Communication: Module Overview

> *"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 (1)*

This module on communication has been developed using the guidelines established in the Interprofessional Educational Collaborative's *Core Competencies for Interprofessional Collaborative Practice 2016 Update* (2) and Canadian Interprofessional Health Collaborative (CIHC)'s *Interprofessional Competency Framework* (3). Effective communication is impacted by the context, the complexity of the situation, people's behavior, and their competency with expressing themselves and understanding what others are communicating. In this module you will be introduced to key communication strategies and procedures that enhance safety, collaborative functioning, and respectful communication with families and health care providers.

Module Description

This module is based on two case stories: **Mee's Story**, about a family that declines some aspects of care for cultural reasons while in the hospital, and **Geeta's Story**, about a person's experience of transferring from a home birth to a hospital. Using the Best Practice Guidelines, these cases will describe the experiences for parents and health care providers during pivotal events that affect safety, quality of care, and decision making. These stories will examine the nature and impact of interprofessional communication during tense clinical encounters.

As you work through the case stories, videos, personal activities, quizzes and reflections, you will develop an understanding of the processes and skills that can be applied when a time-sensitive, safety related, and high-emotion clinical encounter arises. You will learn how to apply communication skills for person-centered decision making with an interprofessional team

and family. You will demonstrate how to elicit people's values, beliefs and preferences to support their decision making process. In these online activities you will acquire practical knowledge that will be built upon in person to develop your communication skills.

You will be given evidence-based information and resources that describe standard procedures for transferring clinical care to another provider and location. You will be prompted to evaluate your own personal dialogue style and learn what it means to be transparent about provider opinion and bias. This module will help you to build your expertise in interprofessional communication and appreciate the impact of dialogue on the provision of care and experiences for all.

Learning Objectives

By the end of this module, participants will be able to:

1. Demonstrate collaborative, respectful, and responsive communication with other health professionals.
2. Apply health care communication protocols and techniques appropriately to clinical scenarios.
3. Demonstrate the principles of providing and receiving high quality peer feedback.
4. Identify methods to discuss differences in belief systems and negotiate a difficult conversation.
5. Identify when communication is at risk of breaking down and manage the impact on people.

Mee's Story

Mee is a 19-year-old Hmong living in Sacramento, California. She practices Buddhism and has a vegetarian diet. She is proficient in English.

She has been married to 28-year-old Alang for 2 years. Alang and Mee have a very strong and loving partnership. Alang and Mee will make any care decisions together as a couple. They are both very connected to the Hmong culture and their community. Elders in her Hmong community are a daily presence and source of support and advice.

This is a first baby for both Mee and Alang. This is Mee’s second pregnancy. Her first pregnancy ended in spontaneous miscarriage at 10 weeks gestation one year ago. There were no complications. Mee has accessed the care of nurse-midwives and is planning a hospital birth at the Level II hospital maternity unit in Sacramento.

Antenatal

Birth Logistics

Mee has chosen to have a hospital birth in Sacramento. She lives a 5-minute drive away from the hospital. She and Alang own a vehicle. The unit is busy today with many different professionals working together.

Mee’s Antenatal history

Mee experienced severe nausea and vomiting in the first trimester. She relied on foods and teas familiar to her and others of the Hmong culture to ease her discomfort. The nausea eventually subsided. She proceeded to have an otherwise very healthy, physiologic pregnancy. She has no known allergies. Mee takes daily iron supplements due to her vegetarian diet. She has no notable medical history and no previous surgeries.

Health Care Professionals

- **Midwife:** Serena is a certified nurse-midwife and lives in the community where she runs a midwifery practice. She has known Mee and Alang throughout the duration of Mee’s pregnancy. She met with them for regular 45 minute prenatal appointments throughout the pregnancy.
- **Nurse:** Karen is an experienced registered nurse working in the maternity unit at the hospital. She meets Mee and Alang for the first time on shift today.
- **Pediatrician:** Monica is a pediatrician who is relatively new to working in this hospital. In relation to this birth, Monica's role is to provide consultation while the baby is in the hospital.

Labor and Birth

Timeline

04:00 Thursday morning in July. Mee is 39 weeks gestational age. Mee's membranes rupture and the baby continues to move normally.

07:00 Mee begins to experience contractions that start gently and slowly.

13:00 Mee's contractions have established a pattern and are long, strong and close together. Mee is needing to focus intently on her breathing during each contraction. Alang calls Midwife Serena to ask for an evaluation of Mee's labor and Serena agrees to meet them at the hospital.

13:30 At the hospital, Serena arrives before Mee and Alang. She is greeted by Karen, the nurse, who she will be working with for Mee's birth. Serena gives report to Karen to provide her with the necessary information about Mee.

When Mee arrives, Karen introduces herself and notices that Mee's forehead is sweaty and her face is red. She takes her temperature and discovers that Mee has a temperature of 38.2 Celsius. Karen considers the possible causes of an elevated maternal temperature in the intrapartum period:

- normal physical activity during labor
- infection
- dehydration
- overheated room/environment

Karen notifies Serena about the fever using the SBAR (Situation, Background, Assessment, Recommendation) Communication Tool.

Serena assesses Mee. Serena listens to the fetal heart rate and finds it to be normal. Mee's contractions are one minute long, occurring every 3 minutes. Serena examines Mee's cervix and finds it to be 7 cm dilated. Mee is in active labor and Mee and Serena agree it is a good idea to be admitted to the hospital at this time.

Together, Mee, Alang, Serena, and Karen have a discussion about the pros and cons of IV hydration to resolve the fever. Mee is concerned because she prefers to avoid invasive procedures into the circulatory system; many people in the Hmong culture share this preference.

Just as Karen and Serena are discussing management of the fever and their next steps, Mee begins moaning and expressing the need to push. Serena and Karen quickly become occupied with preparing for a possible imminent birth as Mee begins to spontaneously push very actively with each contraction. Within 20 minutes of active pushing, Mee births a 3080 gram vigorous male infant. Mee experiences a small first-degree tear. She and Alang are overjoyed. The baby is crying and placed skin-to-skin on Mee's breast.

Postpartum and Newborn Care

Postpartum Course

Twenty-five minutes after the birth of her son, Mee pushes out a complete placenta. Serena and Karen instantly notice that while the placenta appears normal, it is emitting a foul odor. Mee has swaddled the baby tightly in blankets and is holding it close to her. Serena takes a set of vital signs from the baby and finds the temperature to be slightly elevated at 37.6 Celsius. Karen notes the temperature and immediately takes Mee's temperature; her fever has resolved. Serena helps to unswaddle the baby and explains that skin-to-skin is the best way to thermoregulate a baby. Mee nods in agreement but looks disinterested. Serena makes a mental note to re-check the baby's temperature in 15 minutes.

