

COMPONENT 2- WRITTEN ASSIGNMENT – MR AHMED

Samira-Florentina Serbana [2514813]

LCHS4003 Daniel Haruna

Table of Contents

1. Introduction
2. The Importance of Effective Communication in Mr Ahmed's Care
 - 2.1 Impact of Poor Communication
 - 2.2 Meeting Psychological and Physical Needs
3. Communicating with Mr Ahmed and His Family
 - 3.1 Language and Accessibility
 - 3.2 Visual Aids and Non-Verbal Communication
 - 3.3 Legal Considerations (Equality Act 2010)
4. The Transactional Model of Communication
 - 4.1 Overview of the Model
 - 4.2 Application to Mr Ahmed's Case
 - Message
 - Channel
 - Noise
 - Feedback
5. Collaborative Multi-Agency Working
 - 5.1 Importance of Collaboration
 - 5.2 Interdependence of Healthcare Professionals
6. Approaches to Effective Collaboration
 - 6.1 Integrated Care Pathways (ICPs)
 - 6.2 Multidisciplinary Team (MDT) Meetings
 - 6.3 Shared Electronic Health Records (EHRs)
7. Overcoming Challenges in Collaboration
 - 7.1 Communication Barriers
 - 7.2 Role Ambiguity
 - 7.3 Language Barriers
8. Success Strategies for Effective Teamwork
 - 8.1 Standardised Communication (SBAR)
 - 8.2 Joint Training
 - 8.3 Conflict Resolution Protocols
9. Conclusion
10. Harvard Reference List

Introduction:

Mr. Ahmed, a man in his late 60s, was recently discharged from the hospital after stroke treatment. He receives domiciliary care three times daily and lives on the ground level with his wife, who assists in his communication due to his limited English understanding. A multidisciplinary team, including his general practitioner, a district nurse, and a speech-language pathologist, is involved in his care. However, a concern arose regarding a missed home visit by the care agency, leading to a delay in his medication, which is currently under investigation.

1. The Importance of effective communication within the context of Mr Ahmed's care.

Mr. Ahmed's psychological needs (protection, dignity) and physical requirements (medicine, wound care) are satisfied when there is effective communication. A breakdown in medication adherence, possible health regression, and a loss of trust between the family and the care agency are the immediate results of poor communication, as demonstrated by the missing home visit (Arnold and Boggs, 2020).

Communicating with Mr Ahmed and His Family

The care team must modify their strategy to meet Mr. Ahmed's unique demands to deliver person-centred care.

Language and Accessibility: The team should stay away from medical jargon because Mr. Ahmed speaks Bengali as his native language. Even if his wife speaks English well, it's crucial to talk to Mr. Ahmed face-to-face and use her as a support system rather than a diversion. His independence is so maintained (NHS England, 2019).

Visual Aids and Non-Verbal Cues: Post-stroke patients may experience cognitive fatigue. Using communication boards or gestures can support understanding when verbal language becomes overwhelming (Royal College of Speech and Language Therapists, 2021).

The Equality Act 2010: Under this Act, care providers have a legal duty to prevent discrimination based on protected characteristics, including age and race/ethnicity. Providing information in accessible formats (such as translated medication charts) is considered a reasonable adjustment to ensure equal access to services (UK Government, 2010).

The Transactional Model of Communication

We can use the Transactional Model of Communication to comprehend the recent breakdown in Mr. Ahmed's care.

Both parties function as senders and receivers in this approach, which views communication as an ongoing, circular process (Barnlund, 2008).

For Mr Ahmed:

The message: The medication and home visit instructions.

The Channel: Staff handovers or the scheduling software used by the care facility.

Anything that obstructs the message is considered noise. In this instance, noise could be caused by a miscommunication during shift changeover or a technical problem with the agency's system (Arnold and Boggs, 2020).

Feedback: The acknowledgement that the communication was received. The fact that the agency neglected to verify that the visit took place and that the MDT was not informed until after the error indicates a failure in the feedback loop (Barnlund, 2008).

