

The National Healthcare Communication Programme: An Audit of Initial Performance

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Abstract

Objective

To report on the initial roll-out of the National Healthcare Communication Programme, a comprehensive intervention to improve the communication skills of Health Care Providers in Ireland.

Method

An audit of a national programme to improve communication by Healthcare Providers was undertaken beginning with a pilot study followed by progression to a national roll-out. The programme involved a Train the Trainer approach using experienced facilitators to deliver the pilot programme and subsequently support the national roll-out. Evaluation forms were used to collect participant feedback at module completion and a survey was conducted subsequently to assess self-efficacy of participants after return to the work place. The programme was supported by the Health Service Executive and worked in close collaboration with The International Association of Communication in Healthcare (EACH).

Results

Six pilot sites delivered the modules to a total of 683 participants from different disciplines. The evaluation forms from the pilot sites demonstrated that 586 (95.5%) participants felt they had learned new communication skills and 607 (99%) would recommend the training to colleagues. Five hundred and ninety-two participants attended a further 37 modules of training with 526 (99.5%) declaring they had learned new skills and 524 (99%) would recommend the training to colleagues. One hundred and one participants completed a survey carried out at least three months post return to work place and 80(83%) recorded that their communication skills had improved and 89 (90.7%) would recommend the training to colleagues.

Conclusion

The audit demonstrates a highly successful implementation of a national communication training programme for all healthcare providers. The programme requires on-going support from the Health Service Executive to train more facilitators and encourage greater up-take of training in order to ensure long-term benefit to patients and staff.

Introduction

It is universally recognised that the conversation between patient and healthcare professional, known as 'the consultation' is at the heart of the delivery of healthcare and that the quality of these consultations depends on the communication skills of the clinician.¹ Despite this there are few training opportunities for clinicians to improve their communication skills having completed basic training. This paper reports on the first national programme in Ireland aimed at improving communication skills of healthcare providers (NHCPs).

The National Patient Experience Survey (NPES), first conducted in 2017², highlighted poor communication between patients and healthcare providers (HCPs) as one of its main findings. Patients were asked a series of 60 odd questions in the survey but the area which provided the greatest information was the 'free text box' where patients were free to enter comments. These yielded over 20 thousand comments which were largely positive but over 20% indicated significant dissatisfaction with the service experienced and specifically with communication a central issue in this group. Key themes which emerged were problems in the areas of attending to the relationship, gathering information, giving information, reaching agreement, enabling self-management and working with families and carers. The greatest area for improvement identified was the quality of information that individuals and their families had received and understood about caring for themselves following discharge.

When analysed by category, these communication deficits highlighted by patients bore a striking similarity to skills taught in the Calgary Cambridge Guide¹ a published framework designed to address these issues. This internationally accepted method of clinical communication is also one which can be used to guide communication skills teaching. The guide divides each step of the patient interaction into stages which focus on the key elements of the core interaction e.g. initiating the session, gathering information, providing information and closing the session – all the while paying attention to structuring the consultation for the patient and building a rapport throughout. It is now one of the leading frameworks across Europe, Canada and North America in both under and postgraduate communication skills training.

The Health Service Executive's response to the communication deficits highlighted in the NPES was to establish the National Healthcare Communication Programme (NHCP) and to adopt the Calgary Cambridge Guide as the evidence-based method of communication skill training across the Irish healthcare service. The programme adopted a Train the Trainer (TTT) approach using a cascade model to achieve penetrance in the system. The programme was delivered as four modules of care entitled – Making Connections, Core Consultation skills, Challenging Consultations and Communicating with Colleagues and Promoting Teamwork. These core modules focus on the application of a skills-based approach to the facilitation and learning of how to communicate with patients and their families.

Experienced facilitators were used and collaborative links were established with the International Association for Healthcare Communication (EACH) who also provided facilitators and oversight of the project.

Methods

The training involved workshops delivering a skills-based approach with a combination of didactic teaching, role play, small group discussion and video demonstration of skills. The workshops were not intended to address poor performance.

