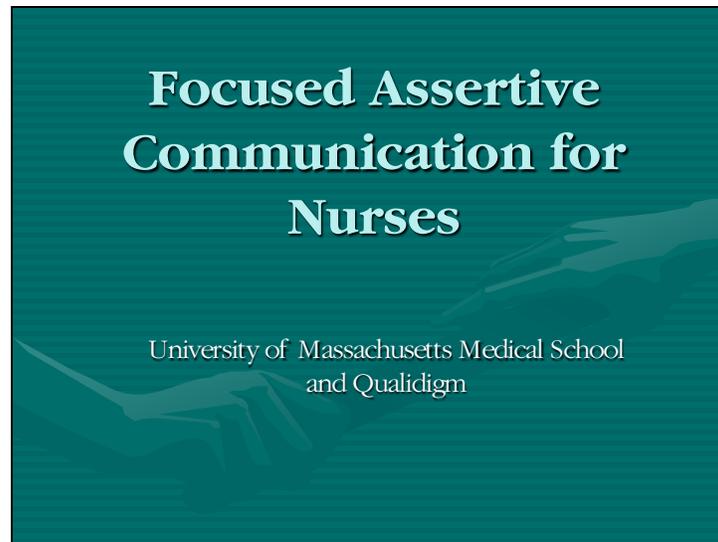
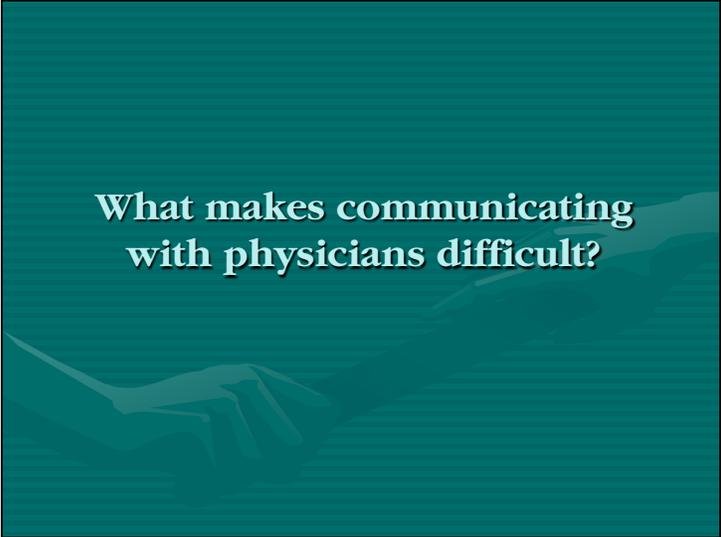


Slide 1



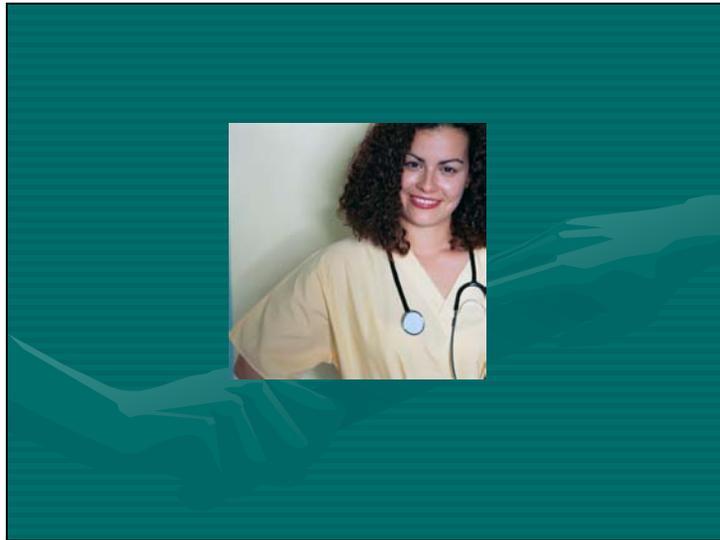
Welcome to *Focused Assertive Communication for Nurses*

Slide 2



**What makes communicating
with physicians difficult?**

Slide 3



“Some docs just don’t have the time or patience to listen to what the nurse is trying to say.”

Slide 4



"Yesterday, I was telling a doctor about a patient's status and she cut me off in the middle of a sentence. She really was not listening to me."

Slide 5



"Thursday, I had to call a covering doctor about a [nursing home] resident. I tried to give a brief history of the resident before I explained the current problem. The doctor didn't want to hear it. He said, 'Just tell me what's happening now!'"

Slide 6



"There's one doctor who sees a number of our residents, and he has a very strong accent. Plus, he speaks so quickly! Sometimes I have to ask him to repeat himself, and he gets mad. He makes me feel that it's my fault when I don't understand him. But he speaks too quickly...."

Slide 7



"Docs forget that we know the residents. We know what's typical for a patient, and we know what's a change. A lot of the time, especially with covering docs, they don't know the resident at all, and they don't want to take the time to hear what we know."

Slide 8



"Sometimes the doctors, just by the tone of their voice, make you feel that you are bothering them even though you have to call."

Slide 9



"Some of the doctors are in such a hurry. They won't listen. I've had doctors hang up on me before I've finished. If they haven't answered my question, I'll call them back. They don't like that, but sometimes I don't have a choice!"

Slide 10



“I used to get so intimidated calling doctors. Sometimes I’d even start to stutter. I’ve gotten better, but some of them still make me so nervous!”



When physicians are...

- Rushed
- Rude
- Hard to understand
- Unwilling to listen

...communication is challenging

If you feel that communicating with physicians can be difficult, you're not alone. Many nurses have told us that when physicians are rushed, rude, hard to understand, or unwilling to listen, communication is challenging. Some nurses feel that most of the time they can get their message across, but sometimes—or with some physicians—they hit a stone wall. When this happens, nurses may end up feeling intimidated, disrespected, frustrated, or angry. The purpose of this training module is to help you communicate with physicians more effectively, even in difficult situations or with difficult physicians.