2. Collaborative Multi-Agency Working

Collaboration is the cornerstone of Mr Ahmed's recovery. Because his needs are interdependent—for example, his ability to take oral medication (managed by the GP) depends on his swallowing safety (assessed by the SLT)—professionals cannot work in silos (NHS England, 2019).

Approaches to Effective Collaboration

Teams frequently employ Integrated Care Pathways (ICPs) to promote cooperation. Goal alignment between the GP, district nurse, and care agency is ensured by this methodical approach (National Institute for Health and Care Excellence, 2021). His care plan can be modified in real time during routine MDT meetings, sometimes known as huddles (Health Education England, 2018). Additionally, the use of Shared Electronic Health Records (EHRs) guarantees that the domiciliary care worker is promptly informed about how to better support Mr. Ahmed in his native Bengali or simplified English when the SLT changes a communication strategy (NHS Digital, 2020).

Overcoming Challenges:

Typical difficulties in collaborating across agencies include:

Jargon and different organisational cultures are frequently the cause of communication breakdowns (Care Quality Commission, 2022).

Role ambiguity: Uncertainty about who is in charge of particular duties, like placing an order for fresh dressings (Skills for Care, 2021).

Language Barriers: Due to Mr. Ahmed's difficulty speaking English, the team must regularly make use of his wife's fluency or expert translation services (NHS England, 2019).

Success Strategies:

Standardised Communication: During handovers, clarity is ensured by using frameworks such as SBAR (Situation, Background, Assessment, Recommendation) (Royal College of Physicians, 2017).

Joint Training: Promoting training between nurses and carers fosters respect for one another and a better knowledge of duties (Health Education England, 2018).

Conflict Resolution Protocols: Having defined procedures for resolving disputes guarantees that Mr. Ahmed's safety is not impacted by professional conflict (Care Quality Commission, 2022).

Conclusion

Mr Ahmed's experience highlights that high-quality care is built on a foundation of administrative excellence and cohesive teamwork. The investigation into his missed medication serves as a sobering reminder that a breakdown in record-keeping or communication is not merely an "office error" but a direct threat to patient safety. By adhering to the **Data Protection Act 2018** and maintaining meticulous records, professionals uphold the legal and ethical standards required to protect vulnerable individuals.

Simultaneously, the collaborative efforts between his GP, nurse, and therapists ensure that Mr Ahmed is treated as a whole person rather than a set of symptoms. Moving forward, the focus must remain on transparent communication and the integration of services. When administrative precision meets empathetic, collaborative practice, the healthcare system can provide the transition from hospital to home that Mr Ahmed deserves—one that is safe, organized, and culturally sensitive.

Harvard Reference List

Arnold, E.C. and Boggs, K.U. (2020) *Interpersonal Relationships: Professional Communication Skills for Nurses*. 8th edn. St. Louis: Elsevier.

Barnlund, D.C. (2008) 'A transactional model of communication', in Mortensen, C.D. (ed.) *Communication Theory*. 2nd edn. New Brunswick: Transaction Publishers, pp. 47–57.

Care Quality Commission (2022) *Regulation and inspection of health and social care services*. Available at: <https://www.cqc.org.uk>

Health Education England (2018) *Multi-professional framework for advanced clinical practice in England*. Available at: <https://www.hee.nhs.uk>

National Institute for Health and Care Excellence (NICE) (2021) *Care and support of people growing older with multiple long-term conditions*. Available at: <https://www.nice.org.uk>

NHS Digital (2020) *Electronic health records*. Available at: <https://digital.nhs.uk>

NHS England (2019) *The NHS Long Term Plan*. Available at: <https://www.england.nhs.uk>

Royal College of Physicians (2017) *Using the SBAR communication tool*. Available at: <https://www.rcplondon.ac.uk>

Royal College of Speech and Language Therapists (2021) *Supporting communication after stroke*. Available at: <https://www.rcslt.org>

Skills for Care (2021) *Working in partnership across health and social care*. Available at: <https://www.skillsforcare.org.uk>

UK Government (2010) *Equality Act 2010*. Available at: <https://www.legislation.gov.uk>