Good feedback example transcript

Consultant: I hear you had a difficult outcome in your last set of nights.

Sue: It was terrible. I think it was all my fault.

Consultant: It sounds like a case we should discuss. Why don't you do a reflective piece? Bring the notes and we can discuss it in my office on Friday afternoon

Sue: Okay. Thanks.

Consultant: So, Sue, tell me about this case.

Sue: She was a primip in spontaneous labour making slow progress. So, I prescribed Syntocinon for her. The CTG started to show some decelerations a couple of hours later when I was asked to review it. But I missed the hyperstimulation.

Consultant: Do you use DR C BRAVADO when assessing your CTGs?

Sue: Not this time.

Consultant: Okay. Try assessing this CTG in that manner for me now.

Sue: Okay. She's high risk on Synto. Erm....the trace is good quality. She's contracting six in 10. The baseline and variability are normal. Erm.....there are no accelerations and persistent variable decelerations. So, overall, it's suspicious.

Consultant: How did you find that?

Sue: Well, it did help me from not missing out the contraction rate.

Consultant: Also the CTG stickers on the labour wards can be really helpful. What happened next?

Sue: Well, I was called away to another emergency. I wasn't able to review the CTG again for an hour and a half, by which point it had become quite abnormal with a raised baseline, decreased variability, and deep variable decelerations. At that point, she was fully dilated. So, I made the decision to deliver the baby in the room. But the baby was OP, and I failed. So, we had to transfer to theatre for delivery to do the Caesarean section. Came out flat, and required immediate resuscitation and admission to the neonatal unit.

Consultant: So, what have you thought about reviewing this case?

Sue: I should have reviewed the CTGs, yeah.

Consultant: Yes. I agree. Also, the midwife in the room can always ask the coordinator because they're very experienced assessing CTGs. And the coordinator also has the experience to bring in an extra pair of hands should they feel that the trace requires immediate action. What happened next?

Sue: Well, I knew it was OP and high. I just wanted to get it out.

Consultant: Okay. So, looking back on your reflective piece, how do you think you were feeling at the time?

Sue: Well, I think I was very anxious and I panicked. I think looking back now that influenced my decision making that day.

Consultant: So, how do you feel about your decision now?

Sue: Well, I think had the baby been OA and low, that would have been the right course of action. But an OP delivery is quite difficult, especially without analgesia. So, I think that if this situation were to arise again in the future, I would transfer her to theatre for delivery.

Consultant: What lessons do you think you'll take away from this case?

Sue: Erm.... to use DR C BRAVADO and the stickers to assess my CTG. And let the coordinator know what's going on, so that she can monitor any problem cases. And transfer her to theatre for delivery if I'm uncertain or if there's a problem, unless there's an easy lift out. And perhaps, next time, make sure that there's someone there to help me.

Consultant: Yeah. So, obviously, Sue, this case didn't go as well as you hoped. But I certainly feel that you've learned some valuable lessons and have helped you not be in this position again.

Sue: I definitely have. Thank you for going through it with me.

Consultant: You're welcome.

Sue: I'm still a bit concerned about the baby who is still in the neonatal unit.

Consultant: Yeah. Sure I understand that you're concerned. But it's early days yet. And let's just see how things progress.

Sue: Right. Thanks.