

Component III: Communication

Module A: Inter-Personal Skills with Internal and External Customers

Topic 1: Inter-Professional Communication

I. **Statement of Purpose**

To enable the learner with basic principles and skills to practice effective inter-professional communication in a health care setting.

II. **Terminology**

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|------------------------------------------------------------------------|--------------------------------------|
| 1. Inter-professional communication | 6. Relationship based care |
| 2. Emotional Intelligence | 7. Patient Centered Care |
| 3. Self regulation | 8. Culturally competent Care |
| 4. AIDET (Acknowledge, Introduce,
Duration, Explanation, Thank you) | 9. Therapeutic trusting relationship |
| 5. Relational Coordination | 10. Right words at the right time |

III. **Performance Standards**

1. Define the terms listed in the vocabulary section.
2. Define the elements of inter-professional communication
3. Discuss how effective communication can enhance relationship based care.
4. Examine the benefits of effective MD-RN communication patterns
5. Practice SBAR as an inter-professional communication method
6. Discuss effective and caring communication skills when interacting with patients/clients.
7. Discuss one's professional responsibility to provide culturally competent care to all patients and their families.
8. Practice inter-professional communication skills in ambulatory nursing practice
9. Formulate a service recovery plan in the ambulatory setting
10. Coordinate a patient centered conference
11. Develop a therapeutic trusting relationship
12. Create an environment conducive to caring/learning

IV. **References**

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Websites

1. www.qsen.org (Click on Competencies)
2. www.thejointcommission.com
3. www.healthypeople.gov (use 2012)

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
<p>Objective 1 Define the terms listed in the vocabulary section.</p> <ul style="list-style-type: none"> A. Use terms in context B. Give examples of each term. 	<p>Discussion: Give each dyad one –two terms. Each dyad will describe the term, give an example of the term and explain one benefit and challenge of the term in the outpatient setting.</p>
<p>Objective 2 Define the elements of inter-professional communication</p> <ul style="list-style-type: none"> A. There are three basic elements of communication: verbal, non verbal and delivery. B. Communication skills are learned: <ul style="list-style-type: none"> 1. First in family and 2. Influenced greatly by one’s life and environment. 3. Are within one’s one control. We cannot control how others speak to us, but we can control how we speak and react to others: in our words, behaviors, attitudes and actions. 	<p>Lecture Activity: Have three groups deliver the same message. One group delivers with kind non verbal and delivery modes. One group delivers the same message with bland non verbal and abrasive delivery. One group delivers message with rude non verbal and abrasive delivery. Discuss impact of different styles.</p>
<p>Objective 3 Discuss how effective communication can enhance relationship based care.</p> <ul style="list-style-type: none"> A. Relationship based care is a patient centered health care model of practice. The key three relations in patient centered care are: <ul style="list-style-type: none"> 1. Patient & Family: The common ground for all health care providers is the patient and his or her family. <ul style="list-style-type: none"> a. This common ground assists with collaboration. 2. Self: Each health care provider provides safe, competent and caring service to patients and colleagues. <ul style="list-style-type: none"> a. One is aware of how they come across to others, b. This “emotional maturity” or emotional intelligence enables one to self-reflect. c. One self regulates and adjusts his/her communication skills to ensure effective communication to patients and colleagues. 3. Colleagues: All providers see value in <u>all</u> of their colleagues so they: <ul style="list-style-type: none"> a. Treat colleagues with respect. b. Listen to understand. c. Appreciate diversity of thought and value the contribution that each person brings to their team. d. Always communicate honestly with colleagues. 	<p>Activity: Teach back Use Handout 1 Draw diagram on board. Have students come up and discuss each element and how they relate to each other. <i>Discuss these questions.</i> If the team members are focused on what is best for the patient, how does this affect their communication? If you find value in each team member how does that affect communication? Therefore, is it your responsibility to find value in each person with whom you work? If you always reflect on how you came across, how can this self reflection help you develop effective inter-professional communication skills? IMAGINE a time when the medical assistants in your unit</p>

