HANDOUT · ONE OF THREE

The Four Cs.

A framework for pediatric harm response.

When harm happens, four commitments hold the room together – for the family, for the second-victim clinician, and for the institution. Practice them until they become reflex.

01 · CLARITY

Tell the truth.

Speak plainly. Name what happened. Separate what is **known** from what is **not yet known**. No jargon, no euphemism, no defensive language.

> *"Here is what we know. Here is what we don't yet know. We are actively investigating."*

02 · COURAGE

Say the hard thing.

Disclose when silence would be easier. Escalate when the ladder tells you to. Do the M&M, the root cause, the honest conversation with the family — **structured courage, not recklessness**.

> *"The right thing costs something. Do it anyway – through proper channels, with documentation."*

03 · COMPASSION

Meet the human cost.

Apologize genuinely. Acknowledge the family's suffering. Care for the **second victim** — the clinician standing at the bedside who also hurts. Compassion is patient-safety infrastructure.

> *"I am so sorry this happened to your child. I can only imagine how frightening this is."*

04 · COLLABORATION

Never do it alone.

Enter the disclosure room with an **ethics consult**, a nurse liaison, and a colleague. Investigation is inherently multidisciplinary. Families, clinicians, and institutions heal together — or not at all.

> *"Nobody does this alone. Not the disclosure, not the investigation, not the healing."*

MONDAY MORNING

Clarity tells the truth. Courage says it aloud. Compassion holds the human cost. Collaboration makes it a system, not a solo act.

SOURCES

AHRQ CANDOR Toolkit · AAP Disclosure of Adverse Events in Pediatrics (2025) · Wu, *BMJ* 2000 · IHI Framework for Safe, Reliable Care

TERRI MAJOR-KINCADE, MD, MPH

Balancing Equity, Empathy, and Institutional Interests

Children's Mercy Bioethics Center · August 4, 2025

HANDOUT · TWO OF THREE

The disclosure conversation.

Four emotional moves for the hardest conversation in medicine. Say them in order. Take your time. *Silence is not your enemy.*

01

ACKNOWLEDGE

Open the door. Sit at their level.

> *"Something has happened during your child's care that I need to talk with you about. I want you to know we take this very seriously."*

02

EMPATHIZE & APOLOGIZE

Say the words. Not the corporate version.

> *"I am so sorry this happened. I can only imagine how frightening this is. Your child's safety is our first concern."*

03

EXPLAIN HONESTLY

Name uncertainty. It builds trust.

> *"Here is what we know so far. Here is what we don't yet know. We are actively investigating and will tell you what we learn."*

04

COMMIT

Give them something to hold onto.

> *"We will meet with you tomorrow at 9 AM to share what we've learned. Nurse Rivera is your point of contact until then."*

DO

Speak in person · Sit at the family's level · Prepare with the team first · Silence is okay · One named point of contact

AVOID

Defensive language · Premature promises · Blaming others · Rehearsed corporate phrasing · Doing it cold

SOURCES

AHRQ CANDOR Toolkit · AAP Disclosure of Adverse Events in Pediatrics (2025) · IHI Respectful Management of Serious Clinical Adverse Events

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HANDOUT · THREE OF THREE

The escalation ladder.

When you see something wrong, start at the lowest rung. Move up only when the rung below fails. **Document at every step.**

1

Direct conversation

With the colleague. In private. Curious rather than accusatory. *"Help me understand your thinking here."* Most concerns resolve at this rung.

2

Immediate supervisor

Your direct supervisor or the attending of record. **Bring facts, not adjectives.** Now you're formalizing the concern.

3

Department leadership

Division chief, medical director, or equivalent. The record starts here.

4

Patient safety or ethics committee

Multidisciplinary review structures exist for exactly this. **Use them — they're your allies.**

5

Executive leadership or board

Rare — essential when institutional interests actively interfere with patient safety.

6

External reporting

Licensing boards, accreditors, regulators. **Last rung, not first.** Internal channels exhausted, harm ongoing, legally protected.

BEFORE YOU ESCALATE · APPLY THIS FILTER

Disagreement *or* violation?

REASONABLE DISAGREEMENT

Two competent clinicians, both within standard of care, choosing differently. → **Discussion, not escalation.**

VIOLATION

Outside standard of care, evidence of harm, pattern not incident, refusal to engage. → **Climb the ladder.**

SOURCES

AMA Code of Medical Ethics · The Joint Commission Sentinel Event Policy · IHI Framework for Safe, Reliable Care · Whistleblower Protection Statutes (state & federal)

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