

Improving Acute Care Provider Communication

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Effective interprofessional communication is crucial for job satisfaction as well as optimal patient outcomes. Communication is done in a variety of modalities such as face-to-face, phone calls, and text messages. Challenges with communication, especially physician to physician between the acute care inpatient hospitalist and specialty consults have become more frequent. There are many types of communication including tones of voice, non-verbal, posture, passive-aggressive, and avoidance. Ineffective types of communication erode relationships and have detrimental effects on staff as well as patients. Poor communication can lead to burnout among staff, decreased job satisfaction, and decreased retention. The effects poor communication can have on patients are medication errors, incorrect orders placed, increased readmission rates, and poor patient satisfaction results. Personalities and cultural diversity also impact methods of communication (Boscart et al., 2017; Bosch, 2015; Haskard Zolnieriek & DiMatteo, 2009; Henkel, 2007; Howell et al., 2019; Joseph et al., 2015; Niglio de Figueiredo et al., 2015; Kamimura et al., 2020; Seyedmoharrami et al., 2019; Vermeir et al., 2015; Welp & Manser, 2016). This project will include describing the acute care inpatient hospitalist population, the creation of an online professional communication development course including respect and empathy with an expectation of the hospitalist group completing during the onboarding process with the expectation of improving interprofessional communication across the system for improved patient satisfaction and outcomes.

Project Description and Purpose

In the acute care hospitalist group (P) would the implementation of an online professional communication development course (PCDC) including standards of respect and empathy (I)

compared to no formal communication course (C) increase patient satisfaction and provider satisfaction (O) within nine months (T)?

An Acute Care Hospitalist is a provider that manages complex medical conditions and treatment plans. The Acute Care Hospitalist can be an attending provider or consulted from another specialty provider to manage complex medical conditions. One issue with a lack of interprofessional collaboration was the Acute Care Hospitalists often receive orders to consult through the Electronic Health Record (EHR) documentation system with no face-to-face communication or phone call discussing concerns regarding medical issues or a reason for the consult. Additionally, there is often no face-to-face communication or phone call from providers to follow-up on recommendations for a seamless patient treatment plan. This lack of communication and collaboration resulted in miscommunication, assumptions, and frustration among providers. A lack of communication also resulted in confused patients receiving different recommendations and treatment plans from the various providers ultimately leading to a lack of adherence to the treatment plan. Lack of education and training concerning communication, professionalism, respect, and collaboration is prevalent resulting in thousands of adverse events yearly and a significant provider burnout rate impacting the organizational safety culture (de Lima Garcia et al., 2019; Gu et al., 2019; Haskard Zolnierrek & DiMatteo, 2009; Hojat et al., 2018; Howell et al., 2019; Hurtig et al., 2018; Ozturkcu et al., 2018; Palabindala & Salim, 2018; Salim et al., 2019; Seyedmoharrami et al., 2019; Swastika Chandra et al., 2018; Vermeir et al., 2015; Wells, et al., 2019).

Creating an online professional communication development course (PCDC) with an expectation of completion during the onboarding process can improve interprofessional

communication and collaboration. An online method of teaching was chosen as it the most flexible, self-paced, and cost-efficient. This course is driven by the mission, vision, and values and will give acute care inpatient hospitalists the foundation from which the organization is built upon to help guide them to build professional collaboration systems. These courses include empathy, customer service, and standards of respect (Bai et al., 2019; Buljac-Samardzic et al., 2020; Davies, & Dinwoodie, 2015; Ginda et al., 2019; Hojat et al., 2018; Kuhnel, 2018; Lagoo et al., 2020; Lecat et al., 2020; Mikkola et al., 2018; Niglio de Figueiredo et al., 2015; Ozturkcu et al., 2018; Ranjan et al., 2015; Rizzuto, 2017; Swiggart et al., 2020; Vogel et al., 2018; Wahl-Alexander et al., 2018).

Relevant patient outcomes from the PCDC included 1) a well-communicated treatment plan from healthcare providers, 2) follow-up between providers regarding the patient treatment plan and recommendations, 3) increased patient satisfaction and trust in the healthcare care team, and 4) adherence to medications and treatment plan. Additional outcomes based on increased communication and collaboration across the system include 1) increased sense of teamwork and respect, 2) increased provider satisfaction, 3) and decreased provider burnout (Bai et al., 2019; Buljac-Samardzic et al., 2020; Bulk et al., 2019; Davies & Dinwoodie, 2015; Niglio de Figueiredo et al., 2015; Ozturkcu et al., 2018; Suresh, 2020; Swiggart et al., 2020; Wahl-Alexander et al., 2018).

The expectation of this project was for all staff to complete the online communication development course during the onboarding process; however, the inpatient hospitalists started the focus group. Through the onboarding process, each provider would have been required to complete a 30-40-minute online PCDC including effective methods of communication, and

intermittent test of knowledge. The hospital mission, vision, and values were included, and an evaluation of the course was mandatory for credit of completion. Feedback from participant evaluations guided modifications of the course. Once the course modifications were complete all providers were expected to complete this online communication course as a part of their required education. Finally, outside providers, those who work in the organization but not employed by the organization, will be expected to complete this communication course for accountability toward the organization (Buelin et al., 2019; Ginda et al., 2019; Jensen, 2019; Marton & Pister, 2016; Rachwal et al., 2018; Rizzuto, 2017; Spruce, 2019; Swiggart et al., 2020).

Anticipated outcomes include improved teamwork and interprofessional collaboration as well as an increase in interprofessional communication. Additionally, an optimal outcome would include an increase in positive patient comments during nurse manager rounds and decreased patient grievances related to a lack of or ineffective communication. Increased job satisfaction as evidenced by a post-implementation evaluation and survey results and a provider engagement survey is also desired as is patient adherence to treatment plans. Finally, a decrease in provider burnout would be favorable (Buljac-Samardizic et al., 2020; Davies & Dinwoodie, 2015; de Lima Garcia et al., 2019; de Waard et al., 2018; Gu et al., 2019; Haskard Zolnierrek & DiMatteo, 2009; Howell et al., 2019; Joseph et al., 2018; Lagoo et al., 2020; Mikkola et al., 2018; Niglio de Figueiredo et al., 2015; Ozturkcu et al., 2018; Rachwal et al., 2018; Ranjan et al., 2018; Spruce, 2019; Swiggart et al., 2020; van Mook et al., 2012; Welp & Manser, 2016).

Relationship of Project to DNP Essentials

The American Association of Colleges of Nursing (AACN) DNP Essentials (AACN, 2006) will be utilized to support this project proposal, implementation, and outcomes. Peplau's

theory of interpersonal relations will be used as a foundation for this project and investigating interpersonal relations concerning provider and patient can help us to understand the need for improved communication for better understanding (Bylund et al., 2012). Organizational complexities must be assessed and interprofessional collaboration will be essential before the project finalization and implementation (Gear et al., 2018). Effective communication can lead to relationships between provider and patient which in turn results in quality care, overall happiness of the patient, and better outcomes for the patient (Wiseman, 2017). Considering quality improvement, research and technology are imperative in healthcare and assist in guiding how projects can improve outcomes for health systems as well as patients. Patient satisfaction and outcomes often drive research toward quality improvement, technology is part of every healthcare process and impacts all quality measures for documentation and reporting to governmental agencies (Akinyele et al., 2019; Bergerum et al., 2019). Policies help to guide standards of care and requirements of an organization and collaboration with Human Resources (HR) to change provider onboarding processes and policy of required education will be necessary for future onboarding (Battista & Williams van Rooil, 2018; Chesluk et al., 2017; El Koussa et al., 2016). Interprofessional collaboration to improve provider communication will be imperative (Hurtig et al., 2018; Swastika Chandra et al., 2018; Wells et al., 2019). The essential skills of the DNP-prepared nurse for effective interprofessional collaboration include communication, conflict management, negotiation, and leadership skills (Rahman et al., 2019). Population health within an organization as well as within the community is an essential goal (Henkel, 2007; Kamimura et al., 2019). Improved communication between providers will result in benefits such as enhanced safety culture, higher awareness of culture and diversity, improved

patient experiences, and increased job satisfaction (Bai et al., 2019; Boscart et al., 2019; Bosch, 2015; de Lima Garcia et al., 2019; Haskard Zolnierrek & DiMatteo, 2009; Hojat et al., 2018; Joseph et al., 2018; Lagoo et al., 2020; Mundt & Zakletskaia, 2019; Niglio de Figueiredo et al., 2015; Spruce, 2019; Suresh, 2020; Welp & Manser, 2016).

Practice Setting and Target Population/Community

The practice setting is a 190-bed acute care hospital in Great Falls, Montana with an Out-Reach and Telemedicine program spanning across 90% of the state (Benefis Health System, 2020). There are four campuses in Great Falls, Montana, and one campus approximately 100 miles away, however, there are numerous offices in cities across the state for traveling physicians from the main campus to provide continuing services to patients who have limited access (Benefis Health System, 2020). The population surrounding the hospital is predominantly white but does serve a large Native American population as well. Montana is the fourth largest state following Alaska, Texas, and California. Montana ranks 43rd in population across the nation with only a little over one million people and ranks fifth in the Native American population (Montana State Library, 2020). Montana is highly rural and access to healthcare is a challenge for many Montanans. As of the 2010 census, approximately six and a half percent of the population in Montana was Native American and most of this population resides on one of seven reservations across the state (Montana State Library, 2020). Great Falls is a city in central-western Montana with a population of nearly 60,000 people with almost six percent being Native American. Great Falls has one of the lowest socioeconomic statuses across the state of Montana and almost 15% of the population is living below the poverty level (Montana State Library, 2020; United States Census Bureau, 2019).

The targeted population for this project was the acute care inpatient hospitalist group in an acute care hospital and is comprised of physicians, nurse practitioners, and physician assistants. This acute care inpatient hospitalists attends to or consults on approximately 80% of the inpatient population. This group is culturally diverse as approximately one-half of the group is sponsored here on H1-B visas from India, Pakistan, and Romania. This transient group of providers has made it difficult for those who remain employed in the organization to create relationships with one another as a team and earn respect among the group (Henkel, 2007; Palabindala & Salim, 2018; Salim et al., 2019).

The support for the online communication development project was overwhelming from the administrative level through the managerial level as there is currently no education concerning provider communication during the onboarding process. The learning management system contact is supportive of their role in the new online education and the course was approved by the Human Resources Director to be assigned to providers during the onboarding process after the organization has stabilized post-pandemic. Saba® is a web-based learning and development community with available applications for delivering a continued learning experience, tracking course completion, and identifying coaching opportunities (Ginda et al., 2019; Kuhnel, 2018; Rizzuto, 2017; Saba, 2020; Wahl-Alexander et al., 2018).

The need for education concerning interprofessional communication and collaboration was discovered through results of the provider satisfaction and well-being assessment survey through the American Medical Association (AMA) providers took in November 2019. Although all providers had the opportunity to participate in the survey, only 57% completed it during the allowed timeframe. Additionally, a separate paper survey of the acute care inpatient hospitalists,

performed by their manager, showed that the group consistently commented about poor relationships and a lack of communication with consulting providers. There is expected resistance from providers as their time is valuable which resulted in the PCDC being completed online for no impact on productivity or travel time needed to complete the course (Calder et al., 2017; Ginda et al., 2019; Kuhnel 2018).

The mission of the organization is to provide excellent care for all, healing body, mind, and spirit. The success of the PCDC will be evident by improving interprofessional relationships through learned and applied collaboration and effective communication with a united goal of safe and quality care of the patient as well as optimal outcomes. Successful healthcare organizations strive to provide excellent care to every patient during every encounter every time. Interprofessional communication and collaboration, as well as strengthened relationships, provide for a safe culture of teamwork essential for the provider and the patient satisfaction. The vision of the hospital is to be the best health system in Montana. The hospital serves approximately 95% of the state either at the main campus, outlying campuses, Out-Reach, and telemedicine. A significant part of the patient population resides in rural areas and their health depends on outstanding professional care making collaboration a necessity. The patient experience is more than customer service, each moment must count for the best patient outcome (Bai et al., 2019; Benefis Health System, 2020; Bosch, 2015; Buljac-Samardzic et al., 2020; Marton & Pister, 2016; Mikkola et al., 2018; Mundt & Zakletskaia, 2019; Ranjan et al., 2015; Spiridonov, 2017; Spruce, 2019; Suresh, 2020).

Key Stakeholders

This project depended on many stakeholders across the organization and their support was essential. First, the providers were key stakeholders as this project impacted them more than anyone. Second, the office of the Chief Medical Officers (CMO), directors, managers, and information management team were key stakeholders as they helped guide me to the needs and assisted me in creating the most optimal learning method and platform for the providers to learn from. Third, nurses were key stakeholders as they are on the frontline and speak with providers on the patient's behalf. Their input was valuable to ensure all essential aspects of the education were met. Patients and support systems were also considered as they reaped the most benefit from optimal interprofessional communication and collaboration (Kallio et al., 2018; Kim et al., 2016; Nguyen et al., 2019; O'Rourke et al., 2016).

