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White paper: Improving patient safety in obstetrics through safe communication training

Patient safety is one of the highest goals of healthcare and has been the tenth national healthcare goal in Germany since 2022. Care errors contribute in large numbers to temporary or permanent impairment, prolonged hospitalisation or even death of patients. Although the topic has also received a great deal of attention in Germany since the publication of ‚To err is human' in the USA in 2000, there is still a great need for action. Adverse events that are triggered in the context of treatment cannot be completely prevented given the complexity of medical treatments and the wide range of patient-related health conditions. Strategies for improving the quality of care therefore focus on preventing avoidable adverse events. These are defined in such a way that they would not occur if current medical standards were adhered to. The Aktionsbündnis Patientensicherheit e. V. (APS), an association of representatives of healthcare professions, institutions, associations and patient organisations, has been committed to the implementation of strategies to prevent adverse events since it was founded in 2005. Treatment errors usually occur within complex contexts involving the division of labour. Against this background, the most important instrument for the APS to improve patient safety is joint learning from errors [1]. To make this possible and apply it successfully, communication must be open.

>> The World Health Organisation (WHO) has launched a global plan for improving patient safety for the years 2021 - 2030, which is also to be implemented in Germany. The action plan defines patient safety as ‚a framework of organised activities that creates cultures, processes, procedures, behaviours, technologies and environments in healthcare that consistently and sustainably lower risks, reduce the occurrence of preventable harm, make errors less likely and reduce the impact of harm when it does occur' [2]. In addition to government officials, the addressees are all institutions that provide healthcare servicesor act as interest groups in favour of good healthcare. The Framework for Action contains specific strategies, including ‚engaging and empowering patients and families to support the journey towards safe healthcare' and ‚inspiring, educating, upskilling and protecting healthcare professionals to contribute to the design and implementation of safe care systems'.e

Safe communication as a strategy to reduce preventable adverse events

Communication both within inter/professional teams and with and from patients plays a prominent role in safe patient care [3]. Even the best technical equipment and the highest level of medical expertise cannot be optimally utilised without binding agreements and clear information transfer and error culture. Strategies to increase patient safety in the sense of the WHO action plan must, on the one hand, reach employees in their daily work structures and, at the same time, enable patients to articulate themselves in the care situation, to perceive their own needs and wishes and to consciously express and demand them. Communicative skills and knowledge of the importance of their application are basic prerequisites for achieving both goals. It is also known that insecure communication, together with time constraints in everyday clinical practice, contributes significantly to the occurrence of avoidable adverse events [4]. Against this background, it is a great advantage that improving communication skills can be taught at a manageable cost and with limited time. Tailored to the respective target group, it reaches both healthcare professionals and patients. If a training programme is successful, it also helps to increase employee satisfaction. In view of the increasing shortage of skilled labour in healthcare, economic pressure and the resulting overload ofstaff, employee satisfaction not only has a positive impact on the working environment, but can also help to encourage staff to stay in the healthcare profession. This is all the more the case if the proportion of so-called ‚second victims', i.e. employees who are permanently burdened by a triggered error, is reduced [5]. A prerequisite for successful and effective communication training is the consideration of the specific requirements of the specialist disciplines with regard to the patient groups to be cared for in terms of their demographics, the degree of involvement of relatives, the type of illnesses and their treatment options and chances of recovery, etc. When addressing patients, it is necessary to take into account their existing health literacy and personal needs.

Patient safety in obstetrics

Within the medical disciplines, obstetrics is characterised by several special features: the birth process is about the health and well-being of two people, both the mother and the child or children. Furthermore, care is not provided to ‚classic' patients who are expecting an improvement or cure for a condition, but predominantly healthy women who want to give birth to their child with as much self-determination as possible and usually accompanied by their partner or another trusted person. They do not require traditional treatment, but rather support during the birth process, including routine medical monitoring with the offer of anaesthesia to relieve pain and care in the event of possible complications. However, highly acute, time-critical emergency situations can occur unexpectedly, which require immediate, often interdisciplinary intervention to protect the health and life of mother and child. Another special feature of obstetrics is the care provided by the professional groups (1) doctors, who are responsible for pathological birth, and (2) midwives, who are responsible for attending physiological birth. In clinical obstetrics, doctors and midwives also work together with nurses and, if necessary, with anaesthetists and paediatricians. These professional groups often have contrasting approaches and habits in decision-making processes, the consideration of patient preferences and the correspon-

ding communication behaviour [6]. These different working styles in the context of time-critical coordination can promote the occurrence of ‚unsafe' communication and preventable adverse events (ADEs).

