



Future Leaders Communiqué

**COVID
2020**

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**NEXT EDITION
JULY/2020**

Editorial

by Dr Brendan Morrissey

The COVID-19 pandemic is reshaping the ways in which we interact with the world on every level. It has exposed us all to a degree of uncertainty in our daily lives that few would have ever experienced before. As the local and international responses to this pandemic continue to unfold, we are faced with continual changes, both personal and professional. The ripples of change reach every corner of our practice and will continue to be felt for some time to come.

As our clinical practice rapidly changes to meet the challenges of COVID-19, we should keep our focus on the cornerstones of good practice. Our evolution as clinicians has always been predicated on learning from our past experience and from the shared lessons of others. While the challenges we currently face are unprecedented, our best response should be built upon the shared wisdom of our peers and predecessors.

It is with this in mind that the Future Leaders CommuniQué team have reflected upon how we may best support clinicians. We are acutely aware of the multitude of changes every healthcare system is currently undergoing to address the COVID-19 pandemic. We do not wish to add to those changes, nor distract from the preparations required by clinicians to enact them. Instead, we wish to reflect upon the wealth of knowledge our experts have shared with us over the years and focus on those most prescient to the challenges to come. We wish to champion foundations of good practice; such as effective communication, collaborative care, the use of protocols in healthcare organisations, and systems of support for junior doctors.

In this special edition, we have selected four past editions of the Future Leaders CommuniQué that focus on these foundations of good practice. The expert commentaries contained within each edition address key themes in empowering junior doctors to practice safe patient care. We reflect upon the issues raised within these commentaries, and how they may apply to the practical considerations specific to managing COVID-19 patients.

The Future Leaders CommuniQué team has always and will continue to support the development and advancement of our future clinical leaders. One of the many challenges posed by the COVID-19 pandemic has been the disruption it has wrought upon the training and supervision of junior doctors. This is an unfortunate though inevitable occurrence given the circumstances. The reduction in structured training program activity will have an impact on clinicians' development. While many of the difficulties trainees face – interruptions and delays to completion of training, changes in training locations and supervision – will be unavoidable, the current circumstances may also offer opportunities to learn new skills and experiences in adapting to a rapidly changing clinical environment.

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FEEDBACK

The editorial team is keen to receive feedback about this communication especially in relation to changes in practice. Please contact us at: flc@thecommuniques.com

Editorial (Continued)

We hope that this special edition of the Future Leaders Communiqué continues to play a role in facilitating the ongoing evolution of our future leaders' clinical practice and learning.

As the Communiqués team is predominantly engaged in critical care, aged care, and public health, our focus will be on efforts to support the health care community through the pandemic. Depending on how that unfolds will determine whether we are able to maintain our planned schedule of publications. We will endeavour to return to our usual format for the next edition and continue reporting lessons learned from deaths in acute health care settings investigated by coroners' courts.

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Communication

COVID-19 has introduced a cavalcade of obstructions and challenges to how we effectively communicate with patients and their families. Personal protective equipment can muffle us, hide non-verbal communication cues, and render clinical team members indistinguishable from each other and to patients. Restrictions on visitation times and numbers makes in-person communication with relatives more difficult or impossible.

Effective communication that allows the patient and their relatives to understand the care they are receiving, what is likely to happen next, and gives the opportunity for questions, is as vital as ever. This task is not uncommonly left to the most junior member of the team, and with an increasing workload on all staff this is unlikely to change for the better during the COVID-19 pandemic. We must ensure that effective, timely communication is an essential procedure that is not forgotten in the maelstrom.

