



National Healthcare  
Communication  
Programme

## National Healthcare Communication Programme

# Pilot report and recommendations – Addendum Module 4 Pilot

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## 1. Module 4 Pilot

- Module 4 of the programme was piloted in six hospital sites.
- Each hospital site was asked to identify two groups of staff, (1) leads or champions able to use a peer to peer approach to lead and support the programme in their hospital and (2) facilitators who will work with the NHCG and the leads/champions to deliver the programme on their hospital site.
- The facilitators and leads were invited to a 1 day workshop facilitated by members of the NHCG and EACH in October 2019. The workshop was directed towards enabling staff to deliver the programme in their hospital. The NHCG discussed with individual facilitators any extra supports required to support the pilot programme for the sites.
- Each site was requested to organise 2 sessions of Module 4 targeting relevant staff for each session during the months of November and December 2019.
- Professor Paul Kinnersley and Winifred Ryan attended each of these pilot sessions to provide support for the facilitators through facilitating and/or co-facilitating the pilot sessions.
- Participants and Facilitators were invited to evaluate the workshops and gave their feedback on the evaluation forms outlined in sections 2.4 and 2.5.

### Key findings

- 129 participants attended 10 pilot workshops with a range of clinical and non-clinical staff in attendance.

**Table 1: Participant Numbers and Breakdown**

Hospital	Beaumont	St. Luke's KK	UHW	UHG	UHL	MUH	Total
Module	Four	Four	Four	Four	Four	Four	
Nursing & Midwifery	10	6	2	15	7	0	40
Medical	1	13	6	3	0	16	39
HSCPs	0	6	3	6	0	0	15
Specialist Areas/Mgt	3	13	2	10	5	2	35
Total	14	38	13	34	12	18	129

**Table 2: Participant Feedback Module 4**

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I learned new skills and/or refreshed skills	0 (0%)	0 (0%)	43 (36%)	75 (64%)
2. The facilitation was effective	0 (0%)	0 (0%)	27 (23%)	91 (77%)
3. I would encourage colleagues to attend a similar workshop	0 (0%)	0 (0%)	21 (18%)	97 (82%)

**Question 1 – I learned new skills and/or refreshed new skills**

**Skills**

- 100% of participants agreed or strongly agreed that they had learned new skills and/or refreshed skills at the workshop.

*“I learned to be more self-aware, to have clear shared goals for the team to be empowered. To speak up to improve the situation if/when something is going wrong”*

*“I learned not to be afraid to speak up to senior members of staff if I am concerned. The importance of communication with all team members”*

**New skills**

- Participants identified the following skills learned during the workshops – how to identify their own communication style and that of their colleagues, to use this information to communicate more effectively with colleagues, tools and strategies to overcome the barriers to team based working, protocols to help express their concern in a graded manner (e.g., CUSS, two-challenge rule) and finally the skills required to document aspects of patient care utilising the ISBAR<sub>3</sub> tool in a clinical context

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**Refreshed skills**

*“Very beneficial to review ISBAR again”*

*“Has helped to refresh handover technique and has given me assertive ways to speak with my colleagues”*

*“Helped refresh skills and also give confidence in addressing situations”*

*“Refreshed skills. I think that work can be so busy that we forget our basic skills and how to be a good team player”*

**Concerns**

*“I would love to do this course again. I understand it was for all staff but for admin staff it is too clinical”*

*“Would like to have seen more role play, in a drama (front of stage) setting. That way we can see how body language and tone play an important role in communication”*

*“Felt that the lead in could be shorter. Less introduction and more group work”*

## Question 2 – The facilitation was effective

- 100% of participants agreed that the facilitation was effective

### **Effective**

*“This course gave me information on how to work/perform better as part of a team”*

*“It was explained very well & enjoyed section 2 on self-awareness”*

*“There was a nice mix of group/team work, slides and video”*

*“Nice mix of listening, thinking (I am a reflector) and interacting”*

*“Good balance of media, activities & theory/PPT”*

*“Both presenters were engaging, informative and clearly had a deep understanding of the material”*

*“Very well paced. Easy to follow. Would like a copy of the slides to be available for further reflection”*

### **Role plays/video sessions**

*“The case scenarios are highly effective at emphasising the importance of teamwork and communication”*

*“Good use of video sessions”*

*“Good mix of interaction, skills, video, group work”*

*“I would prefer the previous videos on Elaine. The non-narrated version is better for the clinical team”*

*“Maybe look at more scenarios where things have gone wrong due to team communication failures. The effectiveness of patient stories demonstrating poor leadership and an accepted level of culture of indifference. This causes people to challenge how they work”*

### **Timing**

*“Pace was excellent”*

### **Question 3 – I would encourage colleagues to attend a similar workshop**

- 100% of participants said that they would encourage colleagues to attend a similar workshop.

