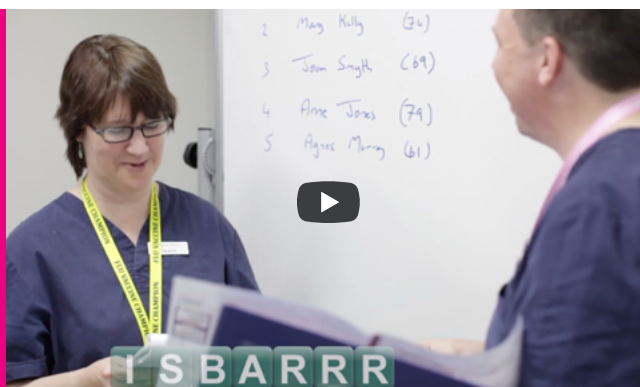


MODULE 4

Communicating with Colleagues and Promoting Teamwork

General Acute



Shift Clinical Handover. (Slide 83)

Background

James is the night nurse and is giving a shift clinical handover to the day nurse Denise coming on duty in an acute hospital setting. The patient's name is Mrs Sarah Hogan. She is 70 years old, is independent and lives with her daughter Mary. The patient was admitted on Sunday after a fall.

Handover content

- Mrs Sarah Hogan, DOB: 26.01.1951 in Room 24 under the care of Professor Slattery was admitted on Sunday for a fall. She is in bed 1.
- Unwitnessed fall at home. Associated loss of consciousness. Found by her daughter Mary and brought into the emergency department by ambulance.
- Day 4 post-operative, internal fixation for her left fractured neck of femur.
- The geriatric team are due to review Mary this afternoon.
- Atrial Fibrillation on Warfarin, non-insulin dependent Type II diabetes, hypertension and high cholesterol.
- Some mild pain early in the night. Pain score 2 out of 10. Early Warning Score (EWS) is 0.
- Currently pain is well controlled with oral analgesia.
- On IV antibiotics, last dose at 06:00, next dose due at 12:00.
- Receiving ongoing physiotherapy and due to go to the gym this morning.
- Recommended on warfarin (usually takes 3mg at home).
- Check INR today.
- Moving to discharge. Need to talk this through with Sarah's daughter this afternoon to review home circumstances and discuss the discharge plan.
- No risks have been identified.

Skills

- In this scenario James is anxious and begins the conversation by asking Emer to come down “right away”.
- Emer uses good communication skills for building rapport (**introduces herself**) and **demonstrates empathy** by acknowledging that James must be “under pressure” and then encourages James to introduce himself by saying... ‘*who am I speaking to?*’.
- Following this, James realises that he needs to give the medical registrar sufficient information to ensure that she will come and see his patient and commences the communication by **introducing himself and using ISBAR₃**.
- Emer uses good communication skills for **gathering information** at the start of the communication by allowing James to speak **uninterrupted** and encouraging him to continue speaking by using **neutral phrases**... ‘*mm-mm, yeah, ok, ah, ah*’ **during pauses**, to demonstrate that she is listening.
- She also asks some questions... ‘*what are his saturation levels like?*’ and ‘*what has been done for him?*’ and in doing so, **demonstrates that she has been listening**. This also helps to improve the informational content of the handover and her overall understanding of the patient’s situation.
- The communication ends with Emer **summarising** and **reading-back** the information to James to ensure that her understanding is correct; this read-back prompts Emer to **identify a risk** in this scenario... ‘*HDU..have no beds at the moment*’... and thus allows her to identify a suggested solution ‘*would you be able to speak to the nursing supervisor while I am coming down and see if there is an ICU bed*’ and Emer will ‘*flag the case with the ICU consultant*’...
- James also **confirms his understanding** of the next steps... ‘*I am going to ring nursing administration*’...
- Again in this version, while James and Emer are using ISBAR₃, the communication is interactive, so Emer is not a passive recipient of handover information but works collaboratively with James to enhance the informational content of the communication. This is achieved through using a common agreed structure underpinned by good communication skills.

ISBAR

Identification

Night nurse in Ward A and medical registrar on call. Patient's name is Mr James Collins (Jimmy) a 60 year old gentleman under the care of Professor Moylan. DOB 22.09.61. MRN 764231.

Situation

The patient was found collapsed in the bathroom 5 minutes ago by his wife Denise. Complaining of severe pleuritic chest pain, pain is rated at a 10/10 on the pain scale, tachypnea with a respiratory rate of 32 breaths per minute. Early Warning Score (EWS) of 9.

Background

Day 4 post incisional hernia repair which had been uneventful. Was due to be discharged this afternoon.

Assessment

The patient's blood pressure is 100/80. His heart rate is 120 beats per minute. His breathing is laboured with a respiratory rate of 32 and he is saturating at 85% on room air. The patient was placed on 100% rebreathable mask and his oxygen saturations improved to 91%. Looks pleuritic and the patient may have a pulmonary embolism. He has been given some pain relief and nursing staff are doing a 12 lead ECG test at present.

Recommendation, Read-back, Risk

Given his current EWS of 9 and the fact that it is getting progressively worse; he requires review by the medical registrar in accordance with the escalation protocol with a possible transfer to a higher level of care bed. The risk is the possible difficulty with getting a bed for the patient in high dependency unit (HDU).