COMMUNICATION

A core competency for interprofessional collaborative practice

MATERNITY CARE EDUCATION & PRACTICE REDESIGN

AMERICAN COLLEGE of NURSE-MIDWIVES

ACOG
The American College of Obstetricians and Gynecologists

Learning Objectives

Goals:	By the end of this module, participants will be able to:
Demonstrate	collaborative, respectful, and responsive communication with other health professionals.
Apply	health care communication protocols and techniques appropriately to clinical scenarios.
Demonstrate	the principles of providing and receiving high quality peer feedback.
Identify	methods to discuss differences in belief systems and negotiate a difficult conversation.
Identify	when communication is at risk of breaking down and manage the impact on people.

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Content Outline

2 Case Studies:

- MEE'S STORY: A family decides to decline some aspects of care in the hospital for cultural reasons
- GEETA'S STORY: An experience of planned home birth requiring hospital transfer

- Using Best Practice Guidelines, each story prompts the learner to examine the impact of interprofessional communication during tense clinical encounters
- The learner will practice applying communication skills to use with families and interprofessional teams.

Mee's Story

- 19 yo married to Alang, G2P0010
- Hmong, Vegetarian, Buddhist, fluent in English
- Seeing CNMs for perinatal care, plans a hospital birth in Sacramento, CA

Mee's Story (cont.)

Antenatal:

- Healthy pregnancy, nausea & vomiting in first trimester
- No significant PMH or PSH
- Has taken iron, and also Hmong foods and teas to manage common discomforts

Care team:

- CNM Serena: provided 45 minute antenatal visits and knows Mee and Alang well
- RN Karen: experienced RN, will meet Mee and Alang for the first time in labor
- Pediatrician Monica: relatively new to the hospital, will evaluate the newborn

Mee's Story (cont.)

Labor and Birth:

- 0400 SROM at home, 0700 onset of contractions
- 1330 Mee & Alang arrive at the hospital, met by Karen and Serena. Admission temperature 38.2C; Karen uses the **SBAR Communication Tool** to notify Serena
- Admission exam, Serena notes normal FHR, cervix 7cm dilated
- Serena, Karen, Mee, and Alang discuss IV hydration to address her fever. Hmong culture includes preference to avoid invasive procedures in the circulatory system.
- Before further discussion, Mee has strong urge to push. After 20 minute 2nd stage, she births her vigorous 3080 gram son, with a 1st degree laceration. Mee & Alang are overjoyed.

Situation:

Identify yourself, the person, and the main reason for your consultation. This is the **Who** and **Why**.

Background:

Share relevant history, previous labs, diagnostic results, and psychosocial background. This is the **How**, such as how the condition possibly arose.

Assessment:

Describe your findings that reflect the current condition and status of the person. This is the **What**. Offer a conclusion about what you believe is clinically happening.

Recommendation:

Recommend an action, such as medications or treatments. This is linked to the **When**. Request when you would like the consultant to see the person.

birth place lab

During labor, Karen, the nurse, uses SBAR to notify Serena, the midwife, about Mee's fever.

In an SBAR, under which 'letter' would you report the temperature?

- Situation
- Background
- Assessment
- Recommendation

Mee has an intrapartum fever. If you were to conduct an SBAR, under which letter would you convey the diagnosis?

- Situation
- Background
- Assessment
- Recommendation

Mee's Story (cont.)

Postpartum and newborn care:

- Placenta delivery uncomplicated, both Karen and Serena notice a foul odor.
- Mee swaddles her baby tightly; neonate temp is slightly high at 37.6C. Mee's fever has resolved. Serena helps unwrap the baby and encourages skin-to-skin for neonate thermoregulation. Mee seems disinterested. After confirming that the timing is good, Serena and Karen **debrief the birth** with Mee and Alang.
- After Serena has left the room to **debrief the team** on the client feedback, Karen tells her that Mee has swaddled the baby again, and thinks that Alang has increased the room temp, as it is now "stifling hot." Mee and Alang also wish to go home.
- Serena re-enters the room and finds it as Karen observed. She talks with Mee and Alang about the risks of under or overheating a newborn. Alang turns down the thermostat.

Debriefs

After the birth, Serena and Karen meet with Mee and Alang to complete a birth debrief.

Open-ended questions are best for eliciting patient-centered feedback. Examples:

- How are you feeling about the birth? What is most important when you think about how you will tell your birth story?
- Do you have any questions about the labor or birth?
- What were the high and low points of your labor and birth?
- What made you feel proud and happy or disappointed and concerned?
- What gave you a sense of being well cared for?
- What recommendations do you have for me or the staff? Shall we review the notes together to help us remember your birth story?

Debriefs (cont.)