<ol style="list-style-type: none"> 4. Relational Coordination (RC) is the coordination of work through relationships of shared goals, shared knowledge and mutual respect. 5. Their communication reflects the above by: <ol style="list-style-type: none"> a. Frequent communication b. Timely communication c. Accurate communication d. Effective problem solving 	<p>worked very well, every day with everyone in the unit. Which parts of RC would they say they experience from all the team members?</p> <p>What would happen if they lost some of the components of RC?</p> <p>How can you form relationships that include the RC elements?</p> <p>Answer: communicate in an honest, respectful, transparent manner with ALL!</p>
<p>Objective 4 Examine the benefits of effective MD-RN communication patterns</p> <ol style="list-style-type: none"> A. Historical patterns <ol style="list-style-type: none"> 1. Challenging/Disruptive <ol style="list-style-type: none"> a. Do not commit to the three components of communication for the sake of the patient. b. Do not agree on what is their common ground/focus. 2. Accommodating <ol style="list-style-type: none"> a. Accept to disagree, are nice to each other, but do not take on the challenging topics to come to true resolution. Rather, they work around to get personal agenda accomplished. b. No mutual effort is sought. 3. Collegial/Collaborative <ol style="list-style-type: none"> a. Accept diversity of thought, agree to respectfully communicate on difficult topics and reach an agreement. b. Patient needs are the common ground all parties commit to achieve. B. Benefits of communication patterns <ol style="list-style-type: none"> 1. Leads to improved patient care because care is patient centered. 2. Leads to improved healthy work environment. Healthy work relationships enable team members to provide compassionate care. 3. Common ground and healthy work environment leads to improved retention of team members. 4. Good retention is cost effective and emotionally effective C. Personal Accountability for one communication methods; <ol style="list-style-type: none"> 1. "I" language. Take ownership for thoughts and feelings 	<p>Activity:</p> <p>Students role play the different types of communication. Give them all the same situation to resolve. The four different dyads use the four different methods to arrive at a solution. Discuss risks, challenges, benefits and barriers to using their given method.</p> <p>Role play. See Late Doctor Scenario Have two dyads role play: one dyad uses "I" language, the other</p>

<p>Begin your statement with “I” think...” (cognitive) “I am concerned...” (emotive) “I am disappointed...” (feelings) Receiver of the message hears your ownership of your thoughts and feelings and is less likely to “react” to how you said something, but rather to the content of your message.</p> <ol style="list-style-type: none"> 2. “You” language is the opposite. Speaker does not take ownership of his or her thoughts/feelings but puts it on the receiver. The receiver usually reacts to the label or projected blame. The receiver is less likely to hear the content of the sender’s message. 3. Before you begin your conversation: <ol style="list-style-type: none"> a. Be certain to know what is your expected goal or expected outcome. b. Stay focused on what you want to achieve c. Do not get diverted into reactive, non- productive labels, bashing, and old baggage. 	<p>dyad uses “You” language.</p> <p>Debrief role plays: What went well? What could have been done better? Who had the better outcome? Considering RN-MD collaboration and relationship based care, which actor did a better job of demonstrating the following principles?</p> <ol style="list-style-type: none"> 1. Every person has value 2. Human connection is the basis of caring 3. We need each other
<p>Objective 5 Practice SBAR as an inter-professional communication method</p> <ol style="list-style-type: none"> A. SBAR was originally developed as a safety measure to minimize errors of communication in the aviation industry. <ol style="list-style-type: none"> 1. Situation: 45-60 seconds state the key reason for communicating. <i>What is the current situation?</i> 2. Background: Pertinent history that influential in the context of the situation. <i>What have you found? What has happened?</i> 3. Assessment: What is your analysis of the situation? This part should begin with “I think.....” (See SBAR handout) 4. Recommendation: What do you need from the provider? B. Standardized format for hand-offs: <ol style="list-style-type: none"> 1. Ensures a <i>clear</i> message 2. Delivered in a <i>concise</i> format 3. That is <i>complete</i> with what is requested or recommended. 	<p>Activity: Demonstrate SBAR with a non clinical example. Begin with non clinical example to demonstrate the simplicity of this model. See Handout 2. Develop a clinical example and use Clinical SBAR format to demonstrate how the steps translate into a clinical situation. See Handout 3. In example point out the key points of each part. Situation: Keep it <u>clear/focused</u> Background: <u>concise</u>, do not include extraneous information. Assessment: this is your RN assessment of the situation and should begin with “I think...” Recommendation: <u>complete</u> it with suggestion/plan.</p> <p>Then give students a clinical situation and direct them to write their communication using SBAR. Include unnecessary information in the clinical story. In debrief, identify the unnecessary information. They</p>