Preparation is critical to effective communication. When we ask experienced nurses what tips they have for new nurses, the number one suggestion is, “Be prepared.” Have all the information you’ll need right at your fingertips. This is so important, we can’t stress it enough.

Slide 13

Telephone communication for resident on warfarin		Date _____ Time _____	
Originator of call _____ I am calling about warfarin patient "resident name". one of the "MD name's" patients at "nursing home". The issue I am calling about (select from the following options) is:			
S Situation	New INR Result INR result: _____	Change in Condition <input type="checkbox"/> fall with potential injury <input type="checkbox"/> skin tear with potential complication <input type="checkbox"/> ANY bleeding or bruising <input type="checkbox"/> other injury <input type="checkbox"/> abnormal lab test results <input type="checkbox"/> abnormal chest xray results <input type="checkbox"/> other, specify: _____	Fall without injury? Minor skin tear <input type="checkbox"/> fall <input type="checkbox"/> no injury noted <input type="checkbox"/> no bleeding/bruising
	Last 2 INR test results Initial Date _____ INR _____ Date from _____ Date to _____ Current _____ Previous _____	Dosing Pattern _____ Current _____ Previous _____	Indication for warfarin: <input type="checkbox"/> AFIB <input type="checkbox"/> DVT/PE <input type="checkbox"/> MECHANICAL HEART VALVE <input type="checkbox"/> OTHER _____ Other important medications the resident is taking (including past 3 days): <input type="checkbox"/> insulin (e.g. insulin, rosin, proinsulin, insulin, neoslim, etc.) <input type="checkbox"/> antibiotics <input type="checkbox"/> aspirin or Plavix (clopidogrel)
B Background	Indication for warfarin: <input type="checkbox"/> AFIB <input type="checkbox"/> DVT/PE <input type="checkbox"/> MECHANICAL HEART VALVE <input type="checkbox"/> OTHER _____ Other important medications the resident is taking (including past 3 days): <input type="checkbox"/> insulin (e.g. insulin, rosin, proinsulin, insulin, neoslim, etc.) <input type="checkbox"/> antibiotics <input type="checkbox"/> aspirin or Plavix (clopidogrel)		
	Indication for warfarin: <input type="checkbox"/> AFIB <input type="checkbox"/> DVT/PE <input type="checkbox"/> MECHANICAL HEART VALVE <input type="checkbox"/> OTHER _____ Other important medications the resident is taking (including past 3 days): <input type="checkbox"/> insulin (e.g. insulin, rosin, proinsulin, insulin, neoslim, etc.) <input type="checkbox"/> antibiotics <input type="checkbox"/> aspirin or Plavix (clopidogrel)		
A Assessment	Indication for warfarin: <input type="checkbox"/> AFIB <input type="checkbox"/> DVT/PE <input type="checkbox"/> MECHANICAL HEART VALVE <input type="checkbox"/> OTHER _____ Other important medications the resident is taking (including past 3 days): <input type="checkbox"/> insulin (e.g. insulin, rosin, proinsulin, insulin, neoslim, etc.) <input type="checkbox"/> antibiotics <input type="checkbox"/> aspirin or Plavix (clopidogrel)		
	Indication for warfarin: <input type="checkbox"/> AFIB <input type="checkbox"/> DVT/PE <input type="checkbox"/> MECHANICAL HEART VALVE <input type="checkbox"/> OTHER _____ Other important medications the resident is taking (including past 3 days): <input type="checkbox"/> insulin (e.g. insulin, rosin, proinsulin, insulin, neoslim, etc.) <input type="checkbox"/> antibiotics <input type="checkbox"/> aspirin or Plavix (clopidogrel)		
R Recommended Action Based on nurse assessment	Say what you think would be helpful or needs to be done, which might include: <input type="checkbox"/> no new orders needed INR/Warfarin Recommendations <input type="checkbox"/> Tell me if the warfarin dose should be changed <input type="checkbox"/> Tell me when to repeat the INR <input type="checkbox"/> in 3 days? <input type="checkbox"/> in 7 days? <input type="checkbox"/> Other? _____ Other Recommendations <input type="checkbox"/> Tell me whether to order an antibiotic <input type="checkbox"/> If yes, should we adjust the warfarin dose? <input type="checkbox"/> When should we schedule the next INR test? <input type="checkbox"/> Tell me whether to order other tests <input type="checkbox"/> Should we send the patient to the emergency department? When do you want us to call again (or under what conditions)?		
	Say what you think would be helpful or needs to be done, which might include: <input type="checkbox"/> no new orders needed INR/Warfarin Recommendations <input type="checkbox"/> Tell me if the warfarin dose should be changed <input type="checkbox"/> Tell me when to repeat the INR <input type="checkbox"/> in 3 days? <input type="checkbox"/> in 7 days? <input type="checkbox"/> Other? _____ Other Recommendations <input type="checkbox"/> Tell me whether to order an antibiotic <input type="checkbox"/> If yes, should we adjust the warfarin dose? <input type="checkbox"/> When should we schedule the next INR test? <input type="checkbox"/> Tell me whether to order other tests <input type="checkbox"/> Should we send the patient to the emergency department? When do you want us to call again (or under what conditions)?		
Responded from MD or office _____ Date _____ Time _____ Who responded? _____ Signature _____ Date _____			

The first DVD in this series introduced the SBAR form. Experts in treatment with the blood thinner warfarin designed this form with the goal of making sure that nurses have **all** the information they need before they call a physician about a patient on warfarin.