Conversations After Birth

Serena and Karen move briefly to the hall outside of Mee's room and they agree that the timing is right for a birth debrief with Mee and Alang. After Serena, Karen, and the parents have the birth debrief, Serena decides to head over to the nursing station to provide feedback to the staff on shift about the family's overall satisfaction with their care. She has a lot of paperwork to catch up on, so she sits down to do her charting. Serena is nearly finished with her documentation when Karen approaches her. "I wanted to let you know, Mee has swaddled her baby tightly again and when I stepped out briefly, I think Alang must have turned up the thermostat - the room is stifling hot. Mee is also expressing a strong desire to go home now," Karen adds. Serena nods. "Thanks for the update Karen. I'll go back to check in on them now."

Postpartum and Newborn Care

Serena re-enters the room and finds it to be very warm. Alang says Mee wanted the thermostat raised. Serena notices that, as Karen described, Mee has swaddled the baby tightly in many layers of blankets. Mee herself is covered in many blankets. Serena sits down to begin a conversation with the parents. She reviews with Mee and Alang the basics of newborn thermoregulation, the risks of over- or under-heating a newborn, and the benefits of skin-to-skin contact. She encourages Mee to unswaddle the baby and place him on her chest. Alang turns down the thermostat.

Mee speaks. “Thank you for the information, Serena, I appreciate it. You must also know that in Hmong culture, women and babies must always be kept warm after the birth. If our heads become cold, we will suffer migraines; a cold body will cause bodily aches. After birth we use heaters, and blankets. In the olden days, we slept next to our fires. These are my beliefs; Hmong beliefs…”

"I am also concerned about the placenta." Serena says. "It had a strange odor to it that may be of concern. It may be related to your fever. It would be helpful to send your placenta to the pathology lab in the hospital; this may offer us more answers. Do you have any questions or concerns about this?"

"I will keep my afterbirth with me." Mee states. "In Hmong culture," Alang begins, "a family must bury its child's afterbirth in the soil on their property to ensure that the child can be reunited with its ancestors in the afterlife." Mee nods. "This is a very important tradition in our culture. I want to take my placenta home with me."

Mee and Alang have established their values and beliefs. Serena believes that her concerns for the baby have been understood. She re-checks the baby’s temperature. Since being skin-to-skin, his temperature has come down to 37.3 Celsius. Alang nods when he sees the lowered temperature. “It is time for us to return home. We are forever grateful for your assistance. We wish to bring him home to begin our journey as a family. Mee feels fine and has latched the baby to the breast successfully. Look!” Alang points. “He is feeding so well.” Mee nods and smiles. “I am feeling ready to go home. I want to go home.”

Serena acknowledges Alang and Mee’s request but does not yet give them a response. She knows she needs to consider this request carefully in light of the clinical history and availability of specialized care should the clinical picture change.

Interprofessional Person-Centered Decision Making

Serena steps outside of the room to get a glass of water from the nursing station and notices Monica, a pediatrician, standing nearby doing paperwork. Serena has worked with Monica on a few occasions since Monica started practice in the community one year ago. Serena thinks to herself: “It certainly never hurts to have a second opinion.” Monica specializes in the care of at-risk infants and children and would be the provider involved in the care of Mee’s baby if he developed a complication later today. Serena wants to both seek a second opinion and keep her colleague informed in anticipation of any need for consultation or collaborative management. She approaches Monica to have a discussion. "Monica, nice to see you again. When you have a moment, I’d appreciate it if I could discuss my client with you .” Monica smiles back: “It would be my pleasure, Serena. I’m available in a few moments once I’m done with this charting.” Serena nods in acknowledgement.

Serena provides details of Mee’s labor and birth and immediate postpartum, including Mee's vital signs during labor and the odor of the placenta noted on delivery. She describes the progress of the baby’s temperature since being born. She explains how the temperature was initially febrile, but is now normal. She also mentions that Mee has expressed a strong desire to be discharged immediately and does not wish to send the placenta to pathology. Serena explains that she has not had the chance to do another temperature assessment on the baby to see if the temperature is indeed stabilized. She tells Monica,"In light of the decreasing temperature in the baby, and because the family wishes to go home now, I am planning to discharge this family. I will give them clear instructions about signs and symptoms of infection. They have experienced elders in the community staying with them and I will see them tomorrow at home. I am interested in your ideas about the plan for discharge and if you have any recommendations?”

Monica responds that because of the history, a period of inpatient observation would be ideal. Monica and Serena weigh the risks and benefits of both options. They discuss their impression of the family’s understanding of when to page Serena to come and assess the baby in their home and if they understand when to return to the hospital for a pediatric assessment. The

family will need to know ways to thermoregulate a newborn at home and how and when to monitor for signs and symptoms of newborn illness.

Monica and Serena nod in agreement that, ultimately, it is the family's right to make this decision and that a conversation with the parents about the risks and benefits of early discharge should be continued and the conversation documented.

“Come find me later if you need to follow up regarding this. I’m on shift for the next 6 hours, Monica says.” The next day, Serena phones Monica to provide an update and to close the loop. Serena informs Monica that the baby is doing well. The two providers thank one another for their contributions to clinical decision making.

SBAR

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

SBAR is a mnemonic that stands for Situation, Background, Assessment, Recommendation. It is a structured communication technique used to convey clinical information to others regarding a clinical situation. It is usually used during consultation with other team members, such as when care is required that is outside the professional scope or comfort level of the person requesting the consultation. It allows the communicator to organize their thoughts in a short and structured way and the listener to anticipate and understand exactly what is being asked of them.

“Close the loop” is a metaphorical term for a strategy that is used to report back on an outcome. It provides people with feedback on their contributions to decision making on their earlier discussion about clinical care. A culture of open dialogue and conversation is sustained by prioritizing these simple courtesies.

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

Knowledge Check

Now that you have read the unit on SBAR, complete the following questions to check your understanding.

In Mee's case she has a temperature in labor of 38.5 Celsius. If you were to conduct an SBAR, under which 'letter' would you convey the temperature?

- Situation
- Background
- Assessment
- Recommendation

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

- Situation
- Background
- Assessment
- Recommendation

Debriefs

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

Debriefs are a concise exchange of information, after a clinical event, to discuss team processes. *Critical Incident Debriefing* was developed as an intervention to reduce traumatic reactions for people following disturbing incidents. Traditionally, labor and births have only been debriefed if a critical incident or poor outcome occurred. If critical incidents do occur, birth debriefs are crucial. A growing number of individuals are making the case for Birth Debriefs to occur after every birth, regardless of the outcome. When debriefs are used as strategies for feedback and learning, they improve team functioning and improve patient satisfaction with care (4). A debrief can involve two individuals, a team member and the client, or include other team members and the support people, or occur just among team members.

