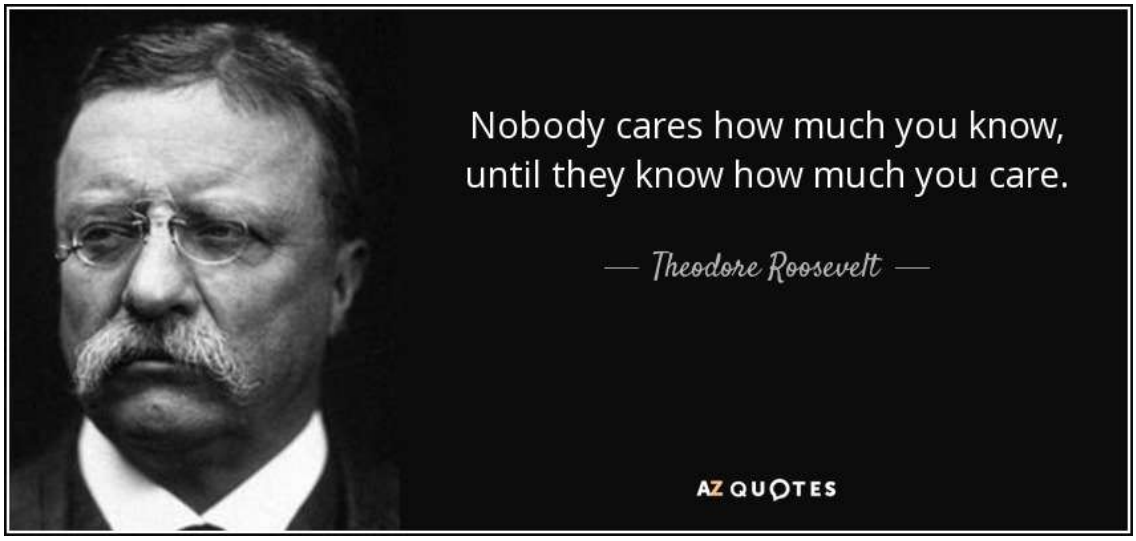
The Impact of Soft Skills on Medical Malpractice

Graham Billingham, MD, FACEP, FAAEM

MedPro Group
a Berkshire Hathaway company



Retrieved from : Theodore Roosevelt. (n.d.). AZQuotes.com. Retrieved March 01, 2022, from AZQuotes.com Web site: https://www.azquotes.com/quote/250967
Theodore Roosevelt (2015). "Theodore Roosevelt on Bravery: Lessons from the Most Courageous Leader of the Twentieth Century", p.5, Skyhorse Publishing, Inc.

Disclosure

- MedPro Group receives no commercial support from any ineligible company/ commercial interest.
- It is the policy of MedPro Group to require that all parties in a position to influence the content of this activity disclose the existence of any relevant financial relationship with any ineligible company/commercial interest.
- When there are relevant financial relationships mitigation steps are taken. Additionally, the individual(s) will be listed by name, along with the name of the commercial interest with which the person has a relationship and the nature of the relationship.
- Today's faculty, as well as CE planners, content developers, reviewers, editors, and Patient Safety & Risk Solutions staff at MedPro Group have reported that they have no relevant financial relationships with any commercial interests.

Objectives

- Soft skills definition
- Physician selection
- Soft skills in residency training
- Communication on all fronts
- Professionalism – disruptive behavior
- The impact of burnout
- Empathy in healthcare
- Solutions

Definition of Soft Skills

- Personality or character traits that characterize relationships with other people
- Soft skills are considered to be a complement to hard skills.
- Hard skills refer to a person's knowledge and occupational skills.
- In healthcare, hard skills refer to technical and medical decision making skills.
- Sociologists use the term soft skills to describe a person's emotional intelligence quotient (EQ)
- These skills include:
  - empathy
  - humility
  - active listening
  - communication
  - honesty
  - integrity
  - leadership
  - respect

Retrieved from: Will Kenton December 13, 2021, Investopedia, Business Essentials https://www.investopedia.com/terms/s/soft-skills.asp

Selection and Training

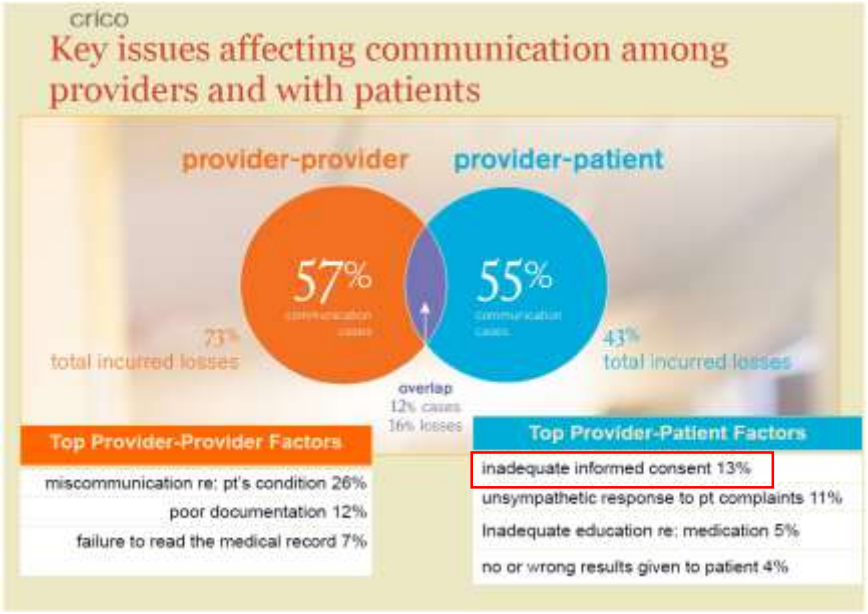
- Historically medical schools have selected students who are high achievers, excel at exams, and who are assertive and competitive
- Residency and fellowship training is rigorous with long hours spent on learning the hard skills necessary to achieve technical excellence and medical decision-making.
- The Accreditation Council for Graduate Medical Education (ACGME) now requires that medical residents obtain competencies such as Interpersonal Skills, Communication, Professionalism, and Patient Care.
- These criteria are now a requirement for completing residency training and obtaining medical licensure.
- In addition, the Medical College Admission Test (MCAT) has been revised to include a new section, which involves the behavioral, social, and psychological elements of healthcare.
- A path to better outcomes and patient experience can be traced by how much attention physicians pay to cultivating these “soft” yet crucial skills.”

Retrieved from: Fred Fishback March 8, 2017, Javelin Learning Solutions https://javelinlearningsolutions.com/avoiding-the-thorny-issues-two/

Communication

The Importance of Communication

- Communication is a critical contributing factor to 44% malpractice claims (MedPro Group closed cases 2010-2019).
- Poor communication can occur between physicians, physicians and patients, and physicians and the care team.
- Active listening, having patience and understanding the barriers to healthcare literacy, which may be cultural, religious, or language are helpful techniques to improving patient comprehension.
- It takes a patient about 60 seconds to tell their story; but they are interrupted by the physician an average of 11 seconds.
- Establishing rapport with patients is essential to gaining their trust and developing a doctor-patient relationship.

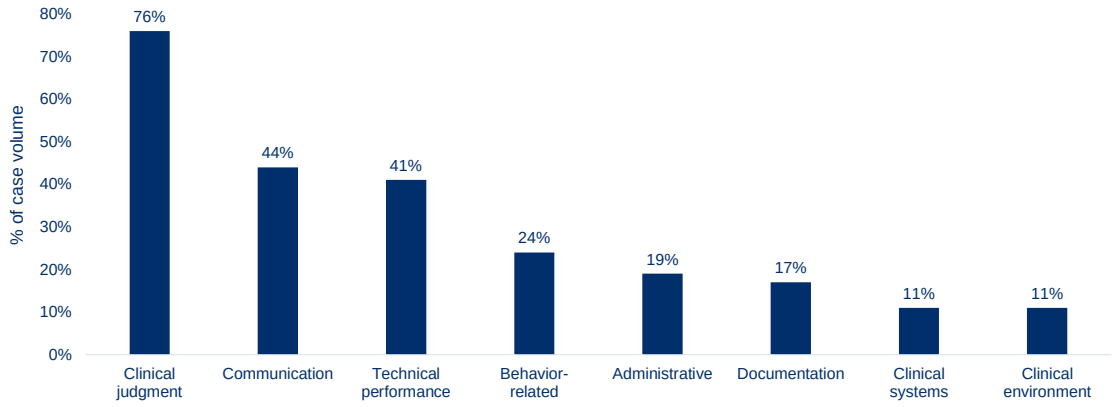


Source: Malpractice Risks in Communication Failures (2015). Annual Benchmarking Report, CRICO Strategies, a division of The Risk Management Foundation of the Harvard Medical Institutions Incorporated)

The eight most common contributing factors* across all cases

Cases involving insufficient documentation and/or failure to follow administrative policies/procedures close with indemnity payments most often.

Defense is made more difficult when documentation of events/care provided is sub-par, and it is difficult to defend a failure to follow established policies/procedures.



MedPro Group closed cases, opened between 2010-2019 (N=>19K; excludes dental & senior care lines of business); *more than one factor per case, therefore totals do not equal 100%

Issues With Communication

- Poor communication with staff involved in patient care
- Inadequate communication of pertinent clinical findings to radiologists and other providers
- Lack or delayed reporting of critical values
- Physician/staff distractions or lack of teamwork
- Care across multiple locations/providers
- The IOM says that low health literacy effects 50% of all adults
- To help align expectations, it is critical that surgeons:
  - establish trust with their patients;
  - take the time to clearly explain the risks and benefits;
  - address patients' questions and concerns before *and* after the procedure; and
  - acknowledge the challenges of medical literacy, communication barriers, and cultural perspectives

Source: Candello Solutions by CRICO Illuminating Risks March 1, 20222; Known Complications of Surgery https://cbscommunity.rmfstrategies.com/pages/resources-18

Behavior

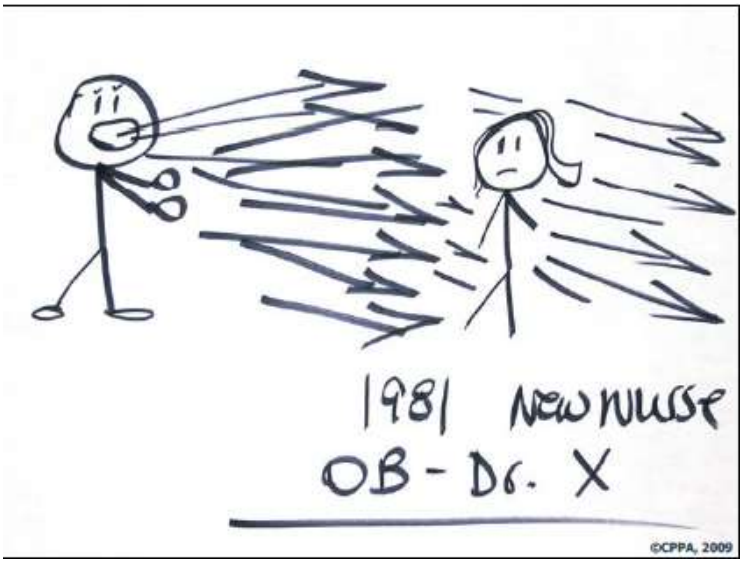
Definition

American Medical Association defines disruptive behavior

Inappropriate behavior “means any conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as ‘disruptive behavior’”

