



Communication between Nurses and Physicians: Strategies to Surviving in the Emergency Department Trenches.

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Title Page

Title: Communication between Nurses and Physicians: Strategies to Surviving in the Emergency Department Trenches.

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3 The emergency department (ED) is a high-risk environment, where
4 communication lapses can lead to suboptimal, even negative health outcomes. Clear and
5 concise communication between ED residents and nursing staff is essential to patient
6 care. This commentary offers strategies to ED residents and nursing staff on how to
7 improve communication, trust, and efficiency between both parties and in doing so
8 improve the care that patients receive. These suggestions, if used in the appropriate
9 learning environment, could prove beneficial to the new generation of residents/nurses
10 searching for their own identity in the ED. In addition, one would like to assume that
11 these suggestions are already practiced by veteran staff physicians and nurses. However,
12 this article may help “old dogs learn some new tricks” with respect to communication and
13 patient care.
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24 RATIONALE

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28 Emergency residents and nurses are required to work efficiently as part of a health
29 care team. The ED nurse is an integral member of this team and can be a valuable ally to
30 any resident. Studies have shown that in busy tertiary-care departments, residents spend
31 on average 16% of their shift time on direct patient interactions (Hollingsworth,
32 Chisholm et al. 1998). Nurses by comparison spend significantly more time directly
33 managing patients and implementing care plans. This can lead to stronger, more trusting,
34 relationships between nurses and patients. The ED nurse can therefore, provide critical
35 information and suggestions to the ED resident if they are properly engaged. The
36 following are strategies ED residents and ED Nurses can use to manage collaborative
37 interactions..
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48 STRATEGIES FOR EMERGENCY RESIDENTS AND PHYSICIANS

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51 1) **Introduce yourself.** While this may seem intuitive, many residents are too shy and/or
52 eager to begin a shift and may rush to see patients first. Introducing yourself is a must,
53 especially if you haven't worked with the specific group of nurses previously. Explain
54 your medical level and comfort level within that area of the department. This interaction
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3 should be as informal as possible, with both parties introducing themselves by their first
4 names; no longer should there be a mentality of hierarchical superiority, but rather an
5 environment of collegiality. This is also an excellent opportunity to mention any shift
6 goals the resident may have. Such goals may include foley catheter or peripheral line
7 insertion that can be supervised by the nurse. Many experienced nurses have a strong
8 handle on the acuity of their patients and can be great logistical and management
9 resources to manage department flow. Furthermore, this simple interaction will pay off
10 in the more acute resuscitation setting, where loops of communication can be easily
11 complicated (Elizabeth Sinz 2011).
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21 **2) Speak with nurse prior to assessment.** “What do you think is going on?” is a simple
22 brief question that does many things. It may help residents focus their exam. It shows
23 confidence in a nurse’s assessment and it gives the nurse an opportunity to express
24 concerns that he/she may not have been able to do in a triage note or secondary
25 assessment. With that in mind, we must always remain cautious with each team
26 member’s assessment and not take it as “lore”, as one still has to consider his/her own
27 judgement in the assessment. It is alright to disagree, but having another perspective can
28 help make for an expedited and safe decision. A common occurrence is for the resident
29 to read the brief triage note and begin a line of questions that are inappropriate for the
30 patient’s chief complaint. An example could involve a patient labelled as epigastric
31 abdominal pain with vomiting. Whether this patient’s underlying pathology is
32 gastrointestinal or cardiac may come into clearer focus if a nurse’s perspective is
33 obtained.
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46 **3) Everybody learns.** Health care professionals should all be driven to want to improve
47 their own performance for the sake of patient care and to improve professional activities.
48 Shared learning between ED residents and nurses is essential to this goal. Staff
49 physicians and residents can provide a lot of education in a small amount of time. This
50 can be as simple as pointing out an interesting rash in a child, or to a complex
51 orthopaedic injury, such as a fibula fracture seen in the context of a suspected ankle
52 injury. Nurses may have advanced directives allowing them to order ankle x-rays after
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3 applying a rule set (Salt and Clancy 1997). Teaching around a Maisonneuve fracture may
4 take only a few minutes of the resident's time, but can be important learning for a nurse.
5 Likewise the nurse can be an invaluable teacher to the ED resident. Peripheral IVs, NG-
6 tubes, Foley Catheters, ECG lead placements are just some of the skills that can be taught
7 by the ED nurse.
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14 **4) Explain physician orders.** Provide a context for your order set that will help orient
15 nursing staff to the medical management plan. An example of this could be the following
16 statement: "I have a 65-year-old patient who's febrile, tachycardic, and has had a
17 productive cough for three days. I'm concerned they are septic, therefore I'm ordering
18 bloodwork, lactate, cultures, a vbg, a chest xray, and I'm starting the patient on
19 antibiotics". If time allows, debriefing on acute situations can be beneficial for all who
20 participate and has been shown to improve patient care.
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28 **5) Include nurses in patient reassessment and signover.** Handover is a notoriously
29 risky time in the emergency department and often physicians and nurses work on
30 different sign-over times. Having a nurse at physician "sign-over", and allowing their
31 input, will further reinforce the collegiality and perhaps allow nurses to bring new or
32 changing information about a patient. This strategy will further allow residents and
33 nurses to get "on the same page", especially when patients findings can be somewhat
34 unclear (Cheung, Kelly et al. 2010). Expected dispositions or further investigations can
35 be discussed and resource and time allocations can be divided.
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STRATEGIES FOR EMERGENCY NURSES