Your goal is to provide all the information that the physician needs so that the patient gets the right care. Being prepared is an **absolutely essential step**. The SBAR (Situation, Background, Assessment, and Recommendation) form is intended to help you with that step. Some nursing homes have similar forms to help nurses prepare for other sorts of calls. If you're not sure what information you should have, ask your supervisor or a colleague who's made those sorts of calls before. Your goal—and your responsibility—is to be prepared.

Slide 14

Telephone communication for resident on warfarin
 Date: 04-20 Time: 8:15 p.m.

Originator: Katz a patient at Hillside nursing home warfarin patient Janice Murphy

The issue I am calling about (select from the following options) is:

S Situation	New INR result: <u>2.6</u> <input type="checkbox"/> Fall with potential injury <input type="checkbox"/> Fall without injury/Minor skin tear <input type="checkbox"/> Fall with potential complication <input type="checkbox"/> No injury noted <input type="checkbox"/> ANY bleeding or bruising <input type="checkbox"/> No bleeding/bruising <input type="checkbox"/> other injury <input type="checkbox"/> other medication issue <input type="checkbox"/> skin tear <input type="checkbox"/> No injury noted <input type="checkbox"/> abnormal lab test results <input type="checkbox"/> no chills <input type="checkbox"/> abnormal chest xray results <input type="checkbox"/> size: <u>60</u> cm <input type="checkbox"/> other, specify: _____ <input type="checkbox"/> calling for one of these situations, IIR to the Warfarin order section.
B Background	Last 2 INR test results: 04-16 <u>3.7</u> 03-15 <u>3.5</u> 03-15 <u>3.5</u> Dosing Pattern: <u>hold</u> Date from: <u>04-16</u> Date to: <u>04-20</u> Current: _____ mg Previous: <u>4</u> mg 03-15 <u>16</u> Indication for warfarin: <input checked="" type="checkbox"/> P/R <input type="checkbox"/> DVT/PE <input type="checkbox"/> MECHANICAL HEART VALVE <input type="checkbox"/> OTHER _____
A Assessment	Other important medications the resident is taking (including past 3 days): <input type="checkbox"/> Insulin (e.g. insulin, rosin, proscin, insulin, neasum, etc.) <input type="checkbox"/> antibiotics <input type="checkbox"/> aspirin or Plavix (clopidogrel) <input type="checkbox"/> No concerns <input checked="" type="checkbox"/> I'm uncomfortable about this patient because: _____ <input type="checkbox"/> I'm not sure about _____ <input checked="" type="checkbox"/> other _____
R Recommended Action <small>Based on nurse assessment</small>	Say what you think would be needed to be done, which might include: <input type="checkbox"/> No new orders were needed <input checked="" type="checkbox"/> Warfarin Reorder: _____ mg <input type="checkbox"/> Reorder: _____ mg <input checked="" type="checkbox"/> Tell me if the warfarin dose has changed <input checked="" type="checkbox"/> Tell me when to repeat INR: <input checked="" type="checkbox"/> 3 days? <input type="checkbox"/> 7 days? <input type="checkbox"/> Other? _____ Other Recommendations: <input type="checkbox"/> Tell me whether to order an antibiotic <input type="checkbox"/> If yes, should we adjust the warfarin dose? <input type="checkbox"/> When should we schedule the next INR test? <input type="checkbox"/> Tell me whether to order other tests <input checked="" type="checkbox"/> Should we send the patient to the emergency department? When do you want us to call again (or under what conditions)? _____

Responded from MD or office: Dr. Young Date: 04-20 Time: 9:35 p.m.
 Who responded: _____
 Signature: Katz Date: 07-30

To be prepared, fill out the SBAR form **before** you call a physician about a patient on warfarin.



Nurse: All right. I am prepared. But some doctors are in such a hurry! Some of them are downright rude! How can I be more effective once I'm on the phone?

BE ASSERTIVE.

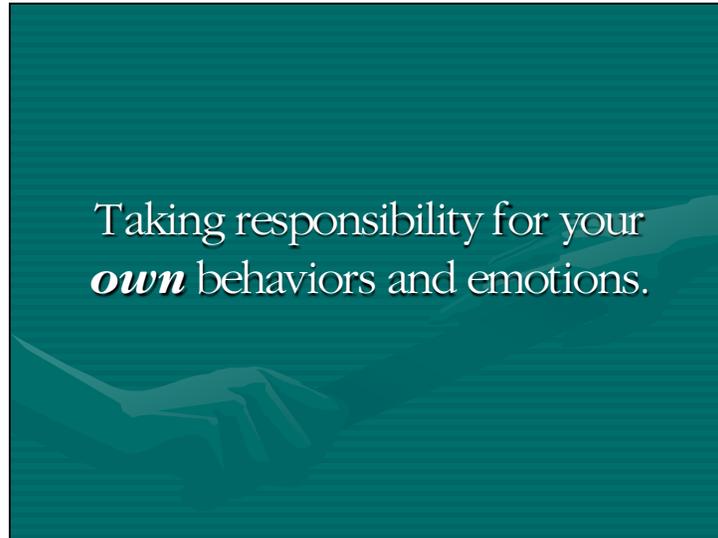
Most people know what "be prepared" means, but "be assertive" is not as obvious.

Being assertive means:

- Taking responsibility for your own behaviors and emotions
- Communicating the message *you* need to communicate
- Persisting until you achieve your goal

Being assertive means:

- Taking responsibility for your own behaviors and emotions.
- Communicating the message **you** need to communicate.
- Persisting until you achieve your goal.