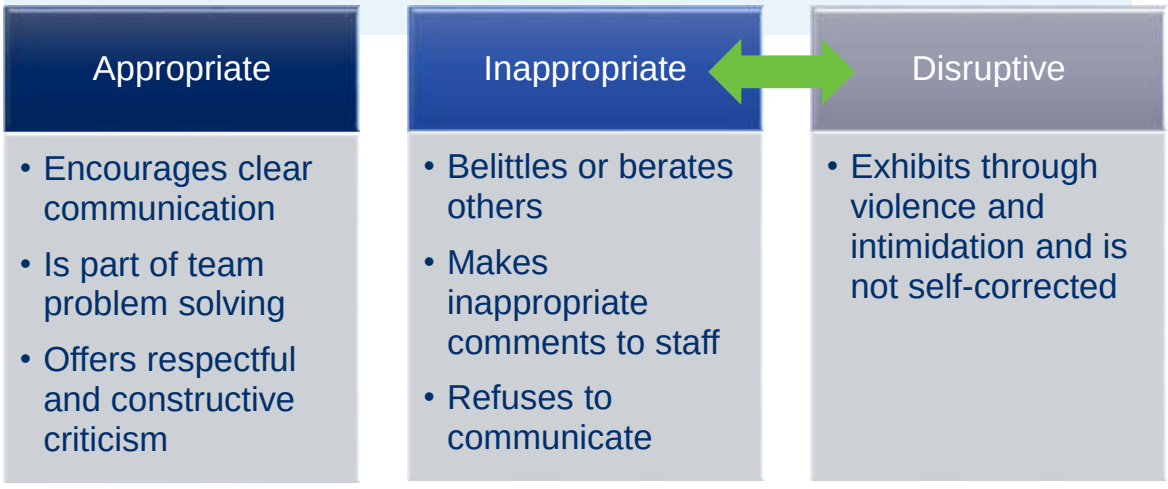
Disruptive behavior “means any abusive conduct, including sexual or other forms of harassment, or other forms of verbal or nonverbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised”

American Medical Association. (2009). AMA Opinion 9.045 - Physicians with disruptive behavior. Retrieved from https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/councils/Council%20Reports/council-on-ethics-and-judicial-affairs/i09-ceja-physicians-disruptive-behavior.pdf



Source: Discouraging Disruptive Behavior: It starts with a Cup of Coffee! Gerald B. Hickson, MD Center for Patient and Professional Advocacy; CPPA, 2009

Behaviors



American Medical Association. (2009). AMA Opinion 9.045 - Physicians with disruptive behavior. Retrieved from https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/councils/Council%20Reports/council-on-ethics-and-judicial-affairs/i09-ceja-physicians-disruptive-behavior.pdf

Disruptive behaviors

Passive	Passive aggressive	Aggressive
• Incomplete charting • Avoidance • Failure to answer calls • Frequent absences • Chronic tardiness • Getting behind • Refusing to help	• Excessive sarcasm • Implied threats • Inappropriate jokes • Refusal to complete tasks • Condescending language/tone	• Anger outbursts • Raised voice • Demeaning • Intimidation • Public criticism • Physical aggression • Physical violence

Disrespect is the most common disruptive behavior

American Medical Association. (2009). AMA Opinion 9.045 - Physicians with disruptive behavior. Retrieved from https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/councils/Council%20Reports/council-on-ethics-and-judicial-affairs/i09-ceja-physicians-disruptive-behavior.pdf

Prevalence and magnitude

American College of Physician Executives and QuantiaMD® survey results

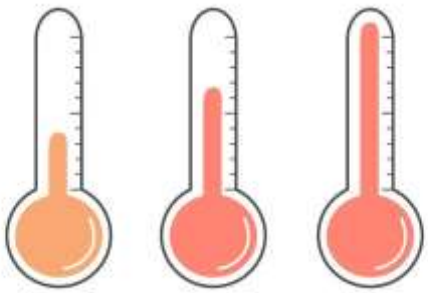
- 70% indicated physician disruptive behavior occurs monthly in their organizations
  - 59% using degrading comments
  - 54% not cooperating with other providers
  - 55% not following established protocols
- 26% engaged in disruptive behavior at least one time
- 50% changed physicians or left the practice
- 90% believe disruptive behavior affects patient care (always, sometimes)
- Identified needs: confronting disruptive physicians, enacting strategies for disciplining disruptive physicians, improving culture and communication

Two most common contributors: (1) workload and (2) learned behaviors

MacDonald, O. (2011, May 15). Disruptive physician behavior. QuantiaMD. Retrieved from https://www.kff.org/wp-content/uploads/sites/2/2013/03/quantiamd_whitepaper_acpe_15may2011.pdf

Prevalence and magnitude (continued)

- The best estimate is 3%-5% of physicians present with disruptive behavior
- In a physician executive survey:
  - 70% stated these disruptive behaviors are from the same physicians
  - These behaviors are most common between a nurse or allied healthcare staff member and the physician
  - 80% stated disruptive behavior is under-reported due to fear of retaliation
- The perception of physicians versus nurses
- Inconsistency in resolving behavior



Source: Reynolds, N. (2012). Disruptive physician behavior: Use and misuse of the label. Journal of Medical Regulation, 98(1).