Ideally, a midwife should provide 1:1 care for the labouring mother during a physiological ‚low-risk' birth from the active opening phase onwards. In the event of a risk, the presence of medical staff must be guaranteed, depending on the level of care provided by the hospital. During births, time-critical medical interventions may be required, for which other professional groups such as anaesthetists or paediatricians must be called in. Precise and clear communication, including an understanding of the respective tasks and responsibilities of others, is a prerequisite for optimal processes and the avoidance of errors or preventable adverse events (ADEs), particularly at the transitions to pathological birth and the involvement of external professional groups such as anaesthetists and paediatricians, but also managers from their own disciplines. Collaboration in critical situations often takes place under great time and decision-making pressure, which leaves no room for interprofessional debriefing. There is also often no time for a detailed discussion of the upcoming decisions and treatment steps with the mother and the person accompanying her. In this context, misunderstandings can arise, trust can be reduced or misunderstandings and misinterpretations about decisions and interventions can occur [7]. If there is no time for explanations and regularly no room for debriefing, this leads to a negative impact on the future climate of cooperation. The quote from a research paper from the aforementioned project [8] vividly illustrates how this can increase the risk of VUEs:

- *‚If a doctor comes into a situation and tells the midwife we have to do a caesarean section now, trust is broken (...) if she [the doctor] sees reasons that the midwife doesn't see. Yes, I sometimes have the feeling that the flow of information is then glossed over. That the doctor only receives information that does not give her a starting point for her indication for a caesarean section' (midwife).*

By promoting an open culture of error and trust, the risk of errors can be actively reduced, as one doctor explains:

- *‚What's really important is that you're not afraid of looking stupid, so that as a junior doctor I can ask my senior doctors at any time, even if I actually have the feeling that I should know. (...). That even in a situation where I might feel stupid myself, I can simply say that it's about the safety of the patient or the baby, I'll just ask my senior doctor now, and that can be transferred to all combinations between the professional groups. Nursing staff have the opportunity to speak to the doctor at any time, even (...) at three o'clock in the morning, or the midwives if something happens during the birth, so that you simply have the confidence to speak up if you are somehow unsure or feel stupid.'*

Communication based on mutual understanding increases the job satisfaction of the professionals involved, which can have a positive effect on their ability to remain in clinical care [9], as one obstetric manager explains:

- *‚So it is discussed in the team, (...) what happened and how it happened (...). But we are working on finding the source of the error and not looking for the person's fault. Most of the time, mistakes are in the organisation, or mistakes could be avoided if everyone was on the same page, yes. So we're already working on that and that's why all employees are invited, whether they're doctors, midwives or nurses. And then it's not discussed on a person-by-person basis, but how such a mistake could have been avoided. And I think that's a good solution, because it would be more goal-orientated than blaming someone and then it's fine.'*

And a young midwife confirms this from her own perspective:

- *, When I was still doing my training, there were a lot more colleagues from the older generation. There was still a certain dominance there and now it's a very young team and I have the feeling that since things have loosened up, a lotmore midwifery students want tostay (...). We have more and more applications (...). So we very often debrief (...), our management makes a massive effort to ensure that we debrief and there's often a lot going on and then it's maybe four minutes where you have a quick look again. Exactly, and if there really wasn't time or the communication didn't go well, if there was an overall bad situation, then our management [senior physician and head midwife] also enforced that we actually take a short time after the birth to look at the CTG, for example, and discuss it again, explicitly. Yes, and that happens after the service or something, so you can't usually talk at length during that time.'*

The Innovation Fund supports research project to improve interprofessional communication

