



The OMFS Survival Guide

Session 14: Communication Skills

Aims & Objectives

- To be able to understand and use the SBAR approach for communicating with other healthcare professionals
- To gain an understanding of important factors when requesting radiology
- To be able to prioritise information when contacting other healthcare professionals

The SBAR Approach

- A structure for giving and receiving information- this structure should also be used when receiving a referral or handover to ensure you haven't missed anything
 - **Introduce Yourself**
 - **Situation**
 - Patient demographic details (e.g. 54M, hosp number, ward)
 - What they're admitted with (e.g. dental abscess, fractured mandible etc)
 - Why you are calling- e.g. has submandibular abscess with airway compromise, suspected PE/heart failure etc
 - Make a comment as to how unwell the patient is early- e.g. hemodynamically unstable, compromised airway due to drooling- this information is important in getting across the urgency of the situation early on
 - **Background**
 - Brief history of presenting complaint
 - Medical history including medications and allergies
 - Social history (if relevant)
 - **Assessment**
 - Observations- in full, not just a NEWS score
 - Investigations- recent and immediate ones, any abnormal relevant bloods or blood gases, imaging, ECG etc

- Important examination findings, e.g. R submandibular abscess with overlying erythema spreading into submental region, pt has audible wheeze on breathing, peripheral oedema to the leg
 - Also state important negative findings (e.g. no voice changes or drooling)
- **Recommendations**
- What you would like them to do- e.g. come and see the patient, provide advice on medications etc
 - Ask if there's anything else you can do

General Tips

- Ensure all the information is to hand when you call- Patient details, observations, investigation results, PMH, drug charts and the nursing chart contains fluid balance and bowel charts that are useful
- Ensure you or your senior has examined the patient- no matter how basic. Any extra information will help.
- If you are calling an SpR off-site and it is in the middle of the night, try and give them a few minutes to wake up.
- Be clear with what you'd like- to come in and see a patient, advice etc

-Microbiology

- Check if any samples have been sent and if any results are back prior to calling.
- Make sure you're aware of any anti-microbial treatment the patient is on currently
- Make sure you have the patient's PMH, SH, drug chart and allergies to hand to inform the consultant, some aspects may influence the advice they give.

-Radiology

- Ensure you are speaking to the correct person- this should be the on-call radiologist or "hot" radiologist.
- Any urgent imaging request needs to be vetted and you must call them in order to get the CT done.
- Before you order the imaging or call, ensure you have clarified with a senior the exact areas to be scanned and if contrast is needed.
- Ensure the justification for the imaging is said early on- this will aid the radiologist in understanding the urgency of the situation.
- The patient should have recent U&Es (within the last 3 month) as the eGFR is important to know due to the risk of the contrast causing an acute kidney injury if the pt requires a CT or MRI.
- Patients on metformin- ideally should be stopped 48hrs prior to a CT due to increased risk of contrast-induced acute kidney injury so this is important to know the patient's current medications.

Who to Call for Help

- **OMFS Issue-** OMFS Registrar
- **Airway Emergency:** Anaesthetics, OMFS Registrar
- **Medically Unwell (Stable):** OMFS Reg, Med Reg
- **Medically Unwell (Unstable):** Critical Care Outreach
- **Abdominal Pain (No Haematemesis):** Gen Surg (Reg)
- **Haematemesis:** Gastro (Med Reg out of hours)
- **Urgent Imaging-** All MUST be vetted by Radiology
- **Antibiotics-** Microbiology
- **Medications-** Pharmacist (In-hours)
- **Struggling with venepuncture/cannulation:** Out of hours team, on-call anaesthetist
- **Paediatric venepuncture/cannulation:** Paeds nurse, OOH team, on-call Paeds SHO