The purpose of each type of debrief is similar. Open discussion questions are used and each person provides an opinion about “What went well?” and “What can be improved upon?” When a client is present, the debrief prioritizes listening to the birthing person’s overall experience of care, as well as the emotional and life impacts of individual decisions. The care provider(s) can then offer their own reactions within this context. Debriefings are not a clinical review of the case. A scheduled chart review can occur later and it will focus on the outcome and care.

Debriefing with the Birthing Person

Providing the birthing person an opportunity to review the birth story with a care provider in the immediate postnatal period has more than one purpose. For some people, a debrief can help fill gaps in their memory of events and process their reactions to events. This is especially important when there is a disparity in what they expected and what occurred, such as mode of delivery. For some people, childbirth can be traumatic. Their perceptions can be affected by lack of information, knowledge, and understanding; a debrief may help them transition to parenthood with a sense of clarity.

The literature supports the view that birthing persons find debriefing helpful (4). Best practice for care providers is to listen empathically, identify and report any problems within the service or to

staff involved. Both negative and positive feedback may help to change care and practice, on an individual or institutional level. A debrief can also assist care providers to evaluate appropriate referrals to specialists, such as counselors or psychiatrists. Most importantly, the focus of a debrief is to consider the best interest of the patient, not the care provider.

Some care providers routinely incorporate a birth debrief into their postnatal care and evidence suggests there is some benefit to doing so in the first 48 hours after birth (4). Some settings have a professionally trained facilitator from client services or social services conduct the birth debrief. Open-ended questions that do not presume a specific answer are most effective for eliciting patient-centered feedback. Sample questions may include:

- Tell me how you are 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 gives you a sense of being well cared for?
- How could things have been different for you?
- What recommendations do you have for me or the staff? Shall we review the notes together to help us remember your birth story?

Team Debriefs

In a team debrief, each member describes their impressions of the impact of people's contributions and actions and how it affected the team's functioning. Team debriefs allow members to process events in a safe space. They can acknowledge and be acknowledged for their roles, as well as, the emotional, life, and/or professional impact of events. According to the six criteria to measure the quality of the maternity care, proposed by the Institute of Medicine and applied by the Transforming Birth Vision Team (6, 7) a debrief should occur around topics of safety, effectiveness, timeliness, efficiency, equitable distribution of workload, and providing patient-centered care.

Examples of how to frame the questions for the team debrief are:

- How do we feel about our overall care and/or the outcomes in relation to the six criteria (safety, effectiveness, timeliness, efficiency, equitable distribution of workload, and providing patient-centered care)?
- How was our communication?
- 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 following the birth and who will provide each aspect of the care plan?

Personal Reflection

Identify two things that you would specifically like to debrief with Mee, Alang, Serena, Karen and/or Monica. Why did you choose these topics to debrief? Rehearse the way you would discuss these topics in your conversation.

Feedback

After Serena, Karen, and the parents have the birth debrief, Serena decides to head over to the nursing station to provide feedback to the staff on shift about the family's overall satisfaction with their care.

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.

If we see feedback as information provided with the intent of narrowing the gap between actual and desired performance (9), then feedback can help improve self-awareness and stimulate lifelong learning. Feedback is most effective when given in a timely manner and when offered with specificity and is aimed at observable performance (9). As such, feedback should be provided about the six criteria for high-quality maternity care:

1. Safety
2. Effectiveness
3. Timeliness
4. Efficiency
5. Equitable distribution of workload
6. Adherence to person-centered or family-centered care

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

Consider the credibility of the feedback. Feedback that is perceived not to be credible will be dismissed and, similarly, feedback that is given by someone perceived as not credible will also be dismissed (9). There are a few things to consider when giving feedback:

- Avoid normative comparisons, which means to compare against the assumed normal or correct way to do things.
- Avoid threats to self-esteem by focusing on the performance rather than the person, and by not singling one person out.
- Do not interrupt the person with feedback if the person is actively engaged in problem-solving.
- Avoid excessive use of praise during feedback, but strive for balance between positive and negative. People tend to internalize positive reinforcement over things perceived to be negative.
- Feedback is best when incorporated into an overall culture of dialogue for learning and improvement. Practicing feedback and following up on actions that are taken in response to the feedback are equally important. Devise a way to demonstrate that feedback is working.

Consider your own approach to feedback by answering the two questions below.

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

When might you dismiss or distrust feedback?

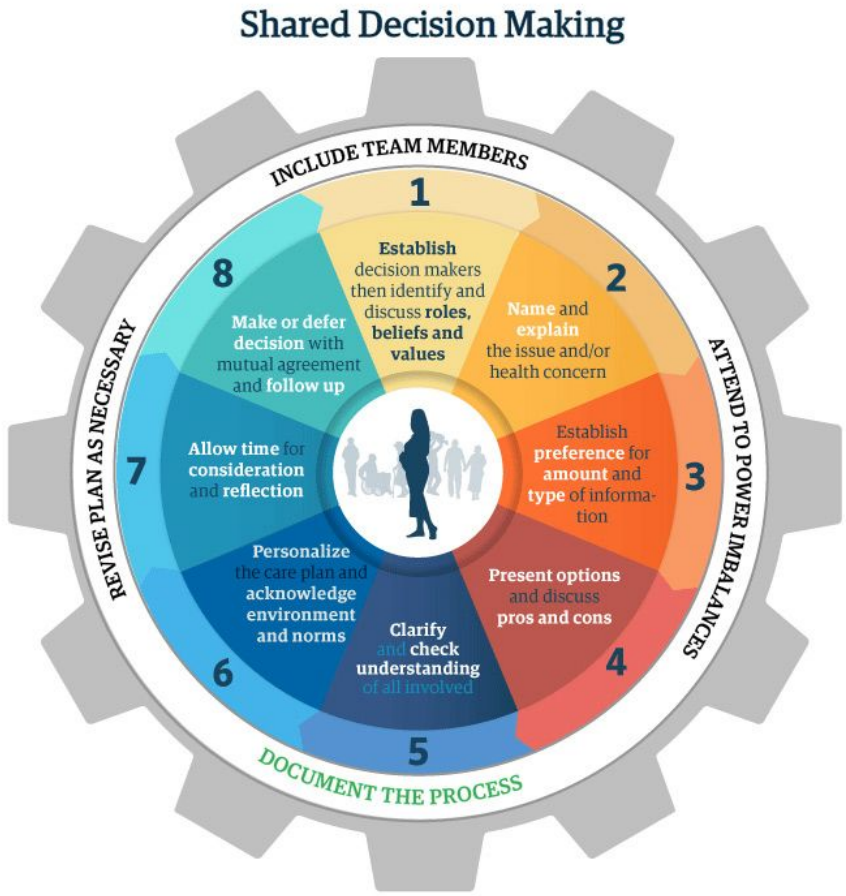
- No examples
- Unreliable source
- First time hearing it

Documenting: An PCDM Key Element

One person-centered decision making key element is to document the process each and every time one of the elements is addressed.