Contributing factors to disruptive behavior

- Psychiatric conditions (symptoms, disorders)
  - Depression
  - Bipolar disorders
- Personality disorders
  - Narcissism
  - Paranoia
  - Passive-aggressive
  - Borderline/mixed
- Occasional incident
  - Substance abuse

Source: Reynolds, N. (2012). Disruptive physician behavior: Use and misuse of the label. Journal of Medical Regulation, 98(1).

Potential indicators of disruptive behavior

- Frequent job changes
- Employed in jobs inappropriate for their qualifications
- Reluctant to provide references or permission to contact
- History of either voluntary or involuntary relinquishment of licensure or medical staff membership
- History of limitation, reduction, or loss of clinical privileges
- Excessive claims resulting in final judgments against them
- History of investigations or disciplinary actions
- Poor performance evaluations

MedPro Group. (2017). Red flags for disruptive behavior in healthcare professionals. Retrieved from https://www.medpro.com/disruptive-red-flags

Triggers contributing to disruptive behavior

Intrapersonal –Affects job performance	Interpersonal – Relationship between two or more people	Organizational – Inhibits interaction at work
• Lack of competency or fatigue	• Lack of leadership • Questioning providers about patient care • Staff diversity	• Systems • Processes • Culture

Source: Bae, S.H., Dang, D., Karlowicz, K.A., & Kim, M.T. (2020). Triggers contributing to health care clinicians' disruptive behaviors. Journal of Patient Safety, 16(3), 1. https://doi.org/10.1097/pts.0000000000000288

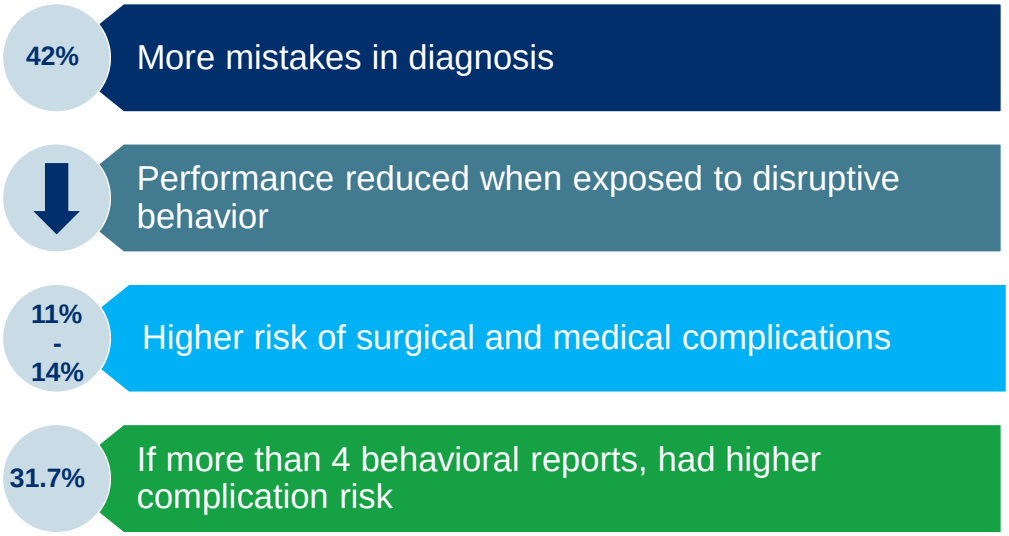
Impact of disruptive behavior

According to The Joint Commission, disruptive behavior:

- Fosters medical errors
- Decreases patient satisfaction
- Increases preventable adverse events
- Increases the cost of care
- Drives away clinicians and others on the healthcare team

Rehder, K. J., et al. (2020). Associations between a new disruptive behaviors scale and teamwork, patient safety, work-life balance, burnout, and depression. The Joint Commission Journal on Quality and Patient Safety, 46(1), 18-26. https://doi.org/10.1016/j.jcjq.2019.09.004

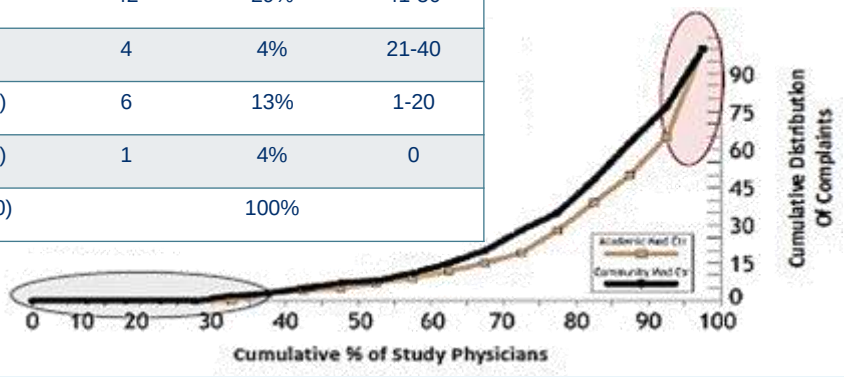
Medical errors



Hicks, S., & Stavropoulou, C. (2020). The effect of health care professional disruptive behavior on patient care. Journal of Patient Safety. Epub Jan 5; Schmidt, H.G., et al. (2016). Do patients' disruptive behaviors influence the accuracy of a doctor's diagnosis? A randomized experiment: Table 1. BMJ Quality & Safety, 26(1), 19-23. https://doi.org/10.1136/bmjqs-2015-004109

Decreases in patient satisfaction

Predicted risk category	# (%) of physicians	Relative expense	% of total expense	Score (range)
5 (high)	51 (8)	73	50%	> 50
4	52 (8)	42	29%	41-50
3	76 (12)	4	4%	21-40
2	147 (23)	6	13%	1-20
1 (low)	318 (49)	1	4%	0
Total	644 (100)		100%	



Hickson, G.B., et al. (2007). Patient complaints and malpractice risk in a regional healthcare center. Southern Medical Journal, 100(8), 791-796. https://doi.org/10.1097/smj.0b013e318063bd75; Moore, I., Pichert, J., Hickson, G., & Federspiel, C. (2006). Rethinking peer review: Detecting and addressing medical malpractice claims risk. Vanderbilt Law Review, 59(1175); Hickson, G.B., et al. (2002) . Patient complaints and malpractice risk. JAMA, 287(22), 2951-2957.