If a physician is rushed, rude, or unprofessional, that's unfortunate and inappropriate, but you are not required to feel bad in response. You're also not required to defend yourself, or to be rude in return. You **can** decide to stay focused and professional. **One way to stay focused is to remember that YOU are not responsible for a physician's schedule, rudeness, accent, or language difficulties. YOU** did not over-book the physician. **YOU** did not design the system for off-hours coverage. You may have to deal with barriers to communication—but **you are not responsible**. In other words, **you do not need to feel guilty because you are calling the physician, even if he or she is very busy.**

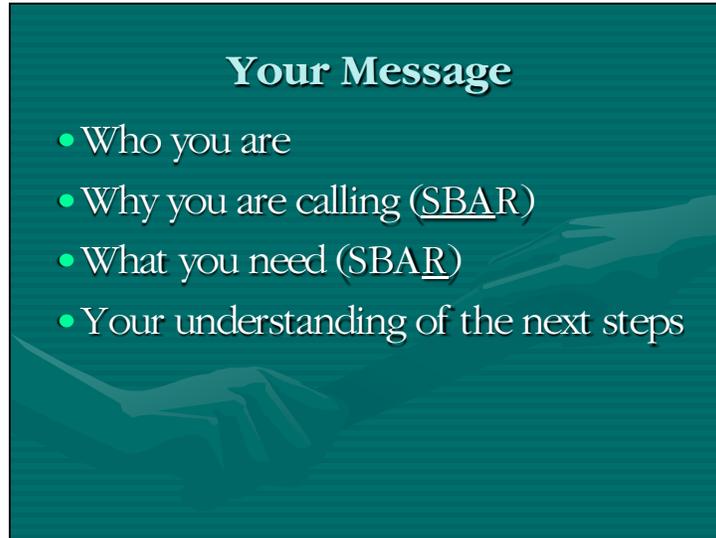


In general, the more you can avoid accepting any emotional “baggage” during or after a call, the better off you’ll be. Letting go of emotional reactions—such as feeling intimidated, disrespected, rushed, anxious, guilty...

Allow yourself to be...

- **Assertive**
- **Professional**
- **Calm**
- **Efficient**

...makes room for you to communicate assertively, conveying the information that you need to convey, professionally, calmly and efficiently.



Your Message

- Who you are
- Why you are calling (SBAR)
- What you need (SBAR)
- Your understanding of the next steps

So far we've talked a bit about the how—but we need to remind ourselves of the “what” as well. What exactly is your message—the information that you are seeking to communicate?

Your Message

- Who you are

Telephone communication for resident on warfarin		
Date: <u>05-23</u> Time: <u>2:35 a.m.</u>		
Originator of call: one of Dr. <u>Dempsey</u> The issue I am calling about (select from the following options) is:	<u>Maria</u> patients at <u>Green Forest nursing home</u>	I am calling about warfarin patient <u>Joann Lee</u>

Who you are: state your name, the name of the warfarin patient you are calling about, the doctor's name, and the facility name.

Nurse: Hello, this is Maria. I'm calling about warfarin patient, Mrs. Lee, one of Dr. Dempsey's patients here at Green Forest Nursing Home.

Your Message

- Why you are calling (SBAR)

Telephone communication for resident on warfarin			
Date: <u>05-30</u> Time: <u>2:35 a.m.</u>			
Originator of call: <u>ANITA</u> I am calling about warfarin patient: <u>JOHNN LEE</u> side of Dr. <u>DONALD</u> patient at <u>CYREN FOREST NURSING HOME</u> The latest I am calling about, distinct from the information reported is:			
New INR Result INR <u>3.8</u>	Change in Condition <input type="checkbox"/> not with potential injury <input checked="" type="checkbox"/> bruising or bruising <input type="checkbox"/> other medication issue <input type="checkbox"/> abnormal lab test results <input type="checkbox"/> abnormal chest X-ray results <input type="checkbox"/> other, specify:	Fall without injury? When was last?	S ituation
Last 2 INR test results: INR Date <u>05-16</u> INR <u>2.5</u> <u>05-8</u> <u>2.6</u>	Dosing Pattern Current <u>3</u> mg <u>5-16</u> Date <u>5-30</u> Previous <u>3</u> mg <u>4-30</u> Date <u>5-15</u>	<input type="checkbox"/> Fall <input type="checkbox"/> no injury noted <input type="checkbox"/> no bleeding/bruising <input type="checkbox"/> skin tear <input type="checkbox"/> no address noted <input type="checkbox"/> other, specify:	
Indication for warfarin: <input checked="" type="checkbox"/> AFib <input type="checkbox"/> DVT/PE <input type="checkbox"/> MITRVALVICULAR HEART VALVE <input type="checkbox"/> Other:			
Other important medications the resident is taking (including past 2 days): <input type="checkbox"/> NSAIDs (e.g. ibuprofen, aspirin, naproxen, celecoxib, meloxicam, etc.) <input checked="" type="checkbox"/> K antibiotics Bactrim - started 05/27 for a UTI <input type="checkbox"/> aspirin or Plavix (clopidogrel)			
<input type="checkbox"/> No concerns <input checked="" type="checkbox"/> I'm uncomfortable about this patient because: <input checked="" type="checkbox"/> high INR <input type="checkbox"/> bleeding/bruising <input type="checkbox"/> other			
			A ssessment

The situation, background and assessment sections of the SBAR form should summarize your reason for your call.

For instance, you might say, “I’m calling about an out-of-range INR [international normalized ratio] that I just received from the lab. Mrs. Lee is a 72-year-old female who is on warfarin for a heart valve replacement. She has chronic AFib [atrial fibrillation]. Her INR today is 3.8; her last INR was on the 16th—it was 2.5; the one prior to that was on the 8th, and it was 2.6. She’s currently on 3 milligrams of warfarin; she’s been on that dose for the last month. She had a recent diagnosis of a urinary tract infection, and we have her on Bactrim® now. She’s been on Bactrim for 3 days; it was started on the 27th. She has a bit of bruising on her arms. She has a fever; her temp is 101. Blood pressure is 124/60 mm Hg; heart rate 70 and irregular.”

