

# PURE conversations: Enhancing communication and teamwork

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Communications failures have been identified as a significant cause of adverse outcomes in obstetrics. Following the lead of some high reliability organizations, healthcare has introduced structured communication such as SBAR as a way to make sure communications between professionals are direct, complete and effective. The authors have observed, however, that structured communication in healthcare often requires a cultural change in the way that professionals relate to each other; PURE conversations (Purposeful/prepared/productive, Unambiguous, Respectful and Effective) can facilitate this cultural shift. PURE conversations stress the mental processes necessary to conduct and monitor structured communications in real time by taking into account the context and relationships that exist among professionals. This article describes the elements of a multidisciplinary workshop based on clinical scenarios incorporating the PURE concept to improve the effectiveness and adoption of structured communication by the perinatal team.

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## INTRODUCTION

The Joint Commission, in a 2004 sentinel event alert concerning perinatal deaths and permanent neurologic neonatal injuries during delivery, found that communication errors were involved with 72 percent of the cases. On further analysis, these errors were related to hierarchy and intimidation, failure to function as a team or failure to follow the chain of command in 55 percent of the cases.(1)

In the perinatal area, there are multiple situations in which crucial information must be transferred.

Current practice of having in-house obstetricians has not been adopted on a widespread scale in the United States.(2) Therefore, in the perinatal unit, the nurse is at the bedside giving information to the patient's physician who is often not physically present in hospital at that moment.

It is the conversation and the dialogue between physician and nurse that establishes a safe care plan based on the current status of the patient. Therefore, in the perinatal area, there are multiple opportunities for communication breakdown: the triage assessment, discussions about fetal monitor tracings, requests for the physician to come to the hospital (how soon and how fast), sign-outs between nurses and from practitioner to practitioner(3) and requests for backup or assistance from other ancillary services. When these important conversations about patient care are misinterpreted, incomplete, blocked, abbreviated, unclear or absent, patient safety can suffer and an injury may follow.

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## Seeking communication clues

In a widespread attempt to correct communication errors, healthcare has looked to other high reliability organizations for clues to making communications more effective. These organizations include the military, NASA and the commercial airline industry. These types of organizations employ structured communication styles as a routine part of their everyday communication specifically designed to give the right information to the right person at the right time.

In 2001, Michael Leonard of the Kaiser Permanente of Colorado Group<sup>(4)</sup> introduced SBAR to the healthcare industry to improve communications between all disciplines. SBAR stands for Situation, Background, Assessment and Recommendation. Data about reduction in errors surrounding the use of this structured communication tool have been positive. For example, OSF St. Joseph Medical Center in Bloomington, IL, significantly reduced medication errors with the introduction of structured communication using the SBAR format.<sup>(5)</sup>

Other organizations, both in and out of healthcare, have developed structured communication formulas and acronyms that bring the opportunity for a more formal approach to communication within the organization. These initiatives share the same purposes: to organize relevant information, to make the passage of information a formal process and to make the approach to transfer of information part of the organization's culture. These include:

- **SAFE:** Situation Assessment, Findings and Figures, Express and Expect (Baylor University);
- **SHARED:** Situation, History, Assessment, Request, Evaluate, Document (Northwest Community Hospital, Arlington Heights, IL);
- **STICC:** Situation, Task, Intent, Concern, Calibrate (U.S. Forest Service);
- **NBA:** Needs, Background, Assessment (Crew Resource Management);
- **I PASS the BATON:** Introduction, Patient ID, Assessment, Situation, Safety concerns, Background, Actors, Timing, Ownership, Next steps (U.S. DOD);
- **I M STABLE:** ID, Mechanism of injury, Status, Treatment, Allergies, Background, Last, Extras (Vanderbilt University);
- **SBARR:** Situation, Background, Assessment, Recommendation, Repeat back (Providence St. Vincent, Portland, OR).

An extensive orientation and teaching program for physicians and nurses throughout the country has generally resulted in the adoption of SBAR (SBARR) as the most popular method of having conversations that relate to patient care. With the introduction of an SBARR format as the choice

of a structured communication style, the authors' organization has experienced improved communications between various components of the perinatal unit.<sup>(6)</sup>

However, the authors and others<sup>(7)</sup> have found a number of issues that have resulted in an uneven adoption of structured communication as universal practice within the perinatal unit.

Depending on the time of day or night, the urgency of the situation and the individuals involved, there have been instances of communication breakdown even when one of the parties was attempting to use the SBARR approach. Examples of such were: "You call that an SBARR?," when the physician was frustrated about the quality and relevance of information given by the nurse. Or, when a nurse gave what the physician perceived as less than adequate information, the physician angrily said, "OK, now give me a [expletive] SBARR!"

These breakdowns in conversations about patient care on the authors' perinatal unit led to the search for additional tools to enhance the communication process.

## Moving toward dialogue

The Society for Health Systems (SHS) recognized the importance of working toward dialogue as a communication style in its July 2004 newsletter.<sup>(8)</sup> Key to establishing dialogue are the incorporation of thinking and relationship. SHS advocated that communication and conversation must move from a debate style where there are winners and losers to true dialogue where "there is listening, respecting, suspending assumptions, [and] speaking your own voice. ... [It is] a way of thinking and reflecting together. It is a living inquiry within and between people. It is honoring the understanding in relationship with another." Thinking in the context of dialogue is a "creation of what is voiced in the moment."

In other words, true dialogue incorporates certain mental processes in real time and takes into account the relationships and behaviors of the individuals having any conversation.