Needs Assessment

The first issue identified for such a drastic proposal concerning effective communication among the provider population was gathered from comments during the 2019 provider satisfaction and well-being assessment, sponsored by the AMA, concerning ineffective communication between team members and patients. One comment (Appendix A) described ineffective relationships between the acute care inpatient hospitalist and consulting providers and lack of follow-up from consulting providers to the acute care inpatient hospitalist. The next survey will be toward the end of 2021 in which the results will potentially show improvement among providers concerning effective communication and collaboration. Additionally, a separate survey was conducted among the acute care inpatient hospitalist group by the manager and the most consistent complaint was either ineffective, inappropriate, or lack of communication

provider to provider specifically related to consults not among the group itself (Benefis Health System, 2019; L. Demallie, personal communication, December 2, 2019).

The second concern regarding providers is that they do not attend a general orientation which is inconsistent with all other staff causing a gap in the foundational knowledge of the organization. General orientation includes education about the mission, vision, and values of the organization as well as appropriate ways of communicating. The final concerns are the several identified communication opportunities between providers reported by patients during nurse manager rounds and reports received from the patient advocate from patients or families. The reports from the patient advocate are discussed during the monthly grievance and complaint committee meeting, and a plan of action is delegated when appropriate for follow-up with complainants. Comment examples are; “the right-hand doesn’t know what the left hand is doing.” and “I don’t think the doctors talk to each other at all.” Patient feedback is crucial for organizations to identify opportunities for growth such as communication with other providers as well as the patient themselves. Some of the concerns gathered from nurse manager rounds included patients saying doctors have argued in their room regarding recommendations and patients have stated that they do not believe doctors talk to each other because they have different treatment plans and recommendations (K. Jarrett, personal communication, February, 1, 2020). Complaints made through the patient advocate and grievance process mimic those from the nurse manager patient rounds as do the comments on the Press Ganey patient satisfaction survey (Battista & Williams van Rooij, 2018; Benefis Health System, 2020; Bikker et al., 2017; Giardina et al., 2020; Gonzalez et al., 2020; Hurtig et al., 2018; Marton & Pister, 2016; Swastika Chandra et al., 2018; Wells et al., 2019).

Additional concerns were regarding Centers for Medicare & Medicaid Services (CMS) patient satisfaction survey results and the American Medical Association 2019 provider engagement survey result, both related to communication. The CMS patient satisfaction survey is comprised of eight domains, one being a doctor domain and asks pointed questions about effective communication, courtesy and respect, and ability to explain well. As seen in Appendix B, there is room for improvement on the doctor domain as the national benchmark for this domain is a top box of 83 (Centers for Medicaid & Medicare, 2020). Top box scores are comprised of nines and tens by the patient. Survey results are available at any time through the Press Ganey survey vendor. The scores of specific questions can be obtained before the project implementation as well as after to accurately analyze if the online communication development course made an impact on patient satisfaction regarding provider communication and teamwork.

Literature Synthesis

Patient outcomes are impacted by ineffective physician communication and collaboration. An online professional communication development course (PCDC) taken during the onboarding process will guide physicians in understanding the mission, vision, and values of the organization and expectations concerning effective communication with other providers as well as patients. Creating a culture of open dialogue among providers across the continuum will be challenging and met with resistance. The expectation was for all providers, and in time all staff, to have the same education regarding effective communication and improve the culture. This review of the literature will show the importance of an online professional communication development course for optimal patient outcomes and an eventual return on investment for the organization.

A literature search performed using the EBSCOhost database using search phrases and words “online training or e-learning or web-based”, “communication in the workplace”, “patient outcomes”, “ineffective doctor to doctor communication”, “effective respectful communication”, “unprofessional physician behavior”, “learning sessions”, “professional collaboration”, “ineffective collaboration among physicians”, and “professional development course”. ProQuest was also utilized as a search engine; however, it produced the same articles and authors. Altogether, there were well over ten thousand articles produced which were narrowed with each search word or phrase. Most of the articles are no greater than five years old, however, there are select articles greater than five years old as these are foundational for more current literature, therefore, the articles remain relevant to this project. The most valid articles obtained from the search phrases above include six level-one systematic reviews and two level-one meta-analyses (Buljac-Samardzic et al., 2020; Calder et al., 2017; El Koussa et al., 2016; Haskard Zolnierrek & DiMatteo, 2009; Jensen, 2019; Salim et al., 2019; Welp & Manser, 2016). Two level-two randomized control trials and one level-three random sampling are also included in the valid research (Gu et al., 2019; Lecat et al., 2020; Niglio de Figueiredo et al., 2015). Two level-four case studies and numerous level-six mixed-methods, cross-sectional surveys, prospective and qualitative studies exist in the research used for this project. Additionally, there were greater than 12 programs and interventions used to guide the creation of the communication development course. Interestingly, little information was found for “doctor to doctor communication”, therefore, “nurse communication”, “nurse to patient communication”, “physician burnout”, and “disruptive behavior” were additional search words and phrases used to gather applicable literature. Due to the limited literature specific for “doctor to doctor communication”, there are a

handful of outdated articles that do apply to the necessity of this project and are categorized as level seven evidence. As literature was analyzed, three themes were discovered. The first theme, of high concern, was regarding online communication teaching methods, ease for the learner, and cost-effectiveness for the organization. Theme two concerned organizational culture and includes interprofessional communication for doctor-to-doctor and doctor-to-patient. Theme three discusses burnout and disruptive behaviors and the effect on the organization concerning patient outcomes as well as patient and provider satisfaction. An integrative review can be assessed in Appendix C.

Theoretical Framework

Ineffective communication has adverse effects such as medication errors, delays in care, and dissatisfaction among staff and patients. Effective communication is essential for successful patient outcomes and helps build collaborative relationships. The theoretical framework used for this project is based on Peplau's Theory of Interpersonal Relations. Peplau's theory focused on the perception of the care patients received from nurses. This theoretical framework inspired the conceptual framework of the Institutes of Medicine in the creation of the patient satisfaction survey used by HCAHPS. Although this theory was created with nurses in mind, the acute care inpatient hospitalist group providers were the focus of this project and the results impact patient outcomes. There are many aspects to consider when discussing the patient experience, however, the patient perception is what is most important (Adams, 2017; Hagerty et al., 2017; Vertino, 2014).

Peplau's theoretical model was considered as the Institute of Medicine was creating the conceptual framework for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey for Centers for Medicare and Medicaid Services (CMS) reporting. The patient experience survey directly asks patients about providers concerning time, courtesy and respect, and communication and explanations regarding treatment. Phase one of Peplau's (1992) theoretical model, the orientation phase, includes greeting people with respect, phase two, the working phase, includes assessing, teaching, and contributing to the interdisciplinary plan, and phase three, the termination phase, includes teaching and discharging with a continued growth toward functioning. Investigating interpersonal relations concerning provider and patient helped to understand the need for improved communication. Effective communication can lead to collaborative relationships between provider and patient which in turn results in quality care, overall happiness of the patient, and optimal patient outcomes (Bylund et al., 2012; Hagerty et al., 2017; Jones, 1996; Wiseman, 2017).

One major concept of Peplau's theory is a therapeutic relationship (Appendix D). This relationship is defined by the dynamic interaction of two people, the interpersonal process, that both have a common goal for working together towards health through patient-centered partnering and allowance of autonomy. The applicability of this theory is found in the therapeutic actions of the people within the environment working toward health for the patient and community. Therapeutic relationships depend on effective communication, therefore Peplau's theory was used to guide physicians to understand the importance of effective communication, about the impact the relationship has, to ensure patients have an optimal patient experience and outcome, and providers have increased job satisfaction. Creating awareness of

one's behaviors and the effect they have on others and within a relationship is a sign of growth toward maturity which allows trust to be built resulting in a healthy relationship for the betterment of the patient outcomes and the provider satisfaction. Upon assessing the phases of Peplau's theoretical framework for interpersonal relations, it was evident that this theory was most appropriate for creating awareness for providers regarding their methods of communication and the impact on the professional relationship as well as the patient relationship. The therapeutic relationship is built on trust and impacts interactions between provider and patient as well as provider and provider. Creating a perceptual awareness of surroundings results in mutual respect, less conflict, and a greater patient-centered care environment (Adams, 2017; Bylund et al., 2012; D'Antonio et al., 2014; Hagerty et al., 2017; Nystrom, 2007; Penckofer et al., 2011).

In addition to a theoretical framework, a change theory was necessary to consider as implementing change in organizations can be challenging. Health systems across the continuum present a variety of complexities that, when planning an initiative implementation, complexities need to be assessed and interprofessional collaboration is a must to capture as many complexities as possible before the implementation. Interprofessional collaboration is key to the success of projects. Across the health care continuum, there are numerous people with many aspects of their jobs that needed to be involved for successful implementation. Healthcare is complex from technology to people, as well as policies and procedures. The complexities can cause barriers, however, interprofessional collaboration can prevent the barriers. This collaboration is crucial for success (Gear et al., 2018).

Organizational change theory, such as Lewin's change theory (Appendix E), is about recognizing what needs to be changed and developing the change (unfreeze), working on the

change (change), and sustainment for change (refreeze). Lewin points out that before changing something, there must be an extensive dive into what needs to be changed. Interprofessional relationships and effective communication are a necessary change for optimal patient outcomes and increase patient and staff satisfaction. The next step is thorough evidence-based research into the change that must happen, as well as interprofessional collaboration, to include key stakeholders to ensure optimal success. Finally, sustainment is key, yet also challenging. Data was disseminated regularly to all stakeholders for everyone to be aware of changes post-implementation to have a pulse on progress and challenges. Collaboration and communication were necessary for transparency across the continuum (Cummings et al., 2015).

Implementation

Before the implementation of the project there three small pilot groups were conducted to ensure appropriate content was applied, the usability of the technology was successful, and surveys were applicable. The first person to complete the assignment was the affiliation mentor and also the director of critical care, emergency services, and flight. His feedback was positive with minor changes to the delivery for consistency and professionalism. He suggested no changes until this course is approved for assignment to staff through onboarding and general orientation. The second pilot group, of seven people, was comprised of directors, managers, and educators. Their feedback was also positive and included many relevant comments about the applicability of the speakers and their topics of discussion. The director of the hospitalist group commented on the length of the course but agreed it was relevant material and needed to be assigned to the focus group. The final group to be assigned was comprised of the manager and executive director of the acute care inpatient hospitalist group. This group, completing the course

before the focus group, was necessary as they would need to speak to the purpose of the course, promote buy-in for course completion, and support the completion by the group.

These small groups were able to access the learning management system (LMS) and complete the course. It was during these phases that the project manager found the pre- and post-surveys did not get assigned appropriately. Other than the surveys the feedback from all the pilot participants was very positive. Positive comments were regarding the speakers throughout the presentation, the mission and vision of the organization, and the applicable message the course made in a short time. The acute care inpatient hospitalist manager and executive director appreciated the speakers and the message throughout the course regarding effective communication and felt these topics were relevant to their practice.

Had this project not transitioned to a virtual method the next phase was for the acute care hospitalists group to be assigned the course after they signed the informed consent. All the participant information and results would be available on the LMS. The survey results would have been available in excel and the course information would include a length of time for completion as well as whether all parts were completed. In the future, this project will potentially still be assigned to the acute care hospitalist group. This group tends to approximately 80% of the inpatient population making them the ideal group to implement the project with as they communicate and collaborate with the widest variety of providers across the healthcare system.

Timeline and IRB Approval

Timelines are crucial for project development, implementation, and success. Gantt charts can be useful for tracking timelines for multiple parts of a project. The timeline for the project

completion was crucial for the outcomes of the organization, however, the pandemic impacted the project and timeline exponentially. The planned timeline for this project was to complete the project proposal and receive approval by June 2020, complete the Institutional Review Board (IRB) application and await approval by August 2020, start the pilot group in September 2020, and finally, assign to the acute care providers during the onboarding process by October 2020. The Gantt chart (Appendix F) provides a visual of the project development and progress throughout this DNP program.

The proposal, Institutional Review Board (IRB), Collaborative Institutional Training Initiative (CITI), and affiliation approvals (Appendices G through J) were completed in the original timeframe. The pilot groups were completed later than anticipated and the focus group was canceled at the end of 2020 due to a high patient census and illnesses among the focus group. As the project progresses the timelines may need to be adjusted depending on multiple variables such as participant availability, technology, changes in the organization and policies, and unforeseen events such as a pandemic.

