

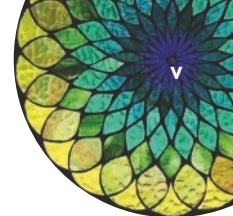


CRITICAL CONVERSATIONS FOR PATIENT SAFETY

An Essential Guide for Healthcare Students

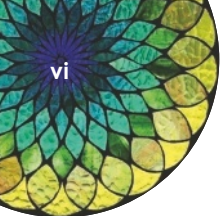
SECOND EDITION

Edited by **Tracy Levett-Jones**



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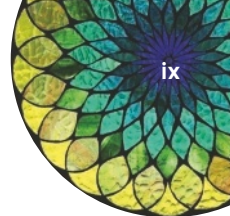
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Preface

Deficiencies in healthcare communication feature in the majority of coroners' reports and quality improvement investigations and there have been repeated calls for improvement. However, over last decade studies have identified that, despite the best intentions of healthcare professionals, up to 17 per cent of patients are harmed while receiving healthcare¹ and that communication errors remain the root cause of 65 per cent of adverse outcomes.²

Healthcare is increasingly complex; this complexity coupled with inherent human performance limitations, even in experienced, skilled and committed healthcare professionals, means that errors will inevitably happen. However, patient-safe communication and effective teamwork can help prevent these errors from becoming consequential and harming patients. It is critically important that healthcare professionals have well-developed interprofessional communication skills, the capacity to create environments in which individuals can speak up if they have concerns, and that they share a common 'critical language' to alert team members to potentially unsafe situations. Equally important to safe healthcare is effective therapeutic communication skills, a commitment to person-centred care and the ability to recognise patients who are vulnerable and at particular risk of harm.

Critical conversations

The etymology of the word *conversation* means to share, inform and unite. It refers to the imparting or interchange of thoughts, opinions or information by speech, writing or other forms of communication. In healthcare, a 'critical conversation' is one that signals the need for immediate attention, addresses a situation that has caused (or could cause) patient (or staff) harm, or focuses attention on practices or processes that call for improvement. In essence, a 'critical conversation' is a communication interaction where important information is shared or an interchange of thoughts or opinions occurs, and that serves to unite healthcare professionals and the recipients of healthcare to achieve one common goal—improved patient safety and wellbeing.

The key aim of *Critical Conversations for Patient Safety* is the development of healthcare students' skills in safe and effective communication. Excellence in communication, including the ability to share ideas and to listen to others, is necessary to provide patients and their families with the quality healthcare that they need, deserve and expect. This requires an understanding that respect, courtesy and, above all else, empathy convert a technical interaction into a safe and caring encounter.

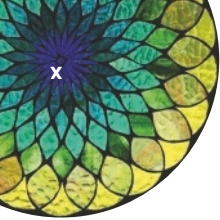
The stained glass images

The beautiful stained images that decorate this book are a metaphor for the collaborative approach used in its development. Just as each piece in a stained glass mosaic is beautiful in its own right, when they come together they create a magnificent work of art. In the same way, while the individual contributions, diverse disciplinary perspectives and authentic patient stories in this book each have inherent worth, together they create a rich and meaningful literary whole. And, just as viewing a scene through the different colours of stained glass transforms one's view of the world, viewing the evolving and complex nature of contemporary healthcare through a lens of patient-safe communication allows illuminative new perspectives, insights and understandings to emerge.

In writing this book, our intent was to stay true to the vision of interprofessional collaboration. In doing so, over 40 healthcare professionals and academics from different disciplines and contexts worked together to write the chapters. What became apparent is that, despite the differences in our professional roles and experiences, it was our commitment to safe and effective patient care that dominated. We shared similar views about 'what matters most' and you will see these echoing throughout the book. Person-centred care, working in partnership with patients and families, empathy, mutual respect, reflective practice, self-awareness and valuing other professions . . . these concepts resonated with each of us and are integrated throughout *Critical Conversations*. Importantly, the content of each chapter is also grounded in and informed by the authors' contemporary research in the fields of communication and patient safety.

1 Makary, M. & Daniel, M. (2016). Medical error: The third leading cause of death in the US. *British Medical Journal* [Online] 353

2 Institute for Healthcare Communication. (2018). *Impact of Communication in Healthcare*. <<https://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>>



Patient stories

Stories define:
Who we are.
Where we have come from.
Where we are going . . . and
What we care about.

Stories give life!

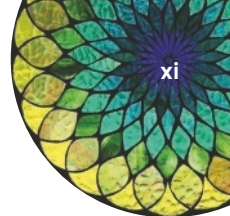
Dana Winslow Atchley III, artist, storyteller and musician, 1941–2000

This book presents a montage of real patient stories.³ A montage combines several contrasting and complementary stories to make a composite textual whole. Stories relate the unfolding of events, human action and feelings, and it is through stories that people make sense of their own views, values and experiences, as well as those of others. The stories included in each chapter of *Critical Conversations* are designed to bring the book to life and illustrate the key learning outcomes.

We hope you enjoy reading *Critical Conversations for Patient Safety, 2nd edition*, and that it helps you to reflect on your own performance and develop the critical conversation skills that are fundamental to safe, effective and person-centred care.

Tracy Levett-Jones and the *Critical Conversations* writing team

³ Throughout this book pseudonyms have been used for most of the stories except where permission has been given to use actual names.



How to use this book

While there is no one way to read this book, here are some suggestions. Begin with Chapter 1—it sets the scene and will help you to understand the relationship between patient safety and communication, and how critical conversations can make a real difference to patient care. Chapter 2 provides an introduction to communication skills and Chapter 3 outlines the key attributes of patient-safe communication. With the foundation knowledge from these chapters you will be ready to explore the rest of the book. Scan the list of contents, selecting the topics that interest you most, that you are currently studying or that you have encountered in your clinical practice. Your educators may also recommend certain chapters as part of your course work.

Learning outcomes and key concepts are listed at the beginning of each chapter to provide clarity and focus. They orientate you to what you will learn and will help you to transfer your learning to new clinical situations.

Margin notes and 'Something to think about' boxes provide helpful links, hints, advice, and critical thinking questions.

Suggested readings and web resources provided at the end of each chapter will help you to extend your learning.

Critical thinking activities encourage you to maximise your learning and help you to think broadly, critically and creatively about what you have learned and, most importantly, how your learning will inform your practice.

Teaching and assessment activities provided at the end of each chapter can be used by educators in multiple ways: as stimulus materials prior to or during tutorial activities or online learning; as a guide for self-directed learning; for assignments; or for continuing professional development activities. Additionally, a number of the patient stories provide appropriate preparatory activities for simulation sessions and can be used as a framework for the development of simulation scenarios or role plays.

A glossary of terms is provided at the back of the book.



Acknowledgements

First, I would like to acknowledge and offer sincere thanks to my wonderful writing team. Their commitment to patient safety and person-centred care, along with their broad range of experiences and insights, bring every chapter to life. Their contributions have resulted in a book that I believe will inspire, motivate and engage both healthcare professionals and students.

Next, I would like to thank the expert clinicians, academics and students who reviewed the book for accuracy, authenticity and relevance. Their insights were invaluable.

Finally, thank you to the editorial and production team at Pearson, including Mandy Sheppard, Senior Portfolio Manager and Judith Bamber, Development Editor.

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