

## CHAPTER 22

# COMMUNICATION, CONSULTATION AND DOCUMENTATION

### Learning Objectives

By the end of this chapter, the participant will:

1. Recall the principles of effective communication.
2. Identify the responsibilities of women and health care providers in the consultation process.
3. Discuss and list the principles of informed consent.

### Principles of Communication:

- Quality patient care is the primary goal.
- Mutual respect
- Language is clear and precise.
- Timely flow and transfer of relevant information
- Roles are clearly delineated.
- Confidentiality is respected in all communication and in accessing patient information. All health care facilities should have policies to address patient confidentiality.

Professionalism in communication requires that health care providers understand the perspective of other professions and the perspective of learners within all professions. There has been a long history of hierarchy in health care. This hierarchy is not functional in a health care system that requires disciplines to work together as a team. No one profession can function in isolation. All professions should utilize the expertise, skills and information of other health care providers to provide comprehensive, coordinated care.

Strategies to facilitate inter-professional care and planning might include:

- Development of multidisciplinary policies and procedures
- Committee structure that involves all professions
- Care planning that incorporates input from a variety of disciplines
- Focus on team competency to provide optimal patient care
- Skill drills for emergency situations involving all health care providers
- Rehearsing responses to emergencies as a team using evidence-based, unit-specific protocols in mock drills to facilitate efficiency and effectiveness in real emergencies
- Use protocols, consistent with national guidelines. These protocols should be developed collaboratively, and should be agreed upon and adhered to by all health care providers.
- Emergency codes should prompt members of the health care team to respond without the need for extended personal consultations. Examples of obstetrical emergencies include cord prolapse, placental abruption, ruptured uterus, amniotic fluid embolism, cardiac arrest, seizures, respiratory difficulty, shoulder dystocia, anaphylactic shock, hypovolemic shock, etc.
- Debriefing unusual events and near misses as a team
- Non-punitive educational multidisciplinary reviews of clinical outcomes and quality assurance activities. The health care team should use effective disclosure when outcomes are less than optimal.

### Key points related to communication

1. Communication consists of more than just talking. Other characteristics of effective communication include mutual respect, sharing, negotiating, compromise, resolution and moving forward, based on agreements reached. Acknowledgment that different perspectives are valued and contribute to successful solutions is critical.

2. Non-verbal messages are five times more influential than verbal communication.
  - Non-verbal communication is unconsciously motivated and more accurately indicates a person’s meaning than the words being spoken. The tone of the words and inflections constitute a major element of communication.
3. Precision in the use of language is key.
  - Health care providers must use plain language and abbreviations that are agreed upon and understood by all. Precise language reflects precise and rigorous thought. The use of accurate and appropriate language in documentation may help prevent subsequent misinterpretation.
  - When communicating with women and their families, language and terminology must be understood. Written patient education material must be targeted to the appropriate readability level. This will vary based on local literacy levels.
4. Effective listening is an important part of effective communication.
  - Listening with eyes, ears and the brain helps focus on the words being said. Listening actively—seek first to understand, then to be understood.
5. Environment can influence communication
  - Environment, emotional tone, privacy and distractions can facilitate or impede the quality of communication.
6. Documentation is an important part of the communication process. Documentation should be clear, concise and as contemporaneous as possible. The patient record is a legal document that tells the story of a woman’s care. Documentation provides all health care providers with important information that helps in continuity of health care and communication among the health care team and the woman. The best communication is not effective if it is not documented. If events are not documented, they are seen to have not occurred.
7. Everyone involved in patient care, including administrators, women and health care providers must participate in the communication process.

**Consultation**

One of the key elements of teamwork is the use of consultation. Within the consultation process, all participants have responsibilities for communicating effectively. The responsibilities of all health care providers include:

- Being courteous and respectful
- Communicating clearly and effectively using language understood by the patient
- Providing relevant documentation
- Ensuring continuity of care and information

The chart below is a summary of responsibilities of the key participants.

Woman	Referring care provider	Consultant
Courtesy and respect	Courtesy and respect	Courtesy and respect
Participate in decision making	Assess <b>woman</b> prior to referral	Provide reasonable access to services
Understand purpose of consultation, investigations, diagnosis, risks and benefits of proposed treatment options	Communicate reason for consultation	Communicate the results of the consultation clearly and promptly to the woman and the referring health care provider  Report hospital admissions and discharges  Return the woman’s care to referring care provider when appropriate

Woman	Referring care provider	Consultant
Read relevant patient education material	Provide relevant documentation	Provide relevant documentation
Understand which health care provider is responsible for their care	Discuss and confirm who will be the most responsible provider (MRP) for current and ongoing care	Discuss and confirm who will be MRP for current and ongoing care
		Avoid cross referral for unrelated problems

**Most responsible provider (MRP):** Who is in charge when a consultation is requested?

This must be clearly understood by the woman, her referring care provider and the consultant. There are three possible options for the consultant’s involvement with patient care:

1. Consultation only
2. Consultation with concurrent and/or shared care
3. Consultation with transfer of care

**Outcomes of quality consultation:**

- Improved patient care and satisfaction
- Improved health care provider satisfaction
- Clarity of care planning
- Increased quality of care and patient safety
- Reduced risk of medico-legal action

**CONSENT**

Informed consent is a process required to protect the patient’s right to self-determination about treatment recommendations. Obtaining consent respects a woman’s sexual and reproductive rights.