	<p>must provide a <i>concise, pertinent</i> story with their words. Key point. Assessment should always start with “I think”. This part is within their scope of practice. They must give their assessment of the situation; their licensed scope of practice requires it! This direction will help them differentiate what goes in background and what is in assessment. Assessment should always be clear and concise.</p>
<p>Objective 6 Discuss effective and caring communication skills when interacting with patients/clients.</p> <ul style="list-style-type: none"> A. We can develop trust, alleviate fear and create a positive care experience by following these steps. B. <i>Key</i> words said at <i>key</i> times help patients, family and friends <i>understand</i> what we are doing and why. <ul style="list-style-type: none"> 1. A for Acknowledge. 2. I for Introduce self. 3. D for Duration. 4. E for Explanation. Gives the why. 5. T for Thank you. C. Cultural differences influence how communicators deliver and receive messages. These cultural differences can influence: <ul style="list-style-type: none"> 1. Eye contact when communicating or avoiding eye contact 2. Personal space is very important or not 3. Ease with confrontation or ease with being passive and accepting 4. “Just the facts!” or all the details of a situation 5. Concrete thinker or conceptual thinker 6. Ability to say “no” or present a neutral answer when the real answer is “no” 	<p>Lecture Activity: Role Play See Handout 3, AIDET for Service Give a situation including cultural factors. Have dyads role play how one will say the right things at the right time to build trust and create a positive care experience. <i>Debrief.</i> Ask recipient how they felt. What went well, what could they say next time that could be better?</p> <p>How did cultural factors and attention to these factors make a difference in how the message was delivered and received? What went well? What could be done better next time?</p>
<p>Objective 7 Discuss one’s professional responsibility to provide culturally competent care to all patients and their families.</p> <ul style="list-style-type: none"> A. Cultural Competency Definition: “Ability to develop an awareness of one’s own self and existence without letting it have undue influence on those from other backgrounds.” (AAACN certification course review) B. Cultural competence is an expected standard of nursing practice C. One’s personal perspective can have a significant impact on 	<p>Lecture, utilize comments from above debrief in presentation. Activity: Divide class into four groups. Each group is assigned one of the following organization’s definition or mandate regarding cultural competency as homework. Come prepared to present key points of the</p>

<p>choices made by patients, their families and health care providers.</p> <p>D. Cultural competency is mandated by Healthy People 2020 with a focus on <i>improving status of the individual</i>.</p> <p>E. Quality and years of living and eliminating health disparities based on gender, race or ethnicity, education or income, disability, geographic location or sexual orientation</p> <p>F. Culturally and Linguistically Appropriate Services in Health Care (CLAS): Dept of Health and Human Services (DHHS) Final Report March 2001 set standards with a <i>focus on the competency of health care providers and systems</i>.</p> <p>G. Culturally competent care, language access services, and organizational supports for cultural competence.</p> <p>H. The Joint Commission 2005 Report on Requirements Related to the Provisions of Culturally and Linguistically Appropriate Health <i>identified culturally competent care as important to quality and safety</i></p>	<p>organization's definition or mandate to classmates:</p> <ol style="list-style-type: none"> 1. AACN definition of cultural competency 2. Healthy People 2020 on cultural competency 3. Culturally and Linguistically Appropriate Services in Health Care (CLAS): DHHS Final Report March 4. The Joint Commission 2005 Report on Requirements Related to the Provisions of Culturally and Linguistically Appropriate Health 5. Refer to Cultural Modules at www.ca-hwi.org
<p>Objective 8 Practice inter-professional communication skills in ambulatory nursing practice Interpersonal communication techniques used in ambulatory care nursing practice include</p> <p>A. Interviewing: <i>focused</i> questions to illicit information from patients.</p> <p>B. Active listening: learned skill to hear speaker's verbal, read non verbal communication, do not create assumptions about what one does not understand.</p> <p>C. Reflection/paraphrase: Communication skill used to make clarify what you heard.</p> <p>D. De-escalation: Learned strategy to diffuse an emotionally charged situation.</p> <p>E. A-R; Acknowledge and redirect: This communication strategy is used when you need to refocus someone back to the key topic, or you cannot fully address the topic they want to pursue. Deliver the message in a kind respectful tone of voice.</p>	<p>Lecture followed with: Activity: Create patient scenarios needing one or more of these communication skills. Divide class in two groups. One group role plays while the others assess, evaluate and debrief. Role play: redirection, reflection, diversion, de-escalation, active listening, interviewing, A-R.</p>
<p>Objective 9 Formulate a service recovery plan in the ambulatory setting</p> <p>A. Service recovery plan is essential in ambulatory care settings for problems such as delays, cancellations, complaints, dropped calls, down time</p> <ol style="list-style-type: none"> 1. Service recovery is a good fundamental business practice 2. It curbs bad public relations and leaves the patient with a positive ending to their complaint or bad experience. 3. Well designed service recovery processes empower 	<p>Lecture followed with: Activity: Give each dyad a scenario which is a patient complaint. Refer to Handout 4, CARE Communication Behaviors</p> <p>Scenarios can include:</p> <ul style="list-style-type: none"> • Waiting over 45 minutes to see MD

