National Healthcare
Communication
Programme

National Healthcare Communication Programme

Review of National Maternity Experience Survey Questions and Comments relating to Communication in Healthcare

October 2020

Making conversations easier

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Chapter One - Executive Summary

Outline of review

This review undertook to describe key learning for effective communication in healthcare arising from the questions and comments of the 3,204 women who took part in the National Maternity Experience Survey (September 2020). The methodology is outlined in Chapter Two and the content analysis is described in Chapter Three. The themes and recommendations highlighted by the analysis are described in Chapter Four.

Key themes

- Our analysis shows that **staff communication skills** are of great importance to women. '*How*' staff communicate with women is as important as '*what*' they say. Women have two fundamental needs: the need to know and understand; and the need to feel known and understood.
- Women's comments about communication focussed on the ability of healthcare staff to **recognise women's worries and concerns** and to respond empathically, demonstrating understanding and support. Women's' comments provide insights into their expectations of their care and relationships with staff that go beyond clinical technique, and especially the '*emotional connection*' they expect to make with staff.
- Comments about communication at the **start of the consultation** also featured frequently in the analysis. Women's comments include lack of staff access to notes which impacted on continuity of care, repetition of information to different members of staff, results not documented on file and staff not being aware of previous history (e.g. miscarriage, etc.) which caused distress to the woman during the consultation.
- Many of the women's comments identified **not feeling listened to by staff**. To address this, staff and clinicians need to get to know the woman as a person and give her the opportunity to discuss her needs and preferences. Some of the women's comments included assertions of women's concerns and knowledge being dismissed or ignored by staff. This dismissal resulted in the women reporting that they were made to feel insignificant.

- A further notable theme aligns with the **providing information and planning** phase of the healthcare encounter. Women reported their difficulties understanding professional 'jargon', receiving too much or too little information, receiving information at the wrong time or information likely to shake their confidence in the treatment being provided. Challenges arise in framing the individualised information in the context of the woman's values and goals, delivering the information in a way that women can understand and recall and allowing opportunities for questions to facilitate that understanding.
- There were several comments about poor communication with women on **discharge** from the hospital including lack of information on discharge time, follow up in the hospital and community and who to contact if women were worried about their health or their baby's health. Women may be unable to comprehend or accurately recall information presented during their journey through the hospital. On-going engagement and communication keeps the woman involved in the learning process and recognises their role in managing their own care and caring for their baby at home.

Conclusions

The birth of a child and the care provided by the healthcare service at that time are very memorable events. Women in Ireland attending maternity hospitals are not 'ill' (although some may suffer complications of their pregnancy), expect to receive high quality care, to be fully informed about that care and provided with information and support by their clinicians. It is noteworthy then that the great majority of comments (**86%**) made by women responding to this survey relate to staff communication and of these a majority of comments were about how staff built rapport with women. While many of the comments were positive there were also many comments which identify poor use of communication skills by clinicians and this will lead to poor outcomes for the women in terms of their experience of care and their clinical outcomes.

Besides building rapport, other areas for improvement include communication skills demonstrating preparation for the healthcare encounter, skills for active listening and providing the correct amount and type of information, particularly in areas like mental health, physical health and breastfeeding. Working in partnership with women involves understanding their perspective and keeping them fully informed about their care and treatment options. Women engaging with the healthcare services have different levels of healthcare knowledge and experience and different expectations regarding what and how much more they want to know.

This requires staff to use good communication skills flexibly to adopt the right approach to each healthcare encounter. It should also be noted that the women's comments focussed on the need for improvement in the skills for 'everyday' conversations between clinicians and their patients. There were few comments about more challenging conversations such as 'delivering bad news' and 'open disclosure' which may reflect that only a relatively small number of women experience these particular consultations in maternity services.

Further information on analysis and recommendations is available in chapters three and four of this review.

Women made 6,075 comments in response to the three free-text questions on the survey. Many different types of staff were mentioned and most of the comments in relation to communication skills were positive. The group of staff most often mentioned were midwives. The high prevalence of comments relating to this staff group probably reflects the importance of the relationship that women have with midwives during labour and birth.

> ***"The midwife delivering my baby was excellent, so experienced and I felt so safe with her."***

> ***"The care and treatment from the midwifes in the labour ward was amazing; they couldn't do enough and felt like labour was a breeze. Didn't feel pressured about bottle feeding my child."***

These sample comments demonstrate the importance of communication skills in determining the woman's overall experience of her care.

Impact of staff communication skills

The NMES women's comments offer a wide variety of women's perspectives of the effects of staff communication skills on how women felt. Review of the comments yields the following examples.

How the women felt (good example)

> ***"The staff in there are second to none and you literally feel like you are the only person in the hospital".***

How the women felt (opportunity for improvement)

> ***"I encountered a patronising/unhelpful attitude from some midwives. I felt that I wasn't taken seriously, that I was being too demanding and I was judged for certain choices".***

Emotional reactions experienced by women included on one hand feeling “comfortable”, “relaxed”, “reassured”, “included” and safe” and on the other hand feeling “uncomfortable”, “worried”, “distressed and “intimidated”. In recent years, there has been increasing interest in the culture of healthcare and considered attempts to understand the conditions that promote caring and compassionate cultures and make occurrences of neglect and abuse of women and patients less likely. Women’s comments indicate that healthcare staff must continue in their efforts to consciously focus on the provision of care that is congruent with our values of care, compassion, kindness, consideration and respect.