Although regular further and advanced training is offered as part of clinical risk management to ensure patient care in order to optimise care processes, communication only plays a subordinate role beyond focused emergency training. However, communication - as in all other disciplines - can reduce the occurrence of VUEs in obstetrics. In order to investigate the extent to which the safety of women giving birth and their newborns can be increased in obstetrics through communication training, while at the same time increasing professional and personal satisfaction and communication skills, the Patient Safety Action Alliance, together with two university maternity clinics and a health insurance company, carried out a research project approved and financed by the Innovation Fund under the scientific direction of a health psychologist [10]. The core of the intervention study was communication training:

1) face-to-face interactive communication training of the interprofessional obstetric teams at the two research sites
2) Online training in groups of expectant mothers (and fathers) who were planning to give birth at one of the two clinics

The results of the maternity training courses were evaluated in a randomised design, i.e. both the intervention group and a control group were asked standardised questions before and after the birth about their perceived communication skills and subjective feeling of safety. Additional qualitative interviews were also conducted with participants in the intervention group. The training concept was adapted to the needs of each group and conducted by a midwife and a doctor from a communication provider experienced in obstetrics. Despite the time-limited training sessions of two and a half hours, positive effects were measured in the quantitative and qualitative evaluations [11, 12]. (Tab.1.).

Interprofessional staff training

The staff training sessions took place at two university maternity clinics with midwives, doctors and nurses in groups, each lasting

half a day (4 hours) during working hours. For evaluation purposes, the participants' own communication behaviour and the perceived impact on patient safety as well as their own behavioural changes were surveyed in a standardised manner before and after the training sessions [13]. The evaluation showed that the training was rated positively by the participants, although there was some scepticism about the time involved before the introduction. The perceived risks for jeopardising patient safety were reported to be lower after the training and confidence in their own risk management skills increased. The effects were greatest for younger staff with less professional experience.
Tab. 1: Training content.

In addition to the significant improvement in communication behaviour and satisfaction as well as the perceived risks to patient safety, there was also a decrease in VUEs in the year following the training compared to the previous period [11]. These data were taken from clinical obstetric documentation [14]. A systematic analysis of avoidable adverse events was carried out based on international research in order to be able to carry out a solid evaluation of avoidable events. For this purpose, the existing risk factors due to the mothers' previous health conditions were taken into account [15, 16]. These data, collected and interpreted for the first time in Germany, can be used as a basis for analysing obstetric VUEs in Germany.

Communication training for expectant mothers/ parents

In the research project, the parent training sessions were conducted online over a period of approximately two and a half hours. The decision in favour of the online format was made due to the Covid-19 containment measures. However, it turned out that, in addition to avoiding infection, the participants found it extremely beneficial to be able to participate from home during an advanced pregnancy. It was also possible for the fathers-to-be to join in from a different location. The training content was similar to that of the training for obstetric staff. However, more space was given to recognising and reflecting on one's own wishes and needs, also in contrast to those of other women giving birth. Furthermore, the ‚Speaking up' technique was focussed on communication with healthcare professionals [12]. Training was also given on how to deal with fears and stressful situations. The quantitative evaluation of the training showed that the mothers in the training group had more self-confidence, rated their communication behaviour higher and reported a better birth experience than the participants in the control group [11]. For many women and couples, the training session provided an incentive to actively address their expectations of their partner's role, as participants stated in the qualitative evaluation [12]:

- *‚And that's when I started to communicate very clearly to my husband. These are worries, these are fears. I'm afraid of a perineal tear. My husband looks at me and says: Okay, what is a perineal tear?'*
- *‚And I never had this thought, what do I actually imagine the birth to be like? What is emotionally important to me. I'd kind of blocked that part out a bit because I had this health focus. And I found that very helpful in the seminar because I had made myself a bit more aware of what I was actually afraid of or what was important to me. I then formulated this more clearly in the subsequent conversation so that the doctor was also more aware that I felt very insecure in the situation. (...) I was able to communicate this much more clearly.'*

