

Early Resolution Program - Enrollment Form- Physician

In order to participate in the Program, you must sign this enrollment form. By signing this form, you are stating that you understand all of the information that has been provided to you from MPIE.

PARTICIPATION REQUIREMENTS/MAINTAINING ELIGIBILITY

- Review Program materials on communication and disclosure of unexpected outcomes.
- Notify the Program Administrator as soon as possible (at least within 24 hours of recognition of an unexpected outcome that will result in additional medical expenses or delayed recovery) so the Administrator can determine if the event qualifies for the program.
- Offer the Program to the patient **only after speaking with the Administrator.**
- Inform the qualified patient of the Program and provide contact information. Invite the patient to contact the Administrator.
- Communicate with the patient and Administrator about the medical prognosis, follow-up care, and other patient needs.
- Cooperate with the program regarding continuing contact with the Administrator.

By participating in the Program, physicians will be provided with the following services:

SERVICES OFFERED

- Skill-development programs and materials on communication and disclosure of unexpected outcomes of care and treatment and the power of empathy and apology
- Coaching the physician on the best way to communicate with the patient about the complication and apology (if appropriate)
- Facilitation of physician-patient communication (as necessary)
- Maintenance of contact between the physician and the patient
- Information and support to the provider and the patient

NAME OF PHYSICIAN (PLEASE PRINT)

PHYSICIAN

SIGNATURE _____

DATE _____

SIGN AND FAX THIS FORM TO MPIE FOR ENROLLMENT (616.741.1999)