Informed consent (Appendix K) is necessary for participants of a project to understand their role, agree to their participation under no pretenses, and understand they have a right to say no if they choose. The IRB approved the informed consent through the project proposal (Freed et al., 2018). Had the project continued as planned, all the acute care inpatient hospitalists would have signed the informed consent before completing the online course. Although their employee number information would not have been used for anything, this number is an identifier in the LMS. The threat is nearly non-existent; however, the participant would need informed consent to understand this risk does exist.

Budget and Cost-Benefit Analysis

The budget effects will be minimal as the learning technology is currently available so no additional technology costs will be necessary. The learning platform is established and utilized, and the online communication development course is easily embedded making no additional platform necessary. The only potential cost will be in the form of time the provider will need to complete this education. The orientation schedule is created by the provider onboarding specialist who has the flexibility to enter time for this education into the schedule for the provider to complete before starting direct patient care which would impact productivity. The online course should take 30-45 minutes to complete and can be done in the administrative offices making no other room reservations necessary.

The return on investment (ROI) for the organization will be impacted as the outcomes should include improved patient experience scores and comments in the doctor domain on the hospital consumer assessment of healthcare providers and systems (HCAHPS) patient satisfaction survey. Meeting HCAHPS benchmarks through improved patient satisfaction survey scores will result in an increased reimbursement rate from CMS. Additionally, an ROI should be observed in patient adherence to the treatment plans, decreased medical errors and adverse events, and decreased readmissions. The 2021 provider engagement survey should show an improvement in job satisfaction concerning interprofessional collaboration, communication, and respect resulting in an additional return on investment if the physicians show an increase in productivity related to job satisfaction as well as increased retention (Adzido et al., 2015; Godden et al., 2019).

Instruments for Data Collection

Data collection tools include four methods including LMS results for the pre- and post-surveys as well as the course evaluations, CMS patient satisfaction survey results, nurse manager patient rounds, and employee satisfaction survey results. The LMS results of the pre- and post-surveys would have been in excel and the course completion results would have been available on the LMS. These results would have been transferred to a password-protected, encrypted flash drive for the safety and protection of all participants and kept in the sole possession of the project manager. The pre- and post-survey results would have given the project manager an inside look into the thoughts providers have regarding their colleague's communication styles, as well as their communication style.

The electronic data collection tool through the learning management system was the most useful for documenting and tracking time the participant needed to take the course, attempts needed to get questions correct, and post-course evaluation. Additionally, there was a pre- and post-survey assigned to each participant to assess the knowledge before and after the course was completed. Data used during the online professional communication development project was gathered in three phases. The first phase is a five-question four-point Likert scale pre-survey (Appendix L) based on the Consultation and Relational Empathy (CARE) measurement asking the participant their opinion about their colleague's communication style (Bikker et al., 2017; Gonzalez et al., 2020). The second phase was a thirty-minute PowerPoint presentation (Appendix M) discussing the etiquette of communication as well as types of language and distractions that impair effective communication. The online course included testing your knowledge slides to assess how much each participant retained from previous discussions and

the five video presentations from senior leadership discussing various challenges they have witnessed over their career and words of wisdom for the participant to consider. The final phase is a six-question four-point Likert scale post-survey (Appendix N) asking the participant about their communication style. Likert scales are widely used and have proven validity and reliability for collecting data and both, the pre- and post-surveys had an area for comments if the participant chose to utilize it (Xu & Leung, 2018). Careful consideration and discussion among stakeholders for the Likert surveys was necessary for optimal project results as well as meaningful thought-provoking consideration for participants concerning effective communication and the impact it makes on patient outcomes and professional relationships.

Data Analysis

The professional development course is embedded in the online learning management system and can be assigned to each provider after the pandemic has stabilized and the timing is more appropriate for staff to participate in a project. Once the project has been assigned the project manager will have the ability to track each person's progress, participants who have completed the course, and the length of time it took each participant to complete the three phases. Additionally, the pre- and post-survey results will be available on an excel spreadsheet to analyze results. The learning management platform offers the ability to track completion rates as well as time taken for completion. Information such as employee number and name will be kept within the Saba© platform with exclusive access to only the project manager. Saba© is on a network protected behind a firewall and on a separate server. Additionally, the information will be stored on a password-encrypted flash drive continually in the project managers' possession (Darling-Hammond et al., 2020; Ritchie et al., 2017).

Data for this online professional communication development project was obtained from the learning management system education platform and gathered from three pilot phases. The first phase was the affiliation mentor being assigned the three-phase course. Once the mentor completed the online course assigned, feedback and constructive criticism were offered for revisions and changes to the course and compliments included how easily the education system was managed. The second phase was a pilot study utilizing seven volunteers consisting of educators, managers, and directors for feedback related to the course and usability of the technology (Via et al., 2019). During this pilot phase, it was discovered that the technology was preventing the surveys from deploying at the appropriate times. One pilot participant described issues with background noise during the presentation, however, no other participant mentioned this same issue. All the participants complimented the layout of the slides and appreciated all of the speakers throughout the presentation. The third and final phase included the hospitalist manager and executive director. These final two participants were the last step before all hospitalists would have been assigned making their evaluation of the course and feedback crucial for optimal buy-in, success, and support. The feedback offered from these participants was very positive and complimentary as all the issues had been resolved for a smooth presentation and appropriate assignment of surveys.

An analysis of current policies regarding required education during general orientation and onboarding processes will be imperative as there is currently no requirement concerning effective communication (Chapman et al., 2020). The electronic data collection tool through the learning management system will be most useful for documenting and tracking time the participant needs to take the course, attempts needed to get the test your knowledge questions

correct, and pre- and post-course survey results (Kumuthini et al., 2020; Mugisha et al., 2019; Tenopir et al., 2020). The pre- and post-surveys were analyzed for themes once the pilot participants completed the online course (Appendix O). Themes from the pre-survey included participants feeling like they are not always listened to, speakers needed to take more time to explain things more clearly, and participants wanted to feel like they are more included in making patient care plans. Post-survey themes showed participants felt like they are easy to talk to, they could listen better, and they could ask more open-ended questions for clarification. Finally, anecdotal feedback was analyzed for validity and reliability concerning the effectiveness of the online professional development course. Anecdotal feedback was positive and supportive.

Sustainability

Sustainability is possible with a vision and mission, a continued evaluation process including continued stakeholder involvement, and formative and summative evaluations. An additional form of evaluation was through the learning management system as well as formative, summative, and anecdotal comments, and time of completion. The provider onboarding policy concerning required education will need to be analyzed and modified and will need to include staff who are not employed but utilize the facilities, to ensure all representatives of the hospital are receiving the same education and knowledge of expectations for their role (Szabo, 2016). Sustainability will rely heavily on the stakeholders' support and willingness to make changes to policies concerning educational requirements for onboarding and general orientation. Having the ability to exhibit the ROI for the organization will lend a hand in obtaining buy-in and support from the stakeholders. Additionally, the cost savings related to patient adherence to treatment

plans reduced staff turnover, and gained financial incentives from CMS will support the need and sustainability as well.

Project Evaluation

A formative and summative evaluation process was important throughout the project. Formative evaluations were frequent and were generally informal. Frequent evaluations and informal feedback helped to find weaknesses and guide necessary modifications for a more successful project. Formative evaluations are used to learn ways for improving a process and can be as easy as asking the learner if the content was appropriate or if changes were suggested for increased learning. Summative evaluations are completed after the learning has been done. Formative evaluations were crucial for necessary changes to be made during the beginning of the project to ensure success. Evaluations from key stakeholders, as well as the learners, were imperative for the effectiveness of this project. The project manager relied on participants willing to work as pilot learners to ensure success before the focus group was assigned (Buelin et al., 2019; English & English, 2019; Vesper et al., 2016).

Project evaluation began before the first pilot group. The affiliation mentor completed the course and provided valuable feedback regarding the positive and negative aspects of the online communication development course. After minor changes were made to the course a pilot group of directors and educators completed the course and offered feedback regarding thoughts, ideas, and concerns about the project. The overall feedback was very positive, and no additional changes were necessary. The final pre-implementation people to complete the course were the manager and executive director of the acute care inpatient hospitalist group. They were both satisfied with the content, course, length, and speakers' messages throughout the course. The

surveys were also appreciated by all participants and felt to serve a purpose for learning about their own thoughts of communication as well as their colleagues.

Implications

Implications for an online professional communication development course include optimal patient outcomes, increased adherence to treatment plans, increased patient satisfaction and increased staff satisfaction. Additionally, HCAHPS scores will increase resulting in increased reimbursement for performance. Finally, improved collaborative relationships will result with improved effective communication across the organization.

COVID-19 Impact and Virtual Transition

The COVID-19 pandemic is reaching proportions beyond expected patient census numbers, impacting healthcare providers health and well-being, and taking an overall toll on mental and physical health of staff. All quality projects, incentive compensation projects and school projects have halted for the organization to focus fully on patient care and staff well-being. The DNP project has been developed and a pilot group of eight people were able to complete the course before the project was cancelled by the organization adding to knowledge regarding the success of the online effective communication development course up to the point of implementation to the final group of participants. There will be no expectation of continuing at the organization, however, the executive director of the acute care inpatient hospitalist group, as well as the affiliation mentor, are willing to assist in finding appropriate answers to questions as needed. The information currently gathered from the pilot groups demonstrates benefits of the online effective communication development course.

Implementation and Evaluation Plan

Effective communication is necessary for patient centered relationships as well as optimal patient outcomes. An online professional communication development course, assigned to be completed during the onboarding or orientation process is an ideal method for all staff to have the same knowledge regarding mission, vision, and values of the organization and keep the patient at the center of their communication efforts. Once the implementation of a large-scale project is completed there must be an evaluation of the project to measure success. Evaluations can be formative and summative, and measurements of success can be documented through patient satisfaction comments on CMS patient satisfaction surveys, as well as during nurse manager patient rounds. Project implementation must have contingency plans. This project transitioned from in-person to virtual during the DNP program, therefore numerous changes needed to be made to accommodate graduation requirements.

Anticipated Issues and Ideas to Circumvent

Anticipated issues with project implementation included technology issues, time sensitive management of tasks assigned to those not clinical (technology specialist), and with a pandemic in full swing an anticipated issue concerned full implementation of the DNP project. Effective communication with stakeholders and team members was crucial, however, in the end the pandemic was taking too strong a toll on the tentative participants of the online effective communication professional development course implementation. The alternative to the in-person project is the virtual implementation plan. Although there may be more work involved

with the virtual method the stakeholders are on stand-by for troubleshooting, questions, and feedback to ensure complete project success without being in the organization.

Expected Outcomes

Relevant expected outcomes from the project include well-communicated treatment plans between healthcare providers, follow-up from provider to providers regarding recommendations for patient care, increased patient satisfaction and trust in the healthcare care team, and increased adherence to medications and treatment plan. Additional outcomes based on increased communication and collaboration across the system include increased sense of teamwork and respect, increased provider satisfaction, and decreased provider burnout. Additionally, potential outcomes will include improved teamwork and interprofessional collaboration as well as an increase in interprofessional communication, an increase in positive patient comments during nurse manager rounds and decreased patient grievances related to a lack of or ineffective communication, an increase in job satisfaction scores as evidenced by CMS survey results and a follow-up provider engagement survey.

How Outcomes are Measured

Outcomes can be measured three ways. The first way is through CMS survey results regarding the doctor domain and teamwork efforts. These scores will need to be analyzed prior to the project implementation and for six to twelve months after the implementation to identify whether change in effective communication and teamwork was made according to the patient perception. The second way to measure outcomes is to analyze the rate of readmission related to

ineffective communication regarding patient care plans. The final way to measure outcomes is through burnout and retention related to provider engagement satisfaction survey.

Anticipated Issues with Evaluation and Strategies to Overcome

An anticipated issue with the evaluation is related to timing of the patient satisfaction survey results. There is a lag of approximately one month from survey being sent to the patient, the patient completing the survey and sending back to the survey vendor, and the vendor making results available to the organization. This time lag will make keeping the forward momentum of the project excitement challenging to keep people informed of accurate results in a timely fashion. Weekly reports from the survey vendor to the focus group will aid in displaying progress related to the communication development course on patient perception and satisfaction. An additional potential issue with the evaluation is that the project has transitioned from an in-person to a virtual method making factual results challenging to discuss and support. An analysis of the current organizational culture, patient satisfaction results for one year, and the previous provider engagement survey will be necessary to predict results from the online effective communication development course. Additionally, the impact of the organization on the community will be crucial to consider as the organization serves a significant number of counties across the state.