Document the discussion and plan of care that results from interprofessional person-centered decision making. This is done to communicate across the disciplines and to provide protection from legal challenge if care providers can demonstrate that choices were offered and reliable information was provided about the options (9). The documentation of a person-centered decision making conversation should include:

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



INCLUDE TEAM MEMBERS	ATTEND TO POWER IMBALANCES	DOCUMENT THE PROCESS	REVISE PLAN AS NECESSARY
Take an inter-professinal approach by including every member of the team.	Verbally create a safe environment and invite contribution from everyone. Avoid making assumptions.	Document the information exchange each and every time one of the eight elements are adressed.	Be open to revising the plan when conditions or patient preferences evolve or change.

Clarify who will be included and what their roles will be in the decision making process. Ask about their beliefs and values.

Clearly identify and explain the problem that is the main focus for the decision.

Assess the person's preferred approach to receiving information to assist decision making including depth of information, health literacy.

Discuss the literature, clinical guidelines, and research surrounding the topics, or know where to find this information.

Check in with the person to ensure comprehension and ensure that any questions are responded to.

Facilitate interpretation of options, benefits, and risks within their context and values. Discuss the environment and the feasibility of their preferred option.

Check in to identify personal needs for time to reflect or consider options. Allow for consultation with family or others, reviewing of resources, and additional queries that arise.

Make a clear decision or defer the decision explicitly. A follow up plan should be set regardless of whether decision was made or deferred.

Personal Reflection

Reflect on what you would write in a brief note following Serena's conversation with Monica, the pediatrician. Use the documentation guide to help you structure your thoughts.

Establishing Values, Beliefs, and Preferences: An PCDM Key Element

A key element in the shared decision making process is to establish the decision makers and then identify and discuss their values and beliefs. Ask explicitly about their beliefs and values that may impact the decision since these need to be clarified up front prior to making a decision.

By establishing values, beliefs, and preferences, you learn the things that are most important to people. You determine what may affect their decisions, their method of making decisions, or even who will be making the decision. What is important to one person differs from the next and there are no right or wrong decisions. Often, a person's preferences, values, and beliefs will guide the decision making and perhaps even be at odds with the evidence.

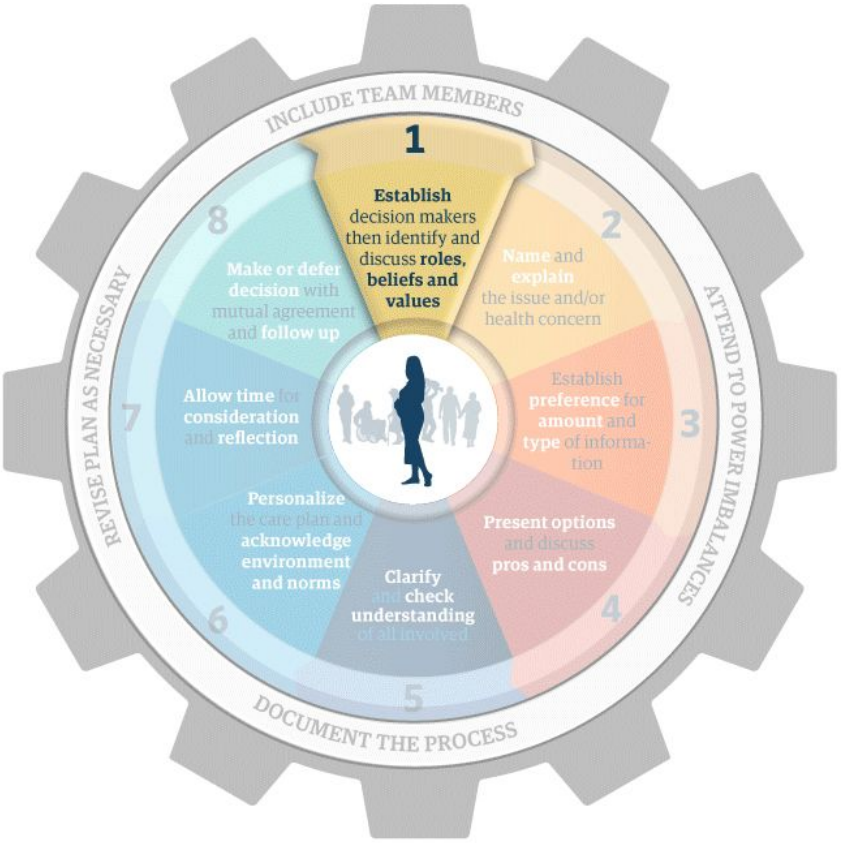
Personal value and belief words to listen for when in conversation:

- Good, bad
- Important, crucial, meaningful
- Never, Always
- Matters most
- Tolerate
- Comfortable with
- Believe
- Priority
- Put up with
- Happy with
- Prefer
- Wish for

Sometimes, a person may be uncertain about their values and beliefs or may explain them in an unclear manner. To help clarify what matters most to them, describe the experience of others based on the various options, then ask them to describe the negative or positive aspects that stand out from each of the options presented.

Pay attention to the language you use when you are establishing values and beliefs. If judgment is attached to the language you use, this may inhibit the conversation and affect which values and beliefs are shared. Language impacts how the choice is framed. For example “usually people opt for” and “normally” creates a sense that any other choice from the norm would be wrong or abnormal. Phrases that disempower choice are “we won’t give you” and “the nurse will let you know when you should….” Choices are more implicit in phrases like “everyone is offered this test” or “If you would like to have this procedure, then you can ask the clinic secretary to book it for you.” Simple awareness of the language you use is helpful for person-centered decision making.

Shared Decision Making



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Identify Values and Beliefs

While watching the following video, identify the spots across the timeframe where you hear the couple describe their values, beliefs and preferences for their birth. Use the personal value and belief words you just learned to help you identify these spots in the video. For example, you may note "When they used the word "prefer" here, they are describing how important it is to them that the baby's grandmother cut the baby's umbilical cord."

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

Reflection: Client-led Decision Making

Now that you have read Mee's story, you will discuss your beliefs for her clinical care. How would you reconcile your own responsibility for Mee's care with her decision to leave the hospital.

- How might you reconcile your own professional responsibility with client-led decision making?
- Does the power of clinical findings outweigh that of cultural attitudes and norms?
- Can these issues be negotiated?