Opportunities for learning

This review highlights a need for learning and teaching of clinical staff regarding communication skills. In the first round of analysis carried out for maternity hospitals, the reviewer separated women’s comments regarding communication with doctors (obstetricians, anaesthesiologists, paediatricians and general practitioners), midwives, public health nurses, lactation consultants, sonographers, physiotherapists, healthcare assistants, catering and cleaning staff. This analysis showed that the communication skills (good examples and opportunities for improvement) as described and experienced by women are similar whether the encounter is with a midwife, doctor, physiotherapist or other staff member. Therefore the communication skills training identified in this review apply to all healthcare staff. The communication scenarios for each group of staff may be different but the core communication skills required are the same.

Key recommendations

This review provides evidence of the importance and impact of good communication skills on the experience of women in relation to maternity care in Ireland. Although there are many examples of good communication there is also a clear need for further training in core communication skills for all clinicians. Further information on these recommendations is available in chapter four of this review.

Communication skills

Hospitals should ensure that arrangements are in place for staff to learn, develop and maintain core communication skills to:

i. **build good relationships** with women.
ii. **initiate the consultation** with women and in particular paying attention to preparation for the consultation.
iii. ensure that women have **opportunities to discuss their needs, concerns and preferences** to inform their individualised care.
iv. support women to **understand their condition, treatment and care options** and the services available to them.
v. support women in **maintaining and improving their own health and wellbeing**, taking into account their circumstances, their ability to access services and their co-existing conditions.
vi. ensure that women are made aware of **when, how and who contact about their on-going healthcare needs**.
vii. ensure that women **experience integrated care which is co-ordinated effectively within and between services**.

Hospitals should ensure that systems are in place to progress towards full implementation of the **National Standards and Programmes** supporting good communication skills while prioritising for immediate action areas of significant concern for women.

Chapter Two - Background and Methodology

Background

The National Maternity Experience Survey (NMES) offers women the opportunity to share their experiences of Ireland's maternity care services. The survey is part of the National Care Experience Programme which seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and more importantly acting on their feedback. The programme is a joint initiative by the Health information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health.

6,357 women who gave birth in October and November 2019 were invited to participate in the first National Maternity Experience Survey. The response rate was 50% with a total of 3,204 women taking part. The survey consisted of 68 questions which captured the pathway of maternity care from antenatal care, through labour and birth, to postnatal care in the community. The Calgary-Cambridge Guide (CCG) was used to analyse the information relating to communication skills identified in women's comments. 41 of the survey questions relate to one of the Calgary-Cambridge Guide Stages of communication in healthcare. The scores for these 41 questions were reviewed.

Participants made 6,075 comments in response to the three open-ended questions in the survey. The 41 questions from the NMES were also assigned to the relevant section of the CCG. A comprehensive analysis of comments under each stage of the CCG is detailed in chapter three.

Goals

The goal of the review was to see if staff working in maternity services require further support to learn, develop and enhance their communication skills with women and their partners.

Objectives

The objectives of the review were:

i. To identify strengths and opportunities for improvement (if necessary) in relation to healthcare communication in HSE maternity services;

ii. To identify recommendations for guidance on effective healthcare communication that reflects and aligns with learning from NMES questions and comments; and any other recommendations for fostering good practice.

Communication

Good staff–patient communication is central to good patient experience, and a major driver of high quality healthcare. During their professional careers, clinicians will conduct over 200,000 consultations with patients (Silverman et al., 2008). Using a consultation model that helps staff to fully address the patient's agenda leads to reports of higher levels of patient satisfaction with the consultation (Carter & Berlin, 2007). Communication has also been shown to have a positive impact on healthcare outcomes such as clinical effectiveness, patient safety and improved adherence to care and treatment. Communication skills are consequently core strands of healthcare professional training, postgraduate assessment, and on-going professional development.

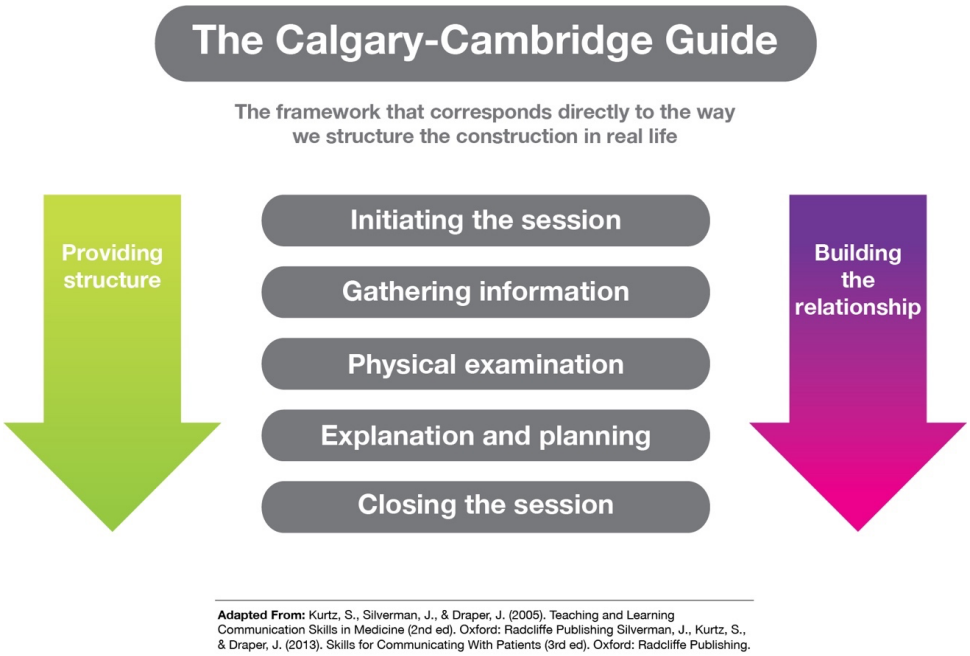
National Healthcare Communication Programme

The National Patient Experience Survey (NPES), first conducted in 2017, highlighted poor communication between patients and healthcare providers as one of its main findings. The Health Service Executive's response to the communication deficits highlighted in the NPES was to establish the National Healthcare Communication Programme (NHCP) and to adopt the Calgary Cambridge Guide as the evidence-based method of communication skill training across the Irish healthcare service. The NHCP has been developed in partnership with EACH – the International Association for Communication in Healthcare. The implementation of the NHCP has been highly successful with very positive feedback from staff on all acute hospital sites.

