## Contents

About the editor vi
Contributors vii
Preface ix
How to use this book xi
Acknowledgments xii

### SECTION 1
**Communication and patient safety**

1. The relationship between communication and patient safety 2
   *Tracy Levett-Jones*

2. An introduction to communication skills 14
   *Sue Dean and Carla Saunders*

3. Key attributes of patient-safe communication 32
   *Tracy Levett-Jones*

4. Why do patients complain about how healthcare professionals communicate? 42
   *Ashley Kable and Wayne Farmer*

5. An historical and cultural overview of healthcare professionals’ evolving team dynamics 54
   *Lyn Ebert*

### SECTION 2
**Improving interprofessional communication to promote patient safety and wellbeing**

6. Interpersonal communication for interprofessional collaboration 70
   *Anne Croker, Miriam Grotowski and Diane Tasker*

7. Clinical handover 82
   *Tracey Moroney*

8. Open disclosure 94
   *Rebekkah Middleton*

9. Discharge planning and continuity of care 104
   *Ashley Kable and Dimity Pond*

10. Communicating to promote medication safety 114
    *Elizabeth Manias*

### SECTION 3
**Improving therapeutic communication to promote patient safety and wellbeing**

11. Key attributes of therapeutic communication 126
    *Rachel Rossiter, Robin Scott and Carla Walton*

12. Communicating with older people 138
    *Karen Watson, Joanne Lewis and Deborah Parker*

13. Communicating with children and families 150
    *Jonathan Mould*

14. Communicating with people who have a mental health problem 162
    *Eimear Muir-Cochrane, Deb O’Kane and Lyza Helps*

15. Communicating with people who have communication impairment 174
    *Diane Tasker and Tania De Bartoli*

16. Communicating with Aboriginal and Torres Strait Islander Peoples 186
    *Natalie Strobel, Dan McAullay, Moira Sim, Colleen Hayward and Cobie Rudd*

17. Communicating with people from culturally and linguistically diverse backgrounds 196
    *Conor Gilligan, Sue Outram and Helen Buchanan*

18. Communicating with people about their spiritual needs 212
    *Pamela van der Riet and Victoria Pitt*

19. Communicating with people who are angry or aggressive 222
    *Teresa Stone, Jeannette Walsh, Anna Treloar and Stephen Spencer*

20. Communicating about end-of-life care and decisions 236
    *Lorinda Palmer and Graeme Horton*

### SECTION 4
**Workforce issues and patient safety**

21. When whistle-blowing seems like the only option 252
    *Toni Hoffman AM and Kerry Reid-Searl*

22. Creating safer healthcare organisations 268
    *Joanne Travaglia and Deborah Debono*

### Glossary

### Index
About the editor

Tracy Levett-Jones is Professor of Nursing Education at the University of Technology Sydney. Her program of research focuses on patient safety, empathy, belongingness, clinical reasoning, interprofessional education, cultural competence and simulation. Tracy has authored 10 books as well as over 200 chapters and journal articles. She has been the recipient of over three million dollars of research funding and multiple awards including an Australian Learning and Teaching Council Award for Teaching Excellence, a NSW Minister for Education and Training Quality Teaching Award, and a Pearson/Australian Nurse Teacher Society Nurse Educator of the Year Award.

Web profile: <http://www.proftlj.com/>
Twitter: @Prof_TLJ
Contributors

Ms Helen Buchanan, RM RN, MFamStud. (Masters of Family Studies)  
Registered Midwife, John Hunter Hospital

Dr Anne Croker, PhD, BAppSc (Physio), GradDipPubHealth  
Research Fellow, The University of Newcastle Department of Rural Health

Sue Dean, RN, BA (Community Social Services), MA (Women's Health),  
Senior Lecturer, Faculty of Health, University of Technology Sydney

Dr Deborah Debono, PhD, BA (Psych Hons), RN, RM  
Senior Lecturer, Faculty of Health, University of Technology Sydney

Dr Tania De Bortoli, BAppSc (Speech Pathology), BA (Hons) PhD  
Sessional Lecturer, Charles Sturt University; Private Practitioner

Dr Lyn Ebert, PhD, RN, RM, NN, Grad Dip VET, MN, MPhil  
Senior Lecturer, Deputy Head of School-Education, Head of Discipline-Midwifery  
School of Nursing and Midwifery, Faculty of Health and Medicine, The University of Newcastle

Mr Wayne Farmer, B Clinical Sc, B Chiropractic Sc, Ass Dip Health Sc  
Resolution Officer, NSW Health Care Complaints Commission

Dr Conor Gilligan, PhD, B.BiomedSci (Hons)  
Senior Lecturer in Health Behaviour Science, School of Medicine and Public Health, The University of Newcastle

Dr Miriam Grotowski, B.Med, FRACGP, DipPsychiatryED  
General Practitioner, Senior Lecturer, The University of Newcastle Department of Rural Health

Professor Colleen Hayward, DipTch B Ed B Sc Grad Cert (Cross Sector Partnerships)  
Pro-Vice Chancellor (Equity and Indigenous), Edith Cowan University

Lyza Helps, RN, MN Mental Health, PhD candidate  
School of Nursing and Midwifery, Flinders University

Toni Hoffman, RN, BN, RM, Master of Bioethics, Grad Cert Management  
Lecturer, School of Nursing, Midwifery and Social Sciences, CQUniversity

Dr Graeme Horton, MB BS MEnvStud GDipRural FRACGP FARGP  
Senior Lecturer in Medical Education and General Practice, School of Medicine and Public Health, The University of Newcastle

Professor Ashley Kable, PhD, RN, Dip Teach Nurs Ed, Grad Dip Health Service Management  
School of Nursing and Midwifery, The University of Newcastle