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47 **1) Introduce yourself.** It is funny how a simple introduction with a new colleague can
48 really help a person integrate with already established people in a busy department.
49 Nurses should provide a quick overview of their role in the ED, their level of experience
50 and how to be contacted should assistance be required. Taking this initiative to develop
51 relationships with new team members demonstrates leadership and collaboration. People
52 will be more willing to seek out help during critical incidents, leading to better patient
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3 outcomes, streamlined patient care and a more cohesive team during a crisis. One study
4 reported that patients benefited when health care providers sought out key professionals
5 for advice for both routine and complex decisions making. (Robinson et al., Gorman,
6 Slimmer & Yudkowsky 2010)
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12 2) **Embrace new learners.** Nurses are often very experienced within the ED
13 environment and intimately involved and familiar with the practice and routines of the
14 department. To a newcomer, these routines can be intimidating, confusing and
15 frustrating. Nurses presenting with a superior, more knowledgeable attitude do not bode
16 well for anybody and will not only discourage trust and respect, but also set the tone for a
17 divisive working relationship. Occasionally, new residents or medical students in an ED
18 are belittled for workflow that is not in keeping with the rigor of the department culture.
19 Be flexible, open-minded and welcome innovation; most workplace environments have a
20 low tolerance for disrespectful or derogatory behaviours toward any staff. Offer positive
21 redirection and guidance if things start to derail.
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32 3) **Be direct and clear.** Often communication is strained ~~strayed~~ when information is not
33 clearly communicated between colleagues. Ensure you have the attention of the resident
34 when stating the plan of care or asking for clarification (eg. don't interrupt an interaction
35 on the phone or with another person with a ~~'sidebar'~~ potentially distracting piece of
36 information). This will be where errors are made. If the nursing plan of care diverges
37 from that of the resident or patient, take the time to explore these differences through
38 meaningful, and professional dialogue. Advocate for solutions that are grounded in best
39 practice, safety and patient centeredness, not personal opinion.
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48 4) **Should miscommunication occur, and it will, seek clarification.** Where was the
49 breakdown? How did it occur? Look for barriers to successful communication and
50 opportunities for mitigating communication failure. Ownership of misunderstandings
51 leads to recognition that we all can make mistakes, no one person is immune regardless
52 of position, education or stature. This will go a long way to a rewarding experience in
53 the ED.
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5) **Engage, partner and teach.** Recognize that elective residents and nurses often have a
6 specialty or unique expertise that can support patient care and decision making. Most
7 staff want to learn about interesting and curious new findings. Creating an environment
8 of shared learning flattens the perceived healthcare hierarchy between professions. We
9 can all learn from each other and be better for it, and most certainly our patients will
10 benefit.
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19 CONCLUSION

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21 Most healthcare professionals who gravitate to the emergency department have
22 similar personality traits that draw us to this often very chaotic and stimulating
23 environment. However, working in the ED can also be a thankless job with high stress
24 and staff burnout, which can negatively impact patient care. In order to optimize success,
25 we must learn to appreciate and acknowledge our colleagues for the tiresome work that
26 they do. A simple thank you at the end of a shift for hard work or imparting small parts of
27 clinical wisdom can go a long way in fostering an environment where staff, residents and
28 nurses alike will want to return to “battle another day”.
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