College of Medical Laboratory Technologists of Ontario

CMLTO Interprofessional Collaboration (IPC) Case study

Case study #5: Dealing with unprofessional communication

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Introduction

As one of Ontario's self-regulated health professions, medical laboratory technologists (MLTs) are governed by the *Regulated Health Professions Act, 1991* (RHPA). The RHPA was developed to protect the public's right to safe, competent, and ethical healthcare. The RHPA requires each health regulatory College to develop and maintain Standards of Practice that outline the expected level of quality and safety for professional services provided by its members. Legislation, regulations, bylaws, Standards of Practice, practice guidelines, and the Code of Ethics collectively establish a framework for medical laboratory technology practice.

The Ontario government, through the RHPA, defines CMLTO's objectives. These expectations include promoting and enhancing interprofessional collaboration (IPC) among MLTs, and with other members of the healthcare team. Further, the CMLTO is expected to support MLTs' abilities to respond to changes in the healthcare environment.

What is a case study?

A case study describes a relevant professional practice scenario or issue to enable MLTs to critically analyze a situation and identify opportunities for learning and development. Members can apply these learnings when faced with similar situations in their own practice. Expanding current professional behaviours empowers MLTs to share their knowledge and expertise with other health professionals to support improved patient care.

How can I use this case study in my professional practice?

CMLTO's professional practice resources are intended to support, not replace, an MLT's professional judgment. Reading through case study materials, and reflecting upon the professional practice issues or opportunities supports an MLT's ability to develop effective strategies and skills for handling similar situations in the future. MLTs reading this case study may not experience the exact same scenario in their own workplaces. However, similar key themes may exist locally making the case study useful in identifying issues and opportunities for improving their professional practice.

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Case study reflection and discussions may be done independently, or as a group. In either situation, MLTs should reflect on the scenario's enablers and barriers to identify both personal and organizational opportunities to improve their professional practice. Thinking about case studies from both perspectives and articulating those reflections will enable MLTs to develop successful strategies and solutions.

Case study 5: Dealing with unprofessional communication

Case study highlights

- During shift change, two MLTs did not effectively communicate information regarding a sample from an Intensive Care Unit (ICU) patient.
- An understandably frustrated ICU nurse does not communicate effectively with the MLT who has come on shift and is trying to rectify the situation.

An MLT arrives at 23:00 hours for their overnight shift in the biochemistry department (BD) of a large urban hospital laboratory. Shortly after arriving at the bench, the MLT receives a call from a nurse in the hospital's ICU. According to the nurse, they spoke to an MLT in the BD at 21:00 hours regarding a blood sample and STAT test request that was going to be coming into the laboratory at 21:30 hours. The nurse indicated that they had called the laboratory twice around 22:30 hours to receive a verbal result, but no one answered the phone. During this time, the patient's health status became critical. The nurse, who is quite irate, states that the laboratory is not fulfilling its duties and that the MLT they spoke to earlier must not care about patients. The MLT responds by asking the nurse to remain calm and assures them that the sample will be found. The MLT asks for five minutes to locate the sample, after which, they will call the ICU.

The MLT looks at the current sample rack and finds that the sample was recently delivered to the laboratory. The MLT accessions the sample and immediately begins the required testing. The MLT calls the ICU nurse back and provides an update. During the phone call, the nurse listens but once the MLT states the sample is being tested and they will call the results to the ICU as soon as they become available, the nurse hangs up.

The MLT receives a critical result and immediately calls the ICU nurse to provide a verbal report. The ICU nurse makes a rude and passive-aggressive comment about

the timeliness of the test results and hangs up on the MLT. The MLT looks for any notes around the bench that the MLT on the previous shift may have left, but cannot find one.

Enablers and barriers

	Institutional/organizational	Personal
Enablers	• The ICU is able to connect directly to the biochemistry laboratory by phone. • The biochemistry department has a process in place to determine sample receipt.	• The MLT acts in a professional manner to assess and correct the situation in the interest of patient safety. • The MLT has a clear understanding laboratory processes and quickly identifies where the sample is.
Barriers	• There could be a better system to communicate STAT testing or pending samples during shift change.	• The ICU nurse is understandably frustrated, however, does not display appropriate interprofessional behaviours.

Individual reflection and group discussion questions

The following questions are meant to guide individual reflection and/or group discussion. Writing responses down may be helpful in preparing an action plan for a specific professional practice issue.

1. What processes would you implement to improve the communication between the MLTs?
2. How would you communicate with the nurse in this situation? Are there any techniques or information you would share to promote a more collaborative discussion?
3. If this situation occurred in your professional practice setting, what personal and organizational enablers or barriers would be similar? What would be different?
4. Do you think the outcomes would be similar in your institution? Why or why not?

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Conclusion

CMLTO's role includes a legislated requirement to promote the ability of members to respond to changes in the healthcare system including IPC. The CMLTO develops case studies to prepare MLTs to effectively analyze and reflect on professional practice scenarios involving IPC.

Please contact CMLTO at memberrelations@cmlto.com to discuss this case scenario, other professional practice IPC scenarios, and to share your own experiences.

Additional resources for MLTs

CMLTO provides additional resources for MLTs that may help address local professional practice issues. Please visit the Members section of www.cmlto.com for the most recent professional practice resources for MLTs.