<p>staff to resolve the problem without manager assistance.</p> <p>4. Service recovery properly executed can ensure patient loyalty!</p> <p>B. CARE Approach:</p> <ol style="list-style-type: none"> 1. C for connect. Human connection is essential for initiating patient centered care 2. A for apologize. We are responsible for a positive patient care experience. 3. R for repair. We must re-establish a patient centered care experience 4. E for exceed. This creates loyalty and can re-establish trust. 	<ul style="list-style-type: none"> • Pt has had her MD appt cancelled twice. She has missed work two days and still has not seen her MD. • MD has not returned her call. Pt. has called three times! • Medical Assistant was rude to pt. <p>Each dyad role plays the CARE model in listening and resolving the complaint.</p> <p><i>Debrief.</i> What went well? What could be done better next time?</p>
<p>Objective 10 Coordinate a patient centered conference</p> <p>A. Definition of Patient Centered Care competency: “Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs”. (qsen.org)</p> <p>B. RN is responsible to:</p> <ol style="list-style-type: none"> 1. Engage pt/family in trusting open communication 2. Ensures patient as full partner in his care 3. Common ground is patient/family 4. Patient’s needs and preferences are clearly communicated and understood by team 5. Build consensus with team and pt/family to make a fully informed health care decision 6. Recognizes own values/preferences and not allow them to influence their care. <p>C. Communication methods with patient/family in conferences include:</p> <ol style="list-style-type: none"> 1. “Living room” language to explain medical conditions and treatment (no jargon) 2. A “Teach back” method to assess the patient understands of what was explained. 3. Ground rules with team to ensure safe atmosphere when discussing plan options. 	<p>Refer to: http://qsen.org/ksa_prelicensure.php</p> <p>Lecture followed with: Activity: Teams create a patient scenario, role play how to set up a patient centered conference.</p> <p><i>Debrief:</i> What went well? What could be done better next time? How well did they handle conflict? How did they (RN) guide the team to be patient centered? How well did the RN put aside his or her personal values when assisting the patient to make an informed decision? Have team evaluate how well RNs who role played used “living room language”. How well did RN introduce “teach back” so patient did not feel stupid, instead pt felt supported?</p>
<p>Objective 11 Develop a therapeutic trusting relationship</p> <p>A. Health care professionals must ensure the patient’s integrity as full partner in his or her care.</p> <p>B. A trusting relationship is secured when health care professionals recognize and value the <i>patient’s control</i></p>	<p>Activity: Share case study which involves a patient who is non-compliant with his care. Include social, financial and some emotional issues that influence his energy to commit to</p>

