

**Managing Complaints**  
**using**  
**the A.S.S.I.S.T Model of**  
**Communication**

**(The A.S.S.I.S.T Model of Communication was developed by the  
Medical Protection Society)**

## Managing Complaints using the MPS A.S.S.I.S.T. Model of communication

The A.S.S.I.S.T. model of communication was developed and is owned by the Medical Protection Society (MPS). It was developed to assist staff in the discussion of adverse events with patients/service users and/or their families/support person(s). This model may also be used effectively to assist staff in their communication with service users during the complaints process.

A: ACKNOWLEDGE    S: SORRY            S: STORY  
I: INQUIRE            S: SOLUTIONS    T: TRAVEL

### A: ACKNOWLEDGE

- ❖ Acknowledge the complaint and that there has been a problem i.e. the issues raised/adverse event/adverse outcome the complainant/service user has experienced.
- ❖ Acknowledge the impact this is having or has had on the complainant/service user and their family and any stress/distress/concerns/fear/disappointment etc caused as a result of the event.
- ❖ Thank the complainant for bringing these issues to your attention.
- ❖ Acknowledge that complaints are welcomed as an opportunity to learn and to improve services.
- ❖ Acknowledge any failings in the delivery of care/error(s) that have been established or that are obvious .

### S: SORRY

#### Consider: What do you need to say sorry for?

- ❖ This will depend on what has happened and the facts that are known or available at the time.
- ❖ Initially it may be adequate to express regret to the patient/service user for what has happened and to empathise with their situation. *“I am so sorry that this has happened – we do not know at this stage why or how this happened and we will be reviewing your care to establish the facts...I know that this is very upsetting for you and that you must be disappointed.”*
- ❖ If it is immediately obvious that an error has occurred or that the service failed the service user in some way it will be necessary to apologise for the failure/error identified i.e. *“An error did occur – I am so sorry that this has happened”*.
- ❖ If you establish during the course of the investigation of your complaint that there were failings in the delivery of care or that an error occurred it is important to acknowledge this, apologise and provide an explanation i.e. *“A review/investigation of your complaint has indicated that there were certain failings in the care provided to you .....(list the failures identified). We have established that this happened because of .....(provide an explanation). I am so sorry about this. Please accept my sincere apology on behalf of myself and my team. We are planning the following actions to try to prevent this happening again in the future.....(explain the steps being taken to try to prevent a recurrence)”*

## **S: STORY**

- ❖ Provide an opportunity for the patient/service user/family to relate to you their understanding of what has happened including the impact the event has had on them and their feelings/concerns in relation to the event and their ongoing condition and care plan.
- ❖ Listen attentively without interrupting them.
- ❖ Feed back/summarise your understanding of what they have told you and seek further clarification when necessary. Tell the story as you understand it from the service user's perspective, providing explanations where explanations are available or have been established.
- ❖ Empathise.

## **I: INQUIRE**

- ❖ Provide an opportunity for the complainant/service user/family to ask questions.
- ❖ Request permission to provide further information and provide answers where answers are available.
- ❖ Initially it may not be possible to answer all questions until all the facts have been established.
- ❖ It is ok to state that you don't know the answers to some questions. Provide reassurance that their complaint is being investigated and commit to provide answers for them at a later stage when the investigation of their complaint is completed.
- ❖ Keep them updated as more information becomes available.

## **S: SOLUTIONS**

- ❖ Seek the complainant's/service user's ideas on the way forward and on options for resolving the complaint from their perspective.
- ❖ Request their permission to propose some thoughts of your own.
- ❖ Negotiate and agree the complainant's desired solutions and an action plan to achieve these solutions.
- ❖ Ensure that they fully understand what is involved in these solutions, the learning that has occurred and how these solutions might reduce the likelihood of a recurrence of the event and improve the quality of service provided.

## **T: TRAVEL**

- ❖ Avoid abandonment – Reassure them that their care going forward will not be compromised as a result of making a complaint.
- ❖ Specifically express your desire to continue with their care.
- ❖ Maintain contact with the complainant during the course of the investigation of their complaint keeping them updated on progress.
- ❖ Involve them in the complaint investigation process.
- ❖ Provide/arrange relevant support services.
- ❖ Reassure regarding planned actions to try to prevent a recurrence of the event.

### **Supporting Documents:**

*“Sample language to assist clinicians in open disclosure discussions”*

**available on the HSE website on [www.hse.ie/opensdisclosure](http://www.hse.ie/opensdisclosure)**