

Speaking Up for Safety

Speaking Up for Sterile Technique – Nurse Perspective

Using assertive communication, the CUS Framework, and the Two Challenge Rule

This activity walks you through a simulated interaction between a nurse and physician regarding the sterile insertion of a central line. You will play the role of the nurse who identifies a break in sterile technique during the central line insertion procedure. To get the most out of this exercise, choose the responses that you feel you WOULD do, not what you think the best answer is.

Before the simulation exercise, you will be presented with an explanation of the types of communication that you might use or encounter when expressing safety concerns: passive, aggressive, passive-aggressive, or assertive.

After the simulation exercise, you will be presented with two scripted communication techniques that can empower you to speak up in situations like this:

- The CUS Framework
- Two Challenge Rule

These techniques have their roots in AHRQ's TeamSTEPPS® program, but they are contextualized here for the HAI prevention context.

Types of communication when expressing safety concerns

- Passive: You yield to others, despite your concerns.
- Aggressive: You attack others with intimidation or threats to express your concerns.
- Passive-aggressive: You resist expressing your concern and indirectly attack others.
- Assertive: You are persistent in expressing your concerns, while being considerate of others.

Assertive communication

Assertive communication is the most effective way to communicate safety concerns and advocate for the safety of your patients.

This communication style allows you to effectively share your concerns while remaining respectful and considerate of members of the patient care team. This supports successful communication, so that your patient safety concerns can be received by others and acted upon appropriately.

Consider the types of communication you might use as you respond to the following scenario.

1. Scenario

You are the nurse at the bedside of a patient who is undergoing central line placement by a physician. Maintaining sterile technique is critical during this procedure to avoid complications such as a central line-associated bloodstream infection (CLABSI).

During the procedure, you clearly see the guidewire touch a non-sterile area on the patient. If the procedure continues, the patient could be at risk of developing a CLABSI.

What do you do?

Option 1: Speak up and yell, “STOP! WHAT ARE YOU DOING?”

Option 2: Speak up and say, “I am concerned that the guidewire touched the patient and is no longer sterile.”

Option 3: Speak up and say, “Did you just break sterile technique?”

Option 4: Say, “I think maybe the guidewire touched the sheet?”

1. Answer key



Option 1: Your response is an example of aggressive communication. While you may feel the need to aggressively communicate your concern for the patient’s safety, this approach may cause others to feel attacked. Communicating your concern clearly and confidently, without aggression, will make it easier for the physician to respond to the issue you have identified.



Option 2: Great! Your response is an example of assertive communication. Stating your concern clearly and confidently can help to effectively communicate the issue to the physician.



Option 3: Your response is an example of passive-aggressive communication. This approach may cause others to feel attacked and unsure about the seriousness of your concern. Communicating your concern clearly and confidently will make it easier for the physician to respond to the issue you have identified.



Option 4: Your response is an example of passive communication. It may feel polite to state your concern as a question, but communicating your concern clearly and confidently will make it easier for the physician to respond to the issue you have identified.

2. Scenario

The physician responds, “Really? I don’t think I touched anything with the guidewire.” The physician continues with the procedure. How do you respond?

Option 1: Say, “That’s what I saw, but you think you know best.”

Option 2: Say, “Don’t be ridiculous. Are you blind?”

Option 3: Say, “You’re probably right, never mind.”

Option 4: Say, “I’m uncomfortable moving forward with the procedure since sterile technique has been broken.”

2. Answer key



Option 1: Your response is an example of passive-aggressive communication. Attacking others and suppressing your concern will not convince the physician to act on behalf of the patient’s safety. State your concern clearly and confidently, even if the physician expresses doubt in your concern.



Option 2: Your response is an example of aggressive communication. It may feel necessary to respond aggressively, especially when the physician expresses doubt in your concern. However, an assertive response that communicates your concern clearly and confidently is more likely to convince the physician that your concern is valid and important.



Option 3: Your response is an example of passive communication. It is your responsibility to communicate your concerns regarding patient safety. State your concern clearly and confidently, even if the physician expresses doubt in your concern.



Option 4: Great! Your response is an example of assertive communication. This statement clearly communicates your concern in a way that is considerate to the physician. Using signal words like “I am uncomfortable” can also help alert the physician to the seriousness of your patient safety concern.

3. Scenario

The physician laughs and says, “Trust me, I’ve done this a million times.”

How do you respond?

Option 1: Say, “This is a safety concern. I think we should start over with a new sterile kit.”

Option 2: Say, “OK, I guess we’ll just need to wait and see if the patient gets a CLABSI.”

Option 3: Say, “Well, this time you’re doing it wrong.”

3. Answer key



Option 1: Great! Your response is an example of assertive communication. This statement reiterates the patient safety concern, increasing the chance that the concern will be acknowledged by the physician and the appropriate actions will be taken to address the concern. Using the signal words “this is a safety concern” can help the physician identify the seriousness of your concern and the need to respond immediately to avoid putting patient safety at risk.



