RESIDENT OWLERY

WELCOME TO THE NEXT EDITION OF "RESIDENT OWLERY," a newsletter developed by Professional Risk Management Services® to provide psychiatry residents in training with *owl* you need to help manage your risks as you prepare to start your psychiatric careers. Featuring risk management resources, educational articles, and the latest announcements and events from PRMS, this quarterly newsletter will share relevant news, useful tips, and important updates in the field of psychiatry to help keep you, your patients, and your practice safe, from residency to retirement.

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HAPPY HOLIDAYS!

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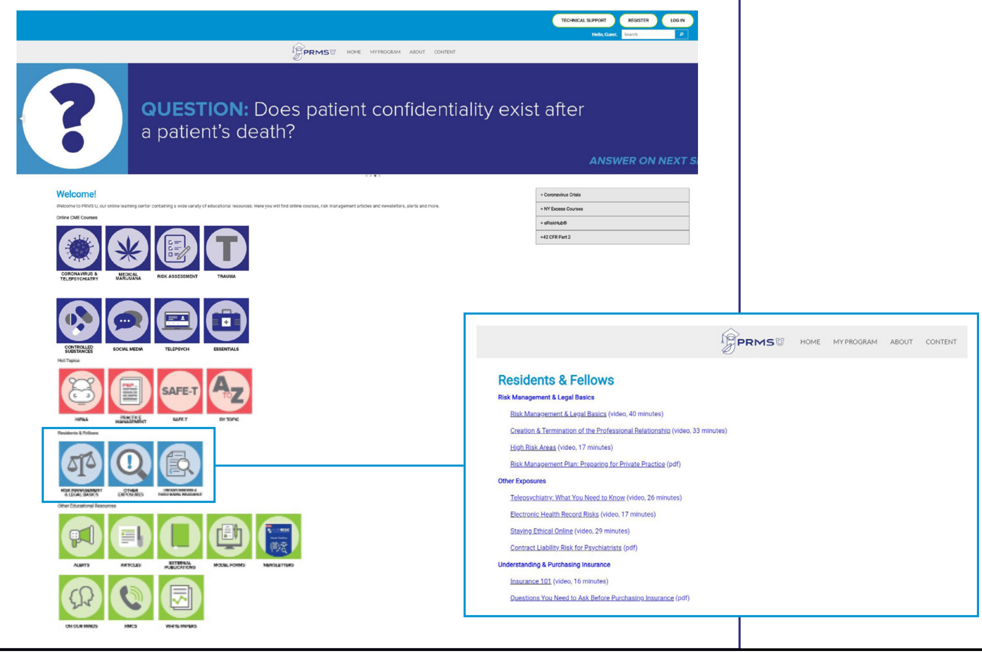
10 THINGS ABOUT:
NON-ADHERENT PATIENTS

1. While one would like to believe that adults should be held accountable for their own actions or inactions, if a patient is harmed due to his or her nonadherence to a physician's recommendations, a jury will look to see what efforts the physician made to affect adherence believing that a physician has a better understanding of the ramifications of a patient's failure to pursue or continue treatment than does the patient.
2. While many psychiatrists recognize that a certain portion of their patient population may not be adherent to treatment recommendations, they are often not aware of exactly which patients these are as it is not always obvious that your patient is not adhering to your treatment recommendations.
3. Nonadherence often results in inadequate or incomplete treatment, which in turn may prolong the patient's illness. This can lead to a longer period of therapy and increased costs, which again may lead to decreased adherence. Additional problems may occur when patients see other providers and fail to apprise you of other medication(s) those physicians may have prescribed, or when patients take herbal remedies and other over-the-counter medications that they fail to mention.
4. Nonadherence may be demonstrated by the patient's failure to schedule or to keep appointments, failure to obtain requested lab work or testing, failure to fill or take prescriptions as prescribed, failure to report worsening symptoms, or engaging in behaviors that are contrary to what you have advised. Sometimes the patient's nonadherence is apparent when he or she returns to your office as the patient's condition has worsened or failed to improve. Other times it may only be discovered by careful monitoring and questioning.
5. Once you have determined that a patient is nonadherent, the next step in managing the problem is determining why. While your patient may be intentionally disregarding your recommendations, it could also be that he or she unable to follow them for some reason. It may be that there is a desire on the part of the patient but also some sort of barrier that precludes adherence.
6. One barrier to adherence might be that of health literacy - the ability to read, understand, and act on health information. Adherence to treatment plans may be an issue for patients with poor health literacy because they cannot remember or do not understand what they are told. Health literacy is an especially serious problem for aging populations with multiple chronic conditions requiring constant medication and self-monitoring.
7. Non-adherence may be due to the patient's lack of insight into his condition. A large percentage of patients with bipolar disorder or schizophrenia also suffer from anosognosia which often results in non-adherence. Anosognosia is caused by physiological damage to the brain and is believed to affect approximately 40% of patients with bipolar disorder and 50% of patients with schizophrenia.

