In practicing conversations, they talk with actors who tell the doctors what they might have done better—and how the conversation felt from the patient’s side. After an adverse event, responders have a continuum of possible ways to explain what happened, notes Kenneth Sands, Beth Israel’s senior vice president for healthcare quality. “The communication could be ‘Your medication gave you a seizure,’ or ‘You were given the wrong medication; therefore, you had a seizure,’” or ‘You were given the wrong medication because the resident did not write the order clearly, and that’s what gave you a seizure.’”

It’s not enough to tell a patient, “There was a miscommunication,” Browning echoes; unless the doctor explains what kind of miscommunication, and between which parties, patients and families will feel the doctor is hiding something or underestimating their capacity to understand what’s going on. Truog says families who revisit the ICU years later typically don’t remember many medical aspects of