**To obtain informed consent from a woman, the health care provider must ensure that:**

- the woman has received information about the treatment that she requires to make a decision; and
- the woman has received responses to her requests for additional information about the treatment.

**The information must include the:**

- Nature of the treatment
- Expected benefits of the treatment
- Material risks and side effects of the treatment
- Alternative courses of action
- Likely consequences of not having the treatment

The woman’s consent must be obtained by the health care provider. This is usually the physician or midwife. The health care provider must also ensure that consent is given with the woman’s knowledge of the procedure and consequences of the procedure.

**The following must be present for a valid consent to exist:**

1. The woman must be mentally competent and capable of giving consent.
2. Consent must be given voluntarily.
3. Consent must be informed.
4. Consent must apply to a specific act or set of acts.

The ultimate responsibility for ensuring informed choice and the mental capability of the woman to provide consent, and documenting a valid consent rests with the health care provider proposing and providing the intervention.

**If consent is refused:**

- Ensure complete documentation of the discussion and the woman’s stated rationale for refusal.
- Continue to show courtesy and respect.
- Continue to offer appropriate care and alternative treatments.
- Do not interpret refusal in one circumstance as refusal for all interventions.
- Maintain open communication.

**DISCLOSURE**

Disclosure is “the imparting by healthcare workers to women or their significant others, of information pertaining to any healthcare event affecting (or likely to affect) the woman’s interests. Disclosure respects the woman’s autonomy, supports informed decision-making and acknowledges her sexual and reproductive rights. The obligation to disclose is proportional to the degree of actual harm to the woman (or realistic threat of such) arising from an adverse event”.<sup>1</sup> Disclosure must be done in accordance to organizational policy, professional standards and local legislation. In the event of a maternal death, the health provider will be working with the woman’s spouse and perhaps her extended family.

Disclosure is an important part of the monitoring and evaluation process. Discussions held as part of the disclosure process may offer valuable information about the adverse event; information gathered in this process may also contribute to recommendations for changes in how care is offered in the future, benefiting both health care providers and care recipients.

Communication of any negative health outcome to a woman or her family is a difficult task for health care providers. Disclosing an adverse event resulting from error is even more difficult. However, the communication principles and skills required for the conversation with the woman and her family are very similar. The normal response to injury includes a mix of fear, anxiety, depression, anger, isolation, humiliation, devaluation and betrayal. This response may occur whether or not the harm was due to a mistake. (Frederickson, 1995)

Health care organizations and health care providers must acknowledge that no matter how excellent the care, there will unfortunately always be errors that result in adverse events. It is reasonable to anticipate the need to disclose such events, and to be prepared with appropriate policies, protocols and trained personnel to manage the situation as best as possible when it does occur. The health care facilities’ plan should provide the framework within which the health care providers will be trained and supported to conduct disclosures. The plan must be specific to the circumstances of each individual organization or institution; however, it should, at minimum, address the “**5 Ws**”:

- What to disclose
- When to disclose
- Who should disclose
- What means of disclosure
- To whom disclosure should be made

A serious preventable injury is defined as a medical emergency that has two victims—the patient and the health care provider. The patient suffers a double wound—the actual physical injury and an emotional wound, i.e. the sense of betrayal and loss of trust. The health care provider, sometimes referred to as the “second victim,” can experience profound shame, guilt and fear, possibly resulting in an impaired ability to practice. The organization must anticipate, and have processes in place, to concurrently treat both emergencies in a timely fashion. The key to treatment is honesty, openness and apology. (Frederickson, 1995)

## **Barriers to Disclosure**

Health care providers may hold personal beliefs or experience fears that prevent them from choosing to disclose adverse events:

- Belief that disclosure is unnecessary
- Genuine, although misguided, belief that it is in the best interest of women not to be informed
- Belief that the outcome would potentially have occurred without the error or intervention (e.g. the patient was terminally ill anyway)
- Lack of experience, training, skill or comfort in communicating difficult information
- Fear of having to handle the woman's emotions as well as their own
- Fear of retribution from the recipient of the news
- Fear of loss of the trust and respect of patients
- Fear of legal action
- Fear of censure, loss of respect and prestige among colleagues
- Fear of loss of work and income
- Loss of self-esteem and self-confidence as a health care provider

### ***What do women expect?***

When adverse events occur, women and their families often sense that something has gone wrong. Failure of health care providers to disclose the event causes the woman and her family to feel devalued and disrespected. They lose trust in their health care providers and the health care organization or system.