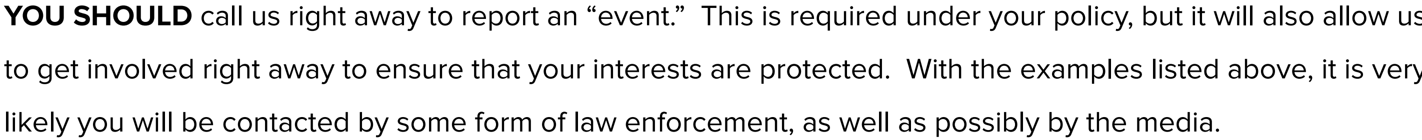
8. Displeasure with side-effects (e.g., weight gain, sexual dysfunction, acne) is a common reason for patients to fail to take prescribed medication. Other reasons include belief that the medication is ineffective because the patient did not see an anticipated improvement in a specific time period, lack of appreciation of benefit if changes are not felt or seen, and belief that the condition has been "cured" once some improvement is seen.
9. Documentation is key in managing risk associated with nonadherent patients. Remember to thoroughly document patient's nonadherence, your conversations with patient and/or patients caregivers regarding the need to follow your recommendations, as well as any written materials given. Remember also to note any calls made to the patient and retain copies of all letters sent.
10. As the treating psychiatrist, you have a responsibility to educate and advise the patient regarding his or her best options for treatment. The final decision of whether to accept these options remains that of the patient. This does not mean, however, that you must continue to try to treat a patient who refuses to follow your treatment plan.

OUR ONLINE RISK MANAGEMENT LEARNING CENTER FILLED WITH EDUCATIONAL RESOURCES TO KEEP YOU AND YOUR PRACTICE SAFE

Psychiatric residents, fellows, and training directors receive complimentary access to PRMS' client-exclusive on-demand courses, risk management articles, newsletters, alerts, and more. Visit PRMSU.com to register today.



WHEN YOUR PATIENT MAKES THE NEWS...



Imagine this: You are drinking your morning coffeeand watching the news. You are shocked to hear one of the following reports:

- Your patient has been arrested, accused of murder
- .Your patient has committed suicide
- Your patient has been the victim of a horrible crime

What should you do,and what should you not do?

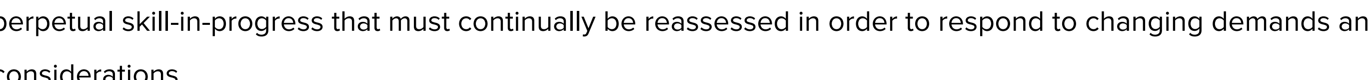
YOU SHOULD call us right away to report an "event." This is required under your policy, but it will also allow us to get involved right away to ensure that your interests are protected. With the examples listed above, it is very likely you will be contacted by some form of law enforcement, as well as possibly by the media.

IF YOU ARE CONTACTED BY THE PRESS: Do not speak to the media, regardless of whether information is sought by television or print. If you were treating the person, do not confirm that the person was even a patient. Even if you were not treating, but you happened to have done a curbside consult onthis patient with the treating physician, do not reveal anything about your colleague's patient or even the fact that you discussed this person with your colleague. You have a duty to maintain confidential information shared with you by another provider for treatment purposes.