After Serena, Karen, and the parents have the birth debrief, Serena heads over to the nursing station to provide feedback to the staff.

In a team debrief, members describe their impressions of people's actions and how they affected the team's functioning. Team debriefs allow processing of events in a safe space. Examples:

- How do we feel about our overall care?
- What did we do well?
- What could we have done better to: improve outcomes? meet patient needs and preferences? facilitate each other's roles?
- What are priority areas for ongoing care of this family and who will provide each aspect of the care plan?

Debriefs (cont.)

The **DEAR Strategy** helps when performing debriefs:

- **Describe** what was seen or heard
- **Explain** the impact on you or the team
- **Ask** for their perspective
- **Request** what could be done differently in the future

Feedback is most effective when given in a timely manner, offered with specificity, and aimed at observable performance. Feedback should be provided about six criteria for maternity care:

- Safety
- Effectiveness
- Timeliness
- Efficiency
- Equitable distribution of workload
- Adherence to person-centered or family-centered care

A word about feedback…

Facilitate a culture of dialogue by establishing a trusting relationship with the people you give and receive feedback with regularly. Not everyone feels comfortable giving feedback and others are not able to receive it.

View feedback as a conversation, rather than a lecture, by sharing input and reasoning. Some practical suggestions regarding feedback are:

- Focus on performance and process
- Be specific and clear
- Provide detailed feedback, but in manageable units

What is Your Approach to Feedback?

What is the most important aspect of feedback for you?

- Given in a timely manner
- Given with specific examples
- Given in manageable units
- Given informally
- Other??

When might you dismiss or distrust feedback?

- No examples
- Unreliable source
- First time hearing it
- Other??

Mee's Story (cont.)

Postpartum and Newborn Care (cont.)

Serena, Mee, and Alang continue their conversation including:

- Mee and Alang share that in Hmong culture, using heaters and blankets to maintain a warm environment is very important to prevent illness.
- Serena wants to send the placenta to pathology: After explaining her concerns about infection and Mee's fever, Mee and Alang tell Serena they prefer to keep their placenta in order to complete an important Hmong ritual of placental burial.
- Mee and Alang state again their desire to go home. The newborn is breastfeeding and has a normal temp of 37.3C. Serena acknowledges the request, has not given a response yet.

Mee's Story (cont.)

Interprofessional Collaboration and Conclusion

- Serena sees Monica, the pediatrician, as she leaves Mee's room, and asks her opinion on the early discharge request.
- After hearing the history and the family's preferences, Monica notes that in-patient observation of the newborn would be ideal.
- Given Mee and Alang's preferences, Monica and Serena discuss the importance of ensuring that the family understand when to page Serena for a home assessment of the newborn, when to come to the hospital, how to thermoregulate the newborn, and how to monitor for signs of illness.
- Monica and Serena agree that ultimately the family has the right to decide about discharge, and that a conversation with the parents about risks and benefits of early discharge should be continued and documented.

Document:
A key element for person-centered decision making (PCDM)

Document the discussion and plan of care that results from interprofessional person-centered decision making. This is done to communicate across disciplines and to provide protection from legal challenge. Providers should document that choices were offered and reliable information was provided about the options. Documentation of a PCDM conversation should include:

- The decision
- The agreed upon course of action
- The ongoing roles and responsibilities of each party
- The risk-sharing agreement between the providers

Other PDCM Key Elements:

