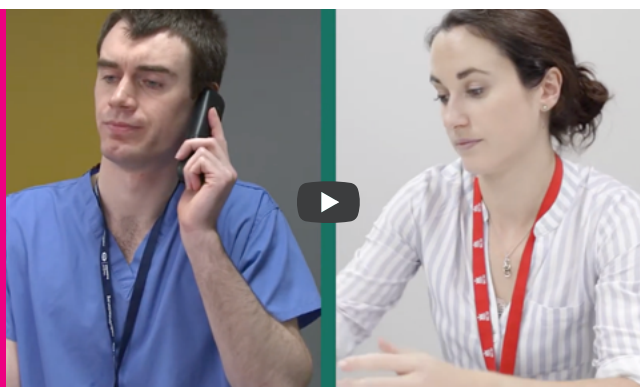


MODULE 4

Communicating with Colleagues and Promoting Teamwork

General Acute



Interdepartmental Clinical Handover V1. (Slide 80)

Background

Eoin is the senior house officer (SHO) in the emergency department (ED) and is giving a clinical handover to the surgical registrar in an acute hospital setting. The patient's name is Mr John Ryan. He is 65 years old and lives alone. He was brought to the ED by his family as he has been feeling off form for the past few days.

Handover content

- Mr John Ryan, DOB: 22/09/56 in Room 12 under the care of Professor Moloney was brought to the emergency department by his family.
- The patient has been eating less, has not vomited and has been off form for the past 72 hours.
- The patient's family reports that he normally has a good appetite.
- The patient's brother had a diagnosis of colon cancer and died 2 years ago.
- Examination indicates mild tenderness; distended abdomen and the patient reports absolute constipation.
- The SHO has performed a rectal examination which indicates that the rectum is empty.
- The patient reports that he has had a fecal immunochemical test (FIT) to screen for colon cancer but has not followed up on the test results with his GP. The patient has never had a colonoscopy.
- The patient was sent for plain film of abdomen (PFA) scans. The SHO is not confident in his reading of this but he thinks the scans show distension in the large bowel.
- Blood results indicate that haemoglobin level is a little high at 14.9, C-reactive protein (CRP) blood test result is 32 and white cell count (WCC) is 11.4.
- The patient requires review by the surgical registrar in line with the escalation protocol to rule out an obstruction and possibly a CT scan also to aid diagnosis.
- The surgical registrar tells the SHO that the hospital CT scanner is currently out of action.
- **Note:** During the telephone handover, the surgical registrar asks the SHO to put in a cannula to give the patient IV fluids and to check his serum lactate.

Say something like

“So let’s think about Eoin’s and Emer’s communication skills under the Calgary-Cambridge Guide and using the ISBAR₃ format.”

Skills

Initiating the session

- Eoin had not taken the time to prepare his information before the telephone conversation.
- He didn’t set or negotiate the agenda with Emer or identify the issues that he wanted to discuss.

Building the relationship

- Eoin didn’t use good communication skills to build rapport with Emer. For example, he didn’t introduce himself using his first and family name and he didn’t identify his role within the healthcare team.
- He didn’t try to connect with Emer (for example by using her name throughout the conversation).

Non-verbals

- Eoin appeared very uncomfortable throughout the conversation, moving about, grimacing, rolling his eyes, etc.
- Emer’s tone became irritable during the conversation, for example when she said:
‘I’m just going to stop you now... what’s your name?’
‘Do you have a full story or are you just going to keep wasting time here’

- **Note:** these non-verbals do not help to build a collaborative relationship between Eoin and Emer

Gathering information

- Emer listened to Eoin in silence at the beginning of the conversation and asked some clarifying questions to confirm understanding. However, as it became clear that Eoin was not prepared for the handover, Emer began to interrupt Eoin more and listened less.

Providing information and planning

- Eoin did not use signposting skills to indicate where he was in relation to the handover process

Closing the session

- Emer did not check back with Eoin that they had a shared understanding of what Eoin needed to do next.

Providing structure

- As Eoin had not prepared his information and did not use an agreed structure it was unclear where he was in the handover process or indeed what information he was communicating about the patient.

ISBAR₃

Eoin did not use the ISBAR₃ or indeed any identifiable agreed structure during this scenario.