

# The Art of Report

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**AHH, REPORT—THE JOYFUL** and pleasant interchange of information that occurs between two nurses, the one going off shift and the one coming on shift. NOT!

Giving and taking report, like charting, is one of the cornerstones of the nursing practice. This is the moment when a nurse passes the baton. She covers what has been charted, as well as contributing her observations and insights on the patient. Report can take as little as five minutes and as much as twenty. It can be

extraordinary in its depth of information or notable for its lack thereof; all this depends on the skill of the outgoing nurse.

Whether you are giving the report or taking it, each nurse has a role to play. Here are some points to keep in mind to improve the art of report:

- **Always give report in English.** Unless you are a certified translator, you should always give and take report in English. Why? Because translation is not objective, but entirely subjective in nature.

## A large California hospital was sued because there were no nurses available to answer a distress call. They were all **busy with report.**

When an individual translates from one language to another, word choices are made based on the speaker's literacy level and life experience. For example, I am a fluent French speaker. However, if I were to be given report by a Canadian-French speaking person in Québecois, I might not completely understand what the other nurse meant to say. Québecois has some regional nuances that differ from the French language.

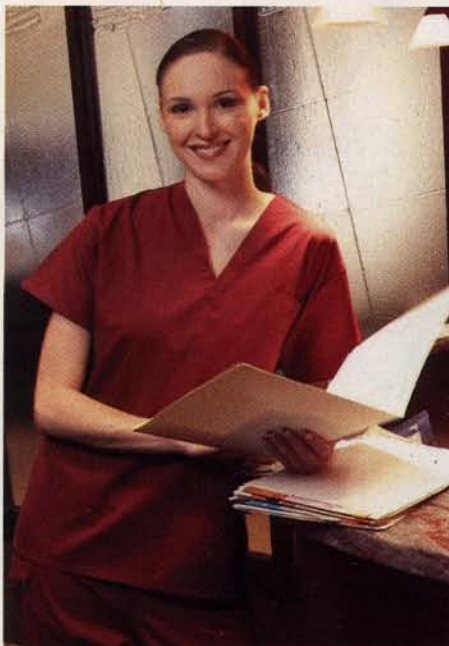
- **Be brief, but be precise.** As I am fond of telling my children, I asked for the time, not how to build a Swiss watch. The chart contains all the precision strokes; your job when giving report is to provide the broad strokes.

- **Share the secret stuff.** Okay, this is not as nefarious as it sounds. The point is to remind you to share with your relief what might not be in the chart, and might not necessarily be nursing or medically related. For example, a patient baby boy responds well to humming when he is having fitful sleep. Father prefers to be the one who does evening bath and first feeding of the evening. The patient does not want a specific visitor to come or, to the contrary, wants a particular person always there.

- **Be thorough.** Be sure to go over all new orders, doctor visits, etc. Make sure that you have collected all the documentation, notes, etc., which relates to your patient and makes sure that the chart is reflective of all the care that you are covering with the nurse that is relieving you.

- **Pay attention.** When giving or receiving report pay attention. This is not the time to be scrubbing up, or eating your meal. During report your attention should be focused on listening to the information that you are being given, reading the chart to make sure that there are no inconsistencies, and that you ask questions to ensure that you have a good understanding of the patients whose care you are about to assume. Remember, if you are giving report, be patient and take time to answer the questions of the nurse who is coming on duty.

- **Be more than a sponge.** As a nurse who is assuming a patient's care, be sure to ask questions as you feel the need, don't assume the nurse giving report is a mind reader. If you are unclear, or concerned about something (patient care oriented), report is the time to ask. Make sure that you review the chart while the nurse you are relieving is present, so if you are unclear about any of their notations you can seek clarification on the spot.



- **Be patient.** You may be anxious to clock out and go home, it is end of shift after all, but remember to not cut any corners when giving report. Give the person relieving you your full attention.

- **No gossiping.** Report time should not be synonymous with gossiping or "catch up on what you've been doing time." The appropriate time for this activity is the meal break, break time, before clocking in and/or after clocking out; or better yet over coffee at the favorite "after work" hangout.

- **Co-sign the chart.** Not all hospitals have this protocol in place, but it is wise that both the nurse going off duty and the nurse coming on duty sign off on the chart, especially the doctor's orders.

### Report is not always the nurse's

favorite activity, but it is an essential part of the job; and preparing to give report is as critical as receiving report. Neither nurse should short-change the other, because to do so is to short-change the patient, and this could mean overlooking health critical information.

After all this advice, the last thing I want to remind my readers is that "giving report" should not be the nurse's sole focus. This advice would seem contrary to everything that has come before, but take into account the following incident.

Several years ago a California hospital lost a large malpractice suit due in large part to the death of a patient for lack of nursing attention. A patient who was in post-op and being visited by his wife began to have difficulty breathing. When his wife noticed this she buzzed for a nurse. Time passed and no nurse responded. As her/his husband began to show more and more signs of distress, she went out into the hallway to locate a nurse. She could find none because it was report and all nurses seemed focused solely on this activity, resulting in a tragic outcome.

Report should always be thorough. Be sure to actively participate, as this is not the time to be a "passive receiver" of information. And, remember, you are still responsible for your patients until report is complete, you've signed off on the chart, and your relief has accepted his or her assignment. **WN**



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