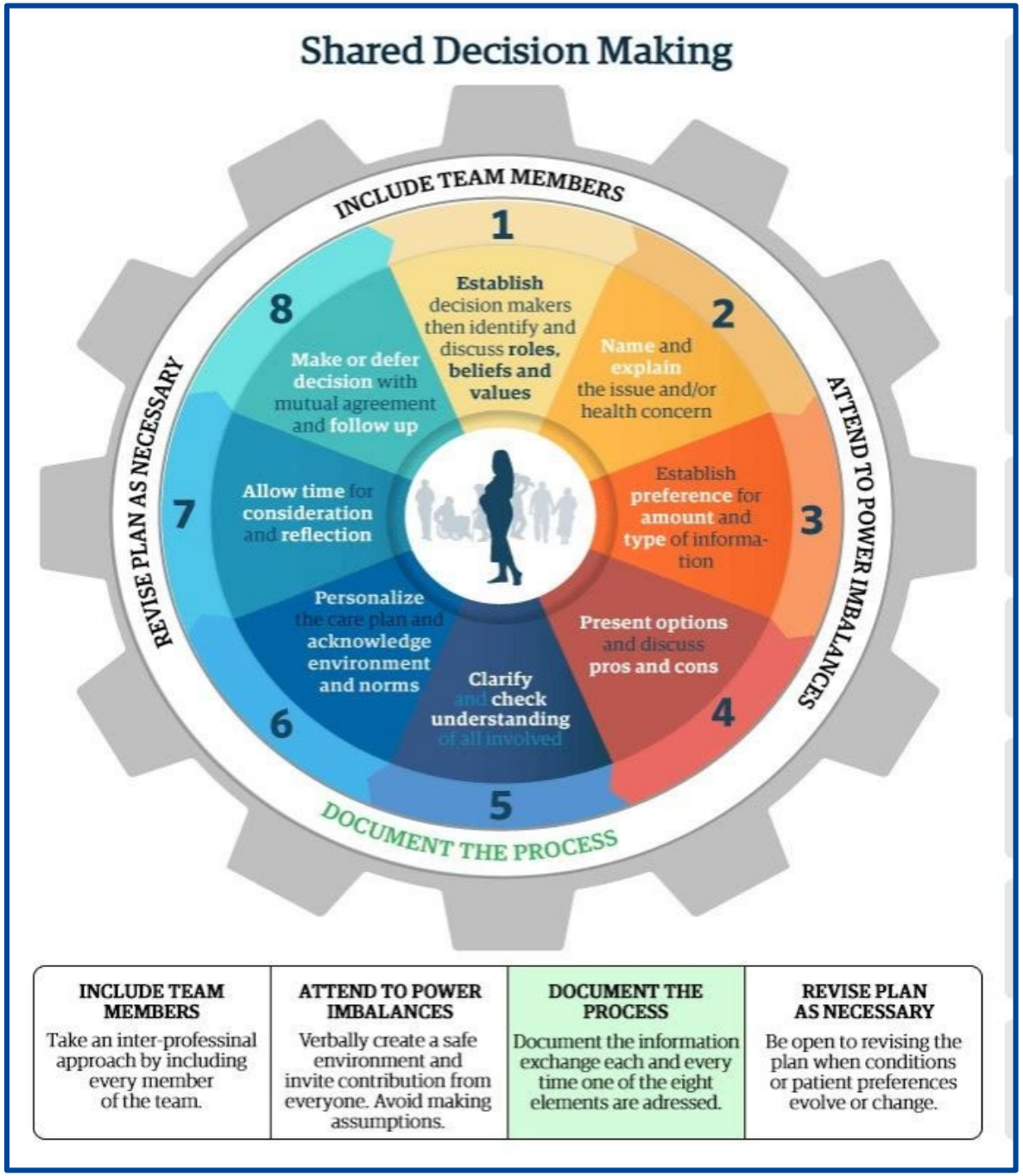
Establish values, beliefs, and preferences of the decision-makers

- Pay attention to language – judgment may inhibit the conversation
- Avoid language that disempowers choice

https://www.youtube.com/watch?v=A7yuigFtFiQ

- In the video, identify places where the couple describe their values and preferences for their birth experience

Shared Decision Making:
Another key PCDM technique



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Geeta's story

- 24 yo G1P0, 41wks EGA
- East Indian, Hindu, Vegetarian, speaks English at an advanced-beginner level
- Husband is overseas; lives with her parents and 5 yo niece
- Plans a homebirth with CNMs; her mother and a doula will accompany her

Geeta's Story (cont.)

Antenatal:

- Uncomplicated pregnancy, NKDA, no medications. Lives a 15-minute drive from a Level 3 hospital in California.
  - Care team:
    - Doula Jillian
    - CNMs Carol and Sasha

Geeta's Story (cont.)

Labor and Birth:

- 0600: Onset of labor with regular contractions
- 1200: CNM Carol arrives, assesses that all is going well, calls the hospital birthing unit, gives RN Eleanor report of planned home birth, records are sent in case of transfer.
- 1400: Urge to push – cervical exam is about 9 cms. CNM Sasha is called.
- Over several hours, contractions become less strong and frequent, cervical exam is unchanged. Maternal VS and FHR are stable. Team uses position change, hydration, and acupuncture. Geeta is becoming exhausted and her mother is worried.
- Carol suspects labor dystocia. Using **key communication skills**, she begins conversation with Geeta about home vs. hospital birth in this situation.

Geeta's Story (cont.)

- "After the onset of labor, "about 1 in 10 women planning a home birth will experience transfer to a hospital."
- "The majority of maternal and newborn transfers are non-urgent and the most common reason cited for transfer is failure to progress among primiparous woman (78%)".

(Coulter & Collins, 2011)

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Geeta's Story (cont.)