Professor Tracy Levet-Jones, PhD, RN, MEd & Work, BN, DipAppSc (Nursing)  
Professor of Nursing Education, Faculty of Health, University of Technology Sydney

Dr Joanne Lewis, RN, MPallC, PhD  
Senior Lecturer, Faculty of Health, University of Technology Sydney

Professor Elizabeth Manias, RN CertCritCare BPharm MPharm MNurs PhD FACN[DLF] MPSA MSHPA  
School of Nursing and Midwifery, Deakin University

Dr Daniel McAullay, BSc, MAE & PhD  
Director CRE Improving health services for Aboriginal and Torres Strait Islander children, The University of Western Australia

Dr Rebekkah Middleton, PhD, RN, MN [Res], Grad Cert Emergency Nursing, Grad Cert Clinical Management  
Senior Lecturer, Academic Program Director, School of Nursing, University of Wollongong

Professor Tracey Moroney, PhD, BN (Hons) Grad Cert Ed Studies  
Head of School, School of Nursing, University of Wollongong

Dr Jonathan Mould, PhD, MSc, RSCN, RGN, RMN, Adult Cert Ed  
Simulation Coordinator, Ramsay Health
Professor Eimear Muir-Cochrane, BSc (Hons) RN, Grad Dip Adult Education MNS, PhD Credentialled MHN
Professor of Nursing (Mental Health), School of Nursing and Midwifery, Flinders University

Mrs Deb O’Kane, RN, ENB603 Grad Dip CN MN Grad Cert HE
Lecturer (Mental Health), School of Nursing and Midwifery, Faculty of Health Sciences, Flinders University

Associate Professor Sue Outram, PhD, RN, BA
School of Medicine and Public Health, The University of Newcastle

Ms Lorinda Palmer, MN, RN, BSc., Dip. Ed, Grad Dip (Nurs), PhD candidate
Lecturer, The School of Nursing & Midwifery, The University of Newcastle

Professor Deborah Parker, PhD, MSoSc, Grad Cert (Exec Leadership), RN
Professor of Nursing Aged Care (Dementia), Faculty of Health, University of Technology Sydney

Dr Victoria Pitt, PhD, MNur (Research), Grad Dip Nurs (Pal.care), Grad Cert Tert Teaching,
Dip ApSc (Nursing)
Lecturer, School of Nursing & Midwifery, The University of Newcastle

Professor Dimity Pond, BA Dip Ed MBBS FRACGP PhD
Professor of General Practice, School of Medicine and Public Health, The University of Newcastle

Professor Kerry Reid-Searl, RN, RN, BHlth Sc, Mclin Ed, PhD
Director of Simulation, Deputy Head of Program, School of Nursing, Midwifery and Social Sciences, CQUniversity

Associate Professor Rachel Rossiter, D.HSc, RN, MN {NP}, M.Counselling, B.Counselling, B.HlthSc
School of Nursing, Midwifery & Indigenous Health, Charles Sturt University

Professor Cobie Rudd, PhD, MPH, BHlthSc(N), RN
Deputy Vice-Chancellor (Strategic Partnerships), Edith Cowan University

Dr Carla Saunders, PhD, MMedSc (Epi), BSc DipEd, Grad Cert HSM, Grad Cert Neuro, RN
Lecturer, Faculty of Health, University of Technology Sydney

Ms Robin Scott, MClinSc (MentalHNurs) RN, MACN, MACMHN, CPMHN(C)
Sessional Academic, School of Nursing, Midwifery & Indigenous Health, Charles Sturt University

Associate Professor Moira Sim, MBBS, FRACGP, FACHAM, PGDipAlcDrugAbStud
Executive Dean, School of Medical and Health Sciences, Edith Cowan University

Stephen Spencer, B Nurs (Hons), RN, PhD
Clinical Nurse Specialist, John Hunter Hospital

Dr Teresa Stone, PhD, RN, RMN, BA, M Health Management, GradCert Tertiary Teaching
Visiting Professor Faculty of Nursing, Chiang Mai University, Thailand

Dr Natalie Strobel, PhD, Postgrad Dip Clin Ex Sci, Bsc
Research Fellow, The University of Western Australia

Dr Diane Tasker, B (Phty.), PhD
Private Physiotherapy Practitioner

Professor Joanne Travaglia, PhD, MEd, GradDipAdEd, BSocStuds{Hons}
Professor Health Services Management, Faculty of Health, University of Technology Sydney

Dr Anna Treloar, MA MPH C RN, PhD
Lecturer, The School of Nursing and Midwifery, The University of Newcastle, MHNIP Nurse at Integral Health, Armidale

Associate Professor Pamela van der Riet, PhD, RN, MEd, BA Dip ED {Nursing}, ICU/CCU cert
School of Nursing & Midwifery, The University of Newcastle

Ms Jeannette Walsh, MHSc, BSocStud, MAASW
Faculty of Arts and Social Sciences, University of New South Wales

Dr Carla Walton, B.Sc (Psyc), D.Psyc {Clin}, Grad Dip Adult Psychotherapy, MAPS
Senior Clinical Psychologist, Centre for Psychotherapy, Hunter New England Mental Health Service

Dr Karen Watson, PhD, RN, BN (Hons), BHlthRN
Lecturer, Faculty of Health, University of Technology Sydney.
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 healthcare and that communication errors remain the root cause of 65 per cent of adverse outcomes.

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.

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. 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.

Reviewers

Jennifer Bassett, CQUniversity
Madeline Jones, Physiotherapist, Private Practice
Tyler Jones, Registered Nurse, Sydney Adventist Hospital
Maria Mackay, University of Wollongong
Evan Plowman, Charles Sturt University
Julie Shepherd, James Cook University
Peter Sinclair, The University of Newcastle
Cecilia Yeboah, Australian Catholic University