Geeta's Story

Geeta is a 24-year-old of Indian descent. This is her first pregnancy. Her estimated date of delivery for this pregnancy is April 19th. She is 41 weeks gestational age by her last menstrual period and her pregnancy has been uncomplicated. She does not want to know the sex of the baby. She has no known allergies and takes no medications except for prenatal vitamins. She is a vegetarian and practicing Hindu. She speaks English is at an advanced beginner's level. She believes that pregnancy and birth are normal physiologic events and she places great trust in her body.

She has sought out nurse-midwives to support her in this pregnancy and birth. Geeta's husband is stationed overseas in the military, but she has good support from her parents, Parvati and Deepinder. They also care for her 5-year-old niece, and all of them share a two-story home. Geeta is planning a home birth. Her birth wishes are to maintain a very quiet labor environment

and to avoid medications for pain relief. A doula and her mother will accompany her during her labor and birth.

Antenatal

Geeta has hired a doula to support her during her labor and birth. After meeting a few doulas in her community, Geeta decided to work with Jillian. She feels very at ease with Jillian's warm and positive demeanor. Geeta trusts Jillian, but knows that she won't be including Jillian in any of her decision making processes, rather asking her for emotional and physical support. Carol and Sasha are a team of nurse-midwives who work together and they have provided care to Geeta prenatally since 8 weeks gestation. They believe they have a strong relationship with Geeta and have developed trust and rapport.

On the day of the birth, Carol attends the birth as the primary midwife and Sasha attends as the second midwife. Geeta lives in Mendocino, California. Geeta's space is on the ground floor of the two-story home with a private entrance. She lives within a 15-minute drive to the nearest hospital. The hospital has a Level III birthing unit which includes access to 24/7 on-site specialist care for women and newborns. It is a sunny and clear spring day and the roads are in good condition on the day labor begins.

Labor and Birth

Geeta's labor begins when she is 41 weeks + 3 days gestation. She has been laboring well at home with her mother and doula. Her contractions began at 0600. Carol arrives at noon and assesses everything to be going well. Carol calls the birthing unit to notify the charge nurse, Eleanor, that she is providing care to Geeta for a planned home birth. Carol sends Geeta's antenatal records to Eleanor so that the medical staff is prepared if a transfer occurs. Having records in place at the local maternity hospital ensures swift and efficient communication among the team if they transfer.

Around 2:00pm, Geeta begins to make grunting sounds and says, "I feel like I need to push". Carol does a vaginal exam and feels a small amount of cervix left, so she calls the second midwife, Sasha, to request her attendance. By the time Sasha arrives Geeta's contractions become less frequent and milder. A vaginal exam shows a similar finding as the previous exam. Her vital signs have been stable throughout and the baby's heart rate has been normal.

Over the next few hours, Carol, along with the help of Jillian, supports Geeta through some techniques to facilitate rotation of the baby and to increase the frequency and strength of contractions. They recommend position changes, emptying her bladder frequently, and encouraging Geeta to hydrate and eat. Sasha calls a licensed acupuncturist colleague, who offers acupuncture treatments. They also attempt to manually reduce the cervical lip. Unfortunately, none of these techniques seem to be effective. There has been a little rotation of the baby, but the baby is no lower in the pelvis, and the cervix has not changed. Geeta is exhausted and her mother Parvati seems concerned.

Carol believes that Geeta is experiencing labor dystocia or prolonged active phase of labor . Carol considers the options for care, the changing clinical situation, and how they may affect birth site selection. Carol begins a conversation with Geeta and discusses her concerns and the potential benefits and risks of home versus hospital birth in this situation. During their decision making process some key communication skills are used.

Beginning of Transfer

Geeta transfers into the hospital and is received by the hospital team. Geeta is settling into her room and her mother and her doula have accompanied her. She is struggling with the contractions and is quite exhausted. The transport was uncomfortable for her. Aleya is the assigned nurse for the room. She is very supportive and empathetic. She asks Geeta what she needs and goes to get her a cup of cold water. Eleanor is the charge nurse on the floor and she is waiting to see what she can do. Elizabeth is the obstetrician on call. Geeta has never met any of these providers.

Sasha (the second midwife) stays at Geeta's home to pack up the home birth supplies and make the home ready for the family's eventual return. Carol (the primary midwife) travelled separately in her own car and had a few moments in the car ride to gather her thoughts about the situation. She has prepared what she will say when she arrives at the hospital's maternity unit.

Home Birth Transfer

> *“After the onset of labor, "about 1 in 10 women planning a home birth will experience transfer to a hospital.”*
>
> *- Coulter & Collins. 2011 (10)*
>
> *“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 (10)*

There are common reasons a person may benefit from the additional equipment or personnel available in the hospital. Evidence-based site selection involves an ongoing review of both health and logistical factors and guides decision making about when to consider and initiate a transfer into the hospital.

To facilitate a smooth transfer, the provider pays attention to the physical and mental state of the laboring person. Some questions to consider are: Is it safe to move this person in this moment? What is the emotional and psychological state of the family? How can your anticipatory guidance facilitate their transition? The client’s own priorities for labor and birth care will still need to be acknowledged in the new location even if they may be affected by the clinical reason for transfer.

In order to conduct a smooth transfer, providers need to prepare for an exchange of information. Upon arrival, a verbal handover that includes information on the course of care prior to admission can help the receiving staff provide continuity and culturally appropriate, respectful care. Records should be shared and pertinent information summarized. Clear communication between client, primary provider, and consultant providers are key to effective teamwork. The coordination of care is improved when each person has an understanding of the roles of other providers, and anticipatory conversations can reduce interprofessional conflict and tension.

> “I believe it’s crucial for the team to allow sufficient time for a proper handover and for introductions to be made when a transfer from a home birth is coming into the hospital environment. Then we’re all on the same page.”
>
> “I want to be treated as a respected colleague during transports and included in dialogues about the best course of action.”
>
> -Cheyney, Everson & Burcher. 2014. (12)

Procedures for Home Birth Transfers

Established Transfer Plans can improve outcomes and the experiences of all involved. Transfer Plans are arrangements put in place prior to the onset of labour to ensure smooth and safe transitions across levels of care. They may include verbal and/or written agreements across providers, staff at facilities, and the people who receive care.

1. An intrapartum, postpartum, or neonatal indication for transfer arises and triggers an informed decision making conversation about risks and benefits of moving into hospital.
2. Person and family agree to transfer.
3. Decision made regarding method of transport. Either a personal vehicle or Emergency Medical Services (EMS). The mode of transport may depend on reason for transfer, such as urgency, proximity to hospital, stage of labour/birth, need for continuous care enroute, costs for and availability of transport vehicle, weather conditions, family's ability/desire to operate vehicle, etc.
4. Primary Provider at home calls hospital staff to notify them of reasons for transfer and timing of incoming transfer. This may or may not also include a phone consultation with a consultant.