Home Birth Transfer

- Geeta decides to transfer to the hospital; her mother and doula remain with her. RN Aleya is assigned to Geeta on arrival; RN Eleanor is in charge; MD Elizabeth is OB on call. Transfer was hard and uncomfortable. Carol is driving to hospital, prepares how she will give report to the hospital team.
- A smooth transfer includes a verbal report with information on the course of care prior to admission. This can help the receiving staff provide continuity and culturally appropriate care. Records should be shared and pertinent information summarized. Clear communication between client, primary provider, and consultant providers are key to effective teamwork.

Procedures for Home Birth Transfers

Transfer plans can improve outcomes and experiences for everyone.

Transfer plans are in place before labor to ensure smooth and safe transitions across levels of care.

1. Indication for transfer occurs
2. Person/family agree to transfer
3. Decision made on mode of transport
4. Home birth provider calls hospital to notify of transfer, reasons, and timing
5. Homebirth provider preps for transfer while continuing to monitor client/fetus
6. Homebirth provider verbally lets client know what to expect from transfer and at the hospital
7. Homebirth provider gathers supplies and medical records
8. If EMS has been called, provider greets them and gives report. Responsibilities are reassigned to transferring team.
9. At the hospital, homebirth provider gives report to the hospital team
10. Providers document reason for transfer, arrival time, plan, and each person involved.

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Communication Techniques

Verbal Communication

Effective communication involves both general and active listening skills to facilitate two-way communication, and then use verbal skills.

Use understandable words. Goal: To converse at an appropriate level for the person's age, language fluency, and educational level.

Consider the appropriate tone for the situation to reduce anxiety and facilitate comfort.

Communication Techniques (cont.)

- Paraphrasing
- Reflecting
- Open questioning
- Summarizing
- Acknowledging
- Framing and reframing

Communication Techniques (cont.)

Nonverbal Communication:

There are two communication techniques that are expressed through non-verbal cues: what we *convey* when sending a message, and what we *portray* when receiving a message.

- Maintain an open posture
- Match eye contact (or not)
- Match pacing while speaking
- Become comfortable with silence

Putting it All Together: Healthcare Communication Processes

Interprofessional Communication

Communication was key in ensuring that Geeta's transfer and coordination of care was safe and successful. Mee and Alang felt secure about going home because the interprofessional team had discussed the plan in case they needed to return later. Both cases demonstrate the importance of interprofessional communication when providing person-centered care.

Consider: When making a plan with a group of people that you do not know well, do you prefer to:

- Facilitate the conversation
- Have the conversation facilitated for you
- Go between facilitating and standing back
- Other

Putting it All Together (cont.)

Culture of Dialogue

- A culture of dialogue is created when people who work together intentionally make efforts to communicate with respect. Relationships and mutual trust are improved by seeking input, giving and receiving feedback, and sharing the decision-making process with the team.

- For Mee and Alang, the interprofessional team used many routine communication strategies to discuss clinical care and team processes. For Geeta, the team followed processes to facilitate clarity about each person's role in care. Both examples demonstrate that communication skills are based on a willingness to listen and to be heard.

Putting it all together (cont.)

Appreciative Inquiry

- What we ask or inquire about affects behavior. If we ask only about problems then we often magnify those issues. By contrast, Appreciative Inquiry:
- Chooses the positive as the focus of inquiry
- Inquires into stories of life-giving themes
- Identifies themes that appear in the stories and select topics for further inquiry
- Creates shared images of a preferred future
- Find innovative ways to create that future

Putting it all together (cont.)

Disarticulation: A Difference of Opinion

When teams share in decision making, there is greater chance for disarticulation. People may have differing professional opinions or priorities. While conflict can be addressed in a debrief, communication skills are still needed in the moment conflict occurs.

A good approach is to use strong, clear language and “I” statements: ex. “I am concerned.” For this to be effective and not misunderstood, be aware of body language, tone of voice, and posture. Stand tall, speak calmly, and maintain eye contact

Conclusion

Now that you have completed the case studies and information on interprofessional communication, review the learning objectives to assess your understanding and decide where you will focus your efforts to obtain the best outcomes for you and your team.

"What an exceptional experience that was, a privileged, professional but also personal [experience]… I had the best care, the absolute best care… What I saw was how well the home birth midwives… the ambulance, the hospital, and the after-care… they all worked so professionally amongst each other to give me and my baby the best care."

- Mother, after transfer from planned home birth, (Cheyney et al., 2014a)

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RESOUCES:

- Crossing the Quality Chasm: A New Health System for the 21st Century
- What is the purpose of debriefing women in the postnatal period? The Royal College of Midwives
- Best Practice Guidelines: Transfer from Planned Home Birth to Hospital
- South Australian Perinatal Practice Guidelines – Managing women in distress after traumatic birth experience
- Clinical Practice Guideline on managing post-traumatic stress after childbirth

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