

Adding kindness at handover to improve our collegiality: the K-ISBAR tool

Much has been written recently about the mental health of the Australian medical workforce, with doctors being burned out, bullied, harassed and mentally unwell.^{1,2} Why are doctors so unkind to each other? What has happened to collegiality? While we are from different medical backgrounds, we are united in the belief that it is time for change; time for a united response from the Australian medical profession focusing on collegiality, using kindness and understanding as the catalyst and clinical handover as the opportunity.

Collegiality describes a work environment where responsibility and accountability are shared by colleagues, with mutual respect. Kindness gets its roots from the old English word “cynd”, meaning “nature, family and lineage”, hence kinship. Collegiality requires people to co-operate, be generous and treat colleagues with understanding. Recent discussions have highlighted the need for a kinder Australian health system which will help to improve the wellbeing of our colleagues and their patients.³

Medical practitioners often use ISBAR (Introduction, Situation, Background, Assessment and Recommendation) to guide clinical handover.⁴ This tool aims to improve patient safety by providing a systematic approach to patient handover.⁵ The focus is on the clinical content, rather than the manner in which the handover is delivered. We suggest a greater emphasis on kindness, trust and respect, with the aim of improving collegiality. Hence, a new acronym: “K-ISBAR”. At every handover, doctors can display kindness (utilising empathy and understanding) towards each other, which may slowly rebuild our collegiality.

We should all be more reflective in our behaviour towards our colleagues, putting ourselves in their shoes and modelling our language and behaviour on what we would expect to receive. How should an intensive care physician respond to a tired surgeon asking to admit a patient to an intensive care unit (ICU) already at capacity?

We have all been guilty of uttering critical colloquialisms in the workplace that resist positive interdisciplinary relationships. Unfortunately, our apprentice junior doctors adopt these expressions that promote lack of collegiality. Doctors learn to criticise and blame each other, rather than understand the differences we all face in providing the best care to our patients.

Constant negative commentary cannot create a positive workplace environment. Surgeons may say to their registrars “ICU is being unreasonable and won’t take our patient” and intensive care physicians mutter “that rude surgeon is too busy to come and talk to the family themselves”. There is rarely truth in any of these comments. Surely our profession, which prides itself on



compassion for patients, can display more compassion towards each other. Junior doctors become too concerned to call colleagues to refer a patient because of fear of how they will respond. As a profession, we have become too judgemental of our peers.

Surgeons blame anaesthetists for the speed of turnovers during an operating list, while anaesthetists joke that surgeons operate too slowly. In a landscape where we need to build trust among each other, how does this commentary and innuendo help? A divisive workplace does not engender collegiality and support. Collegiality is crucial to our profession and instrumental in allowing us to perform efficiently, excel in patient care and be perceived as kind, cohesive and compassionate by our patients.

Working in the emergency department (ED) can be draining. A full waiting room, sick patients without a clear diagnosis, anxious parents and patients; the list of stressors must seem endless. ED staff are constantly judged on their standard of care and are expected to be forever kind and compassionate. General practitioners do not have the luxury of point-of-care investigations and working into the evening. They are constantly waiting for results and opinions. And yet, these two disciplines must communicate effectively. This cannot happen if they speak ill of each other and fail to respect the work done on the other side of their telephone.

Changing negative culture requires a focal point and should start at handover. A kind handover needs to occur at all points throughout the patient’s time in hospital, between the GP and ED staff, physicians and surgeons, and finally within handover back to the GP. This kind handover can follow the structured clinical framework of ISBAR, while acknowledging the assistance of the receiving practitioner and being thankful for their ongoing care. Mistakes in diagnosis and treatment can be discussed openly without fear of prejudice or criticism from the receiving practitioner, as should requests for procedures. Indeed, humility and insight are important adjuncts to acts of kindness.

David J
Brewster^{1,2}

Bruce P Waxman³

¹ Cabrini Clinical School,
Monash University,
Melbourne, VIC.

² Cabrini Health,
Melbourne, VIC.

³ School of Clinical
Sciences at Monash
Health, Monash
University,
Melbourne, VIC.

dbrewster@cabrini.
com.au

doi:10.5694/mja18.00755

So, what do acts of kindness look like at handover? They can be as simple as saying thank you. A surgeon can thank an intensive care physician for making a bed available for their patient in the ICU; the intensive care physician can reply in kind by thanking the surgeon for talking to the patient's family.

Kindness can be a compliment, acknowledging the work of the referring practitioner and the potential barriers they have faced in helping you. A surgeon can say to the doctor in the ED, "I really appreciated you organising the cardiologist to review the patient when you were so busy. Thank you."

Kindness can be how we use our body language. A genuine smile goes a long way and can ease the anxiety of your colleague during handover, especially when your colleague may feel the referral has been delayed or their initial treatment has not been helpful. Kindness can be acts of thoughtfulness and generosity, such as an intensive care physician asking a surgeon

after a tough night in theatre if they would like a cup of tea.

Throughout our medical careers, we should never shy away from dealing with each other in a kind and compassionate way. We challenge all Australian doctors to now consciously hand over with kindness. It may help us create the culture of respect and trust required in our workplace. Reflect on your own behaviour and be kind to your colleagues. Use K-ISBAR, to improve collegiality with kindness as the catalyst and clinical handover as the tool.

Acknowledgements: We thank Dr Malcolm Clark for his contribution to an earlier draft of this article.

Competing interests: No relevant disclosures.

Provenance: Not commissioned; not externally peer reviewed. ■

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