

Live. Learn. Hope.

Nursing Communication Skills in Nephrology

Clinical Education

4/2021



NORTHWEST
Kidney Centers

Learning Objectives



At the end of this presentation, the nurse will be able to:

1. Understand the importance of good communication.
2. List the consequences of lapses / poor communication in healthcare.
3. Explain factors affecting communication in dialysis setting.
4. Enumerate reasons to call providers & pertinent details to include.
5. List & explain tools available to enhance communication in healthcare.

By Definition



Communication – a method of relaying information to get a point across

Forms of communication:

Verbal

Nonverbal

Written

Must be bidirectional!

Importance of Communication



In healthcare, good communication:

- Improves patient safety
 - Increases accuracy & reduces errors
- Enhances quality care and outcomes
 - Continuity of care
- Promotes patient & team satisfactions
 - Trust, respect, & dignity
- Prevents / diminishes liability exposure

Lapses in Communication



- An estimated one-third of adverse events are attributed to human error and system errors due to miscommunication.
- A 10-year study from 1995-2005 showed that ineffective team communication is the root cause for nearly 66 percent of all medical errors during that period.
- Communication breakdown is one of the main causes of adverse events in clinical routine, particularly in handover situations.

Poor Communication



Results in:

- Misunderstandings lead to lack of respect
- Potential harm – physically & psychologically
- Wastes – time & resources

Poor communication is one of the biggest challenges when working with diverse group of people.

When health care team members do not communicate effectively, patient care **ALWAYS** suffers.

Who Do You Communicate With?



Daily: most members (if not all) of the IDT:

- Patients & their families /caregivers **
- Technicians**
- Nephrologists**
- Unit coordinators**
- RDs
- SWs
- Managers, supervisors, CDs

As needed:

- Internal support personnel – IT, pharmacy, administration, logistics, etc.
- Outside personnel: MD staff, emergency personnel, etc.

Factors Affecting Communication



- **Timing** – when
 - Determine when it is appropriate
- **Environment** – where
 - Is the setting conducive to communication
- **Culture & language** – how – approach
 - Sensitivity to manner of speech & other factors
 - Interpreter needed?
- **Levels of education / skillset** – how
 - Terminology we use – is it appropriate?

Our CKD Patients



Communicating with Patients



Remember our patients:

- Are mostly are older adults > 60 years of age
- Have complex & multiple comorbidities
- Are uremic & metabolically acidotic – could affect emotions
- Have enormous health & financial burden
- Take numerous medications
- Are diverse culturally, socioeconomically, & multigenerational
- Are scared!

Cross Cultural Communication



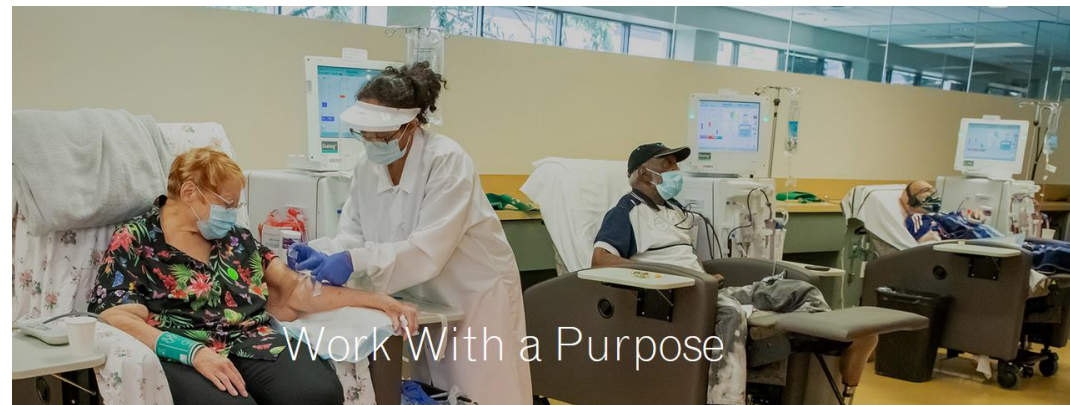
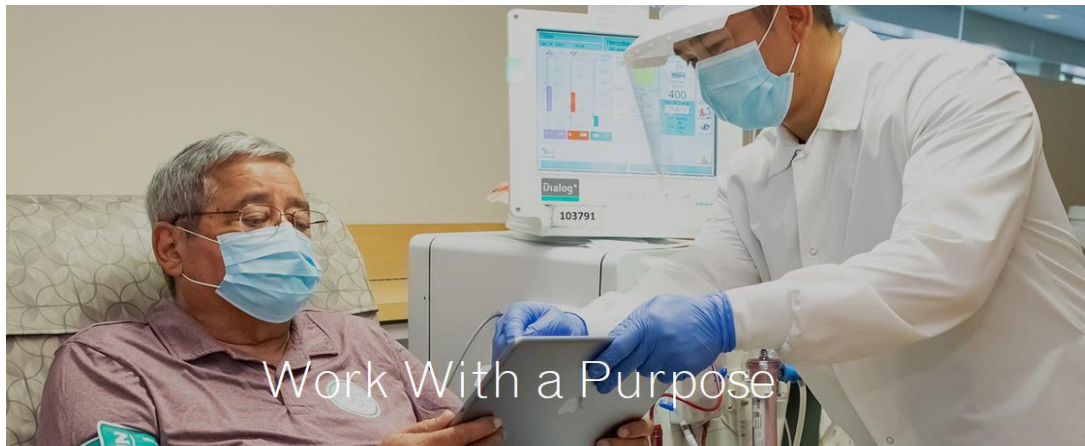
Considerations include:

