

Educational/Counseling Model Health Care

Mandatory communication training of all employees with patient contact



Jette Ammentorp^{a,*}, Lars Toke Graugaard^a, Marianne Engelbrecht Lau^b,
Troels Præst Andersen^a, Karin Waidtløw^a, Poul-Erik Kofoed^c

^a Health Services Research Unit, Lillebaelt Hospital/IRS University of Southern Denmark, Vejle, Denmark

^b Stolpegaard Psychotherapy Centre, Mental Health Services, Copenhagen, Denmark

^c Department of Paediatrics, Lillebaelt Hospital/IRS University of Southern Denmark, Kolding, Denmark

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ABSTRACT

In 2010 a communication program that included mandatory communication skills training for all employees with patient contact was developed and launched at a large regional hospital in Denmark. *Objective:* We describe the communication program, the implementation process, and the initial assessment of the process to date.

Method: The cornerstone of the program is a communication course based on the Calgary Cambridge Guide and on the experiences of several efficacy and effectiveness studies conducted at the same hospital. The specific elements of the program are described in steps and a preliminary assessment based on feedback from the departments will be presented.

Results: The elements of the communication program are as follows: (1) education of trainers; (2) courses for health professionals employed in clinical departments; (3) education of new staff; (4) courses for health professionals in service departments; and (5) maintenance of communication skills.

Thus far, 70 of 86 staff have become certified trainers and 17 of 18 departments have been included in the program.

Conclusion and practice implications: Even though the communication program is resource-intensive and competes with several other development projects in the clinical departments, the experiences of the staff and the managers are positive and the program continues as planned.

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1. Introduction

Several studies published during the last three decades have shown that communication skills training has a positive effect on the communication style of health professionals [1–4] and influences patient outcome [3,5–7], although the impact on patient outcomes is less convincing due to the methodologic challenge of measuring indirect outcomes [8].

The studies have typically been conducted in individual departments, often by implementing single interventions and without any follow-up [4,9]. Furthermore, it is unknown if any of these studies have ever been translated into praxis on a larger scale.

It has been suggested that large-scale effectiveness studies should be conducted to include elements that can improve a

sustainable adoption and implementation of the intervention [10,11]. Studies that also take the complexity of the clinical praxis into account [12]. Even so, it has not been possible to find any large-scale scientific studies meeting these criteria.

Based on the experience of implementing a communication skills training course in four different clinical departments at the hospital and on findings from both efficacy [13,14] and effectiveness studies [15,16] conducted in two of these departments, we were encouraged to provide the course to the entire hospital [17].

A project plan that included an estimate of the costs for implementing the communication program was prepared and accepted by the managers of the departments and the hospital. The economic estimate showed that a department would spend 1.6 person-years for each 100 staff participating in the course, and that the total operating expenses would be approximately 2 million Danish kroner, corresponding to 270,000 EUR. The estimate was based on the assumption that there will be no decrease in production.

In this article we describe the communication program, the implementation, and an initial assessment of the process thus far.

* Corresponding author at: Health Services Research Unit, Vejle Hospital, Kappeltoft 25, Bygning S100, 7100 Vejle, Denmark. Tel.: +45 23845345.

E-mail address: jette.ammentorp@rsyd.dk (J. Ammentorp).

2. Methods

2.1. Setting and organization

The program is implemented at Lillebaelt Hospital, a regional hospital consisting of 18 clinical departments and 10 clinical service departments. The total number of health professionals is approximately 3000.

A steering committee is responsible for monitoring, adjusting, and further development of the program and the course administration is carried out by the hospital administration in close cooperation with the research group.

2.2. The program

The program includes mandatory and continuous communication skills training to all health professionals employed in the clinical departments and to staff in the clinical service departments, who usually has shorter patient contact (radiology staff, medical laboratory assistants, secretaries, and hospital porters).

The communication program consists of the following parts:

- (1) Courses for health professionals employed in clinical departments.
 - (a) Training of the trainers.
 - (b) Education of the staff.
- (2) Education of new staff.
- (3) Courses for health professionals in service departments.
- (4) Maintenance of communication skills.