Your Message

- What you need (SBAR)

<p>Say what you think would be helpful or needs to be done, which might include:</p> <p><input type="checkbox"/> No new orders needed</p> <p><input checked="" type="checkbox"/> RR Warfarin Recommendations Tell me if the warfarin dose should be changed</p> <p><input checked="" type="checkbox"/> Tell me when to repeat the INR <input type="checkbox"/> In 3 days? <input type="checkbox"/> In 7 days? <input type="checkbox"/> Other?</p> <p>Other Recommendations</p> <p><input type="checkbox"/> Tell me whether to order an antibiotic <input type="checkbox"/> If so, should we adjust the warfarin dose? <input type="checkbox"/> When should we schedule the next INR test?</p> <p><input type="checkbox"/> Tell me whether to order other tests</p> <p><input type="checkbox"/> Should we send the patient to the emergency department?</p> <p>When do you want us to call again (or under what conditions)?</p> <p>Response from MD or office Who responded: _____ Date: _____ Time: _____</p>	<p>ENTER ALL ORDERS DIRECTLY ONTO THE PHYSICIAN ORDER SHEET</p>	<p>R Recommended Action Based on nurse Assessment</p>
--	--	--

The recommended actions section of the SBAR will help you make sure that you get what you need from the physician.

For instance, you might say, “I’d like to know whether you think her warfarin dose should be changed or held, when we should do another INR, and if there is anything else you would like us to do.”

Your Message

- Your understanding of the next steps

<p>Say what you think would be helpful or needs to be done, which might include:</p> <p><input type="checkbox"/> No new orders needed</p> <p><input checked="" type="checkbox"/> Warfarin Recommendations</p> <p><input checked="" type="checkbox"/> Tell me if the warfarin dose should be changed</p> <p><input checked="" type="checkbox"/> Tell me when to repeat the INR <input type="checkbox"/> In 3 days? <input type="checkbox"/> In 7 days? <input checked="" type="checkbox"/> Other?</p> <p>Other Recommendations</p> <p><input type="checkbox"/> Tell me whether to order an antibiotic</p> <p><input type="checkbox"/> If so, should we adjust the warfarin dose?</p> <p><input type="checkbox"/> When should we schedule the next INR test?</p> <p><input type="checkbox"/> Tell me whether to order other tests</p> <p><input type="checkbox"/> Should we send the patient to the emergency department?</p> <p>When do you want us to call again (or under what conditions)?</p>	<p>Recommended Action Based on nurse Assessment</p>
<p>Response from MD or office</p> <p>Who responded: <u>Dr. Dimsy</u> Date: <u>05-30</u> Time: <u>2:30 PM</u></p> <p>Signature <u>Maria Smith</u> Date <u>05-30</u></p>	

And, once you have conveyed the information you needed to convey—and the physician has responded—you will want to make sure that you understand the next steps. This may mean asking the physician to clarify, to repeat, or to confirm your restatement of what you understand his or her orders to be.

Nurse: Okay. So we'll hold her warfarin tonight, and stop the Bactrim. We'll repeat the INR in the morning, and call her primary [physician] with the results. Is that correct?

And remember—it's not the end of the world if a physician criticizes you or reacts negatively when you call. You are only responsible for your own behavior—not for the physician's reaction.



Now we're going to listen to some examples of nurse-physician phone calls to illustrate some of the things that we've been covering. In this first example, you'll hear the way a phone call is likely to go if the nurse doesn't have all the information she needs at her fingertips.

Nurse: Hello, this is Kate from Hillside Nursing Home.

Doctor: Dr. Young.

Nurse: How are you today, Dr. Young?

Doctor: I'm okay.

Nurse: Good. Listen, I'm calling about an INR result for Mrs. Murphy.

Doctor: Good, so what was it.

Nurse: Right. Hold on, they were just right here...."

[A few seconds elapse. Doctor hears background noise: charts being lifted, papers being shuffled, and the nurse saying, "Hey, have you seen those labs that were right here...."]

Nurse: Oh, here they are. Sorry about that. The INR was 2.6.

Doctor: Okay.

Nurse: So, ahhhh, what do you want to do with her warfarin?

Doctor: Well, what dose is she on now?

Nurse: Right. Let me go get the chart. Hold on for a second.
[A few seconds elapse. Doctor hears background noise: charts being lifted, papers being shuffled.]

Nurse: Let's see, let me check the orders. Here we go, it's being held.

Doctor: It's being held. [Sarcastically:] Okay, and, so, when was the last time she got warfarin?

Nurse: The last time she got warfarin was on the 16th.

Doctor: [With increasing frustration:] And, what was that dose?

Nurse: She got 4 milligrams.

Doctor: She got 4 milligrams. For how long? From when to when?

Nurse: Let's see, the last order was on the 10th for 4 milligrams and then it [the warfarin] was held on the 17th.

Doctor: [Increasingly impatient:] Why? Why is it being held? Was the INR high?

Nurse: I don't know. Let me check. Um... let's see.... labs... lab section.... here it is. Her INR on the 16th was 3.7.

Doctor: Okay. [Huff!] So, it was 3.7 on the 16th while she was on 4 mg, but the warfarin was held. Now it is 2.6. Fine! Let's restart the warfarin at 3 mg daily and check the INR again in 3 days.

Nurse: Okay. So, let me just run this by you again.

[Click and dial tone.]

Slide 26

Telephone communication for resident on warfarin
 Date: 4-20 Time: 8:15 p.m.