Calgary-Cambridge Guide (CCG)

The programme is based on the different elements of the CCG, a five-stage consultation model. The CCG was developed by Silverman, Kurtz and Draper to identify effective clinician–patient communication skills and to provide an evidence-based structure for their teaching. The Calgary-Cambridge Guide was not intended to be an assessment tool. However, during teaching sessions, it has been used as a guide to assess the specific communication skills performed and to provide systematic and structured feedback. Many medical and nursing schools in Ireland now use the Calgary-Cambridge approach in their communication skills programmes. The Guide is used in many countries in Europe, in the USA, Canada and Australia. The figure demonstrates the Calgary–Cambridge model diagrammatically and shows with the 5 horizontal bars the structure of any consultation. In addition to its five stages, there are two 'threads' that run throughout the consultation. These are called 'Building the relationship' and 'Providing structure'. Within each stage there are key consultation skills that should be applied to achieve the best outcomes from each interaction.

Figure 1: Calgary-Cambridge Guide



Access to women's comments

For the purpose of this review, the Health Information and Quality Authority gave the reviewer access to National Data on the NMES Dashboard.

Methodology

Qualitative content analysis was used in this review. The categories were derived from the Calgary-Cambridge Guide and applied to the data through close reading.

Coding procedure

Three of the questions on the survey (questions 61 to 63) asked women to provide additional information, in their own words, on their maternity care experiences. The qualitative content analysis of the NMES women's comments to these three questions was undertaken in three stages. **Firstly**, following the exporting of the women's comments in response to questions 61, 62 and 63 into Microsoft Excel, the reviewer immersed herself in the whole data set. In the course of this initial reading of the comments, the process of **identifying themes** relating to communication skills and developing a preliminary coding system began. This was followed by the **development of a codebook**.

All quotations used in the review are taken verbatim from the women's comments. In the final stage, the entire sample of comments was reread (and where appropriate, recoded), to provide particular insight into key issues emerging from the content analysis.

Codebook development

The detailed codebook used for the qualitative content analysis was organised to identify good examples and opportunities for improvement under five of the six core stages of the CCG:

- ***Initiating the consultation***,
- **B*uilding the relationship,***
- ***Gathering information***,
- ***Providing information and planning***, and
- ***Closing the consultation***.

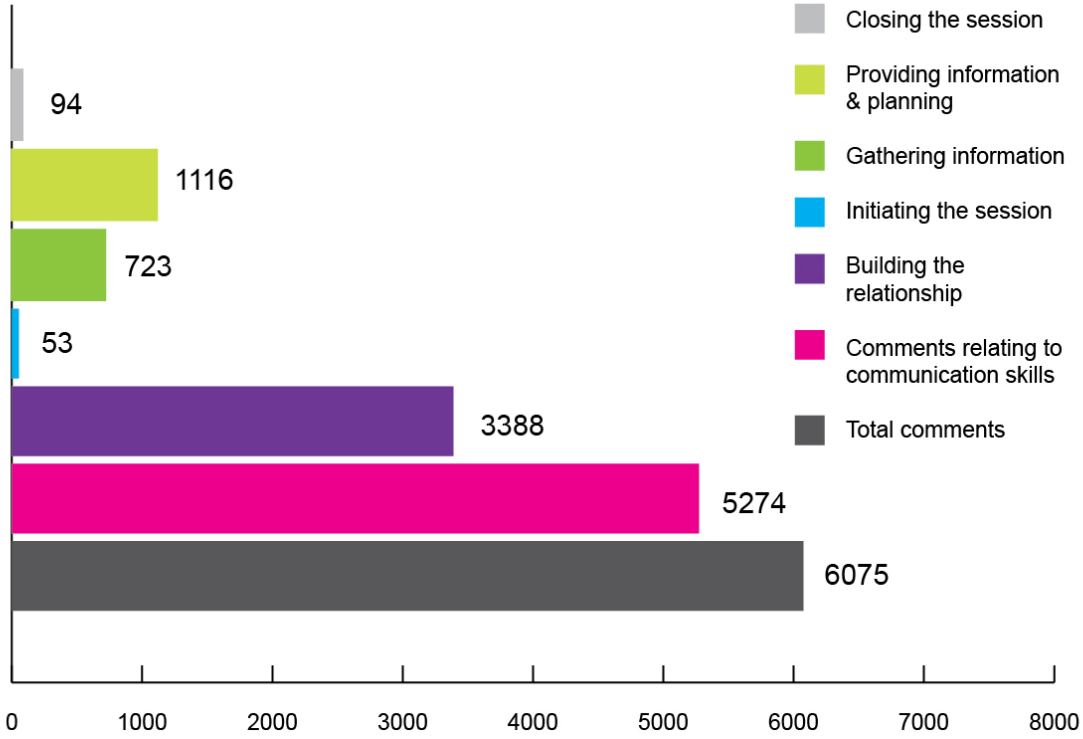
The reviewer did not identify any comments under the ***Providing Structure*** stage of the Calgary-Cambridge Guide so this section is not included in the analysis. If a comment referred to communication skills under more than one section of the CCG, the reviewer identified the core issue and the comment was assigned to that section of the CCG. If a comment referred to both good examples of communication skills and areas for improvement that comment was subdivided and each sub-section assigned to the appropriate section of the CCG.

