Common Errors in Communication

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**com-mu-ni-ca-tion**

- the interchange of thoughts, opinions, or information by speech, writing, or signs
  - *inter-change*: to change places mutually

- a process by which information is exchanged between individuals
  - *ex-change*: reciprocal giving and receiving

Merriam-Webster Dictionary

Aspects of Communication

<table>
<thead>
<tr>
<th>Context</th>
<th>circumstances that form the setting; physical, social, chronological or cultural</th>
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<tbody>
<tr>
<td><strong>Sender</strong></td>
<td>person that sends the message</td>
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<tr>
<td><strong>Message</strong></td>
<td>key idea/s to be exchanged</td>
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<tr>
<td><strong>Medium</strong></td>
<td>means to exchange/transmit the message</td>
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<tr>
<td><strong>Recipient</strong></td>
<td>person for whom the message is intended, aimed, or targeted</td>
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<td><strong>Feedback</strong></td>
<td>verbal/nonverbal; allows sender to evaluate the efficacy of the message</td>
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Paeke, 2001

- Communication
- Orientation/Training
- Patient Assessment
- Staffing
- Availability of Info
- Competency/Credentialing
- Procedural Compliance
- Environ Safety/Security
- Leadership
- Continuum of Care
- Care Planning
- Organ Culture

- JCAHO (n=3548)

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**2006 National Patient Safety Goal**

- Handoff Communication:
  - “implement a standardized approach to handoff communications, including an opportunity to ask and respond to questions.”

- The Joint Commission, 2006
Types of Communication Errors

- Communication not sent or not received
- Information is not clear or organized
- Information incompletely received or interpreted incorrectly
- Incomplete response

Communication not sent or not received

- Lost page/email/text
- Lack of awareness of the need to transmit information
- Key players excluded

Text Page

- “M.T. in 7024 has a K’ of 3.1 and is asymptomatic. AM diuretic already given. Please enter replacement orders if you want to treat.”
- What do we do if no orders are entered?
Communication not clear or organized

- Incompatible language (foreign, technical, jargon, accent)
- Assumptions are made by sender or receiver
- Context of the information is not known or communicated

Information incompletely received or interpreted incorrectly

- Asymmetry (no face to face)
- No opportunity to ask questions
- Lack of context (shared mental model)
- Transmission/receipt = Biased (assumption, culture, etc)
- Distracted when transmitting/receiving
- Fatigue, stress, physiological factors (hearing loss, visual degradation, literacy, etc.)

Pt K.L. PCV came back at 25, I started his NS at 125mL/hr as ordered, and I need an order for his home Ambien dose.
Incomplete response

- No decision made/requested
- Lack of role clarity
- Problem/issue not stated or understood

Common Barriers to Communication

- Personal values and expectations
- Personality differences
- Hierarchy
- Disruptive behavior
- Culture and ethnicity
- Generational differences
- Gender
- Rivalries - interprofessional and intraprofessional
- Varying levels of preparation, qualifications, and status
- Differences in professional education
- Differences in accountability or responsibility
- Complexity of care
- Differences in language and jargon

- O’Daniel & Rosenstein, 2008

Different Communication Styles
(MD, RN and Clinical Staff)

- Nurses, Clinical Staff, et.al. –
  - Trained to be narrative and descriptive
  - “We don’t make diagnoses”
- Physicians –
  - Trained to be problem solvers
  - “What do you want me to do; just give me the headlines”
- Complicating factors:
  - Gender, national culture, the pecking order, prior relationship, previous experiences

- Michael Leonard, MD, Kaiser Permanente
Nursing Perceptions on Communication Barriers

28% Feeling hurried by the physician was the most frequent barrier to effective communication
• 71% felt lack of preparedness as a contributing factor

24% felt like they were bothering the MD by calling

Tja, 2009

Study on Nurse-Physician Communication

• Interviewed
  – Physicians 301
  – Nurses 310
  – Patients 229

• Patients
  – Expected nurse & physician to discuss their care daily 89.0%

O’Leary, et.al., 2010

Nurse-Physician Communication (con’t)

O’Leary, et.al., 2010
Mass General House Staff Survey

• 161 House staff were questioned regarding their most recent inpatient rotation.
  – 58.3% reported at least one pt experiencing minor harm
  – 12.3% reported at least one pt experienced major harm
  – 31.0% reported overall quality of handoffs as “fair” or “poor”
  – 51.6% unable to provide accurate or complete information to RN or another Resident because of a problematic handovers
  – 36.6% reported most or always interrupted 1 or more times

Results of Communication Failure

• Failures resulted in visible effects on processes, including
  – Inefficiency
  – Team tension
  – Resource Waste
  – Workaround
  – Delay
  – Patient inconvenience
  – Procedural Error
Characteristics of High Performing Teams

- Engaged in more planning statements
- Asked more questions
- Developed shared mental models of the situation
- Engaged in more efficient communication in high-workload conditions

Lydon, 2006

Communication Skills in the ICU (con’t)

- Highly rated teams
  - Made clear/direct requests
  - Employed closed loop communications
  - Communicated urgency of problems
  - Ensured team members were comfortable w/ assigned tasks
  - Shared information on the patient care plan

Reader, 2007

“The status quo will be shifted neither by admonitions to communicate more, nor by the rare adverse event which is readily rationalized.”

Lingard, 2006
Strategies for Improvement

- Training
- Structured Process
  - SBAR
  - Briefings/Debriefings
- Standardized Electronic Documentation Templates
  - Checklists
  - Pre-populated forms (OPC)

Simple techniques to change your practice today

- Explain things clearly in plain language
- Focus on key messages – specific and concise
- Use a “teach back” or “read back” technique where appropriate
- Ask for confirmation/receipt of information (Asymmetry)
- Effectively solicit questions to validate understanding

Thank You!