5. Assist with preparing for transfer while continuing to monitor the client and the baby. Preparations may include gathering supplies for staying overnight in hospital, for admission to hospital, or arrange for at home sibling care.
6. Verbally prepare family with information about what will happen when a transport team arrives, and enroute to the hospital. Outline procedures to expect upon arrival at the hospital.
7. If the Primary Provider is travelling with the client for transport, gather an Emergency Birth Kit and copy of medical records. The kit will include items not available in EMS vehicle.
8. When EMS arrives Primary Provider identifies themselves and the client, and briefs the team on the situation.
9. Redistribute responsibilities between all health care providers in the home, as necessary. While in ambulance, ensure ongoing assessment and care to the client and baby.
10. If the Primary Provider is transfering to the hospital in parallel vehicle to the client, collect all supplies necessary for care in hospital. For example blood samples, placenta and documentation.
11. Upon arrival at hospital, Primary Provider must brief all multi-disciplinary team members, including charge nurse, labor nurse, Obstetrician, Anesthetist, and/or Pediatrician.
12. Admit the person directly to hospital room and consult, or transfer to primary care consultant as appropriate.
13. Document the reasons for transfer, arrival time, plan for ongoing care, and roles of each person involved in care. Ensure the client and family is clear about people's roles and involvement in care.

Communication Techniques

Before and after the home birth transfer, Carol used some key communication techniques with Geeta and members of the team.

Verbal Communication Techniques

In order to be an effective communicator, you must first use listening skills. Use both general and active listening skills to facilitate two-way communication, and then use verbal skills. Here are some suggestion to improve your communication (12):

- Use words that can be understood by the person with whom you are communicating. Your goal is to converse at an appropriate level for the person's age, language fluency, and educational level.
- Consider the appropriate tone for the situation to enhance acceptability, reduce anxiety, and facilitate the person's comfort.
- Some important verbal techniques include: paraphrasing, reflecting, open questioning, summarizing, acknowledging, framing, and reframing.

Paraphrasing is used to show that you are attentively listening and to confirm your understanding. Here's how it is done: *Restate the basic ideas and facts but in your own words.*

> To confirm, you were never told that we would go by ambulance to the hospital if we needed to transfer in?

Reflecting is done to show someone that you are hearing what emotions they are describing to you or how they feel. This can be used to demonstrate empathy. Here's how it's done: *State what the person is telling you about how they feel.*

> It sounds as though you're feeling sad right now. I heard you say that you were disappointed when we discussed moving into the hospital.

Open questioning is used to get more information from the person. It helps to clarify the person's point and avoid making assumptions that may occur when you fill in the blanks with what you think the person means to say. This can be used to encourage someone to continue speaking. Here is how it's done: *Use what, where, when, how, and who questions*. These questions cannot be answered with a simple 'yes' or 'no' and require the person to explain themselves to the listener. Use 'why' questions cautiously, as 'why' can sound accusatory and blaming.

> What preparations did you make to facilitate the transfer to hospital?

Summarizing is used to pull out the important parts of information you hear. A summary is used to establish a shared foundation, decision, or direction. Here's how it's done: *Restate all the central ideas.*

> So, what I understand is the most important issue for you with respect to the move into the hospital is that your partner and baby are not separated from you at birth.

Acknowledging is used to demonstrate understanding of the other person's values, perspectives, and actions. Acknowledging does not mean that you agree, but that you heard the person. Be careful that your acknowledgement is not understood as an agreement. Here's how it's done: *Identify what the other person is saying or doing.*

> Very frustrating – we need to address your concerns with the team in our debrief.

Framing and reframing is used to communicate your message to a listener. Often framing is done in a way that makes your listener more open to hearing your message. Reframing is done when the message you are trying to deliver is not being heard, understood, or acknowledged. It allows you to broaden or alter your way of explaining something. Here's how it's done: *Present*

a neutral, non-judgmental message and point to common ground among you. Stay away from differences.

> The team works best together when we share clinical information. I would like to take a few minutes to 'huddle' about this case.

KNOWLEDGE CHECK

Now that you have read the unit on verbal communication, complete the following questions to check your understanding.

Which of the following statements effectively acknowledges this patient's concern:

"This is not an acceptable way for them to treat me as a patient."

- I agree that approach is not acceptable
- I am not sure I see your point on this, all of the hospital staff has been working to assist you
- You must feel frustrated, let me check in with the nurse about your concerns

Non-Verbal Communication Techniques

There are two types of communication techniques that are communicated through non-verbal cues, including what we convey when sending a message and what we portray when receiving a message. Consider your own expressive and receptive communication skills. Expressive awareness requires you to be conscious of the effect of your body language and eye contact. Try to recognize and adjust appropriately when these are inhibiting communication.

Some simple tips are to

- Maintain an open posture

- Match eye contact (or not)
- Match pacing
- Become comfortable with silence

Receptive awareness is being aware of and responsive to your body language and feelings you may non-verbally express when you are listening to someone. Taking time to think about what you will say, before you say it, will help you to adapt your communication to the individual person according to culture, age, and ability. In order to hear, understand, and discuss an opinion, idea, or value that might be different from your own and to maintain respect for the person's right to decide for themselves, you will need to develop additional skills.

Respectful communication is facilitated by a non-judgmental, curious attitude. When a provider starts with curiosity and openness to a variety of perspectives, the person receiving care is more likely to share and discuss their priorities and context for health care choices.

Video: Logistics of Home Birth

While watching the following video about the logistics of planning a home birth, identify the spots across the timeframe where you see and hear the provider use non-verbal and verbal communication techniques. In the video, the following verbal techniques are demonstrated:

- **Open questioning**
- **Framing**
- **Reframing**
- **Clarifying statement**
- **Paraphrasing**
- **Acknowledging**

https://www.youtube.com/watch?v=KBto2QpeA38

(Note: this video was written and filmed in British Columbia, Canada; please note that there are differences in home birth midwifery practice in the United States.)

Reflection: The Experience of Care

Now that you have read Geeta's story, you will discuss your role in a person's health care experience. Think about what factors could affect Geeta's reactions to the transfer from home to hospital? Read the prompts below and once you have submitted your post, complete the reflection completion question to confirm you have completed your post.

- When clinical care of a client is transferred to another provider, or transferred to another facility, what factors might affect the person's experience of care, or the person's reactions to receiving care?
- What can you do to improve this experience?

In the following section we will elaborate on some of the approaches and processes that are essential to communicating in a health care setting and apply them to the cases presented in this module on Communication.