Originator: Kate Young (Nurse) Hillside nursing home
 Recipient: Janice Murphy (Physician) Janice Murphy

The issue I am calling about (check) from the following categories (in):
 New INR Results Change in Condition Fall without injury
 Minor skin tear Full without wound

INR: 2.6
 Fall with potential injury Fall No wound noted
 Skin tear with potential complication ANY bleeding or bruising No bleeding/bruising
 Other injury Other medication issue Also have No wound noted
 Abnormal lab test results No abnormal lab test results No bleeding No fall
 Abnormal blood study results Other, specify: _____ No fall without injury
 Other, specify: _____ No fall with potential injury

Last 3 INR test results:
 INR Date Dosing Pattern Date INR Date INR
4-16 3.7 Current hold 4-16 4-20
3-15 2.5 Previous 4 3-15 4-16

Reason for holding: DVTPE MEDICATION/HEART VALVE OTHER
 Other report mentions the resident is taking (including past 4 days):
 Alcohol (e.g. beer, wine, gin, rum, vodka, etc.) Aspirin
 NSAIDs Insulin or other (specify): _____

No concerns
 No uncertainty about this patient because: high INR bleeding/bruising other

Say what you think would be helpful or needs to be done, which might include:
 No change needed
 Warfarin Reassess/adjustments
 Tell me when to repeat the INR 3 days? 5-7 days? Other? _____
 Other Reassess/adjustments
 Tell me when to order an antibiotic When should we schedule the next PFT test?
 Tell me when to order lab tests
 Would you send the patient to the emergency department?
 When do you want us to call again (or under what conditions)?

Response from MD or office:
 Who responsible: Dr. Young Date: 4-20 Time: 9:35 p.m.
 Signature: Kate Young Date: _____

Station: _____
 Background: _____
 Assessment: _____
 Recommended Action: _____
 Based on PFT/Assessment: _____

Form ID: 07-30

Now we'll listen to what happens when the nurse has the SBAR form completed.

Nurse: Hello, this is Kate from Hillside Nursing Home.

Doctor: Hi, this is Dr. Young.

Nurse: Hi, Dr. Young. How are you today?

Doctor: I'm okay.

Nurse: Good, good, good. I'm calling you about warfarin patient Mrs. Murphy, one of your patients at Hillside Nursing Home. The issue I am calling about is her new INR report of 2.6. Her last INR on April 16 was 3.7, and prior to that it was 2.5 on March 15. Her warfarin was being [has been] held since the 16th, but previously, she was receiving 4 mg per night.

Doctor: Well, okay, so it's come down. Why don't we restart the warfarin at 3 mg daily and recheck it again in 3 days?

Nurse: Okay, so let me just run this by you again. We want to restart the warfarin at 3 mg daily and check it again in 3 days?

Doctor: Yep.

Nurse: Okay, great. Thanks, we'll talk to you later.

Doctor: Thank you.

When the nurse was prepared:

- The entire call took less time.
- The call was more pleasant for both parties.
- The physician was fully informed.
- Mistakes were less likely.
- Warfarin safety was improved.

When the nurse was prepared:

- The entire call took less time.
- The call was more pleasant for both parties.
- The physician was fully informed.
- Mistakes were less likely.
- Warfarin safety was improved.



But, of course, it's not always that easy. Here's an example where the physician is in a hurry, and doesn't want to listen to what the nurse has to say.

Nurse Susan: Hi, this is Susan at Greengrass Nursing Home.

Doctor: Dr. Scott.

Nurse Susan: Oh, hi, Dr. Scott. Are you covering [for] Dr. Jones tonight?

Doctor: Yeah, I guess so.

Nurse Susan: Okay. Well, I'm calling about warfarin patient Mrs. Shoemaker, a patient of Dr. Jones at Greengrass Nursing Home. The issue I am calling about is an abnormal UA [urinalysis]. This [the patient's urine] was sent because she had a fever. The UA shows greater than 100 WBCs [white blood cells] and trace blood. She's also been complaining about [experiencing] burning when she goes to the bathroom.

Doctor: Okay. Well, let's start her on Bactrim, one double-strength [tablet] b.i.d. for 7 days and follow-up on the [urine] culture results.

Nurse Susan: Ah....

Doctor: Great. Bactrim DS b.i.d. for 7 days. Thanks.

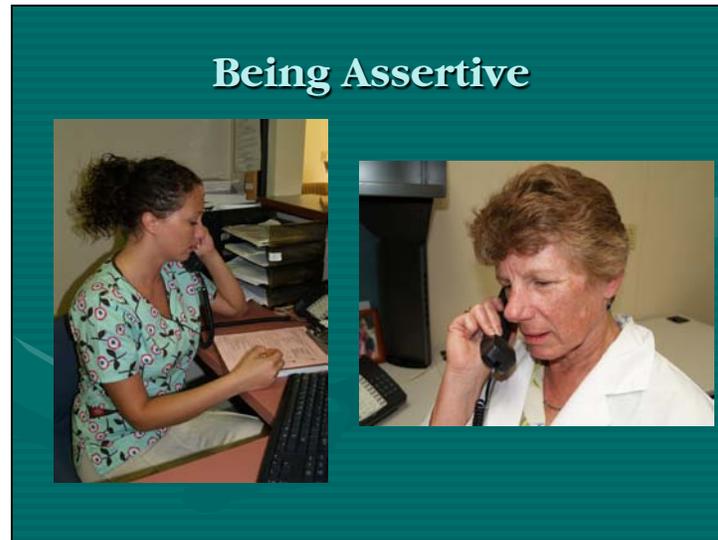
[Click and dial tone.]



Male nurse: What's the matter?