IF YOU ARE CONTACTED BY A GOVERNMENTAL AGENT, such as law enforcement, the Medical Examiner, the prosecutor, etc. for information: Call us prior to responding, even if you have called inthe event previously, so we can provide assistance with how to respond. Ifyou are not able to speak with us immediately, the following guidelines may be useful until we can provide you with specific advice:

- Do not assume that anyone is entitled to information about your patient, even for investigation purposes, regardless of what the investigator may say
- A patient's arrest or even death is not an exception to patient confidentiality
- The exceptions to the normal requirement of patient authorization required to release information are very, very limited
- Consider responding as follows: "Any information I may have about this person would be confidential. I want to cooperate, but I need you to put your request in writing and cite your authority for the disclosure. Upon receipt, I will promptly process your request."

MYTHS AND MISCONCEPTIONS: A PERFECT RECORD



Myth 1: It is possible to create a perfect record.

Truth: There is no such thing as a perfect record. As with most aspects of psychiatric practice, documentation remains a lifelong learning process, a perpetual skill-in-progress that must continually be reassessed in order to respond to changing demands and considerations.

A psychiatric record does not have to be "perfect", but it should be "good enough." What does that mean? While the specific *content* of a psychiatric record may vary, the purpose of documentation remains constant. A good record accomplishes several things: it substantiates your clinical judgment and choices, demonstrates the knowledge and skill you exercised during treatment, provides a contemporaneous assessment of the patient's needs and behaviors, and documents significant events, revisions to the treatment plan, and explanations of your decisions.

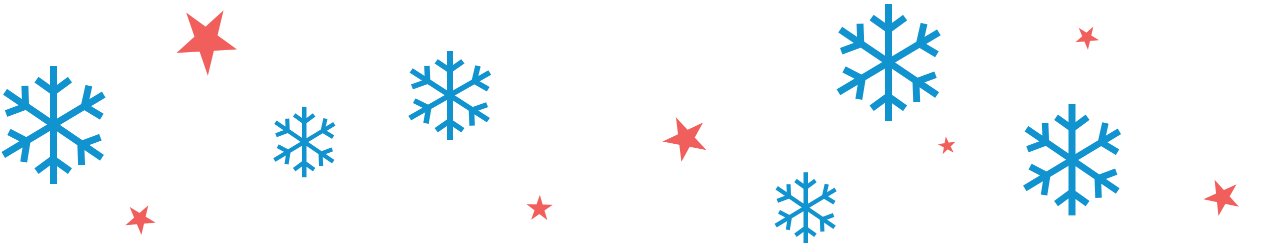
Myth 2: Unless you have a perfect record, you cannot win a lawsuit.

Truth: You do not need a "perfect record" to win a lawsuit, but you need to have one that is "good enough." It is true that documentation plays a vital role in the defense of a malpractice lawsuit; without adequate documentation it may be very difficult to demonstrate that you provided appropriate care. However, an experienced defense attorney can work well with a cooperative clinician and a "good enough" record. [See above for what constitutes a "good enough" record.] You should not become complacent, though; the reality that perfection can never be obtained should not prevent you from striving to create as complete and supportive arecord as possible.

There is one *absolute* with regard to records and professional liability . . . NEVER ALTER A RECORD. Altering a record destroys your credibility in a lawsuit, could compromise your professional liability insurance coverage, could lead to sanctions from your medical licensing body, and will destroy your professional reputation. In addition, altering a record may be considered a criminal act.

Catch up on our other editions of the Resident Owlery on our website!

This holiday season, PRMS is proud to support organizations working to support wellbeing and mental health in our local community and across the country. Join us in supporting: **Arlington Food Assistance Center,** which provides dignified access to free groceries and allows families to devote their limited financial resources to obligations such as housing, utilities, medication, and other basic needs in the Northern Virginia area; **Trevor Project**, whose mission is to end suicide in LGBTQ+ young people through research, advocacy and support programs; **World Central Kitchen**, a global organization developing a new model for disaster relief by providing meals to humanitarian, climate, and community crises; and **Child Mind Institute**, which is dedicated to transforming the lives of children struggling with mental health and learning disorders by providing evidence-based care and resources, training educators in underserved communities, and developing breakthrough treatments.



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MORE THAN AN
INSURANCE POLICY

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