Be present, vulnerable, and courageous; let them know you care
- Silence is golden
- It's okay to ask about self-harm thoughts
- Don't try to "fix" it

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# Enactment

Scenario: This hospital has a proactive peer support program and has reached out to Samantha the day after Taylor's death. She has not been assigned clinical duties. She meets with the peer support in a private conference room

# Debrief



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# HQI and Hospital Council ANNUAL CONFERENCE

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## Questions

# Thank you

Tim McDonald, MD, JD  
Chief Patient Safety and Risk Officer  
RL Datix

Deanna Tarnow, RN, BA, CPHRM