

10 YEARS AFTER CAMERON: HAVE WE MADE GAINS IN IMPROVING DISCLOSURE PRACTICES IN NEWFOUNDLAND AND LABRADOR?

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ABSTRACT: Poster (2H)

- Purpose:** On 3 July 2007, the Government of Newfoundland and Labrador established the Commission of Inquiry on Hormone Receptor Testing with the Honourable Margaret A. Cameron as Commissioner. The Cameron Inquiry exposed a systems failure in which hundreds of mistakes with hormone receptor tests were made, but the health authority had no crisis management plan and failed to communicate effectively with patients, the public, or government. Significant improvements have been made since the Cameron Inquiry. Cameron recommended training in disclosure for health professionals and the regional health authorities invested in such training opportunities. However, disclosing an adverse event to a patient or patient's family remains one of the most difficult professional tasks that physicians perform. Physicians do not have enough training or practice in having these difficult conversations, and therefore are often not confident with their communication skills. This lack of training and confidence are significant barriers to respectful and effective disclosure. In addition, many disclosures occur without guidance from an organizational expert, such as a representative from Quality and Risk Management (QRM). This project explores current disclosure process from the perspectives of the multiple players involved, including QRM personnel, practicing physicians, and physicians in leadership positions, as well as the potential role of trainees in disclosure processes.
- Methods:** This research project involved a cross-sectional survey and two focus groups (one with QRM personnel and one with physicians in leadership). Questions focused on the barriers and facilitators of disclosure, the process of disclosure, the quality of disclosure discussions, and knowledge of regulatory guidelines and resources. The survey was sent to approximately 15 QRM personnel and 1260 physicians throughout Newfoundland and Labrador (NL). The focus groups involved 10 QRM personnel and 12 physicians in leadership.
- Results:** 11 QRM personnel (73.3%) and 165 physicians (13.1%) completed the surveys. For the QRM survey, 0% of respondents reported feeling very comfortable disclosing adverse events and 55.6% reported feeling very uncomfortable, even with their extensive preparation for these conversations (81.8% received orientation on disclosure, 90.9% received formal training, and 100% are aware of regulatory guidelines and regulations). For the physician survey, 11.3% reported feeling very comfortable disclosing adverse events and 8.6% reported feeling very uncomfortable, despite being less prepared for these conversations than QRM personnel (30.9% received orientation about disclosure, 49.4% received formal training, and 49.1% are aware of regulatory guidelines and regulations). In the focus groups, QRM personnel and physician leaders noted improved performance among all staff who have been involved in disclosure discussions. However, there is still a level of discomfort with disclosure among frontline staff.



Conclusion: Based on the surveys and focus group results, physicians in NL could receive more information and training in disclosure. More work is needed around communication and interviewing techniques, team behaviours, and the creation of a Just Culture.