FLC APR 2017 Vol 2 (2) – Edition Synopsis

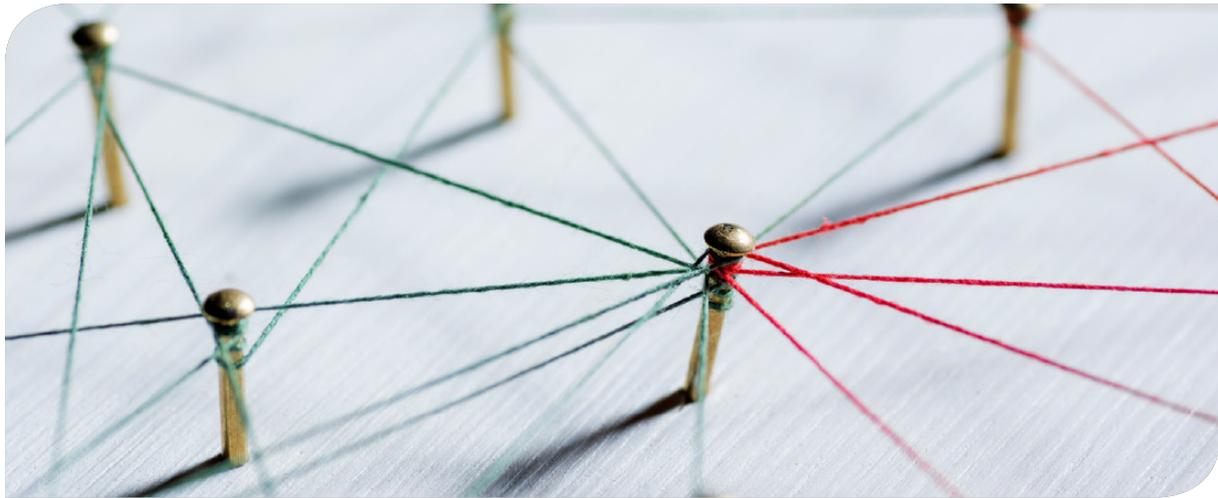
This edition of the Future Leaders CommuniQué describes the case of an elderly female patient who developed leg ulcers in the final stages of her life, on a background of multiple medical co-morbidities. This is a common diagnosis, something junior doctors see on a regular basis. It is easy in clinical practise to be over familiar with ‘run of the mill’ or ‘simple’ cases, and this is when things can be missed.

The case in this edition is a good opportunity to reflect on the important role junior doctors play in communicating with patients and their families. Often, the consultant will talk to the family of the patient suffering from a rare or rapidly progressive condition and leave the conversations about simple or common diagnoses to the junior staff. These are circumstances where things can be overlooked, where not enough time is spent with the patient and their family, or documentation of the events isn’t as detailed as it should be.

Expert Commentary: Communication is the key!

Associate Professor Grant Davies
Health & Community Services
Complaints Commissioner,
South Australia
Former Director of Projects at
Safer Care Victoria
Former Health Services
Commissioner of Victoria

Link to the full edition [here](#)



Collaborative Care

Many of our local clinical practices have required re-appraisal in the light of the COVID-19 pandemic. This has led to an increasing and sustained reliance on our specialist colleagues - especially those in Infectious Diseases, Respiratory Medicine, Critical Care, Aged Care and Palliative Care - to guide us in implementing current best practice in these changed times. Mass redeployment of staff into high-need areas has embedded this increased collaboration yet further. The humility to say, "I don't know" and ask a specialist for advice, and the ability to build positive relationships with our inter-disciplinary colleagues is more important than ever.

FLC APR 2019 Vol 4 (2) – Edition Synopsis

This edition explores the concepts of compartmentalisation and subspecialisation in medicine and their impact on inter-specialty relationships and collaborative care. These issues are implicit in the case presented of a young woman's preventable death due to ventriculoperitoneal shunt dysfunction. This fatal pathology went unrecognised over several presentations to a tertiary teaching hospital despite the relevant investigations being reported as abnormal. Specialty bias led to misinterpretation of the imaging findings, while miscommunication between specialties resulted in a missed opportunity for the appropriate involvement of a neurosurgical specialist.

Expert Commentary 1: Subspecialty medicine: time to ask the experts

Mr Bhadu Kavar
Neurosurgeon,
Royal Melbourne Hospital
Honorary Lecturer,
University of Melbourne

Expert Commentary 2: Can a focus on relationships help prevent tragedy?

Dr Eve Purdy
Applied anthropologist
FRCP Emergency Medicine
program resident,
Queen's University,
Kingston, Canada

Link to the full edition [here](#)



Protocols in Healthcare Organisations

On every level within clinical management of COVID-19, from local to international, innumerable protocols are continually being devised to standardise care and rapidly disseminate guidance around clinical decision-making. An understanding of the benefits and pitfalls of protocol-led care is essential in our current working environment. Best practice for our patients involves understanding the concepts underpinning any given protocol, appreciating their merit, and knowing in which clinical situations one may consider deviating from the protocol.

FLC OCT 2016 Vol 1 (1) – Edition Synopsis

In this edition of the Communiqué we discuss the benefits and potential dangers of medical protocols. To illustrate this, the edition includes a case summary of the death of a patient that occurred in part, due to the strict adherence of local protocols.