We will cover:

- Interprofessional Communication
- Appreciative Inquiry
- Creating a Culture of Dialogue
- Impact of Disarticulation on Person-Centered Decision Making

Interprofessional Communication

Effective interprofessional communication was an essential element in ensuring that Geeta's transfer was safe and the coordination of care was successful. Mee and Alang felt security in their choice to go home because the interprofessional team had discussed their plan in case they needed to return later for care. Both of these cases demonstrate the importance of the team's communication when providing person-centered care.

Effective team communication is based on relationships. Trusting, respectful relationships are built by getting to know the people you are working with. Teams should strive to find and identify a common goal. Open communication is facilitated when there is symmetry of power between the people conversing.

Active listening and being observant and respectful of non-verbal as well as verbal communication is different in a group as there are more people involved in the discussion and each person needs to be able to contribute to the conversation. It is still important to use language understood by all involved and explain any discipline-specific terminology. It helps to continuously evaluate the effectiveness of your communication and the reception of your colleagues, and modify accordingly. You may self-monitor by evaluating the proportion of time your are speaking compared to others. Each person does not need to speak the same amount of time but they need to be offered the space to talk, if they wish. Facilitating participation by all of the members of the group is everyone's responsibility.

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

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

Culture of Dialogue

> *“Initiatives that actively and consciously foster trusting and mutually respectful relationships might create positive feedback loops into the system that alter the fractal structure of existing organizations. This may create a ‘‘tipping point’’ that moves an organization from one of negative feedback and self-perpetuating distrust between professional groups to one where positive feedback and mutual appreciation is the norm.”*
>
> *- Downe, Finlayson, & Fleming, 2010 (14)*

> *“…Without good-quality relationships, the tapestry of maternity care is compromised and weakened and it is highly unlikely that any new interventions, policies, or systems will be effective or sustainable, or that high-quality care will be provided. We urgently need to pay real attention to the significance of relationships, and consider how best these can be developed, nurtured, and sustained.”*
>
> *- Hunter et al., 2008, p. 136 (15)*

In Mee and Alang’s case, the interprofessional team used a number of routine communication strategies to openly discuss clinical care and team processes. In Geeta’s case, the team followed processes to facilitate clarity and communication about each person’s role in care. Both of these cases demonstrate that communication skills are based on a willingness to listen and to be heard.

A culture of dialogue is created when people who work together make concerted efforts toward having open flows of respectful communication. Relationships are built and mutual trust is gained by consistently seeking input, giving and receiving feedback, and sharing the decision making process with the interprofessional team.

How often do you make a practice of seeking input from members of your health professional team?

- Always
- Often
- Sometimes
- Rarely

Appreciative Inquiry:

A strategy to get to know your team

The multi-professional teams in both Mee and Geeta's cases appear to have built good working relationships by creating a culture of dialogue. Talking with teammates regularly helps people to get to know each other better, find common ground, and generate interesting dialogue.

Appreciative inquiry is based on the idea that what we inquire about drives people in that direction (16). If we seek information solely about problems and conflicts then we often inadvertently magnify the very problems we hope to resolve. In health care, the questions we ask can be shifted towards more positive questions about achievements, best practices, peak performances, and worthy accomplishments. By practicing appreciative inquiry, we can maintain constructive dialogue and inspire action within organizations. Positive stories motivate people to work toward a future grounded in the best of the past. Discovery is used to uncover how a system is most effective and capable of overcoming obstacles.

This process involves the practice of asking questions that strengthen a team's capacity. There are a variety of Appreciative Inquiry models, and all of them are based on the following: (16)

1. Choose the positive as the focus of inquiry

2. Inquire into stories of life-giving forces

3. Locate themes that appear in the stories and select topics for further inquiry

4. Create shared images of a preferred future

5. Find innovative ways to create that future

When practicing appreciative inquiry, use a conversational, friendly tone to phrase your questions. Ask open questions and expect to learn something interesting and important. Good questions invite thinking; they stretch the imagination and inspire new thoughts without evoking defensiveness or hostility. Here are a few examples of how to construct appreciative inquiry questions:

- Ask about ultimate concerns:

  "What do you value most in your professional work?"

- Use positive questions that build on positive assumptions:

  "What about this unit makes you especially glad you work here?"

- Present questions as an invitation by using positive, feeling, and experiential words:

  "What has inspired you to become engaged? What do you most hope to contribute?"

- Enhance the possibilities of storytelling by asking questions about personal experience:

  "Thinking back on your year, please share a high point when…."

Which of these do you value most in your professional work?

- Helping people
- Performing well
- Moving towards clinical mastery
- Being part of a team
- Contributing to social well-being

Impact of Disarticulation on Person-Centered Decision Making

> *"Lack of role clarity and poor communication are primary determinants of preventable adverse neonatal and maternal outcomes, including death..."*
>
> *- Guise & Segel, 2011 (17)*

> *"The key sources of conflict among providers related to planned home birth are divergences in beliefs about safety and risk; lack of fluency with each other's scope of practice, roles, and responsibilities; and mismatched expectations about communication."*
>
> *- Vedam et al., 2014b (18)*

In Geeta's case, it is uncertain if there will be any conflict among the interprofessional team when everyone arrives at the hospital. A misunderstanding could occur. People may be saying or feeling these things:

> "Not all clients who opt for a planned home birth will necessarily decline all hospital procedures. That is an assumption that has no value."
>
> "I believe some midwives could make a greater effort to prepare their clients for the possibility of transfer, and explain to them what they could possibly expect from that process."
>
> - Cheyney et al., 2014a (1)

In Mee's case, Mee and Alang also may need to return to the hospital with their baby when Monica, the pediatrician, is no longer on shift. The next pediatrician may not have the same understanding about the plan that was made. In spite of good intentions and good communication skills, misunderstandings still occur among team members.

When more people share in the decision making, there is greater potential for disarticulation. There are times when teams don't communicate well and these are usually short-lived moments that can be addressed and explored in a debrief. Yet, you still need to develop good communication strategies to use in the moment. Sometimes the message you need to convey does not achieve the result that you expected. People can have differing professional opinions or priorities. In these circumstances, a good communication tool is to use assertive language. Use stronger language and "I" statements such as "I am concerned." In order for this to be effective and not misunderstood, awareness needs to be paid to your body language, tone of voice, and posture. Stand tall, speak calmly, and maintain steady eye contact.

Video: Difficult Conversation Strategies

In this video Roy Johnson describes communication strategies that can be used by healthcare providers when having difficult conversations. Watch the video to learn more. We summarize key points on this page.

https://youtu.be/Xoj8gF5kDT4

During a debrief you can use the DEAR strategy (15). This is a mnemonic that helps to frame the conversation to discuss what went well and what can be improved upon for next time. Local teams should adopt a practice of debriefing births as part of their continuous efforts for improvement and team functioning. DEAR stands for:

- **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

We provide a summary of the tips that can be used to ensure that communication and team functioning do not break down.