The initial phase of the NHCP involved seeking volunteer hospitals across the hospital group system in Ireland. Six pilot sites declared interest - Beaumont Hospital (Model 4), St. Luke's general Hospital, Carlow/

Kilkenny (Model 3), University Hospital Waterford (Model 4), University Hospital Galway (Model 4), University Hospital Limerick (model 4) and The Mercy University Hospital Cork (Model 3). Model four hospitals equate to large teaching hospitals and typically employ between two to three thousand staff while model three equate to regional/general hospitals typically with staffing levels of between one to two thousand employees. Volunteer facilitators from these sites were trained by the core faculty of the NHCP and Modules One and Two were rolled out in all six pilot sites between 2018-2019. Based on evaluations from the pilot sites the programme was then extended to Modules Three and Four. These were subsequently delivered in all six pilot sites and later made available to all hospitals in the country. Participation at any module was open to all staff both clinical and non-clinical.

At the end of each module participants were asked to fill in an evaluation form and this data served to refine the delivery of the modules in keeping with the overall programme aim.

A simple Likert evaluation form was used for recording responses. In order to evaluate the perceived effectiveness of the programme during the pilot testing period we asked participants who had attended any of the four modules to complete a survey which was undertaken at least three months after the completion of the NHCP module attended.

Results

A total of 683 participants attended the modules in the pilot sites. Table 1 illustrates the breakdown of clinical and non-clinical staff.

Table 1. Participants attending each NHCP module categorised by profession.

Module	One	Two	Three	Four	Overall
Nursing	31	56	57	40	184
Doctors	3	44	21	39	107
HSCPs	43	42	17	15	117
Specialist areas/Non-Clinical*	195	12	33	35	275
Total	272	154	128	129	683

Note: *Specialist areas include staff working in Learning and Development, Quality, Safety and Risk, and Clinical skills facilitation.

Table 2. Frequency of Likert responses to survey items in the Pilot and Overall Study

Question	Strongly Disagree n(%) Pilot/Overall	Disagree n(%) Pilot/overall	Agree n(%) Pilot/Overall	Strongly Agree n(%) Pilot/Overall
1. I learned new skills and/or refreshed skills	4 (0.5%)/0(0%)	23 (4%)/3(0.5%)	297 (48.5%)/149(28.5%)	289 (47%)/377(71%)
2. The facilitation was effective	0 (0%)/0(0%)	3 (0.3%)/2(0.3%)	237 (38.5%)/131(24.7%)	373 (61%)/396(75%)
3. I would encourage colleagues to attend a similar workshop	1 (0%)/0(0%)	5 (1%)/5(1%)	188 (30.5%)/134(25%)	419 (68.5%)/390(74%)

Table 2 illustrates the participant feedback in the pilot and overall sites. In the pilot survey five hundred and eighty-six (95.5%) participants felt they had learned new communication skills and 607(99%) would recommend training to a colleague. In the overall roll-out these figures were 526 (99.5%) and 524 (99%) respectively.

Results

Follow up survey

A questionnaire was issued by survey (SmartSurvey LTD, Tewkesbury, Gloucestershire UK) to all facilitators at least three months since last attending a workshop of the NHCP. A total of 101 responses (27%) were received with ninety-eight complete responses. The results demonstrated similar responses to the initial evaluation forms with 80 respondents (83%) indicating that their communication skills had improved following training. Eighty-nine (90%) respondents indicated they would recommend training to colleagues.

Table 3. Question: How likely are you to encourage colleagues to attend the module workshops?

	Response per cent	Response total
Extremely unlikely	5.1%	5
Unlikely	1.02%	1
Neutral	3.06%	3
Likely	34.69%	34
Extremely likely	56.12%	55
Total	100%	98

Table 4. Eighty-three per cent of facilitators felt their communication skills had improved since completing the module(s).

