

Good Communication with Colleagues

This article is one of a two- part series, in this edition, we focus on the importance of good communication with colleagues and team members within the practice. Our previous Medzine article focused on communication with patients.

Communication is often considered a “soft skill” in the workplace, but its value – particularly when providing patient care – should not be underestimated. Communication breakdowns between members of healthcare teams are not uncommon, and they can result in anything from minor confusion to serious patient harm.

The Medical Council Guide to Professional Conduct and Ethics advocates the importance of good communication stating that it *“is central to the doctor-patient relationship and essential to the effective functioning of healthcare teams. Good communication involves listening to patients and colleagues, as well as giving information, explanations or advice”*

Communication with colleagues

Successful communication amongst healthcare clinicians and staff members has always been a critical element of patient safety. The emphasis on communication has become more important in recent years with a shifting focus towards collaborative and team-based care within the primary care setting being one of the key strategies of Slaintecare. As these changes occur, communication remains a high-risk factor and a common feature in medical negligence claims.

Certain steps along the patient care journey can be particularly vulnerable to poor communication and errors, often leading to patient harm such as delays in treatment, misdiagnosis, or a delay in diagnosis. Particular challenges arise when there are multiple staff members involved in providing patient care across several different sectors of the healthcare system and; in particular, the interface between primary and secondary care. Regardless of the situation, transitions of care require accurate and clear communication between all members of the healthcare team and the patient.

The following is a non-exhaustive list of practical tips that we hope you find useful:-

- Consider defining what information needs to be communicated when referring patients to other services e.g. patient’s medical history, family history, current medication list, physical exam findings, lab/ test results, and treatment information.
- Within the practice, consider developing a process for referrals, including urgent referrals, correspondence from other clinicians such as hospital letters, and a system for following-up patients.
- Ideally, all clinicians should have a clear understanding of who is responsible for reviewing test results and communicating the information to the patient. If you employ a locum at the practice or are covering for a colleague who is on leave at the practice it is advisable to have a scheduled hand-over of care.
- The practice should also consider having a robust system in place for managing critically abnormal results which are phoned to the practice including an arrangement for out-of-hours communications.
- It is vital that all staff be aware of the importance of documentation in patients’ medical records to facilitate a seamless transition of care between colleagues.

Internal messaging within the practice

Many IT software systems facilitate internal messaging between colleagues within the practice such as “tasks” that are attached to a patient’s medical record. Whilst being convenient and reducing carbon footprint, it provides a robust audit trail of communications and should be encouraged. Internal messaging also facilitates messages of a clinical nature forming part of the medical record. All staff should be aware that such messages which are linked to the patient file may be viewed by the patient at a later stage in the event of a data access request. The tone and content of such messages should be factual, accurate, and professional at all times. Practices should not rely on methods such as sticky Post-it® to communicate urgent tasks and messages.

The use of ‘instant messaging’ systems has also got many advantages in the clinical setting. It permits urgent messages to be conveyed to clinical staff without interrupting the consultation with the traditional phone call or ‘knocking on the door’ which can result in the clinician losing their train of thought. However, with any convenient method of communication, there is always a risk of overuse. Inappropriate and persistent use of instant messages may result in a continuous stream of ‘Instant messages’ flashing up on the clinician’s computer screen which may also be a distraction during a consultation. All staff should be aware that there is a potential for a breach in patient confidentiality if patient information about another patient is visible on the screen during a consultation. It is also important to be aware that ‘instant messages’ which may convey urgent clinical information do not necessarily form part of the patient’s clinical record. All practices should discuss and agree on a policy that clearly outlines the appropriate use of internal communications within the practice.

Practice staff meetings

Ideally, practices should have regular team meetings. This may facilitate staff to highlight pertinent issues and may reveal answers to many everyday problems within the practice. Team meetings are an ideal opportunity to enhance communication and staff engagement and are a key aspect of sustaining effective teams. Team meetings also provide an ideal platform to discuss and agree on policies and procedures within the practice as well as an opportunity to highlight and discuss the everyday challenges, adverse incidents and near misses within the practice and come up with ways to address those challenges and reduce risk.

Preferably all staff members would be provided with the opportunity to contribute to the meeting agenda. Minutes of all meetings should be recorded and dated and reviewed for accuracy at the next meeting. Retaining minutes of practice meetings has many benefits:

- It creates a record of what has been agreed and by whom;
- It creates a record of actions to be taken and sets out responsibilities and timeframes for performing such actions;
- Minutes may subsequently become relevant in the event of a claim or a complaint against the practice and reference to same can help reassure patients or authorities such as the Medical Council that appropriate action was taken to prevent subsequent adverse incidents;
- Good quality minutes will also demonstrate an organisation’s commitment to delivering high-quality care and may be helpful in dealing with an external review by a body such as HIQA; and,
- Internal CPD points for the Medical Council Professional Competence Scheme can also be earned for formalised practice meetings.

Any patient information should be anonymised in practice meeting documents. It is important to be aware that in the event of a claim, any internal risk management documents prepared following an adverse incident could potentially be obtained by a patient either by way of a Court Order as part of litigation or under the Data Protection Acts.

Briefing sessions

As with any workplace setting, challenges may arise for part-time staff with keeping up to date with changes and the day-to-day running of the practice. This has been a particular challenge for many staff members during the pandemic as guidance on restrictions, testing and COVID -19 vaccine rollout is continuously evolving. A team briefing is a regular, face-to-face meeting between members of a work team that allows for the dissemination of information, feedback, and the opportunity to ask questions. Many experts recommend holding a team briefing daily, with preference given to the morning to help everyone get on the same page for the day. Practices might consider having a daily update or 'huddle' usually no more than 5 minutes.

Items to be considered in a briefing session may include the following:

- Outlining the format of the day, highlight any burning issues such as lack of appointments or clinician availability;
- Encouraging two-way communication – it is not about providing information to the team but also listening and responding to questions;
- Ensuring staff are fully informed with the facts which prevent rumour and the grapevine from gaining credibility.

Partnership meetings

Many GPs anticipate a happy and successful business partnership until 'retirement do them part'. Unfortunately, as with all other relationships, this is not always the case, and GP Partnerships occasionally break down. Such disputes usually start as something minor such as workload disparity or financial disagreement compounded by a personality clash or a personal dislike and may escalate. As with all relationships, communication is a key component to avoiding misunderstanding between both parties. It is important to have regular and effective partnership meetings. When difficulties arise, partners should make every effort to try and resolve their disputes.

The Medical Council's Ethical Guide paragraph 21.4 states *"When disputes between colleagues arise, they should be settled as quickly as possible. Such disputes should not affect patient care. Denigrating a colleague is not appropriate and should be avoided. You should not deliberately damage the practice of colleagues."*

Effective communication is central to providing high-quality safe patient care. Communication is a complex topic with opportunities for error and misunderstanding that may result in patient harm. Practice teams should be aware of the importance of effective clear communication when dealing with patients and colleagues. Now might be the time to consider how you can further enhance communication within your practice

"This article was originally published in our Medzine on 30 June 2021. The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice"