Case study 5 - transcript

Welcome to Case study 5 on giving feedback.

We all know that feedback is a crucial part of our working lives. We give feedback and receive it every day.

Learning how to give appropriate feedback and just as importantly how to receive it, will serve us all well. The timing and location of feedback is also important.

You are now invited to watch a short video clip....

Sue is a trainee who on her recent set of night shifts had a poor outcome from a delivery in which she was involved. This has been a constant worry over the past few days. The consultant has asked to see her about it which he does in the middle of a busy ward round.

Consultant: Tell me about the case then?

Sue: She was a primip in spontaneous labour making slow progress, so I prescribed Syntocinon for her.

Consultant: Did you ask anyone whether you should do that?

Sue: No, I didn't?

Consultant: Should this trainee be putting up Synto without senior input? No.

Sue: The CTG started to show some decelerations which I reviewed and after some time decided to do an FBS.

Consultant: Did you speak to any midwives or consultants?

Sue: The pH result was normal and she started to make some progress so we continued with the Synto. After that, I was called away to an emergency and I wasn't able to review the CTG again for another hour and a half.

Consultant: Called away? Is this not an important case to be looking after too? What do you think Sister? So listen, when you could be bothered to come back what did you find?

Sue: CTG had become much worse.

Consultant: Really? Have you heard that of that famous doctor, DR C BRAVADO? Did you check the contraction rate? Because looking at it she's clearly hyperstimulating.

Sue: No, I re-examined her and found that she was fully dilated.

Consultant: Well, how very fortunate.

Sue: I assessed her and made the decision to deliver the baby in the room. The ventouse failed and we had to do an emergency caesarean.

Consultant: And?

Sue: The baby came out in poor condition with cord gases of 6.9 and needed immediate resuscitation and admission to the neonatal unit.

Consultant: It’s not a surprise is it given what you’ve told me. Yeah, I would be upset too if I was you. You are going to have to do a lot better than this if you want to succeed in this career. Next time Sister, can we have someone watching her?

How does this make you feel? Most people will feel very uncomfortable watching this video. This is a true story and cannot be dismissed as not believable - it happened.

What is striking here is the emotion. The trainee is visibly upset but the consultant is also emotional and barely able to contain his anger and frustration. Ask yourself why he is behaving like this. Could it be that he feels responsible and subsequently has to go and meet the parents of the baby on the neonatal unit?

How might you improve the behaviour and environment seen so far?

The behaviour you see in this clip resembles a critical parent speaking to a child. The use of closed questions and raised voice is not ideal feedback. The feedback is occurring in a public environment and the timing is ad hoc.

So when is the best time to give feedback? Pause the video and record your thoughts in your reflective notes.

The timing of feedback needs careful to be carefully thought, and is often best done after the event. In cases where a bad outcome has occurred, or after a night shift it is best to acknowledge the event immediately, support the individual and agree a time for a debrief combined with feedback and refection at a later date.

Hot debriefing, close to the time of the event, should be encouraged but will be crucial where the individuals involved find the outcome distressing, even if there has been good practice by all.

Now let's have a look at a different version of the same scenario showing how more appropriate feedback could have been given.....

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 6 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 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 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 that will help 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.

These two contrasting approaches to feedback highlight the importance of using a framework for thinking about workplace behaviours.

The use of open questions and reflection, allowing the trainee to describe events and lead the feedback, with only minimal but skilled prompts from the trainer in the second half of the video shows a constructive approach to giving feedback.

This allows the trainee to demonstrate insight in to what has happened and how they may learn from this and make changes to their practice in the future.

What different methods of feedback did you observe in the two clips you have just watched?

You may like to consider:

1. the use of closed questions versus open questions

2. shouting versus a measured tone of voice

3. collaborative exploring of solutions versus judgemental blame.

Pause the video and record your thoughts in your reflective notes.

The key difference between both scenarios is a lack of heightened emotion allowing both parties to discuss the issue and explore the learning without seeking to play down the errors in judgement.

Both parties are communicating in a professional way.

How are the outcomes from the two approaches different? Pause the video and record your thoughts in your reflective notes.

The outcomes are contrasting. A dejected trainee with no real idea of how to improve versus a trainee who has understood the situation and has realised how to improve.

In the second scenario the trainee will feel supported rather than undermined. They are far more likely to ask for appropriate support in the future in contrast to the first scenario where it is likely that the trainee may try and avoid contact with this consultant, possibly to the detriment of other patients.

You will now be shown another video clip, showing examples of poor and good feedback following a complaint.

As you watch it, ask yourself what Behaviours, Environments, Methods and Outcomes are at work here?

Version 1: Poor feedback

Doctor Thomas has just spoken with Mr and Mrs Henderson about their concerns regarding her induction of labour. Jo, Mrs Henderson’s midwife, wants to speak to Dr Thomas about how it went.

Jo: Well that could have gone better couldn’t it!

Dr Thomas: How do you mean?

Jo: That's just another complaint for us.

Dr Thomas: Yeah, it's completely unreasonable.

Jo: You don't get it do you. They are both terrified about what's going to happen with their baby. We're meant to be helping them and not only do they think we're incompetent and uncaring, now they think we are rude and need an argument.

Dr Thomas: You think so?

Jo: Yes. Oh no, when I say "we", I should say "you". I thought you were going to help me chill them out. Oh no, there's no way I'm taking the stick for this. I'm going to tell the consultant. Hopefully, she can talk to them better.

Version 2: Good feedback

Jo: Rez, can we have a word? I just wondered how you thought it went with Mr and Mrs Henderson.

Dr Thomas: He was completely unreasonable.

Jo: Yeah, maybe. I suppose they're worried about their baby though.

Dr Thomas: I suppose but he didn't have to be so argumentative.

Jo: No. Well, I guess that's what happens when some people get stressed. Have you seen that before?

Dr Thomas: Yes, but not as bad.

Jo: I just wonder if we could've handled it differently. What do you think?

Dr Thomas: I suppose I shouldn't have offered him the complaint paperwork.

Jo: I think you came across as a little bit tense which isn't like you.

Dr Thomas: Well, I am a bit worried. I've got my annual review soon.

Jo: Okay, arguing with the dad didn't help much then. Look, I think Dr Shaw is the consultant on-call today and I think its best that she knows about the complaint.

Dr Thomas: Great. Another thing for her to shout at me about.

Jo: Do you want me to talk to her about it?

Dr Thomas: No, I should talk to her myself. You are right though I was a bit abrupt to that couple. I need to put this right. Will you come back in there with me so I can apologise and then we'll talk to Dr Shaw?

Jo: Of course.

Dr Thomas: Thanks.

We all need to acknowledge that our own behaviour can occasionally cause distress to colleagues or patients.

How we react to this being pointed out depends on the manner in which it was done, and our own emotional intelligence and insight.

We need to learn from our mistakes and accepting critical feedback in a reasoned and reflective fashion, is crucial for our own and that of our colleagues and patient's wellbeing.

The solution to these cases revolve around understanding the principles of good communication and feedback. Respect for individuals and using the BEMOS framework (behaviours, environments, methods, outcomes, solutions) will help improve the workplace for all.