

Coaching - Scenario 1 (Communication/change of patient status)

Priya is a Registered Midwife who has recently moved to Australia from India. She is caring for a young mother in the birthing suite, following a long labour. It is been half an hour since birth, when Priya notices a change in the woman's condition. She has become tachycardic (110bpm), and hypotensive (90/50mmHg). Her respiratory rate has increased to 26 breaths per minute. Priya examines her pad, and finds significant PV blood loss. She feels for the fundus of the uterus and it is above the umbilicus and not contracted. She commences fundal massage and calls for assistance.

Priya notifies Katrina, the midwife in-charge, of the change in the woman's status. Katrina asks her to phone the obstetrics registrar to inform him of the change, while she examines the woman.

Priya is hesitant and stumbles through the handover. "Hello doctor? Hi, um, my patient in bed 3 is not well. She is unstable. What do you want me to do? She feels ok, um, but she's a bit drowsy. There's been some bleeding too. And her blood pressure is a bit low..."

Katrina overhears Priya's conversation with the doctor. She leaves the bedside and approaches the desk. Shaking her head, she takes the phone out of Priya's hands and takes over the conversation. When she has finished speaking, she hangs up the phone and turns to Priya. "You can't talk to the doctors in that way Priya! You sound like you haven't got a clue what you're talking about. You need to learn to prioritise the information. Did you take note of the way I said it? That's how it should be done. Haven't you ever heard of ISBAR? Look, here is some information on it (handing Priya a leaflet). Read over it, but from now on just come and see me when there is a change in your patient's condition and I'll call the doctor for you. Ok?"

Priya is embarrassed. She returns to the bedside, but appears nervous and unsure of herself, continuously calling Katrina over to 'double check' all of her observations. The doctor comes to assess the woman. She is treated for a moderate post partum haemorrhage, and when stable, transferred to the postnatal ward with a comprehensive handover.

Louise is one of the senior midwives working on the ward. She witnesses this exchange, and sees that Priya is visibly upset and embarrassed at being told publicly that she has performed badly.

Louise approaches Priya at the end of the shift. She empathises with Priya, acknowledging that it can be difficult to communicate clearly and concisely when under pressure. She informs Priya that she is a trained coach, and offers to coach Priya on how she might handle the situation differently in the future. Priya seems relieved and is very receptive to the offer of coaching. Louise arranges to meet with Priya an hour before their shift the next day to discuss their coaching agreement.

The following day, Louise and Priya meet in a quiet area of the courtyard outside the hospital. Louise begins by praising Priya for detecting the change in the woman's condition. She then spends some time with Priya, explaining goal setting and outlining the structure of the session. She explains that coaching can be empowering, by enabling people to build on their strengths and explore different ways of responding to challenges.

Louise asks Priya what she would like to learn, followed by a series of questions to identify motivating factors and external distractions that may influence the coaching process.

Both she and Priya identify communication as an area of Priya's practice that requires some improvement. Priya agrees to be coached by Louise over the next two weeks (short term), focusing on the area of communication, specifically communicating a change in a patient's condition (narrow focus). The aim of the coaching is to achieve an immediate improvement in performance. It is agreed that the Midwifery Unit Manager (MUM) will be informed of Priya's progress during the coaching process, but that confidentiality will be maintained, and issues discussed in her sessions will not be shared with other members of the team, unless it is felt that her actions compromise.

Louise asks about Priya's past experiences communicating with medical staff. "In your previous workplace, how would you go about communicating a change in a patient's status? How do you feel about handing over information about patient's condition to medical staff?"

Priya states that she is unfamiliar with interdisciplinary handovers and lacks confidence in speaking with doctors. As a junior midwife in her previous workplace, she would rarely speak directly with doctors about concerns regarding a patient. The usual practice was to inform the midwife in-charge of any problem, so that he/she could relay the information to the medical staff. Priya says that she has found some of the junior doctors at the hospital abrupt and impatient in their manner, and that she has often felt intimidated by them.

Priya and Louise discuss some external pressures that may be impacting on Priya's worklife. They discuss the challenges of moving to a new country and adjusting to a new workplace, with new routines and expectations. Louise recommends a meeting with the MUM, to increase the support provided to Priya during this period of adjustment. She suggests discussing the possibility of additional supernumery days, formal coaching programs and ongoing clinical supervision.

Louise also asks Priya to consider how she likes to learn. Priya states that she prefers one-on-one teaching and watching demonstrations, and also finds it useful to have reading material she can look over in her own time.

Louise works with Priya in developing a short term goal for the purposes of their coaching. It is established that Priya wishes to demonstrate the ability to prioritise information when communicating a change in a patient's status using the ISBAR (Introduction, Situation, Background, Assessment, Recommendation) tool.

Some strategies to achieve Priya's goal are discussed, taking into consideration her learning style and preferences. Priya identifies a Clinical Midwifery Educator who can assist her to practice examples of clinical scenarios, giving her the opportunity to practice her communication skills away from the bedside and receive immediate constructive feedback on her performance. Priya also plans to ask the educator for written educational resources to understand DETECT (Detecting Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams). Priya sets another action to read over the material and complete the online learning package on effective use of ISBAR in clinical handover. Lastly she plans to ask her MUM for support to attend the DETECT workshop run by the hospital.

Louise arranges to be available at work to assess and evaluate her progress on a daily basis. She plans to assess Priya's ability to prioritise information and communicate effectively by observing her communication at midwifery handovers, and by being available to observe and assist her in communicating with medical staff. They also arrange to meet at the end of the two week period for a formal evaluation of Priya's performance. During this evaluation, Louise will ask Priya to explain ISBAR, and assess her ability to use it effectively during practice clinical scenarios.

Louise provides ongoing feedback over the two week period, and holds a private feedback session at the completion of the coaching period. Louise praises Priya for her participation and enthusiasm, and encourages her to acknowledge the improvement in her performance during handovers. Priya recognises that the coaching process has assisted her to set and action goals. It is agreed that some additional coaching sessions would be helpful to further develop her confidence and competence regarding communication. An extended period of coaching is discussed, to be implemented in combination with other supportive strategies developed by the MUM and educator.