Not long ago, the Duke University School of Medicine and Med-IQ offered the live educational program “Crew Resource Management and the Prevention of VTE in Surgery: A Quality Improvement Initiative” at your institution. This training provided specialized education on Crew Resource Management (CRM) techniques, an aviation-industry-based approach to quality improvement, and focused on applying these techniques in the healthcare setting to reduce medical errors.

In the spirit of continuous learning and periodic reinforcement, your CRM leaders, Captains Jack Barker, PhD, and Jeff Cyr, have developed six short e-briefs that will be delivered to your in-box on a monthly basis. These e-briefs are designed to serve as refreshers on key CRM concepts. Below, you’ll find the second of these e-briefs, which focuses on inquiry and advocacy. Be sure to stay tuned for future installments.

The Dynamic Duo: Inquiry and Advocacy

A CRNA pre-ops a morbidly obese patient with sleep apnea for a hemicolecotomy and notes that the surgery is booked for general anesthesia, but the patient does not have a record of a preoperative anesthesia assessment; an OR tech is told to prepare a laparoscopic instrument for an incoming procedure but has never seen that instrument used for the surgery type; a patient is about to be discharged following a total knee replacement, but the nurse doesn’t see a discharge order for continued VTE prophylaxis.

In all of these cases, ambiguity exists about the care plan for the patient, and more effective communication is required to bring everyone onto the same page and create a “shared mental model.” In our training session, we repeatedly discussed the risks involved with unresolved ambiguity and the benefits that can be reaped when it is eliminated. Yet all too often, we do not question ambiguity. Some of us are reluctant to ask for more information because we do not want to question the physician’s decisions. Instead, we just go along with the order and assume that “the doctor knows best.” While this is very often true, the cases mentioned above highlight perfect opportunities to use inquiry as a communication tool to help generate a shared mental model.

Inquire Within, Please

Inquiry is defined as “actively seeking information or clarification from team members and other resources.” Good inquiry is TIMELY, NON-CONFRONTATIONAL, RESPECTFUL, CLEAR, and DIRECT and leads to increased mutual understanding among the entire team. Put simply, it involves asking a question in an appropriate manner to help understand what another person is thinking. We emphasize the “non-confrontational” aspect because a confrontational tone can immediately put a team member into a defensive position; hence, always check your tone and content when you ask questions.
“Should we have an order for VTE prophylaxis for Mr. Smith?” is a better example of inquiry than “Why didn’t you prescribe VTE prophylaxis for Mr. Smith?” The tone and content of the first example are less likely to put someone on the defense and help create an atmosphere of teamwork.

**All-In for Advocacy**
Advocacy is the flip side of inquiry and also helps get everyone on the same page. Now I have some information that I want someone else to understand. Just like inquiry, the important elements of advocacy are that the information we share be TIMELY, CLEAR, and NON-CONFRONTATIONAL.

When advocating, it is important to use a respectful tone. Also, it is important to use “I” or “we” statements and not “you” statements, because “you” puts the other person on the defense and can undermine advocacy. Finally, when advocating your position, it is important to be assertive but not too aggressive.

“We could use oral fentanyl for this pediatric BMT case,” “I think we should add another support behind his back,” and “The VTE risk assessment indicated that the patient may need both mechanical and pharmacologic prophylaxis, so we should double-check the VTE orders to ensure that they are correct” are all examples of clear, respectful, non-confrontational advocacy.

In summary, inquiry and advocacy are two simple tools that can greatly improve team communication, reduce ambiguity, and help create a shared mental model. The quality of your patients’ care can be dramatically improved when you and your teammates communicate effectively and mitigate ambiguity.

Next month, we’ll talk about a great baseball skill that can be used at work every day.