Trainingsinhalte
Um erfolgreich zu sein, müssen folgende Inhalte in den Trainings enthalten sein und interaktiv durchgeführt werden:
• Sichere, gute Kommunikation in Form von „ausreichend KURZ" wobei KURZ für die folgenden Aspekte steht: klar, umgebungsangepasst, richtig und zwischenmenschlich angepasst [18]
• Reflexion des eigenen kommunikativen Verhaltens mit Bezug des Sich-verständlich-Machens gegenüber anderen und der unterschiedlichen Interpretationsebenen (Schulz von Thun / Vier Seiten einer Nachricht) [19]
• Hineinversetzen („Empathy maps") [20] in die Anforderungen der anderen Berufsgruppen, z.B. Sorge vor zu später oder unzulänglicher Information der Ärzt:innen durch Hebammen bei drohender Risikosituation und umgekehrt
• Vermittlung und Erprobung von Techniken, die Konflikte oder Unstimmigkeiten in verschiedenen Gesprächssequenzen adressieren, z. B. Close the loop [21] (Sicherstellung, dass das Gesagte wie gemeint angekommen ist); Speaking Up (das Wort erheben, wenn eine aus subjektiver Sicht falsche Behandlung begonnen werden soll, auch gegenüber hierarchisch höherstehenden Personen) [22]
• Vermittlung und Erprobung von Techniken, die Konflikt- oder Unstimmigkeiten in verschiedenen Gesprächssequenzen adressieren, z.B. Close the loop [21] (Sicherstellung, dass das Gesagte wie gemeint angekommen ist); Speaking up (das Wort erheben, wenn eine aus subjektiver Sicht falsche Behandlung begonnen werden soll, auch gegenüber hierarchisch höher stehenden Personen) [22]
Mit einer individuell nutzbaren App können die Lerninhalte sowohl vertieft als auch primär vermittelt werden. Neben der Schulung von Kommunikationstechniken für Akutsituationen wurden das Verständnis für die jeweiligen Anforderungen der anderen Berufsgruppen und der Situation der Gebärenden geschärft.

Tab. 1: Trainingsinhalte.

The right to ask questions taught in the course was actively applied, as one participant described:

- *‚I then kept asking until it was explained to me what it meant. I had the courage to really ask maybe five more times until I finally understood it, and I didn't nod at the first halfway sensible answer, ‚yes, that fits, I understand that'. No, I kept repeating ‚did I understand correctly that this means this, this and this and this'. In that sense, it helped me.'*

Participants who were already familiar with some of the communication techniques also emphasised the effectiveness of the current birth-related reflection:

- *‚I work in the communication field myself. So I'm very familiar with all these, shall I say, theoretical constructs. And yet it was helpful in this online course to simply think about it again and really think, yes, that's right. If it's this and this, then maybe I should formulate it like this. Or not send some kind of hidden message. Instead, make clear statements to my partner about what I want. So I think it was also really good that the two of us coordinated very well after this training.'*

The communicative behaviour of the professional staff was rated positively:

- *‚Well, I actually had the feeling that the doctors and midwives com-*

municated in a much more patient-orientated, shall I say , way. I thought you could tell that they had been trained accordingly and that they put a lot of effort into implementing this, because during the birth, for example, the doctor came to me and summarised what had happened so far and why some things were done this way. Simply asking if I still had any questions, and I found that everyone I met was very communicative and tried to give me the feeling that ‚okay, do you understand what's happening here' and that decisions weren't being made over my head.'

The increased understanding of the requirements of the carers and the empathy they conveyed were also described as helpful for communication:

- *‚So what I found particularly good was this empathising with other professional groups. Putting yourself in the doctor's shoes, in the midwife's shoes, in the shoes of everyone involved. Because when you were in the delivery room, you remembered that, okay, they have a lot to do right now, and everyone has their own area of responsibility, and for you this is such an exceptional situation, but for them it's just everyday life, what they're doing here. And that was, especially in terms of communication, not being too demanding, but taking into account a bit, okay, let them do their rounds now and if you have a detailed question, they'll take their time. And that really helped me. Absolutely.'*