Option 2: Your response is an example of passive-aggressive communication. Don’t be pressured to yield to or attack others when you have a patient safety concern. Stating your concern confidently and clearly and repeating your concern is the best way to have your concern acknowledged by the physician.



Option 3: Your response is an example of aggressive communication. It may feel right to respond to the physician’s indifference with an aggressive remark, however, reiterating your concern clearly and identifying the safety risk (e.g. a potential CLABSI infection) would be a more effective strategy to have your concern acknowledged by the physician.

4. Scenario

The physician continues, “Don’t be silly. We haven’t had a CLABSI in months.”

How do you respond?

Option 1: Say, “Exactly, let’s keep it that way. I’m stopping this procedure. We can start again.”

Option 2: Say, “Well, we’re about to have one soon if you keep going with this procedure.”

Option 3: Say, “Fine, but it won’t be my fault if this patient gets an infection.”

4. Answer key



Option 1: Great! Your response is an example of assertive communication. Confidently stating the necessary response to your concern (stopping the procedure and starting again) is an effective approach to convince the physician to come to consensus on the appropriate reaction to your concern. If necessary, you should report your concern up the chain of command to ensure your patient safety concern is responded to appropriately. Conclusion: The physician complies “You’re right. I’m sorry. Great catch! Let’s start over.”



Option 2: Your response is an example of aggressive communication. You may be tempted to respond aggressively when you are frustrated that your concerns aren’t being heard. While the physician failed to respond to your concern appropriately, your chances of successfully communicating your concern can be increased by using assertive (non-aggressive) language. Stating your concern in a clear and confident way is more likely to convince the physician that responding appropriately to your concern is the right thing to do. If necessary, you should report your concern up the chain of command to ensure your patient safety concern is responded to appropriately. Conclusion: The physician barks back “Don’t be ridiculous. We’re almost done, let’s just finish up so I can get on with my day.” As a result, the patient continues to be put at risk for a CLABSI.



Option 3: Your response is an example of passive-aggressive communication. Passive-aggressive communication is not effective as it can make the receiver feel attacked and it also minimizes the communication of your concern. Don’t give up when you have a patient safety concern. Express your concern clearly and confidently and repeat your concern if you don’t feel the concern has been heard and appropriately responded to. If necessary, you should report your concern up the chain of command to ensure your patient safety concern is responded to appropriately. Conclusion: The physician responds: “You see, it will be just fine. Let’s finish this up, I have a busy day.” As a result, the patient continues to be put at risk for a CLABSI.

Communication tools

Now that we have worked through this example, let’s go over a couple tools that can help you in a similar situation on the job.

Keep in mind, the focus of this exercise is on communication tools to speak up when you encounter a safety issue in a high-stress situation. Additional resources may be available to you within your organization to resolve concerns around patient safety and around interprofessional conflict.

Consider using communication tools to help you assertively communicate your safety concerns

The CUS Framework is a communication framework that uses signal words to relay safety concerns in such a way that all team members can understand the seriousness of the concern.

When all team members are aware of these signal words, their use can clearly communicate safety issues and their seriousness. The CUS framework is particularly useful to convey emergent patient safety concerns. CUS stands for:

- I am **Concerned**
 - I am **Uncomfortable**
 - This is a **Safety issue**
-

The CUS Framework

In practice, the use of the CUS Framework may look like:

- State your safety concern. “I am concerned sterile technique has been broken.”
 - Explain why you are uncomfortable because of this safety concern. “I’m uncomfortable moving forward with this procedure because our team has broken sterile technique.”
 - If the issue is not resolved, state there is a safety concern. If the issue is still not acknowledged, notify your supervisor or use your chain of command. “This is a safety concern and we need to stop and start over. We don’t want this patient to end up with a CLABSI.”
-

The Two Challenge Rule

Consider using communication tools to help you assertively communicate your safety concerns.

The Two Challenge Rule can be used to introduce a concern and can be of particular benefit when a person feels their concerns are not being addressed.

- While each member of the team is responsible for asserting their concern, sometimes in moments they can fail to be heard. By reinforcing concerns twice, the individual increases the impact of their concerns and is more likely to be heard by other team members.
 - Anyone can issue the second challenge, which means this tool goes to the heart of teamwork; **individuals** may observe an issue, but the **team** is responsible for resolving it.
 - If the issue still hasn’t been acknowledged, the individuals should feel empowered to “stop the line” or escalate up the chain of command.
-

The Two Challenge Rule in practice

In practice, a Two Challenge Rule interaction might look as follows:

Challenge #1: “I am concerned you’ve broken sterile technique.”

Challenge #2: “I’m uncomfortable moving forward with the procedure since sterile technique has been broken. I’m stopping this procedure. We can start again.”

Response: “Good catch. Let’s start over.”