Further subcategories were identified for three of the five core CCG stages:
Building the relationship: *Greeting and introductions, Non-verbal behaviour, Involving the patient* and *Demonstrating Empathy*.
Gathering information: *Exploring the patient's problems* and *Understanding the patient's perspective.*
Providing information and planning: *Provide correct amount and type of information, Aid patient recall and understanding, Incorporate the patient's perspective* and *Shared decision making*.

Additionally, the data was coded using 6 other nodes related to effective communication, including *Teamwork*, *Handover*, *Privacy/Confidentiality, Consent, Delivering Bad News* and *Open Disclosure*.

This analysis of staff communication skills was sent in Microsoft Word format to each of the 19 participating maternity sites. NHCP Facilitators on each of the sites are using this analysis to inform their quality improvement plans (QIPs) and the roll-out of the NHCP in their hospitals. **Figure 2** shows the analysis of comments made by women categorised to five of the sections of the Calgary Cambridge Guide.

Figure 2: NMES Comments



Chapter Three - Content analysis

Introduction

This chapter presents the results of the qualitative content analysis of the 6,075 patient comments under the five stages of the Calgary Cambridge Guide (CCG). It begins by listing the NMES questions that relate to each CCG stage. The survey results for these questions has already been reported by HIQA. Note: Women were given a number of response options to each of these questions: *Yes definitely, Yes to some extent, No, I did not want or need this information and Don't know or can't remember*. Scores out of 10 are given for relevant questions belonging to a stage of maternity care or to a stage as whole. A score of 0 indicates a very negative experience and a score of 10 indicates a very positive experience. Some questions provide descriptive information and these questions are not given a score out of 10.

The reviewer then lists the comments under the sub-headings for each of the 5 CCG stages and gives a good example and an opportunity for improvement raised by women under each of the sub-headings (if applicable).

In addition to the review of the NMES questions and women's comments, the reviewer drew on National Programmes and National Standards that have been developed to support and improve some aspect of communication in healthcare. For the purpose of presentation, the programmes and standards are presented as:

- Relevant programmes supporting this function
- Links to National Standards for Safer Better Healthcare

Building the relationship

'Building the relationship' consists of rapport building, the ability to be on the same wavelength and to connect emotionally with others. The relevant skills are greeting and introductions, making women feel welcome by attending to their comfort, using non-verbal communication skills such as smiling, eye-contact and hand gestures, using the computer/women's notes in a way that does not interfere with the consultation, and demonstrating empathy and sensitivity. Clinicians are also encouraged to share their thoughts by thinking out-loud and 'accepting the legitimacy of the women's view and feelings'.

NMES Questions

The following NMES questions relate to this stage.

Table 1: NMES Questions relating to Building the Relationship

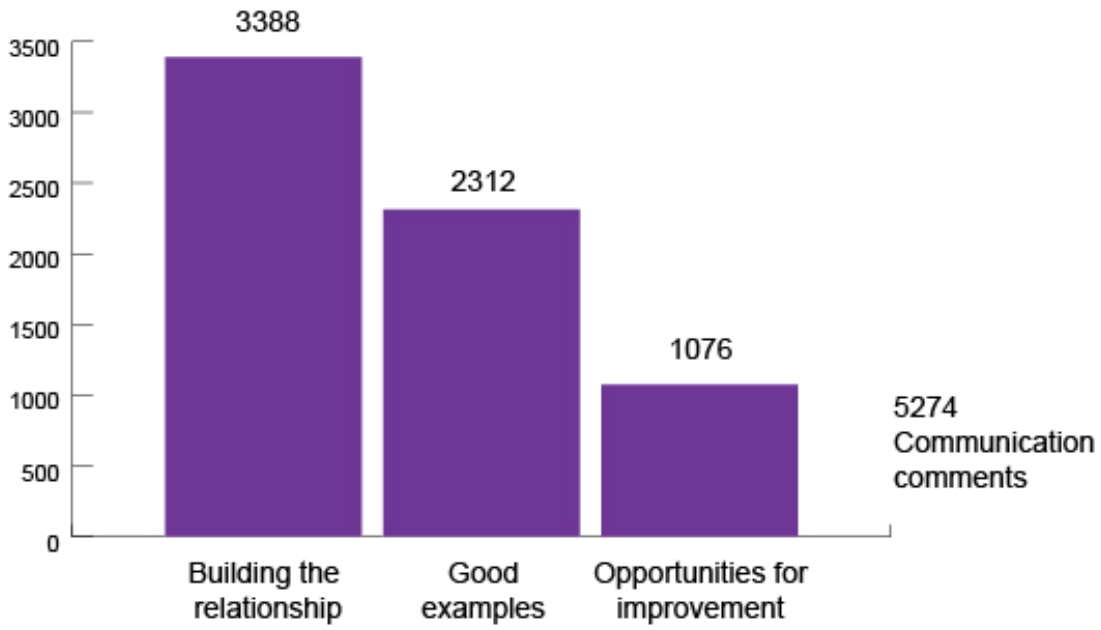
No.	Questions	Score
Q14.	Thinking about the care you received during your pregnancy, did you feel that you were treated with respect and dignity?	8.9
Q15	Thinking about the care you received during your pregnancy, did you have confidence and trust in the health care professionals treating/caring for you?	8.4
Q17.	Thinking about the care you received during your pregnancy; did you have a health care professional that you could talk to about your worries and fears?	7.5
Q23.	Were you (and/or your partner or companion) left alone by health care professionals at a time when it worried you? Please tick all that apply	*Not given a score out of 10*
Q26.	Was your partner and/or companion involved in your care during labour and birth as much as you wanted them to be?	9.5
Q27.	Did you have confidence and trust in the health care professionals caring for you during your labour and birth?	9.0
Q32.	Thinking about the care you received after the birth of your baby while you were in hospital; did you have a health care professional that you could talk to about your worries and fears?	7.0
Q36.	Thinking about the care you received in hospital, did you feel that you were treated with respect and dignity?	8.5
Q38.	While your baby was in the neonatal unit, did you receive enough emotional support from health care professionals?	6.3
Q42.	Were your decisions about how you wanted to feed your baby respected by your health care professionals?	8.4
Q56.	Thinking about the care you received at home after the birth of your baby, did you have confidence and trust in the health care professionals caring for you?	8.3
Q58.	Thinking about the care you received at home after the birth of your baby, did you feel that you were treated with respect and dignity?	9.4

