

Asking for help

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The reality is that medicine is a team sport, and there is always someone to talk to, and most importantly, the aim of the game is to deliver the best outcome for the patient.

- Abhi Pal

Practical tips

1. **PLAN** what you'll say before you pick up the phone
2. Get to the **POINT** - use the **ISBAR** format
3. Aim for one sentence per **ISBAR** pois

situational unawareness) and concern about negative responses from senior staff. I was most worried about negative responses and being dismissed or reprimanded for not managing a task independently.

I started my internship on relief term. These are notoriously difficult, and without asking for a lot of help, completely insurmountable. I cannot even count the number of times I had to phone a friend for help with a cannula. I am better now but definitely not 100%. Thankfully that's okay because I have later seen peers more senior than me ask for help with cannulas too. Sometimes they are materially difficult.

There have also been plenty of situations where I have felt out of my depth in my ability to manage a patient. For example, on night shift reviewing a surgical patient who was unresponsive but otherwise haemodynamically stable, I was unsure if they had suffered a stroke. In this situation it was essential to call for help. I needed someone else to corroborate my examination findings and determine how extensively he needed to be investigated. Continued assessment and investigations determined he had a hypoactive delirium and I was satisfied that getting advice early was necessary.

There are also situations where, in hindsight, I probably could have managed on my own. For example, being asked to confirm a PICC line position on chest x-ray. Mostly I can determine the position but still the risks of administering medications through a line in the wrong position outweigh the concerns I might have about asking someone more senior to confirm my assessment. I often feel that this is a core part of supervision and training where the process of reassurance about your initial assessment means that in the next similar situation (or the next, or the one after that) you will be happy to see it through independently.

Asking for help differs across different situations and clinical structure. As found by Kelly et al, junior doctors may perceive that senior help is unavailable or inaccessible. A study looking at influences on junior medical staff in decisions about seeking clinical support suggests that the perceived availability of senior support is a significant factor in decision making.

exposure to. It is inevitable that you'll need help during internship so you can prepare for it.

A useful starting point is to practice and be familiar with ISBAR (see links below). It frames the situation, the patient and relevant pertinent information that is easily understood by the receiver. And like all clinical skills ISBAR takes practice. At the beginning of internship I needed to work harder to formulate a concise summary or handover of a patient.

In order to improve some strategies I found helpful are

- **make your situation clear and have a summary sentence prepared about it and from the start frame what you need from that person (eg: do you need advice, help with a procedure, or someone to come right away)**
- **have the information about the patient at hand, including notes and bedside chart**
- **pre-empt what kinds of follow-up questions might be asked – for example a full set of observations**
- **be polite! say thank you when you get the help and if you have time observe what they do so you take the opportunity to learn a new strategy or approach to something**

Although it is easy to feel inadequate due to needing help, ultimately you are keeping patient safe by seeking senior help when your unsure or not confident. It is a sad reality that people may belittle others for needing help but finishing medical school gives you the knowledge to begin learning how to do your job rather than making you an all-knowing, all-skilled super intern. Internship is part of your training and should be filled with teaching, supervision and learning. One of the best things you can do now or at the beginning of internship is to practice handing over or talking about clinical situations in the ISBAR format with feedback from peers and supervisors. In medical school there is a large focus on communicating with patients but communicating with peers is also an essential skill. For example, doing a consult for your team is a form of asking for help. Especially when the issue is not in an acute or critical setting you can get indirect feedback from the receiver by their responses to the information you have given and direct feedback from your seniors by asking them to listen to you. It is important to remember your knowledge and skills will exponentially improve in your early training, not often from asking for help, and this all contributes to shaping your clinical identity and independence.

For information on ISBAR

[ISBAR, SA Health](#)

[Clinical Handover, Clinical Excellence Commission](#)

References

1. Kell , Larwill, Hamley & Sandford. (2014). Failure to escalate: what stops junior doctors asking for help when they need it? *Asia Pacific Journal of Health Management*, 9: 3
2. Kennedy , Regehr, Currie, Baker & Lingard. (2009). Preserving professional credibility : grounded theory study of medical trainees requests for clinical support.

Call me if you need me by Abhi Pal

Read B

- House of God Rule #15: Part 5 - Asking for what you want
- How to perform the 'perfect' consult
- Night shift at 35 weeks

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