Communicating with Staff in the Nighttime Role – Questions

1. Which of the following would be the MOST effective first approach in dealing with a confrontational member of the nursing staff who pages you multiple times in one night to deal with a non-urgent issue?

A. Ignore her and try to stay as far from her as possible: rude people should be avoided at all costs.
B. Prepare a sheet describing how to define non-urgent issues and how to contact physicians regarding them. Post the sheet on the nursing units, ensuring you place one in the involved nurse’s work area.
C. Ask the nurse about her expectations for pager call backs, explain your concerns about her approach, and acknowledge differences. Negotiate an approach for future situations this nurse may encounter involving physicians and non-urgent issues, confirming understanding.
D. Make comments about the annoyance of this situation to uninvolved nursing colleagues, in hopes that at least they will avoid this approach in the future.

2. Which of the following would be the LEAST effective solution for dealing with a new nurse who calls and states he refuses to follow the order you placed on a particular patient?

A. Contact the nurse’s supervisor immediately to ask that the nurse’s assignment be changed.
B. Ask, “What are the obstacles you are encountering to getting this done?”
C. Enlist help of a more experienced colleague to see if the order seems out of the ‘norm’ for that unit.
D. Collaboratively attempt to find a mutually acceptable means of achieving the same goal.

3. Which of the following has been shown to be LEAST effective for fostering communication and preventing errors?

A. Nurse protocols that all verbal orders must be read back to the ordering physician.
B. Assume an authoritarian, autocratic approach and demand the order be enacted NOW.
C. Assessment by MD’s of nurse’s understanding of the clinical situation.
D. Explaining the ‘why’s’ behind orders like the STICCC model for nurse and physician communication.

4. The following have all been described as approaches to enhance patient safety ACCEPT:

A. Explaining the ‘why’s’ behind your decisions and thoughts.
B. Admitting when you don’t know an answer.
C. Making time for introductions and frequent check-ins as an attempt to catch problems early.
D. Attempting to limit questioning from staff as a way to maintain efficiency.
Communicating with Staff in the Nighttime Role – Answers

1. Which of the following would be the MOST effective first approach in dealing with a confrontational member of the nursing staff who pages you multiple times in one night to deal with a non-urgent issue?

   A. Ignore her and try to stay as far from her as possible: rude people should be avoided at all costs.
   B. Prepare a sheet describing how to define non-urgent issues and how to contact physicians regarding them. Post the sheet on the nursing units, ensuring you place one in the involved nurse’s work area.
   C. Ask the nurse about her expectations for pager call backs, explain your concerns about her approach, and acknowledge differences. Negotiate an approach for future situations this nurse may encounter involving physicians and non-urgent issues, confirming understanding.
   D. Make comments about the annoyance of this situation to uninvolved nursing colleagues, in hopes that at least they will avoid this approach in the future.

   **Answer - C.** Elements of effective collaborative decision-making are exemplified in the LEARN-Confirm communication model (Listen, Explain, Acknowledge, Recommend, Negotiate, Confirm Understanding.) Ignoring a situation may be convenient in the short run but not ideal for actually solving problems. The problem identified is with a single nurse, so preparing an instruction sheet for all nurses may be irrelevant to many and risks information overload. Sharing concerns with uninvolved staff members may be interpreted as gossip and is an ineffective means of dealing with the problem directly.

2. Which of the following would be the LEAST effective solution for dealing with a new nurse who calls and states he refuses to follow the order you placed on a particular patient?

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   B. Ask, “What are the obstacles you are encountering to getting this done?”
   C. Enlist help of a more experienced colleague to see if the order seems out of the ‘norm’ for that unit.
   D. Collaboratively attempt to find a mutually acceptable means of achieving the same goal.

   **Answer - A.** Requesting assignment change without exploring the nurses concerns and without understanding is essentially avoiding the problem. Effective communicators ask clarifying questions in a non-judgmental tone, review plans with supervisors and peers to ensure they are reasonable, and admit there are many ways to solve problems and that they are willing to consider compromise.

3. Which of the following has been shown to be LEAST effective for fostering communication and preventing errors?

   A. Nurse protocols that all verbal orders must be read back to the ordering physician.
   B. Assume an authoritarian, autocratic approach and demand the order be enacted NOW.
   C. Assessment by MD’s of nurse’s understanding of the clinical situation.
   D. Explaining the ‘why’s’ behind orders like the STICCC model for nurse and physician communication.

   **Answer - B.** Ineffective nurse-physician communication occurs when hierarchal relationships are exploited. Assuming an authoritarian role inhibits the ability to express concerns, compromising communication and potentially contributing to harm in the patient care setting. The evidence shows that nurses who fear belittlement are less likely to share concerns, putting patients at risk.
Communicating with Staff in the Nighttime Role – Answers Continued

4. The following have all been described as approaches to enhance patient safety ACCEPT:
   
   A. Explaining the ‘why’s’ behind your decisions and thoughts.
   B. Admitting when you don’t know an answer.
   C. Making time for introductions and frequent check-ins as an attempt to catch problems early.
   D. **Attempting to limit questioning from staff as a way to maintain efficiency.**

   **Answer - D.** Explicitly explaining your reasoning behind decision-making opens the door for collaborative care. Frequent check-ins and honest acknowledgement of knowledge limitations on the part of care providers are means of establishing communicative trust and relationships in the nighttime care role. Open communication environments foster information-sharing.