

Conversations That Matter— The Road to Patient Safety

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There are many ongoing debates in health care regarding reimbursement, access to care, staff shortages, and ethical concerns. For many of us, it is difficult to find a way to impact the system, to implement safer practices, or to enhance collaboration in complex environments. As the focus on health care shifts to patient safety, family participation, and an increased need for dialogue among clinicians, we are all looking for ways to impact the system both collectively and as individuals. The following essay provides a framework for personal action and for organizational culture change. Through the four principles outlined below, we can make our environments safer and return hope to health care.

“There is no power for change greater than a community discovering what it cares about.”

Margaret Wheatley

The health care industry is taking the first step toward creating an environment where those who come to us for help can feel secure that we will do no harm. The focus on patient safety creates hope that we will be able to overcome the obstacles that have been created through competition for resources, lack of accountability for actions, apathy resulting from the acceptance of mediocrity, through blame and interpersonal conflict, and through complexity and misunderstanding. Patient safety may look to be the current fad or focus for the next accreditation cycle but it is more than a new administrative manual or a report to boost our competitive position. It is the heart of what we do. It is the duty we have to those who are in need of our help. It is the minimum we can provide and the optimum we can achieve. Patient

safety represents nothing less than our integrity—our bond of trust with each patient and family member who arrives through our doors. To truly achieve a safe environment, we must take the time to have conversations that matter.

Creating a culture of safety will require that we follow four principles (Table): 1) to be present in the moment; 2) to listen for understanding; 3) to solve the problem together; and 4) to make the other person look good. We will need to incorporate these four principles into all of our activities, both as individuals and collectively in our health care organizations. The first task we must undertake is to be present. We need to find a way to be present in the moment and be aware of our environment. We cannot recognize system deficiencies if we are no longer looking at the space we are working in. To be present means that we have to get outside of our heads and pay attention to where we are. We have to look and listen and feel the space we inhabit and become aware of the others who share that space. We must find ways to quiet the noise in our heads so that we can hear our intuitive voice and act on the gut feelings that drive us in the right direction.

Our second task is to listen. We must learn to listen with an open mind. We need to create a space where there is respect for each other's story. We cannot create a safe environment for patients until we create a safe environment for sharing our stories. We must listen fully—not just to the information but also to the context in which it is delivered. We must listen without judgment and encourage disclosure. We must spend time assessing situations before diagnosing what is wrong or who is to blame. We will need to find ways for stories to be told without fear of retribution or retaliation. We will need to look for the theme of each story rather than bicker about the truth of the facts or deflect the message in an effort to diminish the storyteller.

Our third task is to solve the problem together. We must find ways to collaborate and foster consensus. We

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Table. Applying the Four Principles

Be present in the moment

- Find a way to focus yourself (breathing, listening).
- Take an inventory of the environment—who is present, what are the sounds, what is the temperature, what is the tone, how is the patient experiencing the same surroundings, are there any unsafe conditions that should be corrected?
- Make eye contact with those who are in the room with you.
- Acknowledge the presence of others—the patient, family members, the housekeeper, the physician.
- Check in with yourself—how are you responding to the environment, i.e., are you agitated, are you comfortable, are you tired?

Listen for understanding

- Take time to listen without speaking—don't ask questions or give advice for at least 90 seconds.
- Practice focusing while someone speaks to you—clear your head of your to-do list, try to listen without planning what you are going to say back to the person.
- Listen fully—look for nonverbal information from the speaker, are they upset, what is the reason they are telling you their story?
- Identify what is important—what are the needs or interests of the person speaking to you, what is important to them, what are they looking for from you?
- Listen to yourself—how are you reacting to the information, what impact does that have on your response?

Solve the problem together

- Don't feel obligated to solve the problem on your own—invite others to work with you.
- Ask, "What would it take for you to (insert behavior)?" If faced with an impasse, ask what it would take for the other person to change their position—e.g., what would it take for you to notify me when you are leaving the unit? What would it take for you to come back from break on time?
- Identify who can help with the situation and ask for help.

Make the other person look good

- Find a way for others to save face or to look good rather than finding a way to prove you were right.
- Find a way to help the other person, department, or unit do better by giving information about what you need or expect from them, or by showing appreciation when they have helped you.
- Identify what works rather than what did not work and look for ways to replicate what works.

will need to provide staff and clinicians with skills for negotiating their environments. We will need to encourage them to look for ways to communicate their concerns, to share their ideas, to collaborate and not compete. We will need to remove barriers that keep them from collaborating. We will need to give them skills in listening, openness, mutuality, and acceptance. We will need to give them a safe space to be creative and to take risks that can lead to transformation. We will need to be there with them when there are errors or unanticipated outcomes and model integrity and forgiveness. We will need to have conversations that matter, conversations that reveal what we care about as a health care community—conversations that are meaningful, that address difficult issues, and that incorporate civility and respect.

Our fourth task is to find ways to make the other person look good. We need ways to encourage support of each other and not enable those who would tear down others for personal gain. We will have to demonstrate the benefits of making the other clinician,

the other department, and the other division look good. We will have to find ways to help others save face when they are embarrassed, to feel supported when they have made a mistake, and to feel acknowledged when they have a great idea.

Through the incorporation of these four principles, we can create healing environments that keep our patients safe and allow our clinicians to excel. If we choose to be present, to listen with an open mind, to solve the problems together, and to make the other person look good then we choose to return hope to the health care environment. It is through that hope that we will find the resources for solving the difficult problems that arrive at our doors each day. It is through hope that we can create safer healing environments and restore the joy that comes from working together to care for each other.

Acknowledgment: Debra Gerardi RN, MPH, JD is President and CEO of Health Care Mediations, Inc. She is currently serving as the Patient Safety Program Manager for Stanford University Hospital and Clinics.