Some academic and clinical commentators have suggested that heavy dependence on protocols among medical trainees have meant that they, “forget, or never learn to be a physician and make judgments”. The aviation industry has taught us the great potential for improving safety through the use of systems and checklists, perhaps it is now time that we also heed their warnings about over-reliance on such systems.

Expert Commentary 1: Problems with protocols

Dr Mark Putland
Director of Emergency Medicine,
Royal Melbourne Hospital

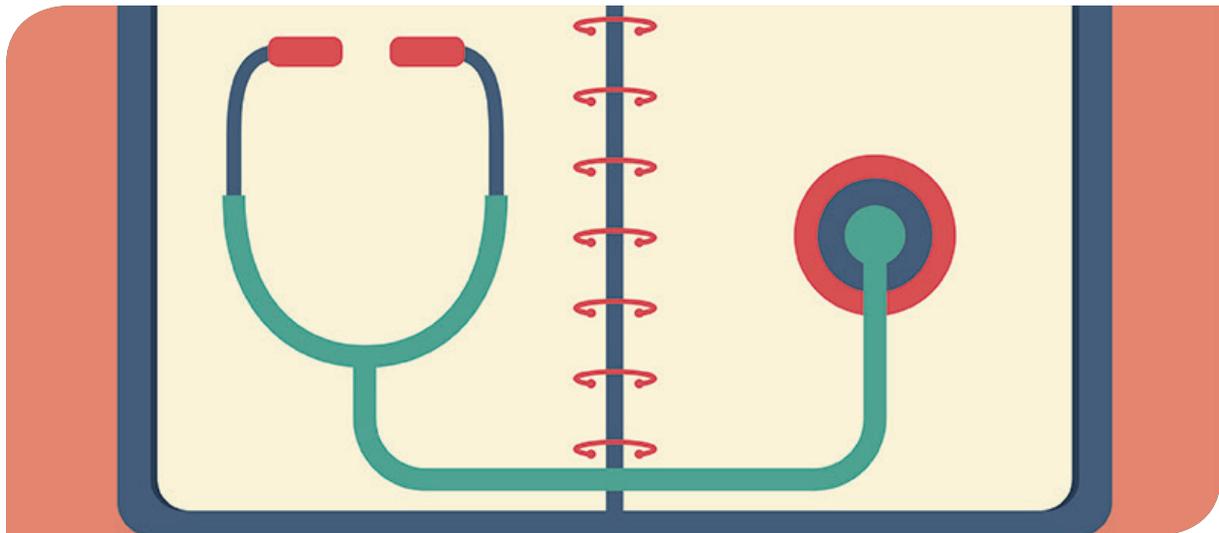
Expert Commentary 2: Use of protocols in healthcare organisations

Dr Heather Buchan
Director of Implementation
Support at the Australian
Commission on Safety and
Quality in Health Care

Expert Commentary 3: Checklist use and philosophy – aviation

Mr Slav Racunica
Type Rating Instructor on Boeing
737
Human Factors lecturer for a
leading Australian domestic
airline
Former RAAF pilot

Link to the full edition [here](#)



Systems of Support for Junior Doctors

With the extensive redeployment of junior medical staff and an expected surge that will put increased strain on the supervision of this staff, the COVID-19 pandemic will inevitably put the hospital-level and departmental systems that support junior staff under the spotlight. While the responsibilities of supervision and support can be more easily shared across a number of senior staff in tertiary centres, it is in rural practice that this will be most keenly felt. Preparation for this is essential, on an individual and a system level. It is imperative that each junior doctor is aware of who to escalate concerns to and how in any given clinical situation.

FLC APR 2018 Vol 3 (2) – Edition Synopsis

This edition discusses the death of a woman shortly after her attendance at a small rural hospital. The doctor presiding over her care was a junior doctor who was operating in an under-resourced and under-supported environment. This is not an uncommon experience for junior doctors.

The challenge of maintaining the fine balance of staffing and supervision is faced daily by our medical workforce units, mostly made up of non-medically trained staff who do not always have a full understanding of the specific skills required for each job description. It is therefore essential that junior doctors realise the limits of their practice and ensure they are placed in jobs that meet levels of experience. It is also essential, as they progress through their careers, that lessons learned about providing adequate support and open lines of communication are shared in-turn with their junior colleagues.