Nurse Susan: That was the pharmacy. They just called to say that the Bactrim Dr. Scott ordered for Mrs. Shoemaker's UTI [urinary tract infection] interacts with her warfarin. I was trying to tell her [Dr. Scott] that she's on warfarin, since I remembered that Bactrim shouldn't be used in patients on warfarin, but she hung up before I could tell her. Now I have to call her back and ask her to clarify the order.

Male nurse: Great. Well, I'm sure she'll be twice as happy to hear from you again.



Narrator: If Susan can be more assertive, she can increase her chances of getting her message across. Here's another way Susan's phone call with Dr. Scott could go.

Nurse Susan: Hi, this is Susan at Greengrass Nursing Home.

Doctor: Dr. Scott.

Nurse Susan: Oh, hi, Dr. Scott. Are you covering [for] Dr. Jones tonight?

Doctor: Yeah, I guess so.

Nurse Susan: Okay. Well, I'm calling about Mrs. Shoemaker, a patient of Dr. Jones at Greengrass Nursing Home. The issue I am calling about is an abnormal UA. This [the patient's urine] was sent because she had a fever. The UA shows greater than 100 WBCs and trace blood. She's also been complaining about [experiencing] burning when she goes to the bathroom.

Doctor: Okay. Well, let's start her on Bactrim, one double-strength [tablet] b.i.d. for 7 days and follow-up on the [urine] culture results.

Nurse Susan: Ah....I want to tell you that she also...

Doctor: I don't need her whole history.

Nurse Susan: I understand, but I want to tell you that she's on warfarin for AFib and that her INR on May 20th was 2.4 and [that] her dosing at that time was 2.5 mg daily. Her prior INR was 2.2 on May 22nd, and she was also on 2.5 mg daily at that time.

Doctor: All right. That's important, thanks for letting me know. Why don't we use Macrobid® instead...Macrobid 100 mg for 7 days and follow up with her primary care physician on the [urine] culture results.

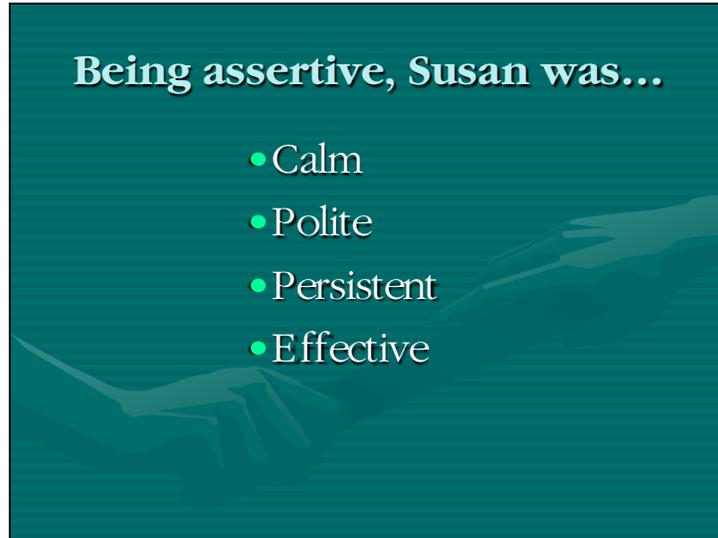
Nurse Susan: Thanks. Let me make sure I have this right. Macrobid 100 mg b.i.d. for 7 days and follow-up on the culture results with Dr. Jones?

Doctor: That should be fine.

Nurse Susan: Okay, great.

Doctor: Good night.

Nurse Susan: Good night.



Being assertive, Susan was calm, polite, and persistent. And, she was effective in getting her message across.

By being assertive, Susan ...

- May have prevented an important safety problem with warfarin
- Didn't have to call back!

When Susan was assertive, the call took only a few more seconds than the first, interrupted call. And, she may have prevented an important safety problem with warfarin. Plus Susan got everything she needed in one call, and a second call was avoided.



Narrator: Here's one more example of an assertive call.

Doctor: This is Dr. Street. I'm returning a page.

Nurse Mary: Hi, Dr. Street, this is Mary at Restwell Nursing Home. Are you covering for Dr. Smith tonight?

Doctor: Yeah, I guess so.

Nurse Mary: Well, I'm calling about a warfarin patient of Dr. Smith's, Mrs. Lopez. The issue I'm calling about is a fall with potential injury. We found her on the ground, and she is complaining about leg pain. We put her back in bed. Let me tell you a little bit about her. She is a 72-year-old woman with a history of...

Doctor: Don't give me her whole history. Let's just get an x-ray of the left hip and follow-up with the results. I have to go.

Nurse Mary: I understand that your time is limited, but she has a history of AFib and is on warfarin. Her INR today was 3.6. Her warfarin is being held today, but she was on 3 mg previously and her last INR on the 17th was 2.5. She was on 3

mg at that time as well. On my assessment, I found that she also has bruising on her leg in addition to the leg pain. I was just wondering what else you would like to do for her.

Doctor: Okay, well, why don't you send her to the ER [emergency room] so they can get the x-ray, repeat the INR, and check a CBC [complete blood count]? Do you know if she hit her head?

Nurse Mary: No, I don't know, but she isn't complaining about any head pain.

Doctor: Well, let's just send her out and see what they find.

Nurse Mary: Okay. We'll send her to the ER to get the x-ray, repeat the INR, and check a CBC. Thank you for calling back.

Doctor: Okay, bye.

“I’m in a hurry.”

“I understand that you’d like to end this call quickly, but I want to tell you that Mr. Thompson is on warfarin and about his INRs and dosing patterns. This will *only* take a few seconds...”

Narrator: Now we’ll listen to some very short excerpts. These are some examples of things you might say to a doctor who is rushed, impatient, or difficult to understand.

Doctor: I’m in a hurry.