Practice Setting and Public Health Data

The practice setting for the online professional communication development course is a 190-bed acute care hospital in Great Falls, Montana with an Out-Reach and Telemedicine program spanning across greater than 90% of the state (Benefis Health System, 2020). There are

four campuses in Great Falls, Montana, and one campus approximately 100 miles away, however, there are numerous offices in cities across the state for traveling physicians from the main campus to provide continuing services to patients who have limited access (Benefis Health System, 2020). The population surrounding the hospital is predominantly white but does serve a large Native American population as well. Montana is the fourth largest state and ranks 43rd in population across the nation with only a little over one million people and fifth in the Native American population (Montana State Library, 2020). Montana is highly rural and access to healthcare is a challenge for many Montanans. As of the 2010 census, approximately six and a half percent of the population in Montana was Native American and most of this population resides on one of seven reservations across the state (Montana State Library, 2020). Great Falls is a city in central-western Montana with a population of nearly 60,000 people with almost six percent being Native American. The overall poverty level of Montana is almost 13% and the state ranks 31st across the nation. Great Falls has one of the lowest socioeconomic statuses across the state of Montana and almost 15% of the population is living below the poverty level (Montana State Library, 2020; United States Census Bureau, 2019).

Unemployment Rates

Just after the pandemic and national emergency were announced by President Trump on March 13, the state of Montana, like all others, were forced to close businesses and residents were encouraged to remain at home to help prevent the spread of the coronavirus. In an already low socioeconomic community this damaged many businesses beyond repair and forced owners to become more dependent on the government for financial survival. The January unemployment rate for Montana was at 3.5% and in March, during the national emergency declaration, the rate

jumped to 4.4%. Montana saw its highest unemployment rate in April at 14.8% but by August is was down to 8.4% and by December 2020 the unemployment rate was at a steady 6.7%.

COVID-19 Statistics

By the end of March, the state of Montana started to see an uptick in COVID-19 numbers and by mid-April there were over 10,000 tests performed and over 400 cases in 29 out of 56 counties. By the end of July there were over 3,000 cases in 50 counties and almost 50 deaths since the pandemic announcement. October had the largest increases with the case count rising to over 22,000 in all 56 counties, tests performed were nearly 430,000, and 71 deaths across the state, most related to residents and inmates due to cohabitation settings. Current January cases are nearly 90,000 with almost 900,000 tests performed and deaths total 1,067 across the state.

Phases of Re-Opening the State

The state began to re-open in phases. The first phase, in mid-May, included the opening of gyms, fitness studios, movie theaters, and museums, but with the stipulation of continuing to adhere to a strict 50% capacity and social distancing guidelines. Phase two started in the beginning of June and included lifting the 14-day out-of-state quarantine, limiting gatherings to 50 people, and bars, restaurants, and casinos were able to open at 75% capacity if social distancing guidelines continued to be met. Phase three has not been started as the numbers began to rise sharply after phases one and two so previous restrictions have been put into place again. The third phase will be evaluated by the new governor at a future appropriate time.

Impact to Healthcare

The pandemic made a significant impact in the healthcare community as visitors were not allowed to see loved ones, including long term facility residents. Additionally, the surgical services elective surgeries and procedures were stopped in March to prevent the spread of this deadly illness which caused a financial loss of millions of dollars. Fortunately, the end of April selected surgeries resumed with limited caseloads for the ability to stop again if needed. Healthcare organizations have had to modify and adopt new policies concerning isolation protocols, family visitations and communication efforts, end of life care, essential needs, and ability to redeploy staff based on needs. The impact to resident in healthcare facilities has been largely on the senior services and long-term communities due to isolation and inability to have family visitations. The inpatient impact is similar as the patients with COVID-19 either cannot have visitors or the visitation is near the end-of-life and is limited in the time and number of visitors making the grieving process confusing and discouraging for patients loved ones.

Additional impacts of the pandemic on the healthcare system include the increased patient census, the lack of staff to care for the increase in patient census, and the illness that impacted staff. The patient census remained low from March to August. The patient census from March to July ranged from 50-80%. By August the patient census started to rise and by September the patient census rose to over 125%. This high census remained consistent through November. During the high patient census staff were quickly challenged with creating staffing for appropriate patient to nurse assignments. Fortunately, the governor contracted with a traveling company and were able to recruit traveling nurses to help healthcare organizations across the state. In addition to traveling healthcare providers there were also disaster medical assistant teams (DMAT) assigned to the organization to help. While the additional staff was of

great help to the organization, the next challenge was the illness the staff was contracting due to a variety of reasons such as exposure, exhaustion, and lack of social distancing, among other reasons. The increase in staff illnesses was a hardship for many departments, including the hospitalists, as the patient census was already a challenge, this was increased with lack of staff.

The end of December brought a vaccination distribution plan from the Governor of Montana that would be performed in four phases with the first phase including all healthcare workers and staff and residents of long-term care facilities, and all healthcare workers with direct patient care including dentists, therapists, and optometrists. The hope with use of continued masks, social distancing, and widespread vaccinations is that healthcare, businesses, and life will be like before the pandemic was announced. Healthcare workers performing direct patient care will be continually accepted to receive a vaccine throughout the vaccination plan timeframe.

Changes Post-Pandemic and the Vision for the Future

Change within healthcare organizations is inevitable. A vision for the future of the organization concerning change must be well thought out and defined for leadership to ensure continued momentum and sustainment. The future vision for this project is for all staff, including providers, to be required to complete this course during general orientation or onboarding. Additionally, all external providers, such as surgeons, who utilize the facilities should be expected to complete this course prior to receiving their privileges. Change concerning effective communication within the provider population is challenging but imperative for optimal patient outcomes as well as patient and employee satisfaction. Organizations rely on healthcare teams to effectively communicate with one another for smooth patient care transitions, care coordination,

optimal collaborative relationships, and a healthy workforce culture. Future visions for an organization are built on the mission, vision, and values which guide expectations and ownership of staff to their profession and organization. Although communication is learned at a very young age, with age comes bad habits, and bad habits are enabled through use of technology and distractions. Additionally, communication varies from one generation to another making effective communication more challenging among healthcare providers.

An online professional communication development course (PCDC) with an expectation of completion during general orientation and onboarding will improve interprofessional communication and collaboration across the healthcare system. An online method of teaching is flexible, self-paced, and cost-efficient. The course is driven by the organization's mission, vision and values and includes defining empathy, describing customer service, and expectations for standards of respect. This online professional communication development course will give employees the foundation in which the organization is built to guide staff in building professional collaborative relationships for optimal patient outcomes.

Changes concerning the project implementation post-pandemic will be minimal. The stakeholders continue to be supportive of the project, the pilot groups have completed the course and changes have been made according to feedback. The course is currently imbedded in the learning management system awaiting the focus group of providers to be assigned to complete the course. Once all staff are working, the patient census has declined to a manageable level, and the effects of the impact of coronavirus have become stable the project will be able to proceed as originally planned. Additionally, a discussion with the Director of Human Resources and

Manager of Organizational Development to propose utilizing this online course for all staff entering the organizational workforce is anticipated to be completed soon.

Conclusion

Effective interprofessional communication and collaboration between the acute care inpatient hospitalist and the specialty consults are essential for patient safety, quality patient care, patient satisfaction, patient outcomes, and employee satisfaction. There are various modalities of communication and the perception of the receiver is often quite different than the perception of the giver. Communication development courses mandated during the onboarding process is an effective method to sustain an awareness of ineffective communication, a breakdown in collaboration, and lack of job satisfaction among staff. Strategic implementation, feedback from stakeholders, and modifications based on evaluations will help to make the PCDC successful.

A thorough analysis of literature is crucial to support research for project development. Systematic reviews, meta-analyses', and randomized control trials are the most reliable forms of research for projects, however, there are numerous qualitative and qualitative studies that can help add validity to a research topic. Identification of themes from the literature search can help direct the narrative of the project. In addition to research, theory can also help substantiate the necessary topic for change as theory is the foundation from which we practice.

An implementation plan with each step and timeline for activities will help the project stay on track for success. Assessing budgetary needs is crucial and inclusion of stakeholders is necessary. Instruments for data collection and data analysis should be reliable, valid, and easily trackable to compare data and understand whether the project has improved a process for a return

on investment. Sustainability will be imperative for the project to continue bringing improvement and success to the organization (Moran et al., 2020; Schipper et al., 2016; Xu & Leung, 2018).

Organizational projects are inevitable as changes in healthcare are continual and improvements are crucial for optimal patient outcomes, experience, and satisfaction. Additionally, change can impact culture which can improve interprofessional collaborative relationships, increase retention, and support respect among staff. Successful projects rely on evidence-based literature for support, the inclusion of key stakeholders, contingency plans, and timelines to understand goals and achievements. Contingency plans are crucial for alternative implementation methods during unexpected delays or issues during the project. Frequent evaluations are necessary to ensure goals and outcomes are met.

Executive Summary

Communication is translated in a variety of methods and modalities and can have many positive outcomes when performed effectively. The acute care inpatient hospitalists must communicate with a plethora of specialty consults to ensure the safest quality care is provided. Not all providers communicate effectively impacting the patient outcomes, provider job satisfaction, and organizational bottom line. Requiring an online professional communication development course be completed during the onboarding process for providers and general orientation for all other staff can ensure all staff begins their employment life cycle receiving the same information concerning the organization's mission, vision, values, and standards of respect with each other as well as patients. This project will educate the acute care inpatient hospitalists first then mushroom out to all other providers and staff after appropriate modifications have been

made based on feedback from the pilot group and acute care inpatient hospitalists. The return on investment for the organization after the project will include improved patient outcomes as shown by improved comments during nurse manager rounds and on the HCAHPS survey, and fewer complaints submitted through the grievance and complaint process. An additional return on investment will be a more positive word of mouth in the community from patients and their support system and an increase in job satisfaction of staff.

Oral Presentation

This presentation and proposal for changes to current policy and processes will be brought to three main committees in the form of the powerpoint presentation required for this course, the executive summary, and a poster presentation (Appendix N). The first committee is the Better for the Customer meeting comprised of nursing and medical directors as well as administrators such as the Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) with the main mission of improving HCAHPS domain scores through initiatives and information sharing. The second committee is the Senior Leadership committee comprised of all of the directors and managers who have an interest in employee engagement and satisfaction as well as the organizational mission, vision, and values. The final committee is the President's Table who is comprised of board members, the Chief Executive Officer (CEO), all of the Chief Medical Officers (CMO), and the Chief Nursing Officer (CNO), all of which have the organizational mission, vision, and values in mind. The presentation is promoting effective communication among the acute care inpatient hospitalist group. This group sees approximately 80% of the inpatient population and can contribute value to the use of the course across the system to improve patient satisfaction.

Scholarship

The next step for this project is to follow the Journal for Healthcare Quality guidelines for submission of a manuscript for publication. This topic meets their requirements for topics and their mission to “advance the art of healthcare quality”. Abstract submission (Appendix Q) to the Association for Professional Nursing Development 2021 annual convention with a theme “Aspire to Inclusivity” was completed on February 12, 2021. This professional organization is forward-thinking and proactive concerning utilizing advocacy to lead practice across the healthcare system.

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Appendix A

Provider Satisfaction as it Influences Patient Experience Hospitalists

▶ Problem

- ▶ Narrow focus on hospitalists
- ▶ Providers experience a variety of challenges and frustrations when providing inpatient care which impact patient care, and patient experience.
- ▶ Working with the data from the survey

Provider to Provider communication –

▶ Problem

- ▶ Lack of effective communication and collegiality between colleagues.

▶ Vision

- ▶ At least 80% of hospital provider staff feel they working in a collegial environment sharing the same values around communication.