Overall hospitals achieved higher scores for questions relating to this stage indicating that in general staff use good communication skills to build rapport with women. Lower scoring questions **Qs 17, 32 & 38** relate to providing emotional support for women. Q38 applies to a small group of women in particularly stressful situation. This might indicate the need for particular communication skills teaching for staff working in Neonatal units. **Q23** (does not have a score out of ten) - 24.3% said that they were left alone at some point by health care professionals at a time that worried them. Of the 933 women who said they were left alone, 427 said it was during early labour.

Women's comments

The qualitative content analysis of women's comments relating to building the relationship were grouped under sub-categories relating to ***Greetings and introductions, Involving the patient, Non-verbal behaviour and Empathy***. The women's comments under each of the sub-headings are both good examples and opportunities for improvement. **Figure 3** shows the analysis of comments made by women categorised under the *Building the Relationship* stage of the Calgary Cambridge Guide.

Figure 3: NMES Comments relating to Building the Relationship



Women's Comments from NMES – Building the relationship (good examples)	
Greeting and introductions	*"Midwife during antenatal care was amazing. [Name]. Absolutely brilliant. Took time to make me feel good. Answered all my questions. Felt personal as she remembered older child and husband's name."*
Involving the patient	*"The anaesthetist, was absolutely amazing. Everyone was so busy setting up quickly which was extremely understandable but he was so kind, calm and explained what was happening in terms of going under as I'd never been under general before."*
Non-verbal behaviour	*"The midwife during final stages of labour was fantastic. She did not dictate my labour rather she followed my cues and was extremely patient and kind yet helpful with her guidance even in my state of panic. She gave me direction on what to do and when to push but in a way that listened to me and my needs."*
Empathy	*"Community midwives were respectful of my anxieties after a previous negative experience. The community team acknowledged my anxiety. The community team visited me on the ward afterwards and made me feel I had ample opportunity to ask questions. Each intervention, each stage and each symptom was explained simply but thoroughly"*

Women's Comments from NMES – Building the relationship (opportunities for improvement)	
Greeting and introductions	*"During delivery a random person showed up that I hadn't met before and was so pushy after my baby was born. I didn't know who she was or why she was there."* *"Some of the doctors in the public clinic were so dismissive of concerns and rude - not the consultant but some of the NCHDs. Very few of them ever followed the "Hello my name is" protocol and began talking to me without introducing themselves so I did not know their name or job title"*
Involving the patient	*"Felt 1 midwife was disinterested while I was in labour - she did not provide reassurance or guidance at times. Very disappointed when I expressed concerns about epidural not having its effect, I was dismissed"*
Non-verbal behaviour	*"The midwife came across very annoyed with me and my husband. This should have been an exciting time and was dampened by the sheer annoyance of the health care professional. The same health care professional was not pleasant when I had my 20 week scan. She came across annoyed that I had a private scan and wanted her to check a query that had arisen in the private scan."*
Empathy	*"Be more supportive, I was a first time mother and had [Cond. Type]. I was very scared and felt I was not given much information and support. I felt very alone even though I was in a room full of people.*

Reviewer comments

Greetings and introductions

Dr Kate Granger a doctor and a patient with terminal cancer initiated the '#hellomynameis' campaign on Twitter in August 2013 when she was hospitalised with sepsis. This campaign is widely known and used throughout acute hospitals. Women's comments indicate that staff introductions help to put women and their families at ease and are an essential part of providing high quality; person centred healthcare. This sub-category generated the least number of NMES comments relating to this stage of Building the relationship. In general women do not appear to have a difficulty with how staff introduce themselves in the maternity services.

Nevertheless we are reminded of the importance of introductions in a small number of comments where women indicate their discomfort with staff who did not introduce themselves, state their role and didn't know or ask for the woman's name. Women in labour can feel vulnerable and staff interactions with women can involve intimate examinations; one woman commented that '*not knowing the team who were in the labour ward added anxiety*', confusion and *'threw me off my rhythm with pushing'*.