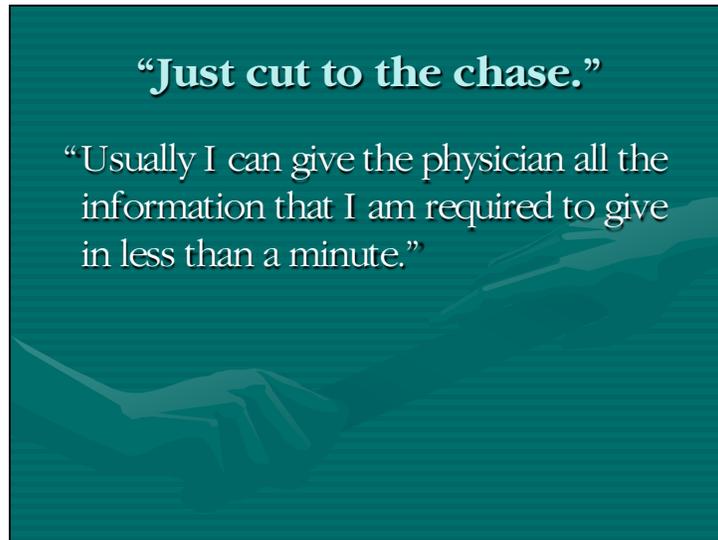
Nurse: I understand that you would like to end this call quickly, but I want to tell you that Mr. Thompson is on warfarin, and about his INRs and dosing patterns. This will only take a few seconds.

**“Please stick to what’s
relevant.”**

“I’m sorry this doesn’t seem relevant.
But our policy requires that I tell you
that Mrs. Rodriguez is on warfarin,
and about her most recent INRs and
dosing patterns.”

Doctor: Please stick to what’s relevant.

Nurse: I’m sorry this doesn’t seem relevant, but our policy requires that I tell you that Mrs. Rodriguez is on warfarin, and about her most recent INRs and dosing patterns.



Doctor: Just cut to the chase.

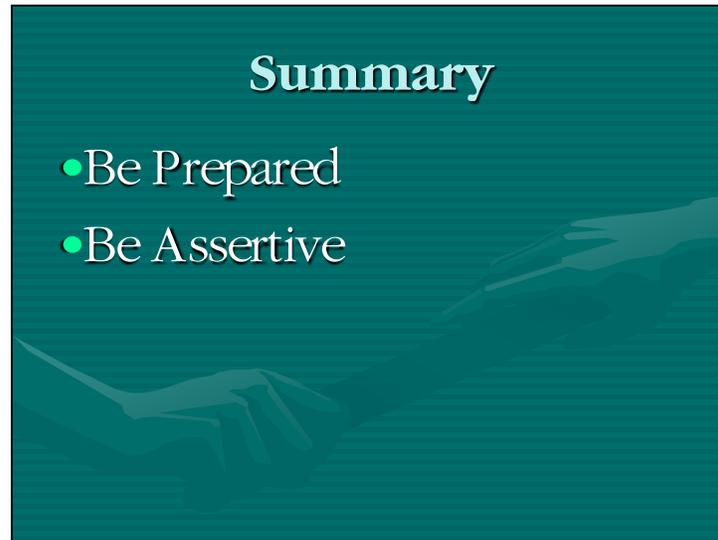
Nurse: Usually, I can give a physician all the information that I am required to give in less than a minute.

“So why don’t you do this, why don’t you get a UA and C/S and give her cipro 250 BID for seven days and call the primary in the morning and don’t forget to let the primary know that she's on cipro and that it interacts with the warfarin when you call her in the morning.”

“I didn’t understand what you said. Would you please speak more slowly?”

Doctor: [Very quickly] So, why don't you do this, why don't you get a UA and C/S [culture and sensitivity test] and give her Cipro® 250 b.i.d. for 7 days and call the primary [care physician] in the morning. And, don't forget to let the primary know that she's on Cipro and that it interacts with the wafarin when you call her in the morning.

Nurse: I didn't understand what you said. Would you please speak more slowly?



There are two major take home points to this session: be prepared and be assertive.

Being prepared is the critical first step. But once you are prepared, you may still face communication challenges. When you do, stay calm. You don't need to react emotionally if the doctor is rude, rushed, or unprofessional. He or she may get angry or frustrated, but you don't have to react in kind. Things will likely go much better if you don't.

Also remember that you don't need to defend what you are doing—you are trying to give the doctor information that you believe is important. It's your job. You don't have to get the doctor to agree that he/she should hear it. Your job is to convey the information.

Being assertive often involves being persistent. That's okay. Being persistent is not being rude. It may be part of what you need to do to do your job.

Finally, if you are uncertain what the doctor is trying to say, ask for clarification, repetition, or whatever you need to understand the doctor's instructions.

Points to Remember

- The blood thinner warfarin is very effective when used, dosed and monitored appropriately
- Prescribing and monitoring must be performed very carefully
- Adverse events (most commonly bleeding) often result from errors in prescribing and monitoring
- Poor communication flow can contribute to errors
- Nurses have access to and provide very important information about warfarin
- Communicating with physicians can be challenging
- Using SBAR can improve communication and make warfarin therapy safer

To summarize:

- The blood thinner warfarin is very effective when used, dosed, and monitored appropriately.
- Prescribing and monitoring must be performed very carefully.
- Adverse events with warfarin, most commonly bleeding, often result from errors in prescribing and monitoring.
- Errors can be related to poor information flow.
- Nurses have access to and provide very important information about warfarin.
- Nurse-physician communication can be challenging.
- Using SBAR can improve communication and make warfarin therapy safer.

Slide 41



Thank you for listening. We hope the SBAR form and the assertiveness skills we've talked about are helpful to you when you talk with physicians about patients on warfarin.