- Notice and breathe
- Act, don't react!
- Stay curious and try to understand the person’s perspective
- Speak clearly and slowly
- Use common language
- Speak objectively
- Avoid elaborating. Keep it short and simple
- Use “I” statements
- Paraphrase the content
- Reflect the emotion
- Use open questioning
- Summarize central ideas and feelings
- Acknowledge issues and feelings
- Frame the message concisely with factual and important points
- Reframe the content or context to help people think about the issue differently

Knowledge Check

In the first part of the video, what is one recommended strategy for handling a difficult conversation?

- “Push back” when someone is behaving as a bully
- Model respectful communication when someone is bullying
- Set clear boundaries by advocating for the person/client/patient interest
- Break your response into two parts

In the latter part of the video, what is one recommended strategy for handling difficult conversations?

- Acknowledging a statement in a practical tone of voice

- Speak to your commitment for the future, as well as conflict in the past
- Resolve issues surrounding team dynamics as soon as they come up
- Debrief with the person in a location with eye witnesses

Assessing Your Understanding

Now that you have read the case studies and the section on interprofessional communication, complete the following questions to assess your understanding of the application of communication tools, techniques, and strategies .

Question 1

In order to be an effective communicator with your multi-professional team, you must be aware of your non-verbal cues. Choose the non-verbal technique below:

- Reflecting
- Equal Air time
- Receptive Awareness

Question 2

For an effective two-way communication to occur, there must be:

- Symmetry of power
- Equal amount of contribution
- Attention to the environment
- Expressive and receptive awareness
- All of the above

Question 3

The following is an interprofessional communication tool. Choose the correct word for this definition: “a concise exchange of information to discuss team processes”

- Briefing
- Debrief

- SBAR

Question 4

According to the Best Practice Guidelines for Transfer from Planned Home Birth to Hospital, which of the following steps does the referring provider do to improve safety and interprofessional collaboration during transfer?

- Professional guidelines that define the roles of each provider
- Shared decision making discussions prior to labor
- Verbal reports from primary provider to receiving staff
- Policies that outline mandatory criteria for transfer

Question 5

The DEAR strategy is a mnemonic used during debriefs. DEAR stands for:

Question 6

During a debrief, you should discuss the six criteria to measure the quality of the maternity care. In the list below, select all of the correct answers:

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

Analyzing an SBAR

Applying your Knowledge: Unhelpful SBAR

Watch an SBAR will between two health professionals.
https://www.youtube.com/watch?v=DqjmWZTHp8k&t=89s

The documentation of a history and physical is provided as background for the consultation and for you to refer to for suggestions for improvement. The SBAR video contains both good and bad aspects of the process. Please read through the clinical documentation and then watch the SBAR conducted by actors in the video.

Consider what feedback you would give about how to improve the SBAR and the communication between the professionals. When giving feedback, apply what you have learned about effective feedback: focus on something observed, be specific and clear. Imagine you are giving feedback to the health professionals directly, such as during a debrief.

1. Identify two pieces of information that were incorrect or excluded from the SBAR as compared to the documentation. Give feedback about what time point in video the information could have been included/corrected; describe how to verbally include them in the SBAR.
2. Identify one verbal communication technique used by a health professional, and give feedback about how this technique could have been improved or worded differently.
3. Correct the ordering and placement of the information conveyed in the SBAR in two places.
4. Make a suggestion for improvement to the verbal delivery of the SBAR.

Documentation of the Clinical Assessment

February 6, 11:00AM

29yo named “Charlie”, 30 weeks GA

Chief Complaint and HPI: G3P2, 30 weeks GA. Lower leg pain and swelling, R side, walks with limp, difficulty bearing weight. Achy pain persistent for 2 days, worse while standing, some relief when laying on L side or sitting. Pain a 3 on pain scale (1-10), describes as “pins and needles and uncomfortable.” Swelling has increased suddenly and creating an increased achy feeling. Acetaminophen has provided little relief.

PMH: L hip fracture 2006, healed non-surgically. History of varicosities on legs.

PSH: two previous cesarean sections, Ø other related.

Meds: prenatal vitamins 1/day, Acetaminophen, 500mg every 4 hours for CC.

Allergies: Ø known

SH: 29 yo cis-woman reports being healthy and physically fit. Lives with husband and two school-aged children. Works 8 hours/day, 5 days/week as teacher, primarily standing. States she is very active at work, “chases after her 20 kindergarten kids.” Patient reports this is a “surprise” pregnancy and this has “strained their relationship”, however denies intimate partner violence.

FH: Ø Hx of thromboembolic events

ROS: weight gain: 15lbs in pregnancy so far; Neuro: Ø changes to mood, feeling or sensation; MSK: Ø weakness, varicosities worsening since 26 weeks GA.

Objective Findings: Vital signs assessed: Height: 65”, Weight: 134.5 lbs, weight gain of 15 lbs during pregnancy (pre-pregnancy weight of 121 lbs), Current BMI 22.5; BP = 110/70,Resp Rate = 20 breaths/min, Pulse = 104 bpm. Lower limbs assessed – no visible bruising on legs. Significant swelling on R side.

Assessment: Pitting edema on R side; pain with palpation of deep veins.

Plan: R/O Deep Vein Thrombosis (DVT)

Consult immediately for leg ultrasound and/or D-dimer test with emergency physician on-call at hospital

VIDEO LINK

https://www.youtube.com/watch?v=DqjmWZTHp8k

Applying your Knowledge: Communication Skills

You have learned that miscommunication can be a source of conflict among providers. This assessment will provide you with a chance to apply the communication skills you have learned in a writing activity.

Real quotes are being used to describe the impact of home birth transfers from each person's perspective; in the quotes, people describe matters of safety, preparedness, professional expertise, and teamwork. After reading the quotes, attempt to identify the matter being described and then either summarize, paraphrase, reflect, or acknowledge what each person has said. To do this, imagine you are in a conversation with that person. Imagine how you would respond to what the person has just said to you. Write your reply below each quote.

For example, in this case a midwife says to the hospital provider:

"I want to be treated as a respected colleague during transports and included in dialogues about the best course of action." -Cheyney, Everson & Burcher. 2014. (11)

Answer: The midwife appears to address feelings she has about teamwork. My reply to the midwife would be to acknowledge the issues and feelings being described here by saying, "I understand that you want to be included as part of the team when making a plan for care since that helps you to feel respected."

To complete the activity:

1. Identify the matter being described for each person
2. Identify which communication techniques you will use for both people, and write your own responses to the two quotes.

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Key Resources

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

Module Evaluation

[Embedded survey.]