Involving the patient

Communication skills to involve the women are particularly important in maternity services and are central to building rapport. Many of the women's comments under this stage of the CCG related to how staff did or did not involve the women during their conversations. Good examples highlight how good communication skills result in the woman feeling encouraged, included, supported, listened to, with one woman saying…" *I felt that the midwife was on my team*" and another saying "*I felt so comfortable and safe in their skilled hands and still very much in control of what was happening*". Opportunities for improvement indicate that many women did not feel included as highlighted in the following comment *"The care of the nurses was not great. I always felt like a child being told off. I had to say every time it was my first pregnancy as they acted as if I should know everything because of my age. I left the clinic upset and even crying on a couple of occasions".*

Non-verbal behaviour

Non-verbal communication is a broad term that encompasses how we communicate by our behaviour rather than words. Review of the women's comments identifies impact of facial expression (*warm, cold*), eye-contact (*good, avoiding*), gestures (*nodding, smiling, dismissive*) and posture (*how the member of staff was sitting or standing*). Good non-verbal skills were interpreted by women as demonstrating emotional support and showing care and concern. Staff are described as "*warm, kind, friendly, patient or rude, dismissive, clumsy, cold, abrupt and brusque".*

Demonstrating empathy

Sliverman, Kurtz and Draper define empathy as, "a two-stage process: (1) the understanding and sensitive appreciation of another person's predicament or feelings and (2) the communication of that understanding back to the patient in a supportive way". Demonstrating empathy in maternity services builds trust, calms anxiety and improves healthcare outcomes for women.

One comment that the reviewer read demonstrates that expressions of empathy can have huge and lasting impressions on the women who use our healthcare services: *"In the days following the birth I was very touched at the sensitivity shown by the support staff including the household and catering staff when they entered my room and realised that there was no baby in the room. The lady who looked after my meals remembered her name and every day she would ask me how she was by her name. It was a personal touch that meant so much to me".*

It is interesting to note that **53%** of all of the women's comments relating to staff communication are about how staff build a good relationship with them. **68%** of these comments are examples of staff using *good communication skills* to build rapport.

Relevant Programme(s) supporting this core function

- What Matters To You
- Values in Action
- National Programme to Enable Cultures of Person-Centredness
- Caring Behaviours Assurance System
- Schwartz Rounds
- Staff engagement
- 'Hello my name is'
- National Healthcare Communication Programme

Links to National Standards for Safer Better Healthcare

1.3: Service users experience healthcare which respects their diversity and protects their rights.

1.6: Service users' dignity, privacy and autonomy are respected and promoted

1.7: Service providers promote a culture of kindness, consideration and respect

2.4: An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care.

Initiating the consultation

Initiating the Consultation involves preparing for the encounter, establishing rapport with the woman and ascertaining why she has attended. At this stage, an agenda that incorporates the needs of both the woman and clinician is generated.

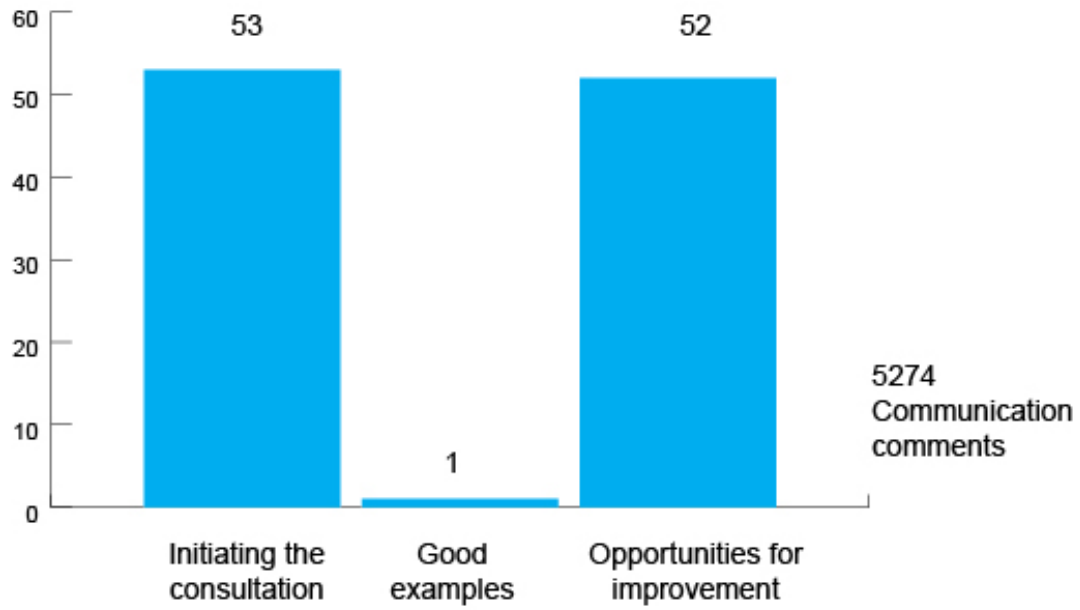
NMES Questions

There were no specific NMES questions related to this stage

Women's comments

The qualitative content analysis of women's comments relating to initiating the session were all grouped under the sub-heading of **preparation.** There were no comments relating to the remaining two sub-headings: **establishing initial rapport** and **identifying the reasons for the consultation.** Fifty three comments were identified; **one example of good practice,** the remainder (**52**) were opportunities for improvement. **Figure 4** shows the analysis of comments made by women categorised under the *Initiating the Consultation* stage of the Calgary Cambridge Guide.

Figure 4: NMES Comments relating to Initiating the Consultation



Women's Comments from NMES – Initiating the consultation (good examples)	
Preparation	*"After 1st baby (ten years ago) I had some signs of [Cond. name]. This was noted on my file. Several nurses/midwives came to me after my most recent birth and gave great advice and asked if anyway I needed help. Very much appreciated."*

Women's Comments from NMES – Initiating the consultation (opportunities for improvement)	
Preparation	*"If the doctors during the antenatal appointments could read files properly. I was asked many times how my other child was doing when it clearly says on my files she passed away. It was very upsetting"*

Reviewer comments

Before the consultation begins, the healthcare record should be reviewed by the clinician to establish issues that need to be addressed in the consultation. Women's comments include lack of staff access to notes, repetition of information to different members of staff, results not documented on file and staff not being aware of previous history (e.g. miscarriage, etc.). While staff may feel time is short, adequate preparation is essential for the effective delivery of safe healthcare and evidence suggests that if clinicians prepare for the consultation and inform patients that they have done this patients report higher levels of satisfaction (Silverman et al, 2008).