Appendix B

Inpatient

Questions	Mean	Top Box	n	All PG Database Rank
*Comm w/ Doctors Domain Performance		82.36	78	65
*Doctors treat with courtesy/respect		93.59	78	93
*Doctors listen carefully to you		82.05	78	71
*Doctors expl in way you understand		71.43	77	26
Staff worked together care for you	92.58		118	71

*CAHPS

Appendix C

Source	Summary	Purpose	Scope	Sampling Frame	Analysis
Bai, S., Wu, B., Yao, Z., Zhu, X., Jiang, Y., & Tong, T. (2019). Effectiveness of a modified doctor-patient communication training programme designed for surgical residents in China: A prospective, large-volume study at a single centre. <i>BioMed Central Medical Education</i> , 19. Retrieved from http://dx.doi.org.libauth.purdueglobal.edu/10.1186/s12909-019-1776-7	Training program, participants recruited in China. Effective communication equals quality care and treatment. Communication skills training program, 201 residents in 7 specialties. Scores increased significantly, improved competency and increase satisfaction of residents and patients.	Evaluation of the effectiveness of a modified doctor-patient communication training program	Narrow or broad	Prospective study	Statistical
Bhagat, P., Prajapati, K., Bhatt, R., Prajapati, V., Dureja, R., Tank, G., Bhagat, P. R., Prajapati, K. M., Bhatt, R. B., Prajapati, V. K., & Tank, G. P. (2019). Development and introduction of a communication skills module for postgraduate students of ophthalmology. <i>Indian Journal of Ophthalmology</i> , 67(11), 1810.	8-day workshop comprised of lectures, observations, video sessions and role play based on patient complaints regarding poor communication.	Assess the need for teaching communication skills	Narrow	Prospective interventional study	Statistical
Boissy, A., Windover, A. K., Bokar, D., Karafa, M., Neuendorf, K., Frankel, R. M., Merlino, J., & Rothberg, M. B. (2016). Communication skills training for physicians improves patient satisfaction. <i>Journal of General Internal Medicine</i> , 31(7), 755–761. https://doi.org/10.1007/s11606-016-3597-2	8 hours of interactive didactic, live or video skill demonstration, and group practice sessions using relationship centered model for improved communications	To examine the impact on patient satisfaction and physician experience	Narrow	Observational study	Statistical

Boscart, V. M., Heckman, G. A., Huson, K., Brohman, L., Harkness, K. I., Hirdes, J., McKelvie, R. S., & Stolee, P. (2017). Implementation of an interprofessional communication and collaboration intervention to improve care capacity for heart failure management in long-term care. <i>Journal of Interprofessional Care</i> , 31(5), 583–592. https://doi.org/10.1080/13561820.2017.1340875	Pilot intervention for heart failure, enhancing knowledge, on 2 units. Increased engagement, collaboration, communication and knowledge, and improved outcomes. Interviews and evaluations of Canadian nursing homes. 5 phases: interactive education sessions, interprofessional teams created, process, all other team members educated, weekly bedside sessions. Everything improved.	To assess if intervention improved collaboration, enhanced communication, and improved support and engagement.	Narrow or broad	Qualitative design and Mixed-method repeated measures design	Statistical
Bulotienė, G., & Jagelavičiūtė, G. (2015). Assessment of the efficacy of communication skills training program for oncologists. <i>Acta Medica Lituanica</i> , 22(4), 216.	Communication skills training program designed in Lithuania for oncologists.	To identify if the new program was effective	Narrow	Surveys and questionnaires	Statistical
Chesluk, B., Tollen, L., Lewis, J., DuPont, S., & Klat, M. H. (2017). Physicians' voices: What skills and supports are needed for effective practice in an integrated delivery system? A case study of Kaiser Permanente. <i>The Journal of Health Care Organization, Provision, and Financing</i> . Retrieved from http://dx.doi.org.libauth.purdueglobal.edu/10.1177/0046958017711760	Focus group with 30 physicians in Kaiser Permanente learning skills related to trust, orienting to teams and systems, and engaging patients as individuals.	To assess physician's knowledge, skills and abilities related to organizational trust, engaging patients, and orienting to teams.	Narrow	Qualitative descriptive study	Narrative
Gu, L., Deng, J., Xu, H., Zhang, S., Gao, M., & Tian, D. (2019). The impact of contract service policy and doctor communication skills on rural patient-doctor trust relationship in the village clinics of three counties. <i>BioMed Central Health Services Research</i> , 19. Retrieved from http://dx.doi.org.libauth.purdueglobal.edu/10.1186/s12913-019-3875-x	Randomized sampling in 25 village clinics in rural China and 574 subjects. Patient doctor relationship has deteriorated. Trust is necessary for improved patient satisfaction. Treatment adherence, and outcomes. Policy to improve/contract health providers	Explore the relationship between contract service and patient-doctor trust building	Narrow	Simple random sampling	Statistical
Hirschmann, K., Rosler, G., & Fortin, A.H. (2020). "For me, this has been transforming": A qualitative analysis of interprofessional relationship-centered communication skills training. <i>Journal of Patient Experience</i> , 7(6), 1007-1014. Doi: 10.1177/2374373520962921	Workshop to teach interprofessional relationships- centered communication skills at Yale Medicine	Assess the impact of relationship-centered care on doctors and nurses	Narrow	Interviews	Narrative
Joseph, J., Sicoutis, C., & Raper, S.E. (2020). Communication skills training for surgical inpatient advanced practice providers in an academic health-care system. <i>Journal of Patient Experience</i> , 7. https://doi.org/10.1177/2374373518809011	A course developed by an interdisciplinary team to enhance communication through viewing a video of "communication gone wrong" and provided techniques for improving communication.	To enhance communication skills in an inpatient setting	Narrow	Survey	Statistical

<p>Khanom, M., Akter, S., Zahed, A., Ata, M., Khair, R., Parvez, I. S., . . . Md, A. H. (2020). Outcome of training on "Doctor-patient communication skill" for the pre-intern physicians. <i>Journal of Medicine</i>, 21(1), 3-7. doi:http://dx.doi.org.libauth.purdueglobal.edu/10.3329/jom.v21i1.44093</p>	<p>Study on 60 graduated medical and dental physicians (by lottery) in 4 Bangladesh colleges. Communication produces therapeutic benefits. Communication is verbal, nonverbal, posture, eye contact, active listening and tone/pitch/pacing. 60 participants, training program. Pre and Post test, lecture, video demonstration, small group teaching and assessment. Highly significant improvement.</p>	<p>Designed for training and comparing the outcomes with a pre- and post-test among experimental and control groups</p>	<p>Narrow or broad</p>	<p>Randomized prospective interventional study.</p> <p>Stratified random sampling by lottery method</p>	<p>Statistical</p>
<p>Lecat, P., Dhawan, N., Hartung, P.J., Gerzina, H., Larson, R., & Konen-Butler, K. (2020). Improving patient experience by teaching empathetic touch and eye gaze: A randomized controlled trial of medical students. <i>Journal of Patient Experience</i>7(6), 1260-1270. Doi: 10.1177/2374373520916323</p>	<p>Randomized, controlled, double-blind trial of 34 first-year medical students during patient interviews. Encounter videoed then analyzed as to whether empathetic touch, eye gaze or hand washing was impacted. Eye gaze was successful, touch was challenging.</p>	<p>To determine whether or not instruction impacts behaviors</p>	<p>Narrow or broad</p>	<p>Randomized, controlled, double-blind trial</p>	<p>Narrative</p>
<p>Mikkola, L., Suutala, E., & Parviainen, H. (2018). Social support in the workplace for physicians in specialization training. <i>Medical Education Online</i>, 23(1), 1435114. https://doi.org/10.1080/10872981.2018.1435114</p>	<p>Qualitative study based on essays written by physicians regarding organizational communication. Resulted in training and outcomes included increased well-being, stress management, strengthened relationships, managing workloads, and support.</p>	<p>To understand the impact of social support in a workplace on communication</p>	<p>Narrow</p>	<p>Qualitative</p>	<p>Narrative</p>
<p>Mundt, M. P., & Zakletskaia, L. I. (2019). Professional Communication Networks and Job Satisfaction in Primary Care Clinics. <i>Annals of Family Medicine</i>, 17(5), 428-435. https://doi.org/10.1370/afm.2442</p>	<p>Cross-sectional survey at 143 health care professionals at 5 US clinics. Communication connections and network. Communication equals satisfaction among team and better coordination of care. Poor communication hinders satisfaction and limits coordination of care.</p>	<p>Evaluates the extent communication networks contribute to job satisfaction</p>	<p>Narrow or broad</p>	<p>Cross-sectional survey</p>	<p>Statistical</p>

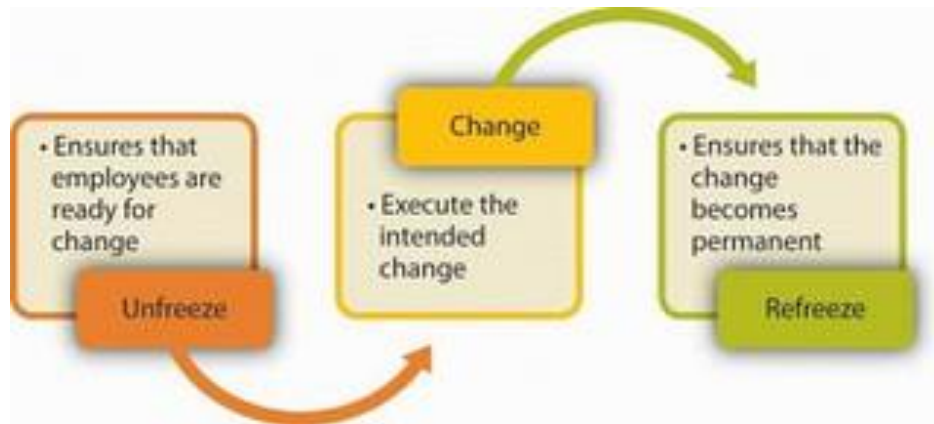
<p>Niglio de Figueiredo, M. N., Rodolph, B., Bylund, C. L., Goetz, T., Heußner, P., Sattel, H., Fritzsche, K., & Wuensch, A. (2015). <i>ComOn Coaching</i>: Study protocol of a randomized controlled trial to assess the effect of a varied number of coaching sessions on transfer into clinical practice following communication skills training. <i>BMC Cancer</i>, 15(1), 1–9. https://doi.org/10.1186/s12885-015-1602-5</p>	<p>Randomized control trial. Two German medical centers participated in a workshop for communication skills: voluntary, randomized, and received education credits. Evaluation based on 3 levels, rater, physician, and patient. Good communication is key to good care. Effects of good communication are greater job satisfaction, better time management, and lower burnout and for patient are higher satisfaction, greater adherence, increased recall and improved understanding and improved outcomes. 1.5-day (12.75 hours long) workshop on communication skills and in-depth 1:1 coaching after the workshop. Groups are 3-4 physicians and workshop covers introduction, video analysis practicing communication skills in role play and final feedback round.</p>	<p>To determine how much coaching <u>oncologists</u> need to transfer communication skills into practice</p>	<p>Narrow</p>	<p>Randomized control trial</p>	<p>Narrative</p>
<p>Ozturkcu, O. S., Sertoz, O. O., Gokengin, G. B., Sagin, H., Gulbahar, O., & Ciceklioglu, M. (2018). Is it possible to decrease the burnout level of hospital office staff by communication skills training using therapy techniques? <i>Dusunen Adam: Journal of Psychiatry & Neurological Sciences</i>, 31(1), 61-71. Retrieved from http://doi.org/10.5350/DAJPN2018310106</p>	<p>Communication skills training resulted in decreased burnout and emotional exhaustion and increased personal accomplishments. Pre-Post test to examine basic communication skills. Training program: problem identification, needs assessment, goals and objectives, educational strategies, implementation, evaluation. Maslach. Strengthen resources increase job satisfaction.</p>	<p>To evaluate the effectiveness of basic communication and coping with difficult situations skills training</p>	<p>Narrow</p>	<p>Questionnaires and pre- and post-tests</p>	<p>Statistical</p>
<p>Rachwal, C. M., Langer, T., Trainor, B. P., Bell, M. A., Browning, D. M., & Meyer, E. C. (2018). Navigating Communication Challenges in Clinical Practice: A New Approach to Team Education. <i>Critical Care Nurse</i>, 38(6), 15–22. https://doi.org/10.4037/ccn2018748</p>	<p>The program to Enhance Relational and Communication Skills (PERCS) rounds, 1 hour long interdisciplinary forums, monthly. Create educational supportive environment to improve relational skills and better meet dimensions of patient care. Original: day long workshop methodology: communication, support, raise self-awareness, interdisciplinary (including patients and families), dissolves traditional barriers and models team communication. 92% of participants found valuable and realistic.</p>	<p>To assess feasibility of monthly interdisciplinary educational rounds that support communication challenges</p>	<p>Narrow</p>	<p>Workshop</p>	<p>Narrative</p>
<p>Swensen, S., & Kabcenell, A. (2016). Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience. <i>Journal of Healthcare Management</i>, 61(2), 105–127. https://doi.org/10.1097/00115514-201603000-00008</p>	<p>May clinic case study supporting foundational principles of physician-engagement model using listen-act-develop model to promote engagement and reduce burnout. Administrative partnership with providers.</p>	<p>To maximize engagement and wellness and minimizing burnout</p>	<p>Narrow</p>	<p>Listen-act-develop model</p>	<p>Narrative</p>