Expert Commentary 1: Preparedness – the role of institution, supervisor and individual

Dr Sean Fabri
Supervisor of Intern Training,
Western Health

Expert Commentary 2: Junior doctors in a rural health system

Mr Ian Campbell
General Surgeon,
Lister House Medical Clinic,
Horsham
Former Director of Surgery
Wimmera Health Care Group,
Horsham

And

Professor Alan Wolff
Director of Medical Services
Wimmera Health Care Group,
Horsham

Link to the full edition [here](#)

Comments From Our Peers

“Due to COVID isolation and hospital limitations on visitors, families of palliative patients often suffer greatly in their loved ones last moments. At times like these, although not as substitute for visiting their loved ones, frequent communication from medical staff can help family’s feel engaged in their loved one’s care. Often this communication occurs over the phone and may be left to junior doctors, rather than traditional updates on the ward round by the bedside.

There is heavy reliance on certain subspecialties during this crisis; we have to remember that these clinicians will now carry a significantly heavier workload. I do not mean to imply that we should not escalate care to these specialists appropriately, but we should be mindful in the way in which we do. We should strive to minimise the number of trivial calls or have a good understanding of a clinical question when making a referral to minimise the time needed for these specialists to address our concerns. Protocols are important in standardising care for COVID patients.

One particular challenge I’ve faced is the frequency in which the protocols change - in particular diagnostic criteria - and how this often isn’t well communicated to

clinical staff. As a result, it can often be very difficult to identify if you’re doing the ‘right’ thing.”

“Being ‘on the front line’ as a doctor in training feels very much like uncharted territory. The balance has swung and our supervisors are learning as much from us as we do from them. We share the responsibility to feedback and improve the novel protocols and guidelines which find ourselves ‘testing out’.

Communication between patients, families, primary care providers and specialists has always been key. The COVID-19 pandemic has brought more telehealth but also increased risk of error as we rely heavily on previously documented assessments, medication lists and management plans. An open line of communication enabling collaborative care for all our patients has never been more important.

I am proud of how my department has responded to the pandemic. The drive to care for and protect not only our patients but also the staff has brought out a huge amount of creativity, teamwork and empathy. It has kept morale high in such uncertain times.

One aspect of care that has been most difficult is telling family members they cannot visit their loved one, even in end of life, due to the restrictions required while waiting for a COVID-19 test result. Equally saddening are the nursing home residents who have deteriorated simply because their family cannot continue to regularly visit to assist with feeding and other care. Aged care staff have simply been unable to fill their shoes.”

“Blindly following protocols and not using clinical judgement is particularly prominent during these times when every hospital patient with a fever and unwell is treated as ‘suspected COVID’! Communication is even more important in this period. The lack thereof has in large part contributed to the outbreaks we see in Australia, and some might argue to the global spread of COVID-19.

It is important to remember that even if there is currently a pandemic, management of patients’ needs to be guided by clinical judgement and tailored to the specific situation. When we blindly follow protocols, this can result in unnecessary transfers, and delays to definitive management. This has been one of the downsides of our response to COVID.”

Comments From Our Peers (Continued)

“The four key themes identified are particularly pertinent to junior medical staff in the wake of the current pandemic. At a time when we are struggling with navigating through uncharted waters it is a helpful reminder to reflect on lessons learned from the past that are translatable to our current crisis. It is very easy to get caught up in the hype and panic. This leads to errors. This edition is a timely reminder that we need to remember the basics and don't overlook our foundations and the lessons of the past.”

Clear communication is key. We are all in this together and together we will work through this pandemic. Know your comfort zone and don't hesitate to admit the unknown.”

“Communication has never been more important or key to our success. Given our physical distance and withdrawal of connection in some aspects, spoken and written language is vital and without clear and regular communication we all suffer.”

It has been amazing to see how quickly and efficiently some health services have drawn up new protocols and repeatedly revised and improved them at the suggestions of all medical staff. This has shown that organisations as a whole can adapt and improve and take on criticism willingly in such a vital time

Despite the havoc wreaked by COVID-19, it has united the medical profession regardless of age, position, specialty or experience and that is something to be thankful for.”

Disclaimer

All cases discussed in the Future Leaders Communiqué are public documents. We have made every attempt to ensure that individuals and organisations are de-identified. The views expressed are those of the authors and do not necessarily represent those of the Coroners' Courts, the Victorian Institute of Forensic Medicine, Monash University, the Department of Health and Human Services (Victoria) or the Victorian Managed Insurance Authority.

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