Relevant Programme(s) supporting this function

- HSE Standards and Recommended Practices for Healthcare Records Management
- National Healthcare Communication Programme

Links to National Standards for Safer Better Healthcare

2.5: All information necessary to support the provision of effective care, including information provided by the service user is available at the point of clinical decision making

8.3: Service providers have effective arrangements for the management of healthcare records

Gathering Information

Gathering Information is concerned with understanding women's stories, using open and closed questions; picking-up on cues, developing an understanding of how women cope with their symptoms and an appreciation of the women's ideas, concerns and expectations about their condition or situation.

NMES Questions

The following NMES questions relate to this stage

Table 2: NMES Questions relating to Gathering Information

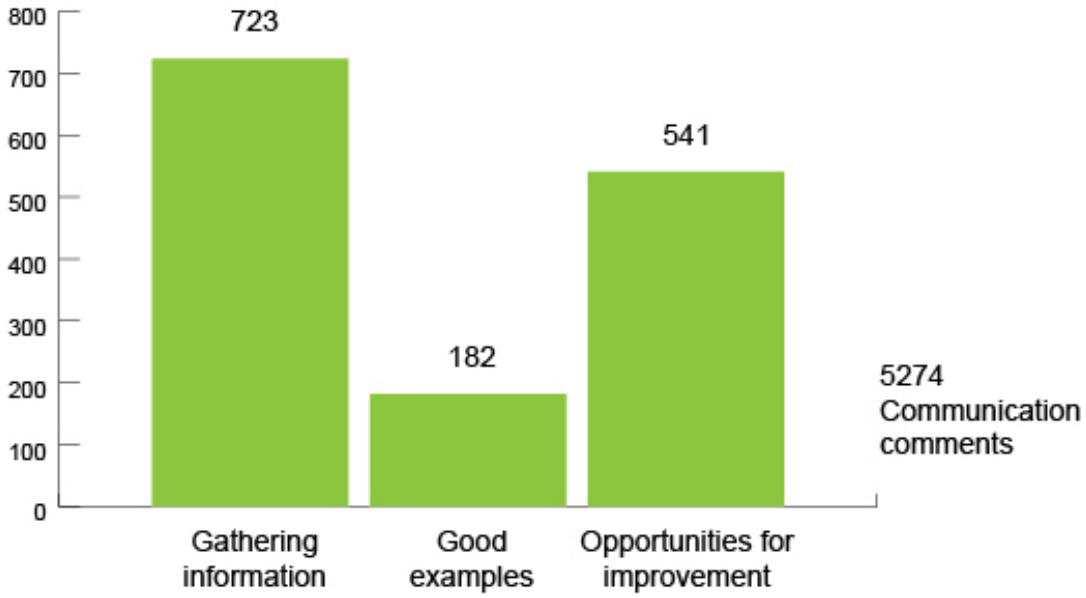
No.	Questions	Score
Q51.	Thinking about the care you received at the postnatal check-up, around 6 weeks after the birth, did the GP or practice nurse/midwife spend enough time talking to you about your own physical health?	6.1
Q52.	Thinking about the care you received at the postnatal check-up; did the GP or practice nurse/midwife spend enough time talking to you about your own mental health?	5.6

Lower scoring questions for this stage relate to gathering information in the areas of Q51 (physical health) and Q52 (mental health)

Women's comments

The qualitative content analysis of women's comments relating to gathering information were grouped under sub-headings relating to: **Exploring the patient's problems,** (using open and closed questioning techniques, listening attentively, clarifying, summarising, encouraging women to tell their story without interruption) and **Understanding the patient's perspective** (exploring the woman's ideas, concerns and expectations and encouraging women to express their feelings). The reviewer identified **723** comments under this stage, the majority of these (**73%**) were categorised as opportunities for improvement. **Figure 5** shows the analysis of comments made by women categorised under the *Gathering information* stage of the Calgary Cambridge Guide.

Figure 5: NMES Comments relating to Gathering Information



Women's Comments from NMES – Gathering information (good examples)	
Exploring the patient's problems	*"I had a very straight forward pregnancy and it was my 3rd baby. However, I felt that anything out of the norm was fully investigated and checked which gave me great comfort."*
Understanding the patient's perspective	*"All my concerns were treated seriously and I received help at emergency Dept when needed. I was listened to, checked and treated with respect."*

Women's Comments from NMES – Gathering information (opportunities for improvement)	
Exploring the patient's problems	*"GP care needs to be improved massively. I received no physical examination during my 6 week check and I was never asked about my mental health"*
Understanding the patient's perspective	*"Maybe when you're on the ward the nurses/midwives could listen to you more when you're saying you're in pain or something doesn't feel right after all you know your body more than anyone else."*

Reviewer comments

Women's comments describe their experience of staff demonstrating good skills for gathering information:

"*Due to previous pregnancies this pregnancy was high risk. And with a high risk pregnancy comes lot of worry. Each and every health care professional I came in contact with made no question I asked seem silly and encouraged me to ask all the questions I could possibly think of. I felt completely comfortable*"

However there were also many opportunities for improvement:

"There is little to no regard for a mothers health and wellbeing after baby is born it is all about baby only...the 6 week check-up is supposed to be for mother and baby but only baby was checked and only questions about the baby no concern if mother is doing or feeling ok...my stitches were not even looked at during this appointment".

Not listening to the woman is not only a failure to treat her with respect and value the woman's knowledge about her own body and health; it may also have a negative impact on her safety and healthcare outcome.