Increase in malpractice claims

About 8% of physicians are sued annually

Odds of being sued at least once in one's career based on behavior

- Does not consider suggestions – 5.99
- Snaps at others when frustrated – 5.92
- Does not pay attention – 4.97
- Does not inform others of treatment plan – 4.86
- Talks down to others – 4.28

Lagoo, J., et al. (2019). Multisource evaluation of surgeon behavior is associated with malpractice claims. Annals of Surgery, 270(1), 84-90. https://doi.org/10.1097/sla.0000000000002742

Empowering to report

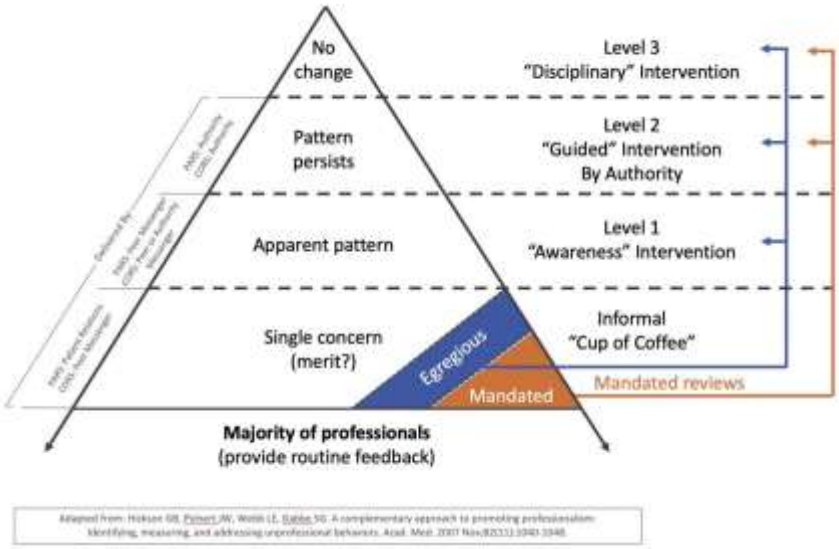
Peer messengers share behavior reports directly with recipients

- Vanderbilt: coworker observation reporting system (CORS) to report unsafe conduct and behaviors known to undermine team
- 3% of medical staff (physicians and advanced practice professionals) had pattern of CORS reports
- 71% of recipients with CORS patterns following peer messenger feedback were not named in any subsequent CORS reports (1-year follow-up period)

Peer messenger feedback is helpful in encouraging behavior self-regulation

Webb, L.E., et al. (2016). Using coworker observations to promote accountability for disrespectful and unsafe behaviors by physicians and advanced practice professionals. The Joint Commission Journal on Quality and Patient Safety, 42(4):149-164. https://doi.org/10.1016/s1553-7250(16)42019-2. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/27025575

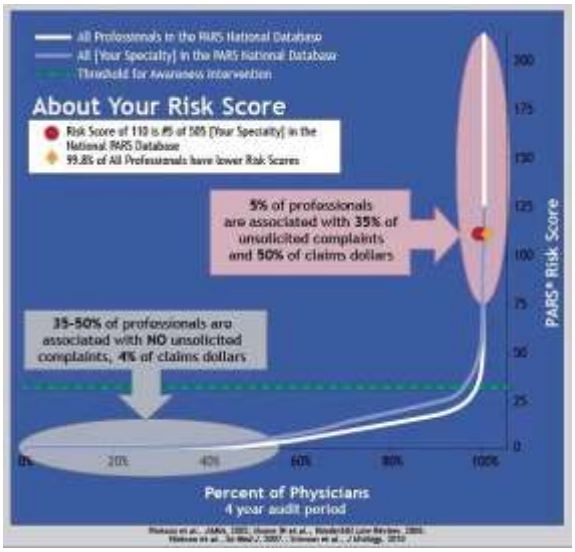
Promoting professionalism pyramid



Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. Acad Med. 2007 Nov;82(11):1040-1048.

Hickson, G.B., Pichert, J.W., Webb, L.E., & Gabbe, S.G. (2007). A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. Academic Medicine, 82(11), 1040-1048. https://doi.org/10.1097/acm.0b013e31815761ee; https://www.ahrq.gov/patient-safety/resources/liability/pichert.html

Patient Advocacy Reporting System® (PARS ®) national data sample



Hickson, G.B., et al. (2007). Patient complaints and malpractice risk in a regional healthcare center. Southern Medical Journal, 100(8), 791-796. https://doi.org/10.1097/smj.0b013e318063bd75; Moore, I., Pichert, J., Hickson, G., & Federspiel, C. (2006). Rethinking peer review: Detecting and addressing medical malpractice claims risk. Vanderbilt Law Review, 59(1175); Hickson, G.B., et al. (2002). Patient complaints and malpractice risk. JAMA, 287(22), 2951-2957; Vanderbilt Center for Patient and Professional Advocacy. The Patient Advocacy Reporting System® (PARS®) Program. Retrieved from https://www.vumc.org/patient-professional-advocacy/pars-program

28

Center for Patient and Professional Advocacy 2021 Impact Report

Retrieved from: https://www.vumc.org/patient-professional-advocacy/our-impact; https://www.ahrq.gov/patient-safety/resources/liability/pichert.html