#### **All staff should attend**

*“Very worthwhile and good for people to be aware of how others can communicate”*

*“All staff members should attend this course”*

*“It’s often the people who need to be at these sessions who don’t attend as they are not aware that they need it!”*

*“Valuable for all, but doctors, managers and consultants need to engage”*

*“All senior management and consultants should attend”*

*“I would recommend teams/directorates to partake together. Need to include consultants and NCHDs”*

*“Needs to be more from different disciplines”*

#### **Mandatory**

*“Should be mandatory training”*

*“All disciplines should attend. Make it a mandatory course to ensure staff and patients get better outcomes”*

#### **Medical involvement**

*“Make it mandatory especially for junior doctors. Can you roll it out for teams and make it a team building exercise?”*

*Should have more doctors and managers here*

*Yes. Need medics in the room. Preaching to the converted*

#### **Overlap with other learning and development programmes**

*“I feel this should be rolled out and offered to every employee or as part of induction course”*

**Question 4 - Are there any other communication challenges that we should include in our learning & development programme?**

- Other communication challenges identified by staff for inclusion in the learning and development programme include – *communicating with management, dealing with aggression, conflict, defensiveness, toxic attitudes and bullying, human factors, working in teams that are geographically distributed and situational awareness*. These challenges will be discussed by the National Healthcare Communication Group and some may be included in associated mini-modules.

**Communication with senior management**

*“Include communication between management and department rather than just within departments”*

*“How to actively communicate ideas or plans to improve to superiors”*

**Aggression/conflict/defensiveness/toxic attitudes/bullying**

*“How to deal with rude, obstructive, aggressive colleagues”*

*“How to deal with aggressive tone in senior personnel when you are just not getting through to the person”*

*“Conflict resolution, difficult conversations, negative people or team”*

*“Dealing with someone who is disruptive in the team/who blocks/influences others”*

*“It would be nice to address blame/defensiveness”*

*“Strategies to communicate with those who withdraw or put up barriers to engagement”*

*“Dealing with toxic attitudes”*

*“Challenging team members needs to be addressed - how we manage toxic behaviours and assertiveness, especially across cultures”*

*“Bullying in teams”*

*“Role play on how to deal with strong personalities”*

**Human factors**

*“A bit more focus on human factors would help as it is something that is discussed less in healthcare settings”*



***Teams that are geographically distributed***

*“Would be great to have something about remote teams, e.g. hospital outreach or where a lot is communicated via email or phone/teleconference”*

***Situational awareness***

*“Query Module 5 - situational awareness”*

## Question 5 - How could we improve on this workshop?

- Suggestions for improving the workshops include giving more time to the workshop, giving more time to practice sessions, including other disciplines, using specialty specific scenarios, delivering to a team rather than staff from different areas of the hospital and more notes on workshop content/supporting documentation.

### **More time for the workshop**

*"I think another 30 minutes to the whole session might help. If the session is too long, people would lose attention"*

*"Feel the 3 hours is too short"*

*"May need to be a full day. More role play with ISBAR"*

*"Very interesting workshop. Maybe more time"*

*"Timing to be reviewed. ISBAR is so important. Good handover crucial"*

*"Extra 15-30 minutes would have given enough time to the facilitator"*

*"Could be a whole day. More time for the workshop"*

### **More time for the practice sessions**

*"Role plays (time)"*

*"3 hour workshops - allocate more time to practice session (ISBAR)"*

*"Maybe 4 hours long. Use of role play more if possible"*

### **Include other disciplines**

*"Very nursing/medical based. Engage with allied healthcare team members to add a scenario to include them"*

*"More time for ISBAR, especially for non-nursing staff who are not familiar. Maybe use a non-medical scenario"*

*"Multidisciplinary to give greater perspective from others"*

*"Content applicable for doctors & nurses. What about other team personnel?"*

***Deliver to teams/multidisciplinary***

*“Deliver to a team or a service rather than individuals who do not work together”*

*“As before, maybe do as part of the groups that we work within”*

***Supporting documentation***

*“Have notes covering most aspects covered as more information in communication types in workbook”*

*“Hand-outs from slides - particularly the background references”*

## Question 6 – any other comments?

- Other comments

### **General**

*“Excellent food for thought & changes can be made”*

*“Excellent and very enjoyable”*

*“I have really enjoyed the workshop. It is great to review, reflect & consolidate what we need to do well every day”*

*“Well presented. This type of workshop is definitely needed to improve communication skills”*

*“People in general think that communication, listening takes more time. It needs to be shown more that this is not the case”*

*“Look forward to attending the whole programme in time”*

*“Absolutely totally enjoyed this workshop! Loved the personality colours”*

### **Workbook**

*“A little more note space on page 18”*

### **Mandatory**

*“Excellent content and delivery. I feel the programme should be mandatory. Communication in healthcare is key. Thank you”*

