

## LCC Session: Communication between nurses and physicians

Dr. Steven Arora

### Goals:

1. Review how to enter a Safety Occurrence Report (SOR) in our new system
2. Explore why there are challenges with communication between nurses and physicians
3. What have you personally experienced or witnessed as a barriers in communication
4. Do you have any thoughts as to how we as a Department and Hospital address these issues?

### Background:

Entering a Safety Occurrence Report allows the Hospital to review systemic issues that lead to deviations in expected practice. These standards of care are what each profession has deemed to be an essential component of delivering safe care to patients. For us to better understand why errors occur, we need to constantly evaluate the system and identify areas of improvement. SORs are key to evolving our organization into a high reliability organization.

HHS recently implemented a new reporting system that is used at many other hospitals including pediatric centres. Below is a link to the training video developed by the company.

<https://www.youtube.com/watch?v=eAltXOqLh98&feature=youtu.be>

### Question:

1. What do think of this video? Are there opportunities for improvement?

When we review the Safety Occurrence Reports and Critical Incidence Reviews, communication challenges between team members, specifically between nurses and physicians seems to be an underlying theme. These challenges are not new. And yet we have not been able to address these issues.

At McMaster Children's Hospital, we have implemented an Escalation Pathway (see attached) and promoted in different ways, including a comic communication (see attached). Despite the understanding that such a pathway exists and that MCH/HHS promotes a just culture in its work, even as recent as a few months ago, the Pathway was not used.

I would like you to start the conversation with the article titled "The Doctor-Nurse Game" published in June 1967. I apologize ahead of time for the inappropriate language and stereotypes conveyed in the article.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/489368> (PDF download available on the page)

### Questions:

1. At its foundation, how has the relationship between residents/staff physicians and nurses changed 50 years later? If it is different, how has it changed? Is it better? If it is not all that different, why do you feel things have not changed? What are the barriers?

**Required reading (articles attached):**

1. <https://www.sciencedirect.com/science/article/pii/S0897189717302562?via%3Dihub> (PDF download at top of page)
2. [https://journals.lww.com/jonajournal/Fulltext/2017/03000/Nurses\\_and\\_Physicians\\_Perceptions\\_of.8.aspx](https://journals.lww.com/jonajournal/Fulltext/2017/03000/Nurses_and_Physicians_Perceptions_of.8.aspx) (Download on the right side)

**Questions:**

1. How do we start changing the relationship between residents, staff physicians and nurses? Where do we start?
2. If you were to review your curriculum in medical school, residency what were you taught about communication amongst team members and the culture that pre-exists. Any thoughts on joint curriculum between nursing school and residents? Would that have value?
3. What would you prioritize as opportunities for change that you can implement in the next couple of years?

**Other readings to consider:**

1. Twitter hashtag: #tipsfornewdocs
2. Improving communication through resident-nurse shadowing  
<https://hosppeds.aappublications.org/content/7/11/660>
3. Improving communication between nurses and resident physicians  
[https://journals.lww.com/qmhcjournal/Fulltext/2018/10000/Improving\\_Communication\\_Between\\_Nurses\\_and.8.aspx](https://journals.lww.com/qmhcjournal/Fulltext/2018/10000/Improving_Communication_Between_Nurses_and.8.aspx)