Communication training in app format

The training units were translated into the format of a web app and integrated in such a way that an asynchronous training programme could be provided. The evaluation showed that the interactive online training is superior to the app format [17]. This is partly due to the fact that although the app format offers the advantage of time-autonomous use, it also has the disadvantage of a lack of social interaction. A major problem was the motivation of the users: Many participants had difficulty utilising all the training content in the app, i.e. sticking with it until the end. It would therefore seem advisable to integrate the programme into other pregnancy-related apps for expectant mothers. The results of the employee training sessions can in turn be consolidated through the use of the app as a regular refresher of the training content. A further development of the app, in which the user perspective was taken more into account, shows corresponding potential in terms of motivation to stay with the programme, but also in terms of effectiveness and satisfaction. This app can also continue to be used by

- Healthcare professionals ,
- pregnant women and
- partners, support and accompanying persons

You can choose between German and English and use it on a computer as well as a mobile device such as a tablet or smartphone: https://teambaby.health/.

Simply enter ‚https://teambaby.health/' in the browser (e.g. Google Chrome, Firefox or Microsoft Edge); there is no need to download it from an app store.

Conclusions and recommendations

Healthcare workers are faced with a variety of structural demands that challenge ward teams in their daily care work.

The analysis of the interviews with obstetric staff also showed how decisions and regulations made outside the team affect day-to-day work [8]. On the one hand, this increases the need for secure and binding communication; on the other hand, it cannot eliminate the stresses and strains caused at other organisational levels. However, successful training contributes significantly to increasing the quality of communication, job satisfaction and the expectant mothers' perceived self-efficacy and quality of birth (Fig. 1).

The positive effect of communication training on increasing patient safety has not yet been sufficiently utilised in Germany to reduce avoidable adverse events and increase patient and staff satisfaction. Yet they are an effective, low-thresholdinstrument for increasing patient safety that can be implemented in everyday working life.The results of the research project in obstetrics have shown that even time-limited, 4-hour training programmes have measurable success [13, 18]. The training content can be flexibly adapted to the needs of different patient populations by professional providers. Training in a train-the-trainer format is also possible, in which hospital staff are trained as multipliers and are available for flexible use. Theuse of the app (https://teambaby.health/) can be an innovative addition in the context of increasing digitalisation. In view of the plans to increase the transparency of the quality of clinical care as part of the upcoming hospital reform through registers, all measures to improve quality and increase satisfaction should be utilised by the clinics. <<

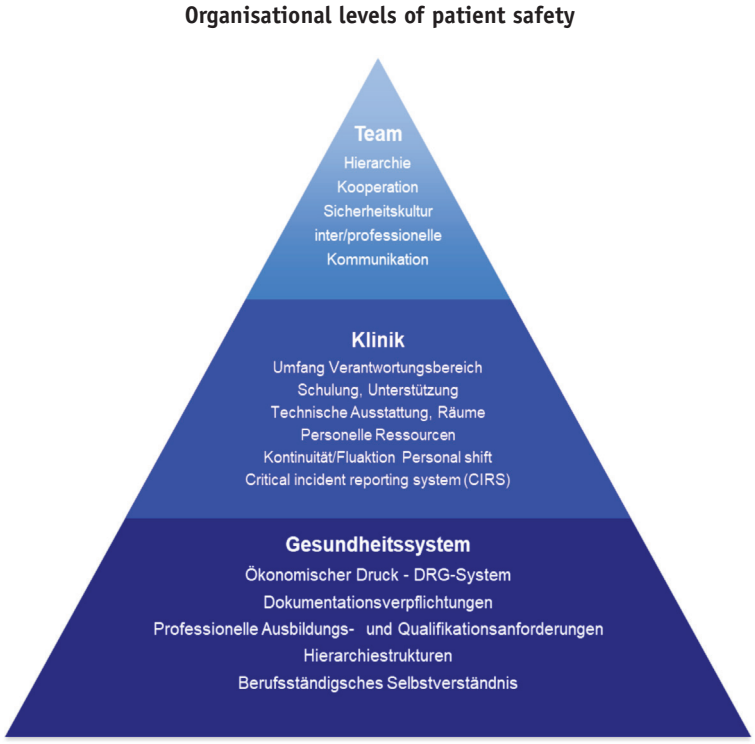


Fig. 1: Organisational levels of patient safety.

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Authors' declaration

The authors declare that there are no conflicts of interest

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