Swiggart, W.H., Bills, J.L., Penberthy, J.K., Dewey, C.M., & Worley, L.L. (2020). A professional development course improves unprofessional physician behavior. <i>The Joint Commission Journal on Quality and Patient Safety</i> , 46(2). Doi: 10.1016/j.jcjq.2019.11.004	Effects productivity, turnover and adverse events. 3-day course with 3-one day sessions over 6-months to replace behavior, promote accountability, identify risk factors, practice new skills, and promote effective leadership. Pre-Post study design using B29 and a survey completed as a 360-degree assessment.	Improve professional communication and collaboration while decreasing burnout and disruptive behaviors	Narrow	Case-control study	Narrative
Tavakoli Sany, S., Behzad, F., Ferns, G., & Peyman, N. (2020). Communication skills training for physicians improves health literacy and medical outcomes among patients with hypertension: A randomized controlled trial. <i>BioMed Central Health Services Research</i> , 20(60). https://doi.org/10.1186/s12913-020-4901-8	Randomized controlled trial of either 3 sessions of focused group discussions and 2 workshops or a control group routine care.	Examine the effectiveness of communication skills training	Narrow or broad	Randomized controlled trial	Statistical
Unni, E., Le, M. T., & Whittaker, A. (2019). Implementation of a continuing professional development course in a longitudinal didactic curriculum for pharmacy students. <i>American Journal of Pharmaceutical Education</i> , 8(1732).	Continuing professional development course improved skills, interprofessional communication, leadership, and time management for pharmacy students	Evaluate the outcomes of the course from the first course to the revised course	Narrow	Didactic	Narrative
Vogel, D., Meyer, M., & Harendza, S. (2018). Verbal and non-verbal communication skills include empathy during history taking of undergraduate medical students. <i>BMC Medical Education</i> , 18(157). https://doi.org/10.1186/s12909-018-1260-9	3 step performance assessment. 5 simulated patients resulting in 150 videos of physicians' encounters. Results suggest communication training as the variation of verbal and nonverbal communication and empathy was evident. Verbal and non-verbal communication training followed by videos of doctor-patient interaction for analysis	Analyze how well final year students used skills of verbal and non-verbal communication during patient interviews	Narrow	Questionnaire	Statistical

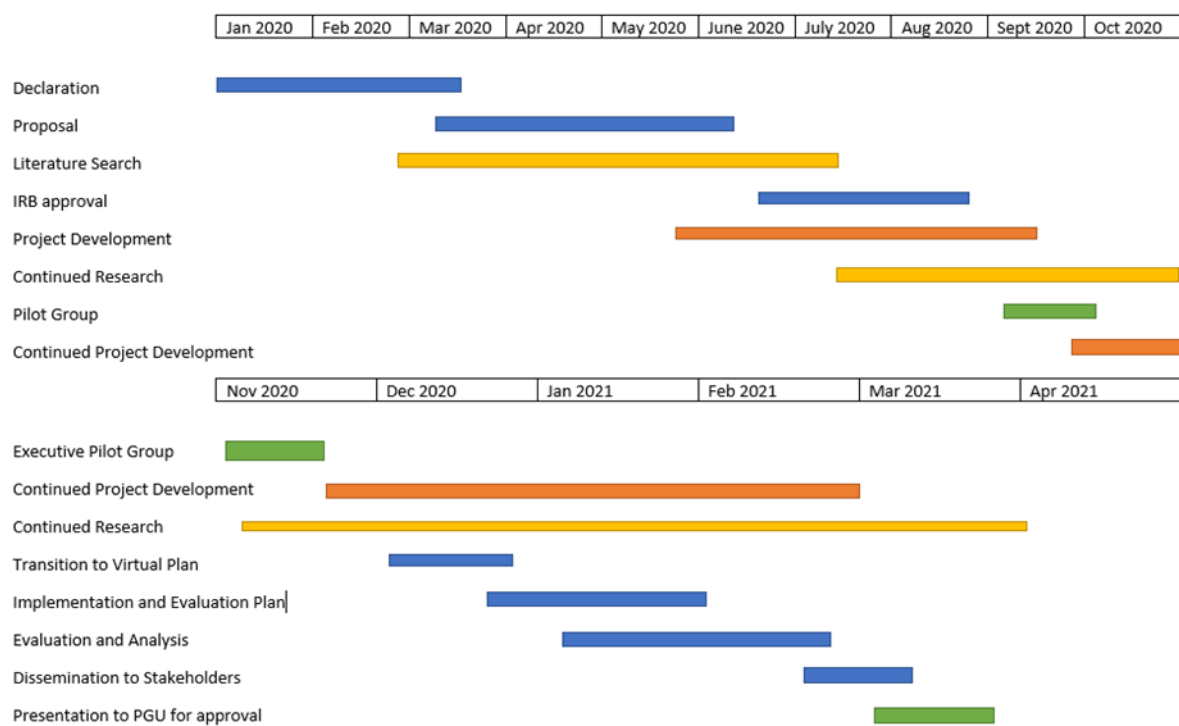
Appendix D



Appendix E



Appendix F



Appendix G



DNP Project Proposal Defense Evaluation

Name of Student: Joan Buchanan

Date: 6-2-20

DNP Project
Title: Improving Acute Care Provider Communication

Evaluation: Approved ☒ Approved with recommendations ☐ Not approved ☐

Comments: _____

DNP Student:

JOAN BUCHANAN

Printed Name

Jo Buchanan RN

Signature

6-2-20

Date

DNP Faculty Mentor:

Rebecca Tawbee

Printed Name

Rebecca Tawbee EdD, RN

Signature

6/1/2020

Date

Guidelines for Student Submissions to the IRB-DNP

IRB Submission Checklist – You **MUST** review and check each box before submission is completed. You **MUST** submit this signed document to the IRB when you are submitting your project for review.

Please work with your DNP Faculty Mentor once you have this ready. Your DNP Faculty Mentor and the DNP Program Lead must sign off at the end of this form that (s)he has reviewed and agrees that all of the necessary elements are in place.

Please ensure that the following items, as needed, are attached to your submission. Any items that are missing will delay the processing of your submission:

☒ Project plan summary with a methodology section (with descriptions that address human subject protections)

☒ A recruitment plan description in your proposal, or submitted separately, if needed for surveys or interviews

-Do you have any recruitment materials for your project? If so, please include a copy.

☒ Agency approval to use their site/personnel/data

-Have you secured appropriate permission in writing from the project site?

-Is this on letterhead and signed by an official?

-Is this from an agency e-mail address, rather than something like a plain gmail.com account?

☒ Informed Consent document, if needed for surveys or interviews (see Informed Consent Template below)

☒ Certificate of IRB training (from either CITI or NIH) (See training info below)

Project Chair's Approval for Submission to the IRB

(Assuring that all elements for submission have been reviewed and are in place as necessary.)

I have reviewed and I agree that all of the necessary elements are in place

for Joan Buchanan's submission to the IRB for review.

Rebecca Taulbee EdD, RN 8/6/2020

DNP Faculty Mentor's Signature

Date

Rebecca Taulbee

Printed Name

 Amy Daly
DNP 202204170400

DNP Program Lead Signature

8/5/2020

Date

Amy Daly

Printed Name

Appendix H



Institutional Review Board
550 West Van Buren
Chicago, Illinois 60607

Expedited Review – Final Approval

August 18, 2020

Ms. Joan Buchanan
Purdue University Global
joanbuchanan1@student.purdueglobal.edu

Re: Protocol #20-36 **Improving Acute Care Provider Communications**

Dear Ms. Buchanan:

Your proposed project was reviewed by the Purdue University Global Institutional Review Board (IRB) for the protection of human subjects under an Expedited Category. It was determined that your project activity meets the expedited criteria as defined by the DHHS Regulations for the Protection of Human Subjects (45 CFR 46), and is in compliance with this institution's Federal Wide Assurance 00010056.

Please notify the IRB immediately of any proposed changes that may affect the expedited status of your project. You should report any unanticipated problems involving risks to human subjects or others to the IRB.

If you have any questions or need additional information, please contact feel free to contact me at spettine@purdueglobal.edu. I wish you well with your project!

Sincerely,

Susan B. Pettine

Susan B. Pettine, Ph.D., CBM
IRB Chair
Purdue University Global

cc: Dr. Rebecca Taulbee
Dr. Amy Daly

Appendix I



Appendix J



Joan Buchanan
DNP Student
Purdue University Global

Re: Permission for Conducting Research

Date: 06-29-2020

Ms. Joan Buchanan,

On behalf of Benefis Healthcare System, I am notifying you with this correspondence that you are hereby granted access to conduct your research study as outlined in your Executive Summary regarding "Improving Acute Care Provider Communication" as an online training with a pre-and post-survey for our hospital employed providers. You are granted access to the "Employee Central" platform to house the online education.

Thank you for doing this project and we look forward to hearing your results on this highly valuable area within our organization.

Thank you for your time,

A handwritten signature in blue ink, appearing to read "K. Langkiet", is placed above the printed name and title of the signatory.

Kevin Langkiet PhD, MSN, RN,
Director for Emergency and Critical Care Services
Benefis Health System

Appendix K

Human Subject Protection

Purdue University Global

Consent for Participation

Improving Acute Care Provider Communication

CONCISE SUMMARY

The purpose of this project is to educate the acute care inpatient hospitalists on the importance of effective communication regarding optimal patient outcomes and satisfaction. Participation of this project includes a pre-survey, a PowerPoint presentation, and a post survey. All content should be completed within 30-45 minutes. Benefits for completing this project include improving patient outcomes and satisfaction, enhancing collaborative relationships, and improving work satisfaction.

You are being asked to be a participant in a quality improvement project about communication development conducted by DNP student Joan Buchanan at Purdue University Global and Benefis Health System. You have been asked to participate in the project because of the recent provider engagement survey comments and may be eligible to participate. We ask that you read this form and ask any questions you may have before agreeing to be in the project.

Your participation in this project is voluntary. Your decision whether or not to participate will not affect your current or future relations with Purdue University Global or Benefis Health System. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

The purpose of this project is:

To determine if an online communication development course is directly related to an improvement and collaboration among healthcare providers.

With the acute care hospitalist group (P) would the implementation of a strategic professional communication development course (PCDC) including standards of respect and empathy (I) compared to no formal communication course (C) increase patient satisfaction and provider satisfaction (O) within nine months (T)?

If you agree to be in this project, you will be asked to do the following things:

Complete a pre-survey, complete the online communication course, and complete a post-survey.

30 participants will be involved in this quality improvement project at Purdue University Global.

This group will be the acute care inpatient hospitalist group consisting of men, women, medical doctors, and doctors of osteopath, physician assistants, and nurse practitioners.

The project involves no risk/discomforts and/or inconveniences to the participants. The benefits of participating in the project include

There is no risk of breach of privacy of the participants. Employee numbers and names will be available on SABA only accessible to the project manager, Joan Buchanan. Additionally, results will be kept on an encrypted flash drive in the possession of the project manager at all times. Inconveniences include the individual participants time to complete the pre and post-survey and course.

Benefits include the understanding of effective communication development with the united goal for optimal patient outcomes.

The only people who will know that you are a project participant are members of the project team. No information about you, or provided by you during the project, will be disclosed

to others without your written permission. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

Any information that is obtained in connection with this project and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Results of the project will be kept on a flash drive with an encrypted password known only to the project manager. The flash drive will be kept in a locked cabinet accessed only by the project manager.

→ If activities are to be audio- or videotaped, describe the subject's right to review/edit the tapes, who will have access, if they will be used for educational purpose, and when they will be erased.

Not applicable.

→ Describe the subject's right to review/edit the tapes, who will have access, and when they will be erased. Describe how personal identities will be shielded, disguised, etc.

Not applicable.

→ Give a brief description of how personal information, research data, and related records will be coded, stored, etc. to prevent access by unauthorized personnel.

Information such as employee number and name will be kept within the SABA platform with exclusive access to only the project manager, Joan Buchanan. SABA is on a network protected behind a firewall and on its own server. Additionally, information will be stored on a password encrypted flash drive continually in the project managers possession.

→ Explain how specific consent will be solicited, if any other uses are contemplated.

This consent is only used for this research investigation. No other research investigation to use this data set.

If applicable, state if and when individual responses to survey questionnaires will be destroyed, following analyses of the data.

Not applicable.

There is no monetary reimbursement for participation in the project.

You can choose whether to be in this project or not. If you volunteer to be in this project, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the project

The person implementing this project is Joan Buchanan. You may ask any questions you have now. If you have questions later, you may contact the project manager and principle investigator, Joan Buchanan, at: Phone: 231-384-3557. The Purdue University Global DNP Faculty Mentor and Support is Rebecca Taulbee who can be reached at 614-663-6049 or Rebecca.taulbee@purdueglobal.edu. The local Benefis Administrative consult is Kevin Langkiet and can be reached at 406-868-2221 or kevinlangkiet@benefis.org.

If you feel you have not been treated according to the descriptions in this form, or you have any questions about your rights as a project participant, you may contact the Institutional Review Board (IRB) at Purdue University Global through the following representative:

Dr. Susan Pettine, *IRB Chair*

Email: spettine@purdueglobal.edu

Remember: Your participation in this project is voluntary. Your decision whether or not to participate will not affect your current or future relations with Purdue University Global or *Benefis Health System*. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

You will be given a copy of this form for your information and to keep for your records.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this project. I have been given a copy of this form.