- ✓ Learning style
- ✓ Interpreters
- ✓ Respect for personal space – timing
- ✓ Listening
- ✓ Respect for silence
- ✓ Non-verbal – body language – eye contact
- ✓ Appropriate words / terminologies
- ✓ Family dynamics

Our Clinical Environment



High intensity procedures with frequent hemodynamic instability and risk for complications.



Our Care Transitions



CKD patients require multiple treatments a week.

Their care involves coordination with multiple external caregivers & providers such as those from ED, inpatient staff, outpatient personnel, & pharmacists.



Team Communication



Nurses work closely with dialysis technicians, unit coordinators, RDs, SWs, & supervisors / managers. What are some considerations?

- Background
 - Medical / Dialysis experience - skillsets
 - Terminology
 - Culture & language
- Priorities
- Timing
- Environment
- Huddle – briefing & debriefing
- Emotion check

Finding a Balance



Health care personnel:

- Increasingly stressed by demands of productivity, increasing dependence on technology, and managing vast amounts of information.
- Nurses must aim to communicate effectively within the constraints of an often stressful and overwhelming medical culture.

Communicating With MDs



Excellent communication between nurses and doctors in the ESRD setting is central to patient safety.

Nephrologists or an AHP routinely make “rounds” in the clinics & may directly speak to nurses.

Nephrology nurses are also involved in direct communication with the nephrologists’ staff.

What Needs to be Communicated?



Changes in patient health status

- Hemodynamic
- Cognitive state
- Falls
- Infection
- Vascular access
- Critical lab values
- Missed treatments
- Emergency situations

Behavior problems

- Threatening or abusive behavior
- Inappropriate actions or speech

Administrative

- Changes in scheduling
- Dialysis unit changes
- Out of protocol decisions

To Call or Not to Call



Prioritize – is it urgent?

Yes – call MD

No – consider faxing

What's considered urgent?

Drastic changes in patient's condition.

If order is needed to take care of an issue such as fever, injuries, & any emergent situations.



Structured Communication



- Makes interactions with patients more effective and efficient, and it does the same thing for interactions with members of IDT
- A way to talk to each other so that important messages are clearly understood
- Helps providers work together to plan care, provide care, respond to issues, and transition care more safely
- Gives a framework for discussions that focuses on what is working well and what needs improvement to ensure quality patient care

Communication Tools



There are different tools to help nurses communicate effectively.

- SBAR
- Repeating back
- Briefings and debriefings (huddles)
- Critical language



S	Situation What is the situation you are calling/ talking about? <ul style="list-style-type: none">* Identify self, unit and patient's full name* Briefly state problem, what it is, when it happened/started & how severe.
B	Background Pertinent background information related to situation...this could include: <ul style="list-style-type: none">*Admitting diagnosis, date/time admission*Lab and/or vital assessment results*other clinical information
A	Assessment What is the RN's assessment of the situation?
R	Recommendation What is the physician's recommendation? OR what does s/he want to do?
Ask receiver to repeat key information to ensure understanding	

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

Originated in the military

The SBAR tool provides a structured way to communicate and document relevant patient information to members of the IDT.

It cuts the "clutter" and keeps the message focused.

SBAR When Calling MD



- Doctors will need background information, pertinent details about current situation, & primary reason for the call
- Have information ready before making the call
- As a courtesy, it is best not to make the doctor wait
- Ask for recommendations if these are not offered

S **Situation**
What is the situation you are calling/talking about?

- * Identify self, unit and patient's full name
- * Briefly state problem, what it is, when it happened/started & how severe.

B **Background**
Pertinent background information related to situation...this could include:

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SBAR in Documentation



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What is the situation you are calling/talking about?

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Keeps charting focused on pertinent contents

Helps convey clear message

Saves time

Improves quality care & safety

Repeating Back



- Repeating back and teaching back are **closed-loop communication** strategies - ensures no critical information is lost during transitions of care.
- To “close the loop” between the sender and receiver of information
- The message must be explicitly restated and acknowledged through four distinct steps:
 1. The **sender** concisely **states** information to the receiver.
 2. The **receiver** then **repeats** back what he or she heard.
 3. The **sender** then **acknowledges** that the repeat back was correct or makes a correction.
 4. The process continues until participants **verify** a shared understanding.