<p><i>and integrity.</i></p> <p>C. They guard against a paternalistic approach (Autonomy vs. Beneficence)</p> <ol style="list-style-type: none"> 1. Patient is the <i>full source of control</i> for his or her own care 2. Patient has <i>integrity</i> we must respect at all times 3. At times health care professionals may not agree with the plan of care or lack of one the patient chooses. 4. Health care professionals must ensure that the patient makes a free fully informed decision. 	<p>a difficult treatment plan. Small groups write up their plan. One group role plays their plan including discussion points.</p> <p><i>Debrief:</i></p> <p>Did RN fulfill her responsibilities?</p> <p>Did RN ensure the patient's integrity and autonomy?</p> <p>Was the team paternalistic?</p> <p>Was there tension? How did it feel?</p> <p>What would you do differently next time?</p> <p>What is your professional obligation to the patient's integrity and autonomy?</p>
<p>Objective 12</p> <p>Creating an environment conducive to caring/learning</p> <p>A. Patient-centered care dictates that patient preferences will be ensured in order to establish and maintain a trusting relationship.</p> <ol style="list-style-type: none"> 1. Privacy 2. Confidentiality 3. Safety 4. Family is included if the patient prefers <p>B. Strategy: AIDET</p> <ol style="list-style-type: none"> 1. After assessment, engage pt/family in plan of care. 2. Incorporate four elements above. 3. Engage pt/family. Check with them if their needs (privacy, confidentiality, safety, family inclusion) are met <p>C. Strategy: Say the right thing at the right time. These statements can create trust, relieve anxiety, and encourage open communication. Examples:</p> <ol style="list-style-type: none"> 1. "I am going to close the door to ensure privacy." 2. "I want to ensure your privacy and confidentiality. You tell me if you want a family member included." <p>D. Teaching/learning principles dictate strategies that will ensure optimal and respectful learning.</p> <ol style="list-style-type: none"> 1. Distraction free. 2. Noise free, 3. Room temperature is agreeable <p>E. Strategy: AIDET:</p> <ol style="list-style-type: none"> 1. Identify teaching space 2. Engage pt/family. Check with them if their needs (distraction free, noise free, room temperature) is met 	<p>Lecture followed with:</p> <p>Activity: Give students a scenario in which you need to talk with the pt/family about their treatment plan.</p> <p>Use AIDET to create the caring environment for them.</p> <p>Include the right words at the right time:</p> <p>Debrief: What went well?</p> <p>What could you do better next time?</p> <p>Activity:</p> <p>In same scenario:</p> <p>Where there other "right words at the right time you could have said to create a safer, more trusting relationship?</p> <p>Ask for other examples of the "right words at the right time"</p> <p>Activity:</p> <p>Share a patient teaching scenario:</p> <p>Use AIDET to set the learning situation.</p> <p>Debrief: What went well?</p> <p>What could you do better next time?</p> <p>In teaching scenario:</p>

F. Strategy: Right words at the right time	Where there other “right words at the right time you could have said to create a safer, more trusting relationship?
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SAMPLE CASE STUDIES

Case Study-Adult Medicine

Maria, a 28-year-old female, presents to your office approximately 5 weeks pregnant. Her first language is Spanish and she speaks only broken English. Her cousin came with her to translate. This is her first pregnancy. She believes she is current on her shots but has no vaccine or previous health records. She is living with a cousin and has good extended family support, but limited financial support and no transportation or phone. She is excited about the pregnancy and the prospect of being a mother. She reports having a few sexual partners with intermittent use of protection. Maria did mention that her previous doctor had her watching her diet and trying not to eat a lot of sugar but she is unclear as to why.

Vital signs: BP 124/82, Pulse 84, Resp Rate 12, Height 63”, Weight 190 pounds. Blood sugar done in office was 174

- 1) Identify primary health concerns for Maria.
(Pregnancy; potential STDs; elevated blood sugar-potential diabetes...)
- 2) What tests do you anticipate being ordered?
(HCG, fasting blood sugar, hemoglobin A1C, CBC, Chem panel, STD screening including HIV; varicella titer, rubella titer, Hep B antibodies)
- 3) Identify Maria’s barriers to receiving medical care.
(Health literacy challenges; language barrier; lack of transportation; limited income; limited communication means i.e.-no phone)
- 4) Identify teaching needs.
(Pregnancy; expectations, s/s of concern-when to seek care/call office, visit intervals, need for prenatal vitamins, when to repeat blood work, weight gain expectations, medications to avoid, etc.; blood sugar management – possible meds, diet, checking blood sugars at home; safe sex practices)
- 5) Develop a teaching plan, including: consideration of learning barriers, time allotted for each teaching point, learning activities, and how to measure teaching success/retention.

Case Study – Staff Education Need

It has come to the attention of the office that there are inconsistencies in how blood pressures are being taken by all the medical staff. Cuff size, not taking BP on bare arm, using alternative extremity, and inability to perform proper orthostatic blood pressures are all items of concern. You have 25 medical assistants to educate, from very new to 18 years in practice. Two of the medical assistants have already stated they are not concerned with changing anything as they feel what they are doing is working.

You have a 30-minute slot at the staff meeting later this week to perform this education.

- 1) How will you prepare for this? (Printed materials, supplies, etc.).
- 2) How will you manage the resistance?
- 3) How will you organize your teaching? (Time breakdown, learning station, lecture, demo, etc.)

- 4) How will you assess effectiveness of education?

Case Study – Adolescent Medicine

Sam is a healthy 16-year-old athlete. He is having increasing reactions to bee stings including significant site swelling, site itching, and facial swelling with his most recent bee sting. Sam is being referred to an Allergist for workup and possible allergy shots for bee sting allergy. At his visit today, the PCP just prescribed an EpiPen 2-Pack to carry at all times. You have been given the job of educating Sam and his father about the EpiPen. Sam and his father are in a hurry to get back to school for practice and seem pre-occupied.

- 1) What information does Sam need to hear before he leaves the office?(How to recognize signs and symptoms of anaphylaxis; when to use EpiPen; how to use EpiPen)
- 2) What teaching tools could be used?
- 3) How will you measure the success of your teaching?

Case Study- Pediatric Medicine

Scenario #1

Call received from mother of 3-year-old child, stating that she is being “so bad”. When asked what behavior the child was showing, mother stated that she was having little urinary accidents in her panties for the last week and was not getting to the bathroom in time to void. Was also having night time accidents. Child had been completely trained (day and night) for over 6 months without accidents. Child was only having urinary accidents and no trouble with bowel movements, was also complaining of “tummy pain”.

- 1) What additional questions would be appropriate to ask mother regarding her concern?
- 2) What would be your considerations for the differential diagnosis for this patient?
Mother was encouraged to make appointment to rule out urinary tract infection as children in this age group have atypical presentation, often with urinary accidents and tummy pain. On evaluation, urinalysis showed 4+ glucose as well as bacteria. Blood glucose found child’s blood sugar to be 389. Child was immediately admitted to the hospital with the diagnosis of Type I diabetes.
- 3) Upon learning that her child would be admitted to the hospital, what information about the need for hospitalization would be important for the mother to have?
- 4) What emotions might the mother be experiencing upon learning the diagnosis and what an appropriate strategy is for the ambulatory care nurse.
- 5) What information could be provided to mother regarding expected toddler behavior vs. illness symptoms?

Scenario #2

Call from mother who reports that 15-month-old child had been seen in Urgent Care three nights previously for “bad cough”. Was told there were no abnormal findings on examination at that time and he had a viral illness. Mother calls because she thinks “cough is getting worse”.

- 1) What assessment questions would be important to ask to determine if this child is currently in any respiratory distress? (length of illness, fever, description of cough, s/s of increased

work of breathing, color, level of activity, counted respiratory rate while on phone with Advice Nurse)

- 2) What additional information would be important to know about the child's medical history? (any concurrent medical diagnoses, immunization status)

Child is reported by mother to be having nasal flaring and substernal retractions. Mother was able to provide a counted respiratory rate of 60. Child had been having fever 103-104 degrees for past 24 – 48 hrs. Poor feeding, only one wet diaper in last 24 hrs. Mother advised to take child to nearest Emergency Room. Child in ER had O2 saturation of 88%, respiratory rate of 64, mild dehydration, chest x-ray showing bilateral pneumonia. Started on nebulizer treatment, IV antibiotics and admitted for evaluation. Discharged home after 72 hours improved and stable.

- 3) What education to mother would have been important regarding follow-up for continued concerns after initial evaluation in Urgent Care? What parameters could be given to mother to evaluate worsening condition?