



## Using OBEFA to Give Peer-to-Peer Feedback (Transcript)

<https://www.youtube.com/watch?v=0MVlhILRjMs>

### Part 1: The healthcare team meets for rapid rounds.

- Danielle:** Okay, it's 3:30 so let's get started, and Oliver can join us when he gets here. So first patient today is Mr. Daryl Williams. He is a 55-year-old male, suffered congestive heart failure then suffered a motor vehicle accident when he ran his car into a pole. He was admitted last night and has been started on diuretics.
- Natalie:** So his injuries aren't severe. We've gotten him up and moving. He was unable to provide a medication list so his medical history is vague.
- Peter:** His community pharmacy faxed Daryl's list over today and he's on acetazolamide. But I gather he hasn't had it refilled for about three months, so I'm worried about his compliance obviously, and also if there are any contraindications with his current and past medical conditions. I guess I'll talk to him again later today.
- Danielle:** Okay. So next we have Mrs. Ava Rauschnig, 82-year-old female. She was...
- Oliver:** Sorry. Sorry I'm late. Please continue.
- Danielle:** Okay we're saying we have Mrs. Ava Rauschnig, 82-year-old female. She was admitted with pancreatic cancer and so we went ahead and we did a pancreatic resection. We ordered a chest x-ray, but I don't see that it's been done yet.
- Natalie:** I just saw the results. She has atelectasis to the right lower lobe. We started her on an incentive spirometer device to increase her lung capacity. We have to stand right there to remind her to take it though. And we've also started her on oxygen.
- Danielle:** How much?
- Natalie:** 2 litres per minute.
- Danielle:** Okay.
- Oliver:** I saw Ava this morning. She's quite frail and cachectic. I talked to her daughter as well this morning, and she's concerned about Ava's ability to cope at home since she's often confused and disoriented.
- Peter:** Well it's no problems with the medication. She's compliant and there's no contraindications.
- Danielle:** Okay. Finally, we have Mrs. Olena Melnyk, 80-year-old female admitted with history of dementia, poor mobility, and failure to thrive.

**Natalie:** Her son says she lives alone, and he's worried about her going back home when she's like this.

**Olive:** No kidding. Dementia patients shouldn't live alone.

**Danielle:** Do we have any – is the son still here that we can just talk to him? We don't have very much medical information.

**Natalie:** He came by on his lunch break to drop off her slippers. He's not here now.

**Danielle:** Okay.

**Peter:** I've got the name of her community pharmacist, so I'll give them a call this afternoon and see what I can find out.

**Danielle:** Awesome.

**Oliver:** I haven't seen him yet, but I'll do an assessment this afternoon. And if you have the son's phone number, I'll contact him and find out what his specific concerns are for her at home.

**Natalie:** I've put his number into the system.

**Oliver:** Okay, I'll get it from there.

**Danielle:** All right guys, that's it. Let's go back to work.

**Peter:** You look like you could use a coffee. Come on, I'm buying.

**Oliver:** Sure, I won't turn that down. Thanks.

## **Part 2: Unhelpful feedback.**

**Peter:** I want to talk to you about the meeting this morning. That wasn't cool; I mean coming in late and distracting everybody [*Accusations*].

**Oliver:** I know, but what am I supposed to do? I'm running around all the time. I've got more work than I can handle [*Excuses*]. I'm trying my best.

**Peter:** That's no excuse. We're all busy.

**Oliver:** Well what am I supposed to do?

**Peter:** I don't know. Figure it out and figure it out fast [*Lack of empathy*]. I'm here to help you guy, but if this keeps up you're going to get in trouble.

**Oliver:** Okay, I'll try. But you're going to have to expect me to be late sometimes. I am the only OT on the ward.

**Peter:** True, but everybody else manages. And maybe stop checking your notes so much, okay? You know better than that. And just keep trying [*Vague suggestions*]. I'm here if you need me. Just ask.

**Oliver:** All right, thanks Pete.

### Part 3: OBEFA feedback.

- Peter:** Hey Olli, today at the meeting, I noticed you were distracted and late. This has happened before. What's up [*Seek to understand*]?
- Oliver:** Yeah, my caseload is insane. I'm running around all the time. I have this lady at 3:00 and it always runs late.
- Peter:** I hear you, and we all know there are legitimate reasons for being late [*Express empathy*]. But I'm concerned [*Open*] that, when you check your notes and make side comments [*Behaviour*], it distracts everyone [*Effect*]. I'm worrying that we'll all fall behind [*Feelings*]. Can we work on a solution together [*Action*]?
- Oliver:** Yeah, sorry about that side comment. My apologies. But as for the notes, I've got to get them done some time.
- Peter:** It's definitely a challenge, and we can't stop the paperwork. Maybe there's something we can work on together.
- Oliver:** Well actually, more of this would be great. I find myself rushed all the time. I think after rounds I should come and grab a coffee and slow things down a little bit. I could get my notes done at that point too.
- Peter:** Sounds like a good idea to me. And if you want, I can talk to the rest of the team and maybe we can move rounds a little later.
- Oliver:** Oh no, don't worry about that. I'll manage my schedule better and I'll get to rounds on time.
- Peter:** Okay.
- Oliver:** Thanks Pete.



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