It is critical when taking orders from MDs.

Our Huddle Moments



- **Briefings** are short detailed IDT huddles to discuss the plan and the expected outcome.
 - Provides a regular opportunity for front-line staff to share and discuss safety concerns & “heads up.”
 - It helps organizations create a culture of safety, reduce the risk of medication errors, and improve quality of care.
- **Debriefings** are concise IDT huddles with exchange of ideas that occur *after* occurrence of events
 - identify what happened, what the team members learned, and what they can do better next time. It can consist of three questions:
 - What did we do well?
 - What did we learn?
 - What should we do differently next time?

Critical Language

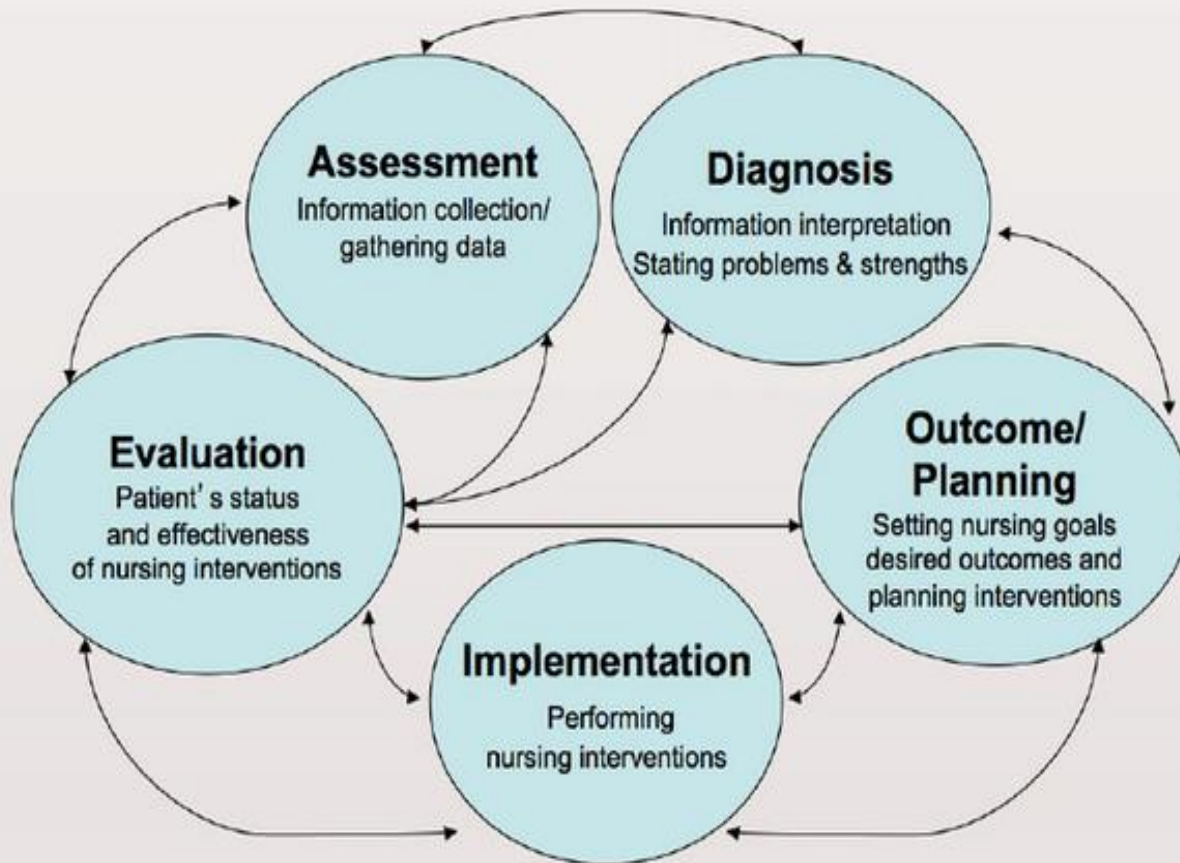


Critical language is an agreed-upon set of terms indicating to members of the IDT about a problem, without placing blame or making an accusation.

A common example is the phrase “**I need a little clarity.**” Nurses can use this as “code words” without alarming patients and families or embarrassing their colleagues.

Also use **advocacy-inquiry**: An assertive voicing of concern in the form of an “I” statement: “I am concerned” (advocacy) and a genuine interest in understanding the other person’s thought process for his or her actions (inquiry).

Remember The Nursing Process!



The steps of the nursing process are interrelated, forming a continuous circle of thought and action that is both dynamic and cyclic (Doenges & Moorhouse, 2008 a+b)

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Questions



Questions are the path to learning