Conversely, if the woman and her family have been involved from the very beginning in all aspects of their care and has developed a relationship of partnership with the health care providers, disclosure of adverse events is just one more step in an established pattern of open, honest and transparent communication. The disclosure is still difficult, but it offers the possibility of re-building trust, forgiveness and the beginning of healing.

### **Specifically, patients need to know:**

- How do we manage this for my family?
- What you are going to do to help me?
- What specific steps are you taking to ensure this does not happen again to another woman or another family?
- What can we do to help you achieve those system changes?

## **Benefits of disclosure**

### ***The benefits of disclosure for women and their families are to:***

- Begin to recover from the devastating effect of the unanticipated outcome and deal directly with the pain so that they can begin to heal.
- Regain trust, to work out their feelings of distrust of professionals associated with the facility.
- Understand and obtain the care that may be needed to address the effects of the adverse outcome in the future.
- Receive the information needed to make next-step decisions, including the possibility of seeking appropriate compensation.

### ***The benefits of disclosure for health care providers are to:***

- Openly and honestly address the error, and engage in ways of preventing future occurrences.
- Express regret, assuage guilt and begin to heal.
- Regain self-esteem and continue to practice.

***The benefits of disclosure for health care organizations are to:***

- Learn from, not repeat, mistakes and create better systems for prevention of adverse events in the future.
- Heal psychologically after a mistake by sharing the human face of working in a complex system.
- Potentially lessen the frequency and severity of litigation, through the proper management and control of a disclosure process.

**How to disclose*****Prepare***

- Ideally health care providers have a pre-developed situation management organizational plan that can be used to guide the process and that will serve as a checklist to ensure that all potential issues are appropriately addressed.
- Review the facts; be sure you know clearly what happened.
- Balance the need to have all the information with the need to disclose the information in a timely manner.
- Identify and involve the appropriate participants for the disclosure.
- Determine the roles to be carried out by each person.
- Assess the readiness of the woman and her family (medically stable, awareness level, ability to comprehend, availability of support) to hear and understand the disclosure.
- Choose an appropriate time and setting, keeping in mind the basic principles of effective communication and urgency of timely follow-up.

***Meet with the woman and her family***

- Simply describe what happened in plain, understandable language; use a neutral tone.
- Describe what is known at this point; give factual, objective information.
- Describe the next steps of the process for the woman and her family; ensure any appropriate medical care is identified and made available; offer to transfer care to another health care provider.
- Acknowledge the woman's suffering; demonstrate your sincere sympathy and sadness.
- Apologize for the harm caused to the woman and for your role in it.
- Focus on the needs of the woman and her family—it's not about you!
- Describe the next steps in the investigative process.
- Explain what is being done to prevent a recurrence.
- Seek and respond honestly to the woman and her family's questions and concerns; allow ample time for questions.
- Establish, with the woman and her family, a plan for follow up (who, what, where, when); be specific.
- Offer the ongoing availability of a key contact person [for counseling??] and the support of other available resources (clergy, social services, etc.).

***Skills Needed by Health Care Providers***

- Ability to establish rapport.
- Active, empathetic listening.
- Lack of defensiveness— this is a time to listen, not to defend your actions.
- Ability to recognize and manage your own feelings.
- Openness and willingness to accept whatever reaction occurs.
- Ability to anticipate and calmly handle the woman or family's possible emotional reactions and/or behaviors, such as crying, yelling, anger, threats, verbal abuse or walking out.
- Ability to separate the message from the messenger, so that the messenger can be seen as a support person by the woman and her family.



## Key Messages

1. Improvement of quality of care requires good effective communication between the woman and all health care providers, and effective documentation.
2. The implementation of maternal and neonatal audits will support quality communication with the woman and her family.
3. The provision of informed choice to women contributes to a more positive childbearing experience.

### *Suggestion for Applying the Sexual and Reproductive Rights Approach to this Chapter*

Birth is a physiological event in a woman's life, but there are also emotional, social and psychological aspects to the childbearing experience. Having a baby is usually a joyous event. Occasionally, childbearing ends in the trauma of death or disability for the woman or her baby. Communication is a core component to providing holistic, women-centered care. Take the time to communicate well in your daily practice—you may find it to be a rewarding experience to women and yourself.

### Resources:

- American College of Obstetrics and Gynecology Committee on Ethics. *The ethical dimensions of informed consent*. ACOG Committee Opinion 108; May 1992.
- AWHONN. Standards for professional perinatal nursing practice and certification in Canada. 2002.
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- Canadian Medical Association. *Code of ethics*.
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- Sharpe G. *The law and medicine in Canada*. 2<sup>nd</sup> ed. Toronto: Butterworths; 1998.
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<sup>i</sup> Systems Issues Working Group, National Steering Committee on Patient Safety. Canadian patient safety dictionary. Ottawa: Royal College of Physicians and Surgeons of Canada; 2003, Pg. 19. Available [http://rcpsc.medical.org/publications/PatientSafetyDictionary\\_e.pdf](http://rcpsc.medical.org/publications/PatientSafetyDictionary_e.pdf)