

Improving Nurse-Physician Communication

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Nurses in the Cardiac Care Unit (CCU) at Saint Joseph Health Center became Pioneers exploring new territory while learning about positive aspects of their relationships with physicians. The physicians and nurses are learning that they have more in common than they could have ever imagined.

Background

The Cardiac Care Unit (CCU) at Saint Joseph Health Center, located in Kansas City, Missouri, was selected in August 2002 as a pilot unit for a hospital wide customer service change effort. The goal of the project is to provide great service within a healing environment for patients, families, co-workers, physicians and intra-department staff.

The CCU is a 23-bed critical care unit whose primary patient population is cardiac and post-ICU open-heart patients. The unit has 51 staff members. The physicians are cardiologists, cardiac surgeons and attending physicians who admit patients to the larger Saint Joseph Health Center and work closely with the nurses in the CCU.

Lolma Olson of Sage Consulting was contracted to bring two pilot units and the entire health system in alignment with the organization's service excellence and healing culture/environment strategy. Initially, AI was not specified as a methodology for the change initiative.

An assessment was conducted, and a team of nurses was formed to carry forward. Realizing that they were engaged in breakthrough work, the team named itself the CCU Pioneers — likening themselves to the original Pioneers who crossed the country to explore new territory. The team met with success implementing a process called First Touch. There is more information at the Press Ganey website www.pressganey.com.

Building on the success of First Touch, the Pioneer Team looked for the next challenge — improving nurse-physician communication. The team acknowledged that communication and relationships between staff, leadership and the cardiologists and attending physicians were strained. The CCU staff and physicians had a history of less than desirable interactions. There was grumbling on both sides about the changes each wanted the other to make. At this point, Lolma Olson suggested AI as a way to accomplish their goals and aspirations. The Pioneer team wanted to try it out. They agreed to move forward with an introductory AI session to kick off their work on improving communication and relationship between nurses and physicians.

Unit leadership committed to time for meetings and interviews. Many nurses took time out of their personal schedules. Physicians were not formally notified about the AI process, and learned about it through a positive grapevine. The interview process intrigued them.

Initial Meeting

The AI inquiry on nurse-physician communication began in October 2003. The process is expected to be complete by May 2004. The first step was to educate CCU Nursing Leadership, the Pioneers and Internal OD Consultants at SJMC in the principles of AI. Lolma Olson led 15 participants through an AI process of discovery interviews and dream brainstorming. The nurses decided to forego asking the physicians to join them initially

because they wanted more time to explore how to best involve physicians in the process.

Interview questions included:

“Tell me about a time when you felt that a physician you were working with really cooperated with you — What were the circumstances? Who was there? “

“What did the physician say and do? How did you feel about the interaction? What did you most value about them and the situation?”

Before the interviews, nurses were skeptical about the likelihood of success in improving physician communication. Many shared fears and anger about how they had been treated by physicians. Once nurses started telling stories, everyone's demeanor changed. They smiled, laughed and began to enjoy hearing great stories about nurse-physician communication. One clear result of the initial meeting was deeper buy-in to the AI approach. Nurses still had questions and fears, but they were willing and eager to move forward.

The CCU Pioneer Team articulated these project objectives:

1. More collaborative interactions between nurses and physicians
2. A rekindling and recognition of a common passion and partnership between nurses and physicians for great patient care
3. Increased mutual trust and respect for the knowledge and experience all caregivers bring to their work
4. Increased relationship building using the AI discovery, dream, design and destiny process.

Next steps included a plan to complete 44 interviews, feedback sessions, and schedule future meetings. One purpose of the interview guide was to have nurses feel successful in the interaction with physicians. A letter to cardiologists and cardiac surgeons inviting them to be interviewed was written. And nurses and physicians conducted patient/family interviews.

Learnings, Changes and Outcomes from CCU Staff Interviews

* Staff and leadership learned that interactions and communication with physicians is more successful when the nurse is ready with the right information about the patient for the physician. This sets up a partnership between the nurse and the physician. Because nurses discovered this through the AI interview process rather than from physician directives, they were more willing to make changes and improvements.

- ◆ Nurses want physicians to provide in-service education
- ◆ Nurses want to round with physicians.
- ◆ CCU staff recognized the need to welcome physicians to the unit by saying good morning and good evening, and to work on building relationships by getting to know them and asking them about themselves.
- ◆ PCA's and new nurses needed to be introduced to physicians. Senior nurses now introduce PCA's and new nurses and make sure they are included in discussions re: patient care issues
- ◆ Nurses set limits with physicians. The team agreed to develop education on boundary setting, re-directing conversation and working on reframing.
- ◆ Placing nurses and physicians pictures on the wall in the CCU is an effective way to help people get to know each other.

Learnings, Changes and Outcomes from Physician Interviews

- ◆ Physicians respect and value nursing experience and competence (this was a genuine

and big surprise to the nurses)

- ◆ Physicians like to be greeted in a friendly manner.
- ◆ Physicians want nurses to know the whole picture about the patient
- ◆ Physicians want to round with nurses too!
- ◆ Physicians want the nurse and physician to approach problems with a no fault/no blame attitude.
- ◆ Physicians believe the senior nurses set a good example for new nurses.

Results

Results achieved from the project for stakeholders (patients/families, other departments, PCAs) were

- ◆ Patient satisfaction scores went up from the 82nd percentile to the 95th percentile in the teamwork category
 - ◆ Physicians began recognizing changes and improvements.
 - ◆ Other physicians heard about the interview process and asked about it.
 - ◆ Nurses feel more respected and are letting go of resentments and fear.
 - ◆ There have been more appreciative letters from patients and families about teamwork between nurses and physicians
- ◆ People in ancillary departments commented on the improved customer service of CCU staff.
 - ◆ Senior leadership sent flowers, cards and goodies to nurses thanking them for their work and effort on this endeavor
 - ◆ The CCU Pioneers will replicate this model throughout the organization once they have completed their work.

Conclusion

The CCU Pioneers learned much about positive aspects of their relationships with physicians. They started out skeptical and today they are hopeful. They began with reluctance and ended up energized. They learned that physicians are people with stories and aspirations beyond a gruff exterior. Physicians and nurses are learning that they have more in common than they could have ever imagined.

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