Improving Communication Skill Competency in the Emergency Department through Role Play and Direct Observation

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Purpose: Good communication between patient and medical staff in an emergency department (ED) fosters patient satisfaction and improves healthcare outcomes. Assessment and implementation of training is key in providing better patient care. The purpose of this study is to evaluate the effect of providing communication skills training to ED physicians and nurses using problem identification, role playing and direct observation.

Methods: The ED faculty in collaboration with an external communications expert group developed a communication skills training manual. The training group participated in simulated patient scenarios followed by video feedback and debriefing sessions. The participants were assessed on their communication skills while delivering care to live patients in real clinical situations before and after the training. The communication skills of the training group were compared with those of the control group.

Results: A total of 28 residents and nurses from two departments were enrolled in this study. Pre- to post-training scores (scale 1-5) for the training group improved from 3.0 [2.8, 3.9] to 3.9 [3.1, 4.3] (p=0.025). However, the pre- and post-score difference between the training and control groups was not statistically significant.

Conclusion: Role play training has been found to be effective in improving communication skills. However, future research is required to develop a more effective training method and determine how to facilitate training implementation in complex clinical healthcare settings, such as the ED.

Key Words: Communication, Emergency service, Observation, Quality Improvement, Role play

Introduction

In the emergency department (ED), communication between staff and patients is often challenged by interruptions, high noise levels, multi-tasking, and the nature of emergency illness. Patients and families in the ED are often very anxious, nervous, worried, demanding, and in a hurry, making effective communication very difficult. Satisfactory communication between the doctor and patient improves treatment compliance, and decreases the risk of malpractice lawsuits in certain circumstances. Many developed countries are now implementing communication training with their core education programs, specifically to address such topics as the management of patient complaints, resolution of issues, effective communication with patients and families, communication with colleagues and other departments, patient education, and teamwork.

There have been various educational models proposed to improve communication skills for healthcare professionals. The role play method has been widely used in training for interpersonal skill improvement based on experiential learning theory. In the outpatient domain, groups receiving communication training using mock patients and role playing have been shown to be more effective than non-trained control groups or lecture-only cases. Communication curricula or workshops have been developed using standardized patients (SP) as the educational module. Several reports describe the improvement of communication through SP-based assessment for surgical residents, internal medicine residents, and medical students. Historically, at our own institution, the communication training program for our
staff and faculty was developed and administered by staff from the Quality Improvement (QI) department. However, the programs were tailored to outpatient and inpatient settings. As a result, it has been difficult for emergency department faculty and staff to relate to the communication program provided by the hospital. The context and nature of the ED setting are not reflected in previous training exercises and do not transfer to the actual ED environment. Therefore, the authors of this paper developed training guidelines that could be tailored to the ED. The purpose of this study was to use the developed training guideline in order to improve the communication skills of ED residents and nurses based on their encounters with actual patients in the ED.

**Materials and Methods**

1. Hospitals and participants

The participants in this study were residents and nurses working at two emergency departments associated with a medical school in Seoul, Korea. Emergency Departments “A” and “B” were part of the same healthcare system and have an annual visit volume of 50,000 and 40,000 patients, respectively. A total of 28 participants (14 from each hospital) participated in the study. There were seven residents and seven nurses from each hospital. The participants consisted of two first-year, one second-year, two third-year, and two fourth-year residents from both centers. The nurses’ experiences in the emergency center were diverse with experience ranging from one to five years. This study was approved by the Institutional Review Boards of the participating hospitals and consent forms were collected from all participants.

2. Problem identification

The project team consisted of ED faculty, a risk manager from the QI department, and third party consultants from an outside group, which were from our hospital communication skills training division. The outside group had previously evaluated communication skills and offered feedback to the healthcare providers of our hospital for three years. The consultants’ qualifications consisted of education in social medicine and quality care, as well as many teaching experiences involving customer service and communication skills. Problems were identified through three methods. First, we evaluated the “Voice of Customer (VOC)” to gain insight into the overall complaints made by patients visiting the ED. Everyone who visits the hospital has the opportunity to “voice” their complaints to the hospital by website, telephone, written form, or even directly to the related department. The authors and the expert group reviewed a total of 42 “VOC” related to the ED during January-December, 2008. Out of the 42 complaints, the authors concluded that 28 of the complaints were directly related to poor communication skills. Second, the third party group evaluated the process of patient management to determine where communication barriers were present. By understanding the patient flow, the evaluators will be able to decide the optimal place and time for evaluating communication between emergency staff and patients. Next, the third party evaluators observed and monitored the pre-selected participants interacting with patients. They recorded in short and long text forms, the verbal and non-verbal communication interaction between the study participants and patients. Since the workload and work time could affect the participants, we chose to observe them during peak patient hours.

3. Communication skill training

After the communication problems were identified, the team participated in a six-hour workshop to develop a training manual for ED healthcare workers. The manual included detailed descriptions of the encounters between participants and patients. It outlined why the situation prompted communication problems and recommended better communication skills. The training program for the residents and nurses consisted of an hour of didactic lecture, a question and answer session, followed by simulation scenarios using the third party consultants as SPs. Seven scenarios were chosen based on the complaints from “VOC” (Table 1). Each participant took part in only one scenario due to time constraints. Each role playing encounter was videotaped for immediate review to facilitate feedback and to allow the participants to reflect on their performance. After viewing his/her video, the participant reflected on his/her actions by verbally sharing those skills he/she performed well and those