

The Impact of Soft Skills on the Prevention of Medical Malpractice

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Speaker bio

Graham Billingham, MD, FACEP, FAAEM, Chief Medical Officer, MedPro Group
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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 other 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 emeritus 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.

Wisdom

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



— Theodore Roosevelt

Objectives

At the conclusion of this program, participants should be able to:

- 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.

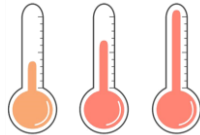
Sociologists use the term soft skills to describe a person's emotional intelligence quotient (EQ).



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

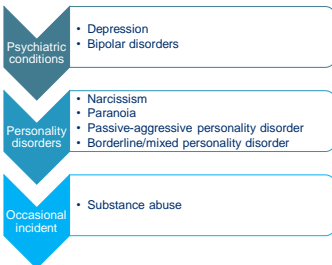
Prevalence and magnitude (continued)

- 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*, 58(1). 19

Contributing factors to disruptive behavior



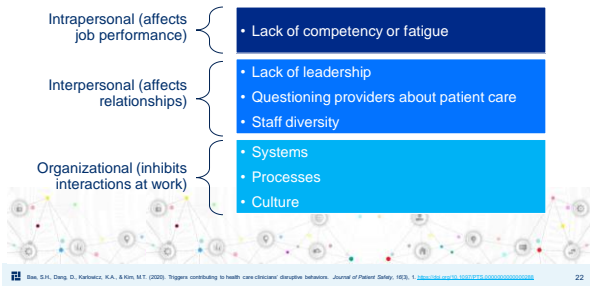
Reynolds, N. (2012). Disruptive physician behavior: Use and misuse of the label. *Journal of Medical Regulation*, 58(1). 20

Potential indicators of disruptive behavior



Cassels, L. M. (2021). *Red flags for disruptive behavior in healthcare professionals*. MedPro Group. Retrieved from www.medpro.com/disruptive-behavior-and-flags-healthcare-professionals 21

Triggers contributing to disruptive behavior



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

Behler, K. J., et al. (2020). Association 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.jcqs.2019.09.002>

Medical errors

- 42% More mistakes in diagnosis
- ↓ Performance reduced when exposed to disruptive behavior
- 11% - 14% Higher risk of surgical and medical complications
- 31.7% If more than four behavioral reports, had higher complication risk

Hicks, D., & Demopoulos, C. (2010). The effect of health care professional disruptive behaviors on patient care. *Journal of Patient Safety*, 6(2), Jan-D. Schrock, H.G., et al. (2016). Do patients' disruptive behaviors influence the occurrence of a health care provider's? An observational experiment. *BMJ Quality & Safety*, 25(1), 19-23. <https://doi.org/10.1136/bmjqs-2014-003402>



Burnout & empathy

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.

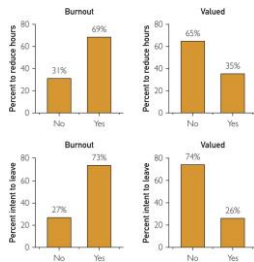
Soft skills training has been shown to help prevent burnout syndrome.

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

11. Steiner, C. A., Brown, R. L., Silman, M. J., & Linzer, M. (2021). COVID-related stress and work intentions in a sample of US health care workers. *Mayo Clinic Proceedings: Innovation, Quality & Outcomes*, 5(2), 195-197. <https://doi.org/10.1016/j.mcp.2021.03.002>

12. Lee, C., Lee, C., Cho, A., J. L., Yoo, S., Park, S., Rodriguez, M., J., & van der Wal, C. J. (2015). Communication skills: A predictive factor in burnout syndrome in health professionals. *Health care professions*, 10(2), 173-181. <https://doi.org/10.1016/j.hcp.2014.12.001>

Burnout (continued)



11. Steiner, C. A., Brown, R. L., Silman, M. J., & Linzer, M. (2021). COVID-related stress and work intentions in a sample of US health care workers. *Mayo Clinic Proceedings: Innovation, Quality & Outcomes*, 5(2), 195-197. <https://doi.org/10.1016/j.mcp.2021.03.002>

Communication strategies

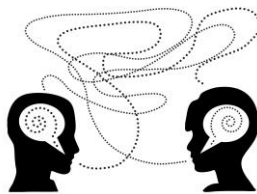
- Knock before entering exam rooms.
- Greet patients and introduce yourself (if needed).
- Sit when you can, and maintain eye contact when talking to patients.
- Be aware of nonverbal communication and cues.
- Ask patients about their goals for the visit.
- Don't interrupt while patients are talking.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



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.



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 afterward.
- Verify patient/family understanding of written postoperative instructions, pain control, symptoms to monitor, bandage changes, use of supportive devices like crutches, and 24/7 contact information.
- Arrange close postoperative follow-up, and investigate atypical symptoms.

Informed 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 procedure-specific information in layman's terms.



"The importance of clear, two-way communication about possible risks and complications, before and after surgery, cannot be overstated."



© 2022. Created by CRICO. (2022, March 1). Known complications of surgery. Retrieved from https://documents.cris.org/central_content/known-complications-of-surgery

Risk strategies for physicians and other providers

- Staff and physician education: policy and procedures
- Compliance: policy and procedures
- Compliance: partnership agreement (financial incentives)
- Physician performance: monthly review meetings
- Physician: cancel appointments until charts complete
- Chain of command/referral

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 cultivating better doctor-patient relationships, alleviating burnout, improving teamwork, reinforcing safety culture, and reducing medical errors.



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 *andela*, 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.



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