*“Communication workshops compulsory for consultants”*

### **Multidisciplinary**

*“Really beneficial from hearing other colleagues input on their skills”*

*“Based on the content of this workshop, all disciplines would benefit from attending, from clinical to ancillary staff and everybody in between”*

**Medical involvement**

*“Very well organised. Need more junior doctors trained for same”*

*“Really need medic buy in. Not just communication skills but need culture change”*

*“The course is good and needs to include medical staff”*

*“Follow-up workshops specific to hospital settings. Especially for junior medical staff to learn techniques specific to their evolving roles and incorporate an MDT discussion on communication difficulties we frequently encounter”*

**ISBAR**

*“More on ISBAR and communication skills with different personalities (on the words/Handover, etc.)”*

### **General comments from facilitators**

- The workshop content is very relevant and was well received. There is a lot of material to fit into a 3 hour session. Facilitators would need to be very skilled to fit all of the material in the allotted time.

### **Numbers**

*“This workshop can take up to 20 participants – ideally not more than this. 12 to 15 participants is ideal as this makes for better dialogue and sharing of stories and experiences”.*

### **IBBAR<sub>3</sub>**

*“Some staff familiar with this – not all using it. Very positive feedback but nurses seem to be more familiar than doctors”*

### **Next steps**

The NHCG will review these areas and suggestions from participants and facilitators and consider how to include these in the programme content and approach.

## 2. Appendix

### 2.1 Link people from six pilot sites

Name	Title
Joanie McGrath	University Hospital Waterford
Dr Sean Leavey	University Hospital Waterford
Dr Miriam O'Connor	University Hospital Waterford
Judy Colin	University Hospital Waterford
Aileen Coughlan	St. Luke's Hospital, Kilkenny
Margaret Ryan	St. Luke's Hospital, Kilkenny
Kate Costello	Beaumont Hospital
Melanie McDonnell	Beaumont Hospital
Anne Healy	Beaumont Hospital
Margaret McKiernan	Mercy University Hospital
Dr Kieran O'Connor	Mercy University Hospital
Siobhan Kenny	Mercy University Hospital
Dr Gemma Browne	Mercy University Hospital
Niamh Hogan	UHL HG
James Geoghegan	Saolta HG

### 2.2 National Healthcare Communication Group (NHCG)

Name	Title
Angela Tysall	National Lead HSE, Open Disclosure
Ann Martin	Head of Communications, Acute Hospitals Division
Anne Slattery	Hospital Manager
Ben Cloney	Lead for User Engagement Communications
Brigid Doherty	CEO, Patient Focus
Clare Duffy	Policy & Public Affairs Manager, Family Carers Ireland
Clare Hudson	Project Manager, Patient Narrative Project, Clinical Strategy & Programmes
Des Mulligan	Service Improvement Manager, Integrated Care Programme for Older Persons
Dr Eva Doherty	Director of Human Factors in Patient Safety, RCSI and Irish National Representative for the International Association for Communication in Healthcare (EACH)
Jean Harrison	National Library Services
Jean Kelly	Hospital Group Director of Nursing
Miriam McCarthy	PALs Manager
Professor Peter Gillen	Professor of Surgery, RCSI and Our Lady of Lourdes Hospital
Jackie Nix	Community Services representative
Winifred Ryan	National HR, Leadership, Education and Talent Development

### 2.3 NHCP Respond Working Group

Name	Title
Dr Eva Doherty (Chair)	Director of Human Factors in Patient Safety, RCSI and Irish National Representative for the International Association for Communication in Healthcare (EACH)
Clare Duffy	Policy & Public Affairs Manager, Family Carers Ireland
Jean Kelly	Hospital Group Director of Nursing
Ger Kikelly	PALs Manager, Saolta Hospital Group
Margaret McKiernan	Director of Nursing, Mercy University Hospital
Professor Peter Gillen	Professor of Surgery, RCSI and Our Lady of Lourdes Hospital
Dr Kieran O'Connor	Older Persons Specialist, Mercy University Hospital
Brigid Doherty	CEO, Patient Focus
Professor Paul Kinnersley	Chair of the Courses and Support for Trainers Course in the International Association for Communication in Healthcare (EACH) and Emeritus Professor at Cardiff University
Winifred Ryan	National HR, Leadership, Education and Talent Development



## 2.4 Participant Evaluation Form

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# Participant evaluation form

We value your feedback on the module you have completed. Please complete this form.

Workshop date: \_\_\_\_\_ Facilitator's name: \_\_\_\_\_

### 1. I learned new skills and/or refreshed skills?

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

Comments:

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### 2. The facilitation was effective

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

Comments:

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### 3. I would encourage colleagues to attend a similar workshop

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

Comments:

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## 2.5 Facilitator Evaluation Form

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# Facilitator evaluation form

We value your feedback on the modules you have delivered. Please complete this form.

Workshop date: \_\_\_\_\_ Facilitator's name: \_\_\_\_\_

1. What worked well?

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2. What could be improved on?

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3. Any other comments:

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