Relevant Programme(s) supporting this function

- What Matters to You
- Your Service Your Say
- Assisted Decision Making
- Your Voice Matters
- It's Safer to Ask
- National Healthcare Communication Programme

Links to National Standards for Safer Better Healthcare

1.7.2: Active listening and communication with service users in an open and sensitive manner, in line with their expressed needs and preferences.

1.9.4: A structured approach to identification of opportunities, in partnership with service users, to maintain and improve service users' health and wellbeing.

2.2: Care is planned and delivered to meet the individual service user's initial and on-going assessed healthcare needs, while taking account of the needs of other service users

Providing Information and planning

Providing information and Planning entails providing women with information in a way that is understandable, can be remembered, addresses their concerns and promotes safe self-care. Important aspects of this stage are: providing information in 'chunks' and checking the woman's understanding throughout. Clinicians are also encouraged, where appropriate, to use written or diagrammatic information to help clarify the information that they are giving to women.

NMES Questions

The following NMES questions relate to this stage

Table 3: NMES Questions relating to Providing Information and Planning

No.	Questions	Score
Q8.	Thinking about the care you received during your pregnancy, did you receive enough information about physical changes in your body?	6.2
Q9.	Thinking about the care you received during your pregnancy, did you receive enough information about mental health changes that may occur?	5.0
Q10.	Thinking about the care you received during your pregnancy, did you receive enough information about nutrition during pregnancy?	6.4
Q11.	Thinking about the care you received during your pregnancy, did you receive enough information about giving up smoking and other tobacco related products (e-cigarettes, vaping devices etc)?	8.6
Q12.	Thinking about the care you received during your pregnancy, did you receive enough information about the impact of alcohol and/or drug abuse on you and your baby?	8.0
Q13.	Thinking about the care you received during your pregnancy, did you feel that you were involved in decisions about your care?	7.6
Q16.	Thinking about the care you received during your pregnancy, were your questions answered in a way that you could understand?	8.5
Q20	Thinking about the care you received during your labour and birth, did you feel that you were involved in decisions about your care?	7.7
Q21.	Thinking about the care you received during your labour and birth, were your questions answered in a way that you could understand?	8.5
Q22.	Before you had any tests, procedures and treatments, were the benefits and risks explained to you in a way you could understand?	8.5
Q28.	After your baby was born, did you have the opportunity to ask questions about your labour and the birth (often called 'debriefing')?	5.5
Q30.	Thinking about the care you received after the birth of your baby while you were in hospital, did you feel that you were involved in decisions about your care?	8.5

No.	Questions	Score
Q31.	Thinking about the care you received after the birth of your baby while you were in hospital, did you feel that your questions were answered in a way that you could understand?	8.1
Q40.	Did your health care professionals discuss with you the different options for feeding your baby? Please tick all that apply	*Not given a score out of 10*
Q43.	During your stay in hospital, did your health care professionals give you adequate support and encouragement with feeding your baby?	7.0
Q44.	At home after the birth of your baby, did your health care professionals give you adequate support and encouragement with feeding your baby?	7.6
Q45.	When you were at home after the birth of your baby, if you contacted a health care professional were you given the help you needed?	8.6
Q47.	Did the public health nurse take your personal circumstances into account when giving you advice?	9.0
Q48.	Did you feel that your questions were answered by the public health nurse in a way that you could understand?	9.2
Q49.	Did you receive help and advice from the public health nurse about your baby's health and progress?	9.1
Q53.	Did you feel that your questions were answered by the GP or practice nurse/midwife in a way that you could understand?	8.4
Q54.	Since the birth of your baby, did you feel that you were adequately informed about vaccinations?	8.8
Q57.	Thinking about the care you received at home after the birth of your baby, did you feel that you were involved in decisions about your health?	8.8
Q59.	Thinking about your overall care, if you wanted to give feedback or make a complaint, did you know how and where to do so?	9.4

*Lower scoring questions in relation to this stage are **Q8** (physical health & changes), **Q9** (mental health changes), Q10 (nutrition), **Qs13, 20 & 30** (involved in decisions), **Q28** (debriefing) and **Qs 43 & 44** (support with feeding).*

***Q40** (does not have a score out of ten - 258 women (8.1%) said that a health care professional did not discuss the different options for feeding their baby. Feeding options were most commonly discussed during pregnancy, with 2,062 women (64.4%) having a discussion at this stage.*

Women's comments

The qualitative content analysis of women's comments relating to providing information were grouped under sub-headings relating to:

- **providing the correct amount and type of information**,
- **aiding accurate recall and understanding**,
- **incorporating the patient's perspective**, *and*
- **shared decision making.**

The women's comments identify good examples and opportunities for improvement. The reviewer identified **1116** comments under this stage, the majority of these (**78%**) were categorised as opportunities for improvement. **Figure 6** shows the analysis of comments made by women categorised under the P*roviding information and planning* stage of the Calgary Cambridge Guide.

Figure 6: NMES Comments relating to Providing Information and Planning

Women's Comments from NMES – Providing information (good examples)	
Provide correct amount and type of information	*"The maternity care I was given throughout my pregnancy was very good from my GP to antenatal appointments and through the birth of my baby. Everything was always explained well even in my past 2 pregnancies."*
Aid patient recall and understanding	*"The anaesthesiologist was a good communicator during the emergency caesarean using vivid descriptions such as 'hunch like a cat' which is very helpful."*
Incorporate the patient's perspective	*"Drs and nurses in outpatients were really informative and easy to talk to. The nurse went above & beyond for me, talked me through the whole lot of the labour from start to finish, was calming & very supportive. My HