The Impact of Soft Skills on the Prevention of Medical Malpractice Graham Billingham, MD, FACEP, FAAEM

MedPro Group

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 Risk Solutions staff at MedPro Group, have reported that they have no relevant financial relationships with any commercial interests.

Speaker bio

Graham Billingham, MD, FACEP, FAAEM, Chief Medical Officer, MedPro Group (Graham.Billingham@medpro.com)

Dr. Billingham has 25 years of experience as an emergency medicine physician. He speaks nationally on emergency medicine and has lectured in more than 200 continuing medical education courses on risk management, operations, patient safety, documentation, information technology, coding and billing, and malpractice prevention.



Dr. Billingham is especially gifted at gleaning patient safety and risk management lessons from claims and incidents. As MedPro's Chief Medical Officer, he is responsible for leading the company's Risk Solutions department and working with cher leaders to support clinical risk, claims, underwriting, and sales efforts.

Prior to joining MedPro, Dr. Billingham served as president and CEO for EPIC RRG. He also served on the physician advisory boards of several technology companies and the American College of Emergency Physicians' Medical Legal Committee and Coding and Nomenclature Committee. He is serveritus chairman of the Emergency Medicine Patient Safety Foundation and has served on the Emergency Department Practice Management Association's Board of Directors.

Dr. Billingham also founded and served as medical director for the Center for Emergency Medical Education and was a co-founder of the National Emergency Medicine Board Review Course.

卍

Wisdom

"Nobody cares how much you know, until they know how much you care."

- Theodore Roosevelt



랞

Objectives

· Define and provide examples of soft skills Describe the physician selection and training processes and how they have evolved in recent years · Understand the role of communication as a contributing factor in medical malpractice cases Discuss the impact of disruptive behavior on workplace culture and quality of care

- Explain the effects of burnout and empathy on staff retention and culture of safety
- Identify strategies for improving communication, teamwork, and behavior



Definition of soft skills

Soft skills are personal traits or attributes that characterize an individual's relationships with other people.

Soft skills are considered to be a complement to hard skills (knowledge and occupational skills).

In healthcare, hard skills refer to technical skills and medical decision-making skills.

Sociologists use the term soft skills to describe a person's emotional intelligence quotient (EQ).

Kenton, W. (2021). What are soft skills? In



	Examples of soft skills		
Honesty Integrity	Empathy	Humility	
	Active listening	Communication	
Leadership Respect	Honesty	Integrity	
	Leadership	Respect	

Physician selection and training

Historically, medical schools have selected students who are high achievers, excel at exams, and 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.

Over the past decade, these processes have evolved.

The Medical College Admission Test® was updated in 2015 to include questions related to psychology, sociology, and reasoning.

The Accreditation Council for Graduate Medical Education has incorporated interpersonal skills, communication, and professionalism into its six core competencies and supporting specialty-specific milestones.

These criteria are now a requirement for completing residency training and obtaining medical licensure.

랞

Javelin Learning Solutions. (2017). Soft skills, hard o

Apath to better outcomes and



Communication

The importance of communication

Communication is a critical contributing factor in 46% of malpractice cases.

Inadequate or poor communication can occur among various members of the care team or between clinicians and patients.

Active listening, having patience, and being aware of communication barriers (e.g., health literacy issues and cultural differences) are helpful techniques for improving patient comprehension.

It takes patient about 60 seconds to tell their stories; but clinicians will interrupt or redirect patients within the first 11–23 seconds of telling their stories.

Establishing rapport with patients is essential to gaining their trust and developing good doctorpatient relationships.

MedPo Grop. (202). Claims des angebits A inn year overvier of medical cases. Releved from https://www.medps.com/document/1002230543/ClaimsYane-Overvier_Distribution_20123 (2018), K.A., Options, N.S., & Abrois, V. M. (2019, Physicane interaction patient. Journal of General Internal Medical, 34(5), 105. <u>https://www.medps.com/document/1000/15002505472</u>; Philips, K.A., & Option, N.S., (2017).

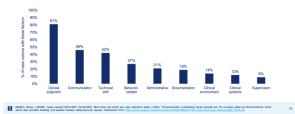
Provider-provider and provider-patient communication issues



Most common contributing factors* across all cases

CRICO Strategies. (2015). Majoractice

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.