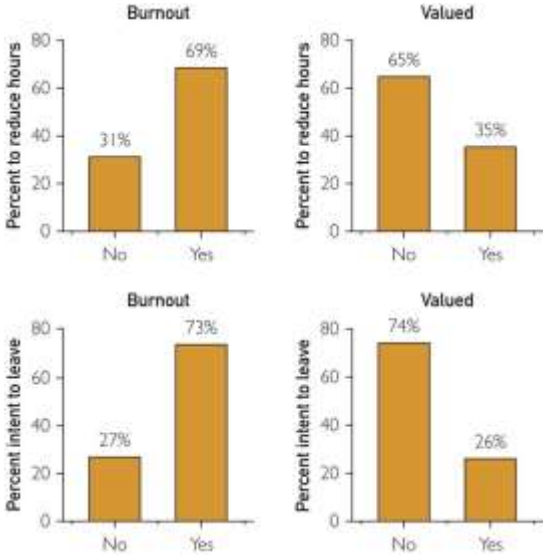
Burnout & Empathy

Burnout

- Burnout affects: interpersonal skills, job performance, career satisfaction, psychological health, communication and isolation
- Burnout, workload, and COVID-19-associated stresses were associated with intent to reduce hours or leave.
- Approximately 1 in 3 physicians, APPs, and nurses surveyed intend to reduce work hours.
- One in 5 physicians and 2 in 5 nurses intend to leave their practice altogether.
- Burnout also contributes to medical errors and poor communication, both of which increase the risk of malpractice.
- Reducing burnout and improving a sense of feeling valued may allow health care organizations to better maintain their workforces post pandemic.
- Soft skills training has been shown to help prevent burnout syndrome
- Early recognition programs aimed at raising awareness and coping with burnout symptoms through stress management and resilience enhancement trainings are also needed

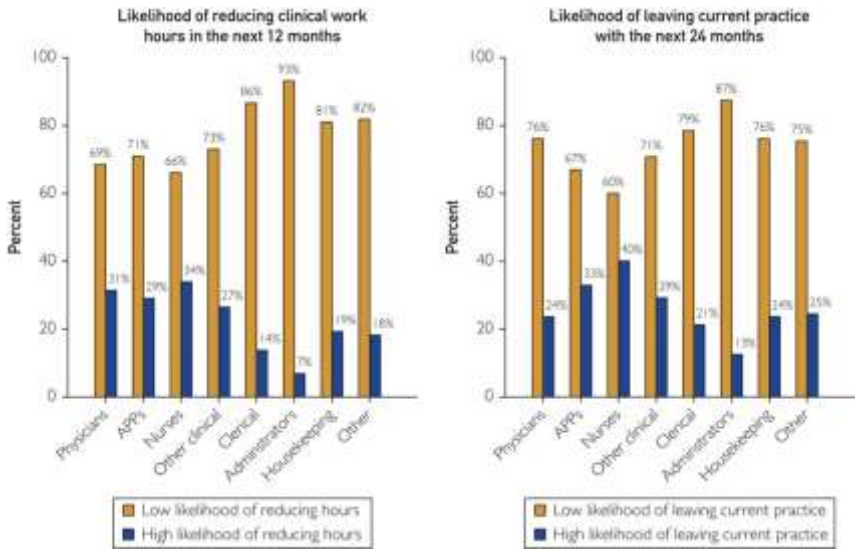
Retrieved from: COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers; *mcp:iqo* ; Volume 5 Issue 6 Pages 1165-1173 (December 2021)
Communication skills: a preventive factor in Burnout syndrome in health professionals; An Sist Sanit Navar May-Aug 2015;38(2):213-23. doi: 10.23938/ASSN.0070; BMC Public Health 19, 1247 (2019).

Burnout



Retrieved from: COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers; mcp:iqo ; Volume 5 Issue 6 Pages 1165-1173 (December 2021)

Covid effect



Empathy

- Empathy has been shown to decrease during medical training
- “I had to re-learn to like patients after my residency program” – personal colleague
- Empathy training has been shown: to improve active listening, enhance communication and decrease burnout
- "After empathy training, I feel that I like my work again, and instead of resenting all the demands, I'm remembering why I chose this profession in the first place”
- Empathy training has been found to not only improve patient outcomes but also to decrease malpractice risk and improve physician and patient satisfaction

Retrieved from: https://www.mplassociation.org/Web/Publications/Inside_Medical_Liability/Issues/2021/Q3/articles/Empathy_Training_Patient_Satisfaction.aspx; https://www.medpagetoday.com/opinion/kevinmd/94699?trw=no

Solutions

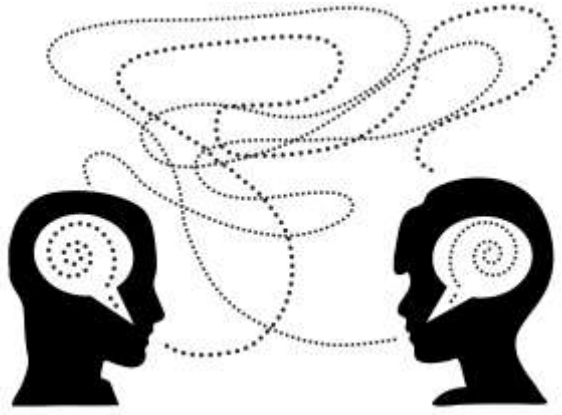
Communication strategies

- Knock before entering exam rooms.
- Greet patients and introduce yourself (if needed).
- Sit when you can, and maintain eye contact when talking to the patient.
- Be aware of nonverbal communication and cues.
- Ask patients about their goals for the visit.
- Don’t interrupt while patients are talking.
- Ask open-ended questions.