	Response per cent	Response total
Strongly agree	28.13%	27
Agree	55.21%	53
Neither agree nor disagree	15.6%	15
Disagree	1.04%	1
Total	100%	96

Discussion

The findings of the first NPES in Ireland have been replicated in its later iterations with deficits in communication skills among HCPs remaining a key issue for patients and families. The Scally report into the Cervical Screening³ controversy highlighted shortcomings in open disclosure skills and lack of uptake in training among doctors, despite mandatory obligations. The Joint Commission Centre for Transforming healthcare in 2012⁴ estimated that communication issues contributed to 80% of serious medical errors in healthcare. The State Claims Agency in Ireland have similar data⁵. The Irish Medical Council frequently encounter communication issues as a key element in many complaints to the fitness to practise committee⁶. However, it's not just doctors who need to be mindful of communication skills as evidenced by the comments in the recent patient surveys. All HCPs are mentioned at some stage or other.

In response to this backdrop the HSE have attempted to address the issue of communication skills training for all staff – not just doctors – by setting up the NHCP and encouraging staff to avail of training. The adopted training model of face to face experiential learning with structured feedback and supervision in a multidisciplinary setting mirrors the current healthcare initiative of ‘learning together in teams’ as best practice⁷. This audit data from the NHCP demonstrates how communication skills can be taught using the framework of the Calgary-Cambridge guide. The effectiveness of communication skill training in healthcare outcomes is substantial^{8,9,10,11,12} and evidence -based support continues to grow.

It is noteworthy that doctors accounted for a minority of participants in the NHCP figures although hardly surprising. Doctors are already hard pressed to fulfil existing service commitments in an often over-stretched work environment and communication skills training may not feature highly in their list of priorities. Evidence exists, however, to support the view that effective communication leads to more effective consultations and in a shorter period of time - which has to be welcome news to all involved.¹³ In addition, there is also evidence that communication skills training increases not only self-efficacy and person-centeredness but also enhances resilience and may protect against burnout in HCPs¹⁴. Given competing demands on time-poor HCPs the HSE has a role in supporting staff to attend NHCP training modules. Other jurisdictions such as Denmark and Austria where similar national training programmes exist have already reported success¹⁵ and it is reasonable to anticipate Ireland will follow suit.

Inevitably criticisms of any large -scale intervention programme such as the NHCP will point to a lack of proven effectiveness. The science of evaluating effectiveness in situations such as these is complex¹⁶. The RE-AIM module focuses on the reach, effectiveness, adoption, implementation and maintenance on the impact of any training programme. Using this model we can state that the number of participants recorded to date is in excess of one thousand five hundred. This number is expanding as more services adopt the programme such as maternity, paediatric and patient advocacy services. Effectiveness was measured here using the follow-up survey to test self-efficacy which demonstrated that participants who responded recorded that they had picked up useful communication skills from the modules they attended. With a response rate of twenty-seven percent, however, it is not possible to over-emphasise these findings.

Adoption and implementation continues at the present time with currently 39 of the state’s 46 acute hospitals engaging with the NHCP. The programme is also gaining momentum in maternity, paediatric and other services. The maintenance of the programme depends on sufficient numbers of facilitators continuing to contribute and also the HSE committing sufficient funding to sustain the programme.

Competing issues of individual performance before and after interventions are inextricably linked to the environment in which they occur. Isolating what works well may often be compounded as well as tailored to local factors in much the same way as individual resilience may be linked to resources. What we do know is that improving communication skills improves efficiency and leads to a greater sense of well - being and job satisfaction in HCPs. The results of the follow-up survey of facilitators certainly support this in this audit. In turn, better communication skills benefit patients, and lead to less aggressive treatment options, often with associated economic benefits.¹⁷

The sustainability of the programme will require a commitment from the HSE to support the facilitators and ensure quality control is maintained. To this end the incorporation of EACH representatives to date has significantly helped in this regard given the innovative nature of the project. As interest grows in the programme it is likely that other services within the HSE will look to avail of its resources which can only be good news for the Irish patient population.

Declaration of Conflicts of Interest:

The authors have no conflict of interest to declare.

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