Issues with communication

Poor communication	with staff	involved	
notiont core			

- Inadequate communication of pertinent clinical findings to radiologists and other providers
- lock of or delayed repeating of a first and

Health literacy issues

Candello Solutions by CRCC. (2022, Narch 1). Known complications of surgery. Retrieved from https://docommunity.orkitalegies.com/content_linew/nover-complication



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
- Acknowledge the challenges of health literacy, communication barriers, and cultural perspectives

	1		
-	1		
_		-	



Definitions

Inappropriate behavior

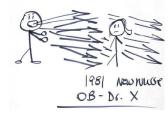
"Any conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive Persistent, repeated inappropriate behavior can become a form of harassment and thereby rise to the level of disruptive behavior."

Disruptive behavior

"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 Option SUGE - Physiciana with damptive bahavior. Relationed from yourschreidens organizational and anglitesia strategy interference and angli

Discouraging disruptive behavior



14

Vanderbilt Center for Patient and I

Behaviors

Belittles or berates others Makes inappropriate comments to staff	• F	Threats of violence or retribution Physical contact that
Refuses to communicate		s threatening or ntimidating Sexual harassment
communicate		Sexual harassment
	communicate	communicate • S

_

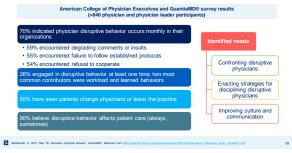
_

Disruptive behaviors



American Medical Association. (2008). AMA Opinion 3:045 - Physicians with damptive behavior. Retrieved from www.ame-associal americancels/Councel%20Reports/council-on-white-and-judicise-shirts/026-celp-shysicians-damptive-behavior.pd.

Prevalence and magnitude





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 underreported due to fear of retaliation.
- The perception of physicians versus nurses.
- Inconsistency in resolving behavior.



Reynolds, N. (2012). Disruptive physician behavior: Use and misuse of the label. Journal of Medical Regulation, 68(1).

Contributing factors to disruptive behavior



Potential indicators of disruptive behavior





Triggers contributing to disruptive behavior



Impact of disruptive behavior

According to The Joint Commission, disrubehavior:	ptive
Fosters medical errors	
 Decreases patient satisfaction 	
Increases preventable adverse events	
Increases the cost of care	and allow
 Drives away clinicians and others on the healthcare team 	

Patients: K. J., et al. (2020). Associations between a new disruptive behaviors acids and learneoid, patient antiety, soci-kille balance, burnost, and depression. The Acid Commission Journal on Quality and Patient 23 Zaley, 40(1), 10-26. <a href="https://www.commission.org/line.org

Medical errors



Decrease in patient satisfaction



Holson, G.B., et al. (2007). Patient completes and melpractice risk in a regional healthcare center. Southern Medical Journal, 500(8), 791-796. Holson, G., & Federajak, C. (2006). Rehinking peer review. Detecting and addressing medical majoractice claims risk. Vanderbill Law Review, and majoractice risk. JMRA 2017(2), 2931-2937. Moore, I., Pichert, J., D. Patient complaints

Increase in malpractice claims

About 8% of physicians are sued annually. Does not consider suggestions — 5.99. Snaps at others when frustrated — 5.92. 0 • 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

Empowering to report

messengers share behavior reports directly

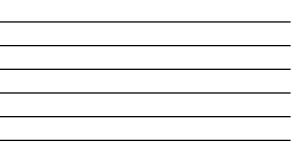
- Vanderbilt: Coworker observation reporting system (CORS) to report unsafe conduct and behaviors known to undermine teams
- · 3% of medical staff (physicians and advanced practice professionals [APPs]) had pattern of CORS reports
- 71% of recipients with CORS patterns following peer messenger feedback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

Peer messenger feedback is helpful in encouraging behavior self-regulation.

8/21/2023

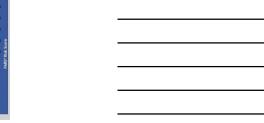
Promoting professionalism pyramid





Patient Advocacy Reporting $\mbox{System}^{\circledast}$ (PARS $\mbox{Patient}$ national data sample





CPPA I	impact
200 - 29	
Interferent Providence Interferent Hours AnnuAlly	3,260,000 245,000
Accessor Protomation AMAS 2,431 HIGHERSENALS CENTRED	Mathematical And
Apparent Profession CORE 5510 RECESSIONALS DEVENED	MARCHAR
19 Samo of following Data	

Center for Patient and Professional Advocacy: 2021 impact report

30

권 🛛



Burnout

Burnout affects interpersonal skills, job performance, career satisfaction, psychological health, and communication.

Burnout, workload, and COVID-19-related stresses were associated with intent to reduce hours or leave.

Approximately 1 in 3 physicians, APPs, and nurses surveyed intend to reduce work hours.

1 in 5 physicians and 2 in 5 nurses intend to leave their practice altogether.

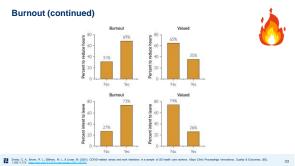
Burnout also contributes to medical errors and poor communication, both of which increase the risk of malpractice.

Reducing burnout and improving a sense of feeling valued may allow healthcare organizations to better maintain their workforces after the pandemic.

Soft skills training has been shown to help prevent burnout syndrome.

Healthcare organizations also need early recognition programs aimed at raising awareness and coping with burnout symptoms through stress management and resilience enhancement trainings.

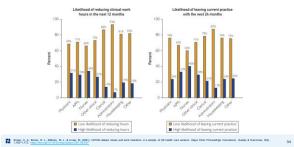
Streky, C. A., Bruen, R. L., Sillman, M. J., & Linzer, M. (2021). COMD-related stream and work interfaces in a sample of US health care workers. Mayo Chris: Reconsting: International Stream (Science), 2021 (Science), 2021





COVID effect

Empathy









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 patients.
- 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.

랞



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 (continued)

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.



72

Risk strategies for surgical teams

Communication

- 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 attenued.
 Verify patient/family understanding of written postoperative instructions, pain control, symptoms to monitor, bandage changes, use of supportive devices like crutches, and 24/7 orticat cilormation.
- like crutches, and 24/7 contact information.

 Arrange close postoperative follow-up, and investigate atypical symptoms.

nformed consent

- Explain and document the relevant risks (i.e., known complications), benefits, probability of success, and risk of not undergoing the procedure.
- Amend boilerplate documentation to include patient-specific and procedurespecific information in layman's terms.
- Candelo Soldons by CRCO. (2022, March 1). Known complications of surgery. Rationed from https://docommunity.cm/training/sc.com/content_limes/







Risk strategies for surgical teams

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. Also confirm that the planned procedure is the one to which the patient consented.
 Use a standardized properative checklist to identify patients with potential risk factors for surgical complications (e.g., the <u>Strong for Surgery precentive checklists</u>).
 Expand clinical training computing (e.g., e.g., and the surgical



Maintain an environment in which all members of the surgical team feel empowered to speak up when they see something that appears unsafe.

Expand clinical training opportunities (e.g., simulation to practice surgical techniques and coaching on technical, safety, and teamwork skills).

Candelo Solutions by CRCO. (2022, March 1). Answer co

Organizational risk strategies





Risk strategies for physicians and other providers



Summary

In healthcare, soft skills allow individuals to communicate effectively, build relationships, solve problems, and maintain professionalism.

Physician education and training programs are increasingly recognizing the value of soft skills and incorporating them into curricula and requirements.

Communication, a critical soft skill, is a contributing factor in 46% of malpractice cases. Communication failures can occur among members of the healthcare team or between clinicians and patients.

Behavior is another factor that contributes to malpractice risk. Disruptive behaviors can lead to medical errors, decrease patient satisfaction, increase costs, and affect the overall quality of care provided.

Burnout and lack of empathy are other issues that plague healthcare and can result in toxic work environments, staff absenteeism and turnover, and increased professional liability exposure.

Strategies to enhance soft skills and address pervasive problems in healthcare can benefit physicians by cultively and educion medical entropiater intelationships, alleviating burnout, improving teamwork, reinforcing safety cultive, and reducing medical errors.



ᆋ

A note about MedPro Group data

- MedPro is partnered with Candello, a national medical malpractice data collaborative and division of CRICO, the medical malpractice insurer for the Harvard-affiliated medical institutions.
- Derived from the essence of the word candela, a unit of luminous intensity that emits a clear direction, Candello's best-in-class taxonomy, data, and tools provide unique insights into the clinical and financial risks that lead to harm and loss.
- Using Candello's sophisticated coding taxonomy to code claims data, MedPro is better able to identify clinical areas of risk vulnerability. All data in this report represent MedPro's experience with diagnostic allegations, including an analysis of risk factors that drive these claims.

Candello Safety in Numbers

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.

랞