## PURE conversations

As the need for additional tools to enhance patient safety through communication continued, the authors felt it necessary to bring structured communications to a higher level by merging the positive aspects of structured communication toward the idea of a true dialogue held between individuals.

The acronym for this approach is PURE, which stands for conversations that are Purposeful/prepared/productive, Unambiguous, Respectful and Effective.

The key principles of this approach include the incorporation of real time mental processes and monitoring that precede and continue through the conversation. They incorporate the context of the conversation and they take into account

the relationships and behavior of the parties having the conversation.

The PURE approach was organized as a daylong workshop for physicians, midwives, nurses and anesthesia personnel who work together on a perinatal unit. It incorporates didactics, discussion, group exercises built around clinical scenarios, as well as video vignettes illustrating the principles of PURE conversations.

Specifically, the workshop components stress that the elements of PURE conversations in obstetrics must be integrated into every conversation involving patient care:

**P: Purpose/prepared/productive.** Purposeful communication gets results; the conversation gets something done. This component describes the mental processes necessary to establish a purpose for the conversation, to adequately prepare and to produce the desired result. The component defines what to do when this approach does not work. It reviews the rationale for using structured communications during important conversations. In order to be productive, at times, understanding and invoking the chain of command may become necessary when safety is threatened.

**U: Unambiguous.** This component is about choosing language (words, phrases, terminology) in conversations that is always clear and doesn't give room for misinterpretation or mixed messages. It stresses the importance of a common language for electronic fetal heart pattern using National Institute of Child Health and Human Development language, as well as how to assure through assertive language that certain actions occur (such as asking the physician to come to the hospital).

**R: Respectful.** Disruptive and intimidating behavior can stifle communication and shut down the flow of important information and contribute to adverse outcomes. It is important to understand the spectrum of disruptive behavior and how the organization can work to eliminate this behavior. It is also important to know how to respond when one of the parties responds in an intimidating or disruptive manner in order to focus on the issues at hand. Scripts and tools to effectively deal with disruptive behavior are offered in this workshop component.

**E: Effective.** This component involves training for real time monitoring of the effectiveness of conversations. This is a mental process that allows for adjustments, repetition, cross-checking and managing conflict that could be associated with any type of structured communication.

Ten clinical scenarios representing common urgencies and emergencies that occur regularly on the perinatal unit were developed for the workshop (see Example below). The goal is to practice building conversations that incorporate the elements of PURE:

**Triage Time**

**Temperature Talk**

**Trapped Shoulder**

**Time To Call the Chief**

**Trip To the OR**

**Time To Call for Help**

**Transfusion Pending**

**Trouble With the Strip**

**Trouble With the Baby**

**"Turn Up the Pit"**

### **Example: Scenario for constructing PURE conversation**

#### **Transfusing Pending**

- Location: Post-Partum Unit
- Time: 0300
- Attending CNM: Kate Stewart
- Backup MD: Alicia Merritt
- Assigned RN: Ann Williams
- Patient Name: Thea McDonald
- Room: 346
- Prenatal History: Gravida 5 Para 5
- Delivery: Dysfunctional labor treated with oxytocin augmentation, spontaneous delivery
- Delivery Plans: Unmedicated birth
- Laceration/Episiotomy: No episiotomy, small perineal tear. Trickle of blood post delivery treated with methergine by midwife with good result. Now 4 hrs post delivery and still bleeding on postpartum unit. Bleeding is continuous trickle and occasional clot.
- Fundal Exam: Fundus firm with massage, then soft
- Pain Rating: 8 with fundal massage – patient does not like fundal massage, is batting the RN's hands away
- Bladder status: No Foley catheter
- Allergies: NKDA
- Birth weight: 8 pounds 8 ounces
- Labs: Pre-delivery HCT 32
- Instructions: Nurse to construct a PURE SBARR communication to physician about patient's status and care plan.

## Dealing with differences

A key principle in any exercise exploring communication failures is for the group to recognize differences in communication styles of nurses and physicians.<sup>(9)</sup> In other words, the roots of communication disconnects may be in the educational background of different disciplines. The opportunity for physicians and nurses to take time to understand these differences through analyzing clinical scenarios and practicing conversations is, by itself, an important opportunity to improve communications and strengthen the care team.

One challenge for the care unit as it faces any change is how to hardwire new skills into the culture of the unit. In addition to posters, pins or mouse pads that constantly put the structured communication acronyms in front of the team, templates can be constructed in the electronic record that remind and require the structured format to be used.

Finally, leadership rounding, stories of effective communication practices at staff meetings, reminders from charge nurses and physician leaders in day-to-day operations will help to assimilate structured communications so all of the members of the team become fluent in its use.

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## CONCLUSION

Structured communication can reduce errors in organizations. Tools to enhance structured communication should be a part of the training of care teams.

Because adverse events rarely occur in obstetrics,<sup>(10)</sup> it is difficult to show a direct relationship between changes in communication styles and a reduction in adverse obstetrical outcomes. However, we know that focusing on structured communication can enhance teambuilding. This approach was the first time many physicians, midwives and nurses worked together to improve communications.

Participants' feedback has identified the importance of this team-building activity as a positive force to enhance communications on their unit. Feedback also has noted that it was the first opportunity to practice the mental process of constructing conversations about common important occurrences in the perinatal setting. Finally, as there is evidence that disruptive and intimidating behavior increases the chance for errors in obstetrics,<sup>(11)</sup> there was a positive response to addressing this issue from the participating individuals.

Developing mental processes to help ensure that conversation is appropriate and takes into account the context, relationships and behavior in which conversation takes place is an important contributor of patient safety. This is true in obstetrics as well as other areas of healthcare.

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