Signature

Date

Printed Name

Signature of DNP Student

Date (must be same as subject's)

Appendix L

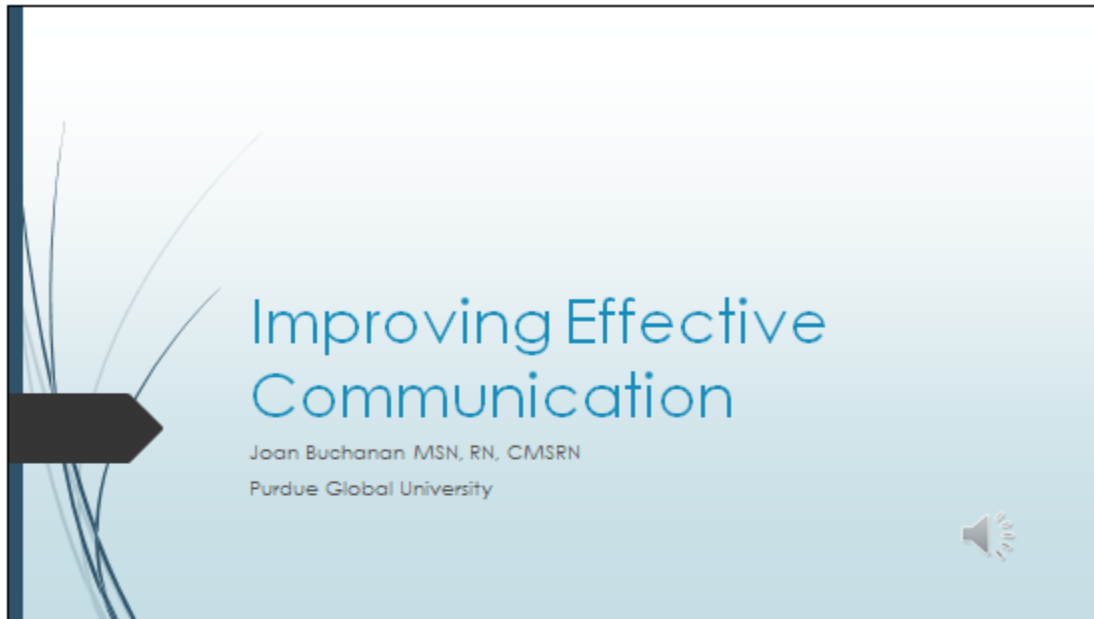
How are <u>your colleagues</u> at...	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Really listening... (paying close attention to what you were saying; not looking at the notes or computer as you were talking)				
2. Fully understanding your concerns... (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)				
3. Being positive... (having a positive approach and a positive attitude; being honest but not negative about your concerns)				
4. Explaining things clearly... (fully answering your questions, explaining clearly, giving you adequate information; not being vague)				
5. Making a plan of action with you... (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)				

Modified Consultation and Relational Empathy measure (2004)

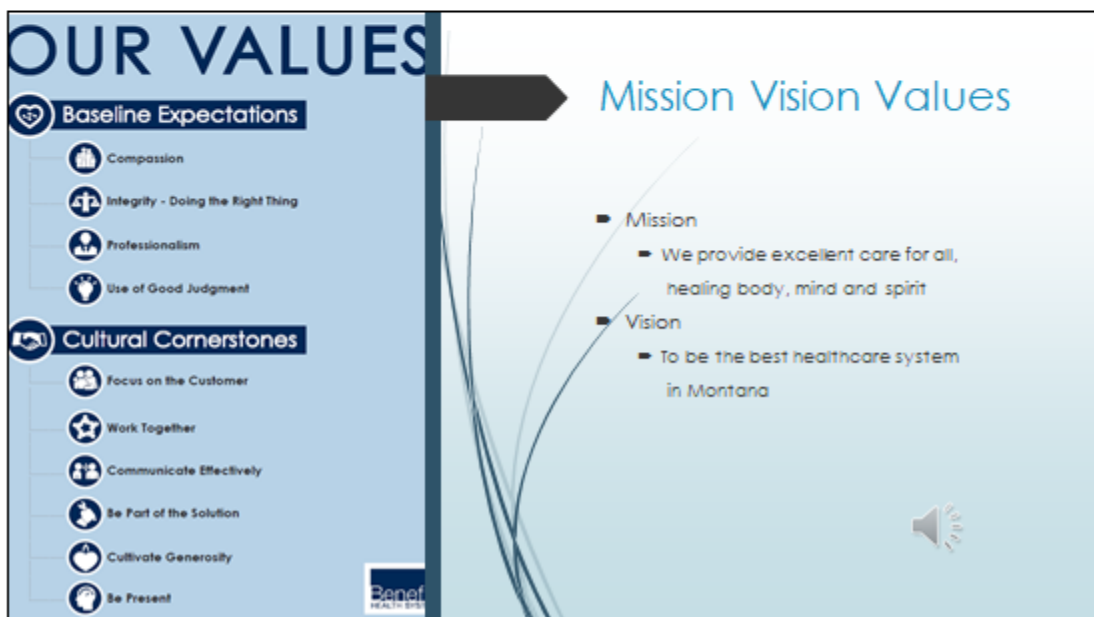
Additional Comments

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Appendix M



1



Our Promise

We will:

- **Treat** you and your family with kindness, respect and dignity.
- **Introduce** ourselves to you and your family and address you by your preferred name.
- **Visit** you regularly.
- **Listen** to you and your family.
- **Take** the time to ensure you understand your treatment plan, and keep you updated so you'll know what to expect.
- **Make** your comfort and pain management our priority.
- **Provide** you with a clean and safe environment.
- **Contact** you after you return home.



3

Chad Bralick MBA/HCM, MA Manager Benefits Outpatient Clinics






Culture

- How we behave toward
 - Patients
 - Colleagues
 - Across the organization
- Adopt behaviors and service standards
 - Promote patient and colleague engagement




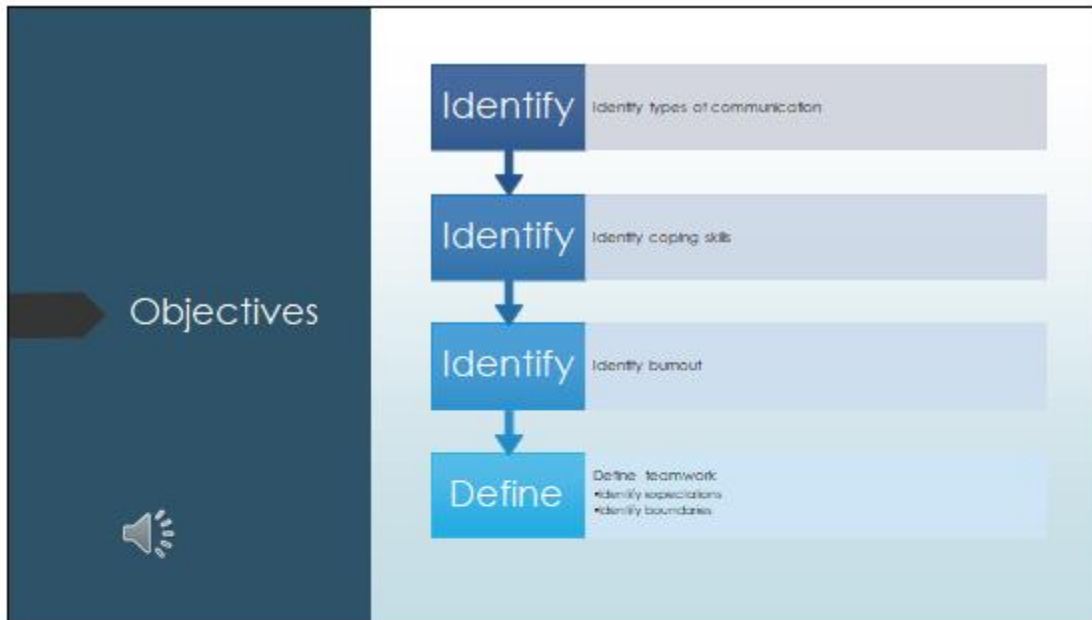
5



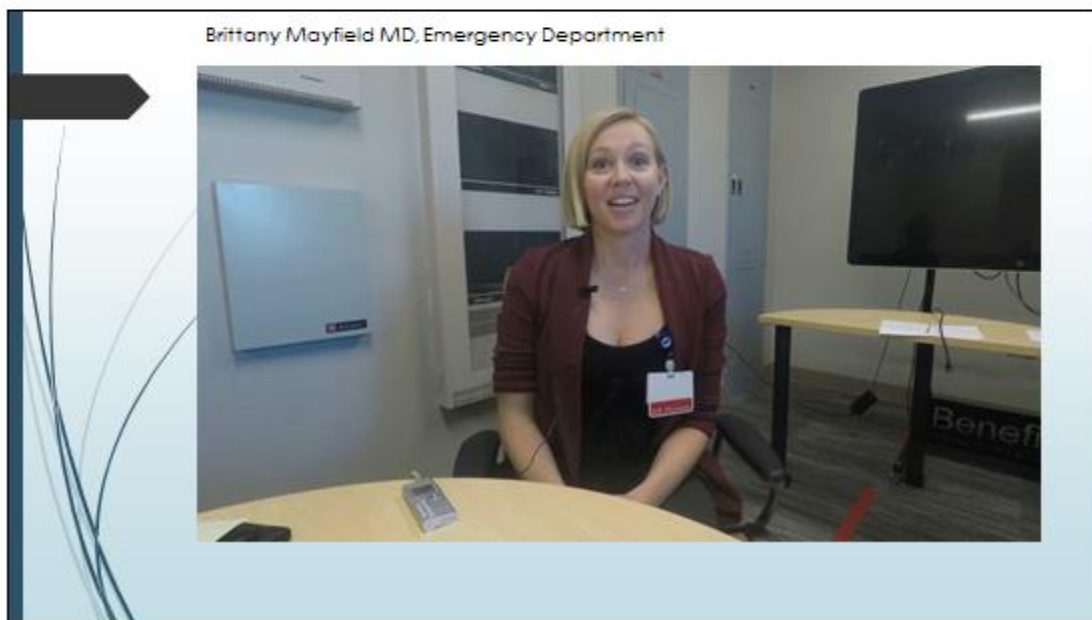
It happened here..... Patient comments

- "I don't think the right hand knows what the left hand is doing."
- "I had to ask two doctors to stop arguing about my wound dressing, in my room!"
- "It is confusing to know what to do when I leave when the doctors are all telling me different things."
- "one doctor tells me I can go home and another doctor says I can't."
- "A doctor told me my other doctor didn't know what he was talking about."
- "I want to trust I am in good hands but when I keep hearing different stories I have a hard time believing it."






7



Types of Communication




- Authentic**
 - Clear, concise, consistent
- Criticism**
 - Constructive or destructive
- Rudeness**
 - Intentional, condescending, gossiping

9

Tauqeer Rahat MD, Executive Director of Acute Care Inpatient Hospitalists



Quiz



Authentic communication means saying whatever you think or feel, whenever you want to.
• True or false?

Clarifying to ensure correct understanding is most important to avoid errors in communication?
• True or false?

The major difference between constructive and destructive criticism is the intent of the person providing the criticism?
• True or false?

It is possible to value criticism without liking it?
• True or false?

Rude behavior spreads quickly?
• True or false?

Experiencing rude behaviors in the workplace can lead to humiliation, depression, and other illnesses?
• True or false?

11

Rayn Ginnaty SBS, MBS, RN, System Chief Nursing Officer & Hospitals Chief Operating Officer



Distractions

- Stress
 - Professional
 - Job security, satisfaction
 - Technology, noise
 - Personal
 - Relationships, finances, children
- Skills
 - Behaviors
 - Tools

13

Quiz

Use of effective coping skills decreases anxiety and increases self-confidence?

• True or false?

An example of positive affirmation is "I can do this."?

• True or false?

Common coping skills include excessive amounts of alcohol and smoking cigarettes?

• True or false?



14




15

Burnout

- Exhaustion
 - Physical
 - Mental
 - Emotional
- Stages
 - Risk factors
- Prevention
 - Remember your "why"



Quiz



Burnout is best described as physical, mental, and emotional exhaustion?
• True or false?

Burnout may lead to thoughts of suicide?
• True or false?


Factors that can lead to burnout include chaotic work environment and unclear job roles and expectations?
• True or false?


Symptoms of stress usually get better over time on their own?
• True or false?

17


Teamwork

- Communication
- Cooperation
- Respect
- Common goals





Quiz



A characteristic of a team is that all members work toward the same goal?
• True or false?