I've got a patient who needs to chat to someone...Have you got anyone who's completed the 'verbal communication with patients in a personal, supportive but not disempowering' course?

Communication strategies

- Use layman's language and visual aids to ensure comprehension.
- Provide plain-language follow-up instructions and educational materials.
- Use the teach-back technique to ensure comprehension.
- Encourage patients to voice questions and concerns.
- Consider patients' personal and cultural preferences and values.
- Use satisfaction surveys to gauge patient perceptions.



Communication for surgical teams

- clearly describe possible **known complications** of the surgery to the patient/family, including symptoms to watch out for during recovery
- discuss and document any **proposed changes** with the patient/family before a planned surgery—and explain **unexpected outcomes or findings** afterward
- verify patient/family understanding of written **post-op instructions**, pain control, symptoms to monitor, bandage changes, use of supportive devices like crutches, and **24/7 contact information**
- arrange close post-op **follow up** and investigate atypical symptoms.
- he importance of **clear, two-way communication** about possible risks and complications, before and after surgery, cannot be overstated.
- “Early and frequent communication are the key to helping the patient come to grips with what sometimes can be a complication, and to feel like they are being supported through that process,” says Douglas Smink, MD, chief of surgery at Brigham and Women’s Faulkner Hospital and Associate Medical Director, Surgery, at CRICO.

Retrieved from: Candello Solutions by CRICO Illuminating Risks March 1, 20222; Known Complications of Surgery https://cbscommunity.rmfstrategies.com/pages/resources-18

Communication for surgical teams

- **Consent**
  - A thorough informed consent process should explain and document the relevant risks (i.e., known complications), benefits, probability of success, and risk of not undergoing the procedure. Templated documentation should be amended to include specifics for *this* patient and *this* procedure—in layperson's terms.
- **Surgery Management**
  - Establish guidelines for providers to understand their patients' medical histories as completely as possible, including reviewing the medical record and consulting about rare conditions.
  - Ensure that surgical teams take a **safety pause** to confirm the patient, procedure, and anatomical site and laterality before the procedure begins. The process should also confirm that the planned procedure is the one to which the patient consented.
  - Standardize pre-op **checklist** As an example, the Strong for Surgery program provides pre-op checklists to identify patients with potential risk factors for surgical complications. Topics include nutrition, smoking, blood glucose, medications, and pain control.
  - Expand clinical **training** opportunities like simulation to practice surgical techniques and coaching on technical, safety, and teamwork skills.
- **Culture of Safety**
  - Maintain an environment in which all members of the surgical team feel empowered to speak up when they see something that appears unsafe.

Retrieved from: Candello Solutions by CRICO Illuminating Risks March 1, 20222; Known Complications of Surgery https://cbscommunity.rmfstrategies.com/pages/resources-18 39