The training course is the central part of the program. The training course is based on a communication course founded on Albert Bandura's theory of social learning [18], and on the description of the specific communication skills referenced to the current evidence [19]. The intervention is comprised of three basic elements. The first element is a tight structure of the communication with reference to The Calgary Cambridge guide [19], the second element is a communication technique that focuses on how to listen, how to help the patient to explain his/her problems, and how to ask the right questions. The third element is a patient-centered approach focusing on how to elicit and respond to patient concerns and needs and how to reach a mutual understanding of the problem and its treatment.

The training, each with eight participants, is based on lectures developed by the Danish Medical Association. The content of the course is a mix of role-plays in small groups and theory and debriefing in plenum. In the role-plays, the participants act as patients as well as themselves as health professionals. They are given feedback during role-plays and on their performance in the videotaped encounters. Recording a videotape of an encounter with a patient is a prerequisite for acceptance of the course.

The training sessions are conducted by physicians and nurses from the clinical departments who have been trained by the Danish Medical Association to become certified trainers in clinical communication.

3. Results

According to the purpose of this paper, we will describe the content of the communication program, the implementation process, and the initial assessment to date.

3.1. Courses for health professionals in clinical departments

All of the clinical departments are included in a stepwise fashion between 2011 and 2014, and to the extent possible, the

course and the course plan are customized to the specific department.

The following course modules are mandatory for all departments: the structure of the dialog (Calgary Cambridge guide); psychological reactions to somatic disease; and video supervision. However, some of the modules are compulsive and the managers are asked to choose 4 out of 10 optional course modules (e.g., motivational interviewing, the serious message, the short dialog, communicating with the angry patient/relative, and communicating with the anxious patient). Based on the selection of these modules, a specific course program is made for the respective department.

Meetings are held with the managers of each department approximately 6 months before the trainer course begins, halfway through the process, and after completing the last course. At the first meeting, the managers and a local coordinator are informed about the process and expectations for the process are discussed. Midway and at the end of the implementation process we meet in order to identify if there are any problems and elucidated needs for adjustments and evaluation of the process.

3.1.1. Training of the trainers

At each department, 4–8 health professionals (depending on the size of the department) are trained to conduct the communication skills training of the staff from their own department.

The training of the trainers included a recruitment course conducted by experienced local trainers. The recruitment course is a 2 + 1 day course, similar to the course offered to all clinical staff; however, at these courses the suitability of the course participants is assessed and based on these evaluations the head of the department selects the participants suitable for training the trainer course. To ensure that it is the staff most suitable as trainers that becomes certified trainers, we have found it necessary to enroll twice as many course participants in the recruitment course as the number needed as certified trainers (Fig. 1).

The trainer course is a 2 + 3 day course conducted by trainers from The Danish Medical Association. Based on an assessment of the pedagogical skills and understanding of the training concept, the participants could become certified trainers of the communication course.

3.1.2. Education of the staff

The course for the clinical staff is a 2 + 1 day course. During the 4 week period separating the two parts of the courses, the participants rehearse and make video recordings of one of their own consultations.

The departments are encouraged to appoint a coordinator responsible for sending out course material and for ensuring that all staff members attend the course.

3.2. Education of new staff members

After having conducted the communication course for all health professionals at the departments all newly recruited staff members must attend the same 2 + 1 day course, as described above. The courses are conducted for staff from several departments; therefore, the course program deviates from the department-specific program. Two programs covering communication modules relevant for the clinical departments have been designed; one program contains a module about 'the motivational interview' and the other program contains a module about 'the serious message.' Furthermore, the program also allowed for the possibility of addressing other communication issues based on the desires of the course participants.