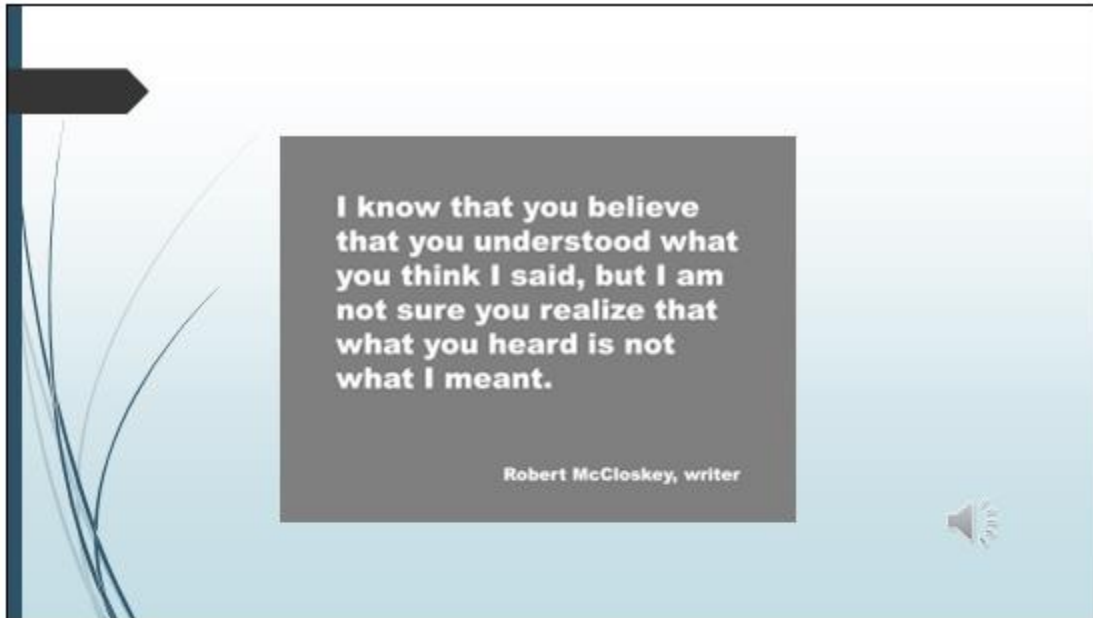
Effective teamwork promotes increased productivity and job satisfaction?
• True or false?

Respect is shown when team members value each others opinions, even when they don't agree with them?
• True or false?

Conflict is always a negative influence on team functioning?
• True or false?

19





21



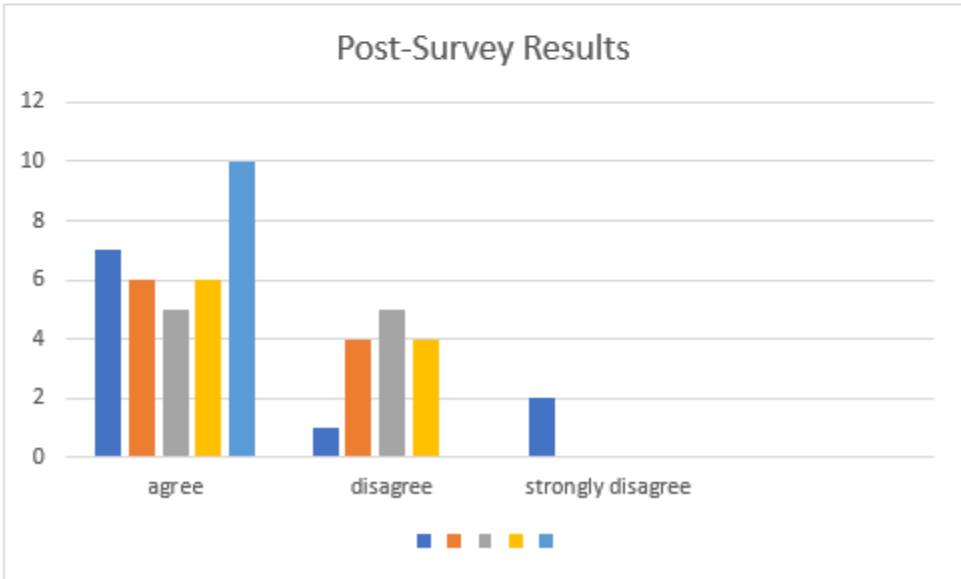
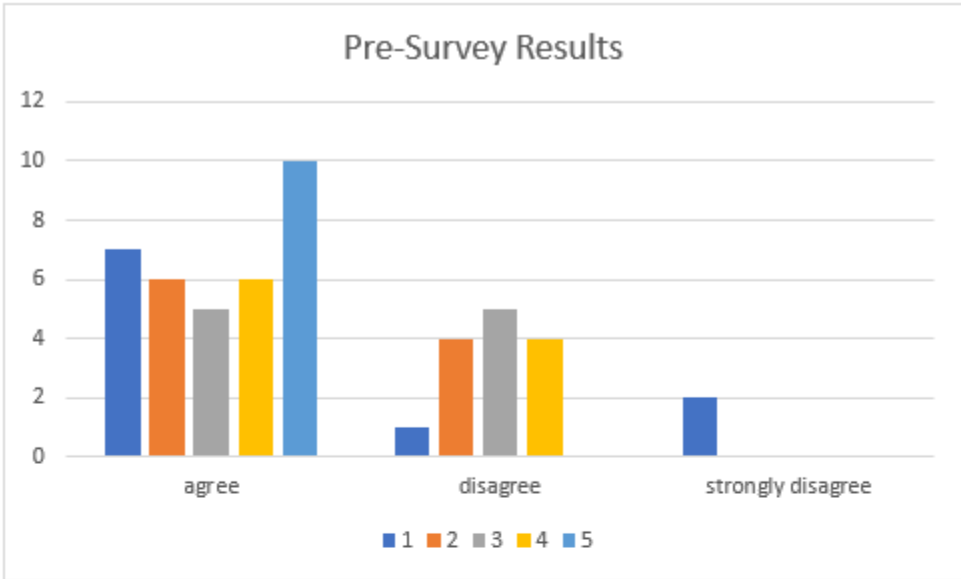
Appendix N

Rate yourself at...	Strongly Agree	Agree	Disagree	Strongly Disagree
1. People tell me that I am easy to talk to.				
2. People tell me I am a good listener.				
3. I believe that communication will be productive.				
4. I believe the words I choose in communication with another person convey most of my message.				
5. I listen fully and affirm that I understand what the other person has said as a sign of respect to the speaker.				
6. When I ask questions for clarification, they tend to be open ended and cannot be answered with a simple "yes" or "no" response.				

Additional Comments

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Appendix O



Appendix P

Improving the acute care inpatient hospitalist group communication and collaboration across the inpatient acute care setting

Joan Buchanan MSN, RN, CMSRN

Abstract

Effective communication impacts the healthcare delivery system in a variety of ways, most exclusively between healthcare providers and within the patient-centered relationship. Although technology is a distraction that impairs effective communication an online development course is effective in improving communication. An online communication development course, with a focus on the acute care inpatient hospitalist group, is the most flexible and cost-efficient avenue to provide education across a healthcare system. Three pilot groups completed the online course as well as pre- and post-surveys.

Background

Ineffective communication between healthcare providers is common nationwide and result in:

- Poor patient outcomes
- Decreased patient satisfaction
- Decreased adherence to treatment plans
- Increased adverse events
- Decreased job satisfaction

Purpose and Objectives

Improve communication and collaboration among the acute care inpatient hospitalist group and improve patient outcomes as evidenced by:

- A well-communicated treatment plan
- Increased patient satisfaction and trust in the healthcare care team
- Adherence to medications and treatment plan
- Increased sense of teamwork and respect
- Increased employee satisfaction

Implementation

- #1 Pilot was critical care and emergency services director
- #2 Pilot group of seven directors, managers, and educators
- #3 Pilot group was the acute care inpatient hospitalist manager and executive director

Phase 1

The first phase is a five-question four-point Likert scale pre-survey based on the Consultation and Relational Empathy (CARE) measurement asking the participant their opinion about their colleague's communication style.

Phase 2

A thirty-minute PowerPoint presentation discussing the etiquette of communication as well as types of language and distractions that impair effective communication. This phase includes testing your knowledge slides to assess how much each participant has retained from previous slides, five video presentations from senior leadership discussing various challenges they have witnessed over their career, and words of wisdom for the participant to consider.

Phase 3

The final phase is a six-question four-point Likert scale post-survey asking the participant about their communication style.

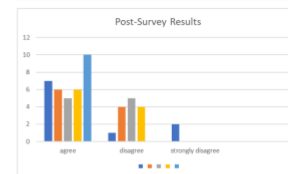
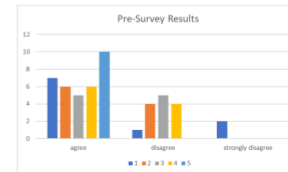
Pre-Survey	Strongly Agree	Agree	Disagree	Strongly Disagree	Post-Survey	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I am confident that I can communicate effectively with my colleagues.					1. I am confident that I can communicate effectively with my colleagues.				
2. I am confident that I can communicate effectively with my colleagues.					2. I am confident that I can communicate effectively with my colleagues.				
3. I am confident that I can communicate effectively with my colleagues.					3. I am confident that I can communicate effectively with my colleagues.				
4. I am confident that I can communicate effectively with my colleagues.					4. I am confident that I can communicate effectively with my colleagues.				
5. I am confident that I can communicate effectively with my colleagues.					5. I am confident that I can communicate effectively with my colleagues.				

Evaluation

- Formative
 - I spoke one on one with each pilot participant to get feedback soon after they had completed the online course
- Summative
 - I analyzed all evaluations wholly to interpret themes from evaluations
- Anecdotal
 - Other than participants, I gathered anecdotal feedback from stakeholders as to their thoughts regarding communication needs across the organization

Results

- Themes from the pre-survey:
 - Not always listened to
 - Need to take more time to explain more clearly
 - Ensure inclusion is felt by both parties
- Themes from the post-survey:
 - Easy to talk to
 - Could listen better
 - Could ask more open-ended questions to ensure understanding



Conclusions

- Effective interprofessional communication and collaboration between the acute care inpatient hospitalist and the specialty consults are essential for patient safety, quality patient care, patient satisfaction, patient outcomes, and employee satisfaction.
- There are various modalities of communication and the perception of the receiver is often quite different than the perception of the giver.
- Communication development courses mandated during the onboarding process is an effective method to sustain an awareness of ineffective communication, a breakdown in collaboration, and lack of job satisfaction among staff.
- Strategic implementation, feedback from stakeholders, and modifications based on evaluations will help to make the PCDC successful.

Appendix Q

ANPD Abstract for 2021 Annual Convention: Aspire to Inclusivity

Speaker Introduction

Joan Buchanan MSN, RN, CMSRN, Patient Experience Coordinator, Benefis Health System

Practice Gap

Currently, healthcare professionals lack self-awareness and knowledge regarding effective communication to address issues related to diversity, equity, and inclusion in practice which are needed to promote better health outcomes and reduce health disparities caused by inequities.

Measurable Outcome

Upon completions of this session, 80% of participants will indicate that this session generates a desire to reflect on current practices and behaviors related to improving effective communication for enhanced diversity, equity, and inclusion.

Abstract

Communication is performed in a variety of methods and modalities and can have many positive outcomes when performed effectively. Healthcare professionals must communicate with several specialty consults to ensure the safest quality care is provided. Not all healthcare professionals communicate effectively impacting the patient outcomes, job satisfaction, and the organization. Requiring an online professional communication development course to be completed during the general orientation or onboarding process for can ensure all professionals begin their employment life cycle receiving the same information concerning the organization's

mission, vision, values, and standards of respect with each other as well as patients. The return on investment for the organization after the project will include improved patient outcomes as shown by improved comments during nurse manager rounds and on the hospital consumer assessment of healthcare providers and systems (HCAHPS) survey. An additional return on investment will be a more positive word of mouth in the community from patients and their support system and an increase in job satisfaction of staff.

Creating an online professional communication development course (PCDC) with an expectation of completion during the general orientation or onboarding process can improve interprofessional communication and collaboration. An online method of teaching was chosen as it the most flexible, self-paced, and cost-efficient. This course is driven by the mission, vision, and values and will give all healthcare professionals the foundation from which the organization is built upon to help guide them to build professional collaboration systems. These courses include empathy, customer service, and standards of respect. (250 words)

Description


The first phase is a five-question four-point Likert scale pre-survey based on the Consultation and Relational Empathy (CARE) measurement asking the participant their opinion about their colleague's communication style. The second phase was a short PowerPoint presentation discussing the etiquette of communication as well as types of language and distractions that impair effective communication. The final phase is a six-question four-point Likert scale post-survey asking the participant about their communication style. (71 words)

Effective interprofessional communication is crucial for job satisfaction as well as optimal patient outcomes and challenges with communication are frequent. There are many types of communication including tones of voice, non-verbal, posture, passive-aggressive, and avoidance. Ineffective types of communication erode relationships and have detrimental effects on staff as well as patients. Poor communication can lead to burnout among staff, decreased job satisfaction, and decreased retention. The effects poor communication can have on patients are medication errors, incorrect orders placed, increased readmission rates, and poor patient satisfaction results. (87 words)

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