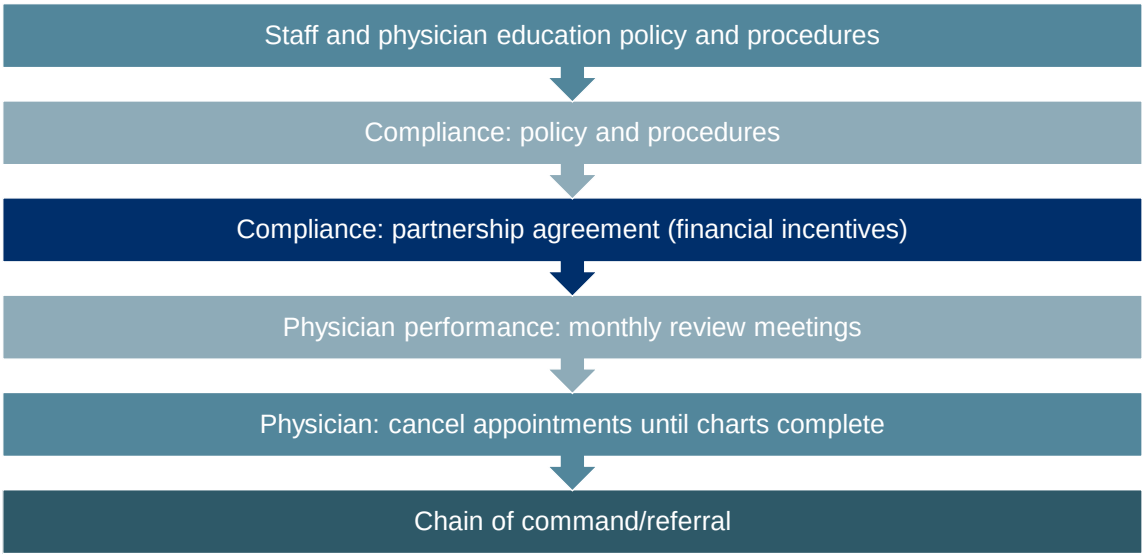
Organizational risk strategies

Harvard Surgery Code of Excellence

- **Service**: Our surgeons are expected always to place patients' needs first.
- **Respect**: Our surgeons are expected to treat patients, their families, visitors, students, trainees, other caregivers, and one another with respect and professional dignity.
- **Teamwork**: Our surgeons are expected to work collaboratively in service of patient care, both as effective leaders of teams and as members of teams led by others.
- **Excellence**: Harvard aims to provide patient care and service equivalent to the best in the world. Our surgeons are therefore expected:
  - to become board certified and maintain certification;
  - to monitor their outcomes and record them;
  - to make their results available for evaluation;
  - to follow prudent safety practices and guidelines for optimal patient care;
  - to achieve and maintain proficiency in the procedures they perform and in the basic set of procedures they may be called upon to perform in their specialty;
  - to limit their practice, except in an emergency, to those areas in which they have maintained proficiency; and to adopt beneficial new technologies and techniques.
- **Ethical discipline**: Our surgeons will not adopt/attempt experimental techniques and technologies outside of research ethics review and assessment, unless in an emergency.
- **Personal responsibility to patients**: Our surgeons are expected to take full responsibility for ensuring the safe care of their patients. When unable to do so themselves, they will arrange appropriate handover or consultation with another colleague or institution. Our surgeons will take responsibility for covered patients as if they were their own.
- **Openness**: Our surgeons are expected to communicate openly and honestly with patients and in the medical record about all aspects of their care—including the nature of any procedures to be performed, rates of complications, potential difficulties for recovery, involvement of other team members, and occurrence of mistakes and adverse events.
- **Education**: Our surgeons are expected to devote time, effort, and skill to educating caregivers and our next generation of clinicians.
- **Humility**: All surgeons have finite abilities. Our surgeons are therefore expected to assess when a case is beyond their or their institution's capabilities and to seek assistance and consultation accordingly.
- **Health**: Our surgeons are expected to value and maintain their health and wellness, as well as assist colleagues with their health.
- **Conflict of Interest**: Our surgeons are expected to maintain the knowledge, insight, and discipline required to keep the patient's interest above financial or any other conflict of interest.**

Source: Adopted by the members of the CRICO/Harvard Surgical Chiefs Safety Collaborative* Per institution protocol surrounding board certification requirements.* Based on the American College of Surgeons Statement on Principles. Available at :http://www.facs.org/fellows_info/statements/stonprin.html . Accessed May 5, 2011.

Risk strategies for physicians and other providers



Summary

Disruptive behavior threatens patients, teams, and organizations

- Culture of fear and intimidation
- Low staff morale
- Staff turnover
- Erodes collaboration
- Erodes communication
- Patient safety and harm
- Litigation

References

- Will Kenton December 13, 2021, Investopedia, Business Essentials https://www.investopedia.com/terms/s/soft-skills.asp)
- Fred Fishback March 8, 2017, Javelin Learning Solutions https://javelinlearningsolutions.com/avoiding-the-thorny-issues-two/
- Singh Ospina, N., Phillips, K.A., Rodriguez-Gutierrez, R. et al. Eliciting the Patient's Agenda-Secondary Analysis of Recorded Clinical Encounters. J GEN INTERN MED 34, 36–40 (2019). https://doi.org/10.1007/s11606-018-4540-5) https://pubmed.ncbi.nlm.nih.gov/29968051/
- Shared Decision Making — The Pinnacle of Patient-Centered Care March 1, 2012 N Engl J Med 2012; 366:780-781 DOI: 10.1056/NEJMp1109283; https://www.nejm.org/doi/full/10.1056/NEJMp1109283; http://www.ihi.org/Topics/WhatMatters/Pages/default.aspx
- Association Between Empathy and Burnout Among Emergency Medicine Physicians; J Clin Med Res. 2019 Jul; 11(7): 532–538. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6575121/
- The relationship between physician empathy and disease complications; Acad Med. 2012;87:1243–1249. https://pubmed.ncbi.nlm.nih.gov/22836852/
- Patient complaints and malpractice risk; JAMA. 2002 Jun 12;287(22):2951-7; https://jamanetwork.com/journals/jama/fullarticle/195008

44

References

- Prevalence and Characteristics of Physicians Prone to Malpractice Claims January 28, 2016 N Engl J Med 2016; 374:354-362DOI: 10.1056/NEJMsa1506137 https://www.nejm.org/doi/full/10.1056/NEJMsa1506137
- Reports About Unprofessional Behavior by Surgeons With Surgical Complications in Their Patients. JAMA Surg. Published online June 19, 2019. doi:10.1001/jamasurg.2019.1738). https://jamanetwork.com/journals/jamasurgery/fullarticle/2736337
- Lagoo, J. et al. Multisource evaluation of surgeon behavior is associated with malpractice claims. Ann Surgery. 2019; 270(1):84-90; https://journals.lww.com/annalsofsurgery/fulltext/2019/07000/multisource_evaluation_of_surgeon_behavior_is.15.aspx
- The Vanderbilt Center for Physician and Patient Advocacy . https://www.vumc.org/patient-professional-advocacy/research
- CPPA Impact Graphic July 2021 https://www.vumc.org/patient-professional-advocacy/our-impact
- Helen Reiss MD “Empathy Training Tied to Improved Patient satisfaction, Lower MPL Risk – Inside Medical Liability; https://www.mplassociation.org/Web/Publications/Inside_Medical_Liability/Issues/2021/Q3/articles/Empathy_Training_Patient_Satisfaction.aspx and September 25, 2021 More Empathy Means Better Care, Less Medical Liability; https://www.medpagetoday.com/opinion/kevinmd/94699?trw=no

45

A note about MedPro Group data

MedPro Group is partnered with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions Incorporated. Using CRICO's sophisticated coding taxonomy to code claims data, MedPro Group is better able to identify clinical areas of risk vulnerability. All data in this report represent MedPro Group's experience with the particular specialty, topic and/or location-specific claims, including an analysis of risk factors that drive these claims.

Disclaimer

This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and may differ among companies.

© 2021 MedPro Group Inc. All rights reserved.

Disclaimer

The information contained herein and presented by the speaker is based on sources believed to be accurate at the time they were referenced. The speaker has made a reasonable effort to ensure the accuracy of the information presented; however, no warranty or representation is made as to such accuracy. The speaker is not engaged in rendering legal or other professional services. The information contained herein does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, if legal advice or other expert legal assistance is required, the services of an attorney or other competent legal professional should be sought.