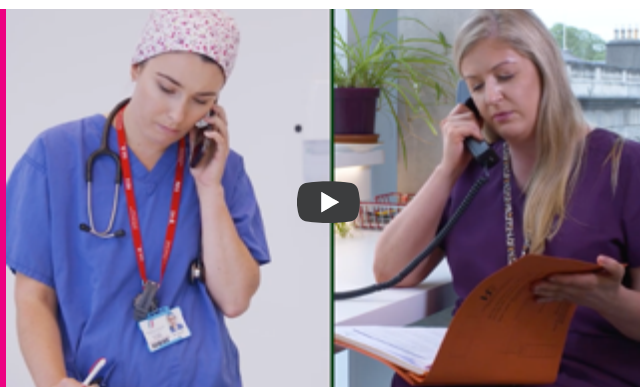


MODULE 4

Communicating with Colleagues and Promoting Teamwork

Maternity



Clinical Handover V1. (Slide 80)

Background

Catherine is the Obstetric registrar on call and she is giving a clinical handover to Mai, the Anaesthetic registrar on call. The patient's name is Ms Joanne Ryan. She is 32-years old and lives with her partner. She is 34-weeks gestation on her first pregnancy and has been an inpatient for 2-days with proteinuric preeclampsia and her baby's estimated fetal weight is on the 6th centile. Her blood pressure has been worsening despite increasing doses of oral labetalol since admission. Since morning she has been feeling very unwell with severe headache, epigastric pain and vomiting.

Handover content

- Ms Joanne Ryan, DOB: 11/08/1989 in Room 2 Labour Ward under the care of Dr Moloney was brought to the Labour ward from the Antenatal Ward 1-hour ago.
- The patient has been unwell since morning with severe headache, worsening oedema and epigastric pain. She vomited an hour ago.
- She has been an inpatient for 2-days having developed significant proteinuria and hypertension. Her blood pressure has remained high despite increasing her oral labetalol each day since admission.
- Her baby's EFW on scan is on the 6th centile and today there is absent end diastolic flow on Doppler. The CTG is normal.
- Examination indicates pitting oedema to the upper tibia, blood pressure of 160/110, +3 proteinuria and epigastric tenderness. There is hyperreflexia and clonus of more than 3 beats
- The obstetric registrar started a labetalol infusion and is starting a Magnesium Sulphate infusion. She has decided that Joanne will need to be delivered today by Emergency Caesarean Section. She has already had two doses of dexamethasone. She has just had an indwelling catheter inserted with an hourly output measurement.
- The patient is allergic to penicillin.

- Blood results from admission showed a Hb of 10.9 and a platelet count of 102. LFTs and Creatinine were normal. Repeat blood results from 2 hours ago are pending.
- The patient requires review by the Anaesthetic registrar in view of the imminent need to deliver and the possibility of High Dependency Unit care
- The Anaesthetic registrar says that there is a surgical major case in theatre at present and that the HDU is full.
- **Note:** During the telephone handover, the Anaesthetic registrar asks the Obstetric registrar to limit the IV fluids being given and to request a coagulation screen.

Say something like

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

Skills

Initiating the session

- Catherine had not taken the time to prepare her information before the telephone conversation.
‘I don’t think so... like that’s why I am ringing you!’
- She didn’t set or negotiate the agenda with Mai or identify the issues that she wanted to discuss.

Building the relationship

- Catherine didn’t use good communication skills to build rapport with Mai. For example, she didn’t introduce herself using her first and family name and she didn’t identify her role within the healthcare team.
- She didn’t try to connect with Mai (for example by using her name throughout the conversation).

Non-verbals

- Catherine appeared very casual throughout the conversation, moving about, grimacing, rolling her eyes, etc.
- Mai’s tone became irritable during the conversation, for example when she said:
‘Sorry, who am I talking to?’
‘And Catherine, who are YOU?’
- **Note:** these non-verbals do not help to build a collaborative relationship between Catherine and Mai. Poor relationships between staff have a negative effect on collaborative team-based working and ultimately on patient care.

Gathering information

- Mai listened to Catherine in silence at the beginning of the conversation and asked some clarifying questions to confirm understanding. However, as it became clear that Catherine was not prepared for the handover or signposting the structure of the handover, Mai began to interrupt Catherine more and listened less.
‘Slow down there now Catherine, I have those details but just by the skin of my teeth’.
- This type of comment does not help to build a good relationship between these two colleagues.

Providing information and planning

- Catherine did not use signposting skills to indicate where she was in relation to the handover process. She also became irritable during the conversation with Mai... *‘Look I need you to see her, because this lady has actually got fulminating pre-eclampsia now and she is going to need to be delivered today and that’s just it!’.*

Closing the session

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

Providing Structure

- As Catherine had not prepared her information and did not use an agreed structure it was unclear where she was in the handover process or indeed what information she was communicating about the patient... *‘So what’s the story, why do you think she needs HDU?’*

ISBAR₃

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