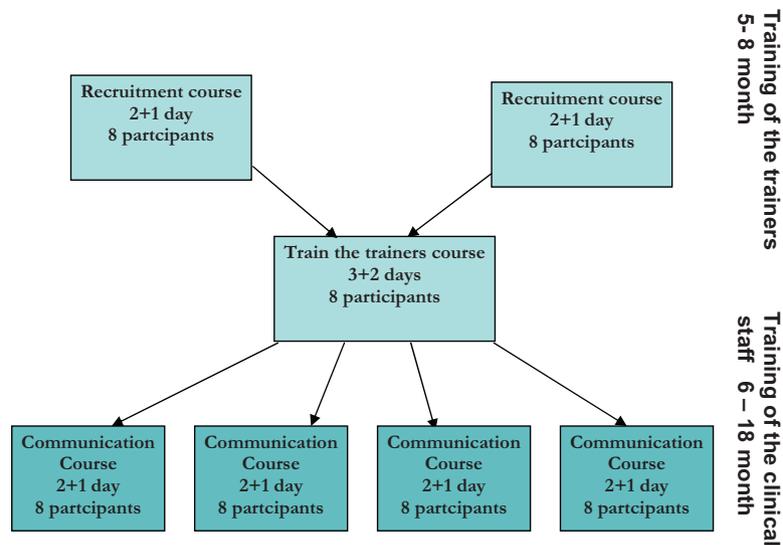


Fig. 1. Implementation of the communication course at the individual clinical departments, including training of locale trainers and training of the staff.

3.3. Courses for health professionals in service departments

For radiology staff, medical laboratory assistants, secretaries, and hospital porters working in the service department individual two day course has been designed.

The programs are developed based on information gathered at meetings with the professionals. The programs remain in concordance with the concept of the main course for the clinical staff, and therefore also include the Calgary Cambridge guide and role playing, but the video recordings are omitted.

3.4. Maintenance of communication skills

It has been the intention to establish a program that is maintained after the project phase and which continues to develop and improve the communication competences of the employees. To accomplish this goal, a guideline for maintenance of communication skills has been developed. Thus, a network for the trainers intended to serve as a forum for exchange of experiences, knowledge, and for inspiration has already been established. Furthermore, the trainers will be given the opportunity of training in specific communication tasks. Finally, the departmental management is expected to plan yearly refresher programs for the staff. The document has been approved by the Council of Quality at Lillebælt Hospital.

3.5. Initial evaluation

To date, 54 health professionals have been educated as certified trainers, and we plan to educate another 32 trainers. Five departments have finished the training courses for their staff, 9 departments are conducting the courses, and 5 departments have started the training of trainers or will start within the next 6 months. Based on the feedback from 7 halfway meetings between the managers of the departments and the first and the second author only minor adjustments have been made, such as revision of the course material, clarification and formalization of the process of selecting the trainers and adjustment of the information to the course participants and the managers of the departments in order to clarify the scope of the expected time consumption. Nevertheless, based on these positive experiences reported from the clinic and another halfway meeting held between all the managers of the departments and the hospital managers, it was

concluded that even though the training of the staff is resource-demanding, the program will continue as planned.

In ongoing studies, of which two are Ph.D. dissertation studies, we are investigating the effect of the training courses on communication with patients, patient complaints, and the self-efficacy of health professionals. Furthermore, we will identify barriers and facilitators influencing the implementation process.

4. Discussion and conclusion

4.1. Discussion

As the departments are included in a stepwise fashion, it has been possible to evaluate the process continuously. This evaluation has only necessitated minor adjustments, and although the program is resource-demanding, the departments included thus far have had a positive experience.

If the communication program is to be a long-term success, one of the main challenges is to ensure that the communication program continues and develops further after the project period. Translation of research into practice is very often hampered by inadequate infrastructure and a lack of an organization that can take over after the project period [20,21]. Therefore, in accordance with suggestions from the implementation literature [11,21], we have focused on elements that promote the sustainability of the program by establishing an organization that can ensure that all new employees participate in the communication course and that yearly refresher courses are established. The fact that the trainers are recruited from the departments where they will be teaching the staff is also considered a strength that can contribute to the maintenance of the program. The trainers are deemed to have a strong interest in supporting and developing the communication courses, thereby having a very important role as ambassadors for the communication concept. Finally, the circumstance that all staff members, including the managers, will have participated in the course might influence the communication culture and enhance the focus on communication as a core skill in clinical praxis.

4.2. Conclusion

Being this far along in the process, we are confident that we will succeed in implementing the entire program as planned, although

there has been and still will be many competing agendas in the departments.

4.3. Practical implications

At this stage of the process we have only been able to present preliminary results; still we hope that our experiences and considerations so far can be used as inspiration for health professionals who want to take up similar challenges.

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Conflict of interest

No conflict of interest.

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.pec.2014.03.005>.

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