

Reliable Methods of Communication as an RN

Sarah Philbrick

School of Nursing, Excelsior University

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Dr. Lori James

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Dianna Robins is a Registered Nurse (RN) at a local hospital in Bangor, Maine. Her area of expertise is in Endoscopy, where she admits patients, stocks and cleans the unit, and works in the procedure rooms assisting in the sedation and procedure itself. She is also often expected to be on call and “moonlight” in the emergency room. The key to doing her job effectively and avoiding misunderstandings in the hospital depends on clear and concise communication.

Although Robins’ hospital has incorporated modern technology into their daily communication activities, she and her colleagues still rely on tried and true methods, which have proved dependable throughout the years.

In Robins’ unit, she uses a networking program called Citrix, which is specially designed for her department. According to Robins (personal communication, March 15, 2013), other units use different systems to record information; there is a similar system in many other hospitals. Keeping information current through this system is a viable form of recording important facts; however, Robins emphasizes the importance of maintaining “flow sheets.” Flow sheets are a system of patient data recording that has been in place for a long time; they are a record of important patient information, such as the height, weight, vital signs, or what exercises or treatments they have had. Robins highlights that flow sheets are a very common way for nurses to chart and says that it “gives a nice trend of how the patient is doing” (personal communication, March 15, 2013).

Robins’ patients are also a large part of the communication process in her line of work.

Her position requires that she be clear and concise when helping patients prep for procedures,

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which can be done over the telephone. She verbally informs the patients of what to expect during a procedure, and what needs to be done beforehand. Showing empathy while prepping patients is also part of the communication process, as it helps the patient to feel less nervous, so they can become mentally prepared for what must be done.

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RNs must not only be able to communicate by record-keeping and periodic paper-based updates, but they must also be able to clearly share important information by the spoken word. Verbal teaching is a tool used to educate other nurses as well. Robins says one nurse may educate another about certain things that may work better than others when administering patient care. Therefore, openness in speaking is a large part of what makes the communication in Robins' job effective.

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Verbal teaching and demonstration in the initial orientation also eliminates any errors. Robins asserts that there are never any serious problems thanks to an orientation requirement, in which new nurses are taught to follow the standardized communication of the department. The new nurses are introduced to the methods of communication used in the Endoscopy unit prior to doing patient care and the charting systems.

Robins could not recall any instance of major miscommunication in her unit. She believes this is due to a few other things that eliminate miscommunication that have worked for her. Using the computer-based charting system is the primary way to avoid errors. Physicians write instructions directly into the computer. Then, the nurses use that information to understand each patient's condition, their concerns, and what type of treatment should be administered. She says "standardized checklists are key" to eliminating errors as well. Most importantly, almost

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everyone in Robins' unit has been there for a long time. They know each other's strengths and weaknesses and can work with one another well. Therefore, while technology has aided in effectual work, the most vital aspect of Robins' profession has been the directness of those that work in her unit and the camaraderie they share.