

# Interprofessional communication in obstetrics Knowledge Check

1. All of the following strategies help to support a “speaking up” culture **EXCEPT**?
- Active listening.
  - Escalating concerns if necessary.
  - Adhering to the hierarchy of the team.
  - Reacting positively (i.e. thanking the person) even if the person speaking up is wrong.

**The correct answer is C.** Adhering to hierarchy is NOT a component of a speaking up culture. Strict hierarchy – whether real or perceived — limits the ability of those at the bottom to raise concerns to those at the top.

2. Which of the following is an important element to assist with speaking up?
- Recognizing when someone is using CUS.
  - Hinting and hoping.
  - Not being too assertive.
  - Notifying the person you are speaking up to that you will escalate your concerns.

**The correct answer is A.** It is an important skill to recognize when someone is trying to speak up to you. This is why standardizing the use of critical language such as CUS within a team can help members recognize speaking up when it occurs.

3. You are the OB on call on a very busy night. When walking by the empty nursing station on the way to the ER, you happen to notice on the central monitor that the FHR tracing is atypical in room 2. This is not your patient, and the MRP is a midwife.

Choose the **BEST** course of action.

- Wait until you return from the ER as it is not an abnormal tracing.
- Go to the ER. The patient is being cared for by the midwife. Since you have not heard that they are concerned, you can leave and return if they call you.
- Quickly touch base with the midwife and alert them to the fact that you are going to be away from the unit.
- Ensure that you speak to the midwife about the atypical FHR tracing and the need for a consultation now, before you leave the unit.

**The correct answer is C.** This is the best course of action to improve team situational awareness. By notifying the midwife that you may not be immediately available, they can project ahead. If they feel that help is needed, they can ask for it sooner than they might otherwise.

4. The nurse at triage calls the obstetrician on-call and says, “Ms. Martin is a G1P0 at 35 weeks who came in because she is bleeding and having regular contractions. She states she only had one ultrasound at 18 weeks and was told she had a low placenta. What would you like to do?”

The triage nurse’s summary is an example of?

- a. 5-step advocacy.
- b. Hinting and hoping.
- c. Improving team situational awareness.
- d. Assertive communication.

**The correct answer is B.** The nurse may assume that the obstetrician will understand that the patient is in labour with a low placenta and may need an urgent Caesarean section. However, they have not made their assessment clear to the obstetrician, and have not assertively stated that the patient needs urgent attention.

5. As the obstetrician on call you are paged urgently into a labour and delivery room for a severely hypertensive patient. You reach for IV labetalol, but in your rush you pick up ergotamine. As you break the vial to draw it up, the midwife in the room taps you on the shoulder and tells you that you have drawn up the incorrect medication.

The midwife’s reaction is an example of?

- a. Hinting and hoping.
- b. Cross-monitoring.
- c. Escalating concerns.
- d. Debriefing.

**The correct answer is B.** The midwife has noticed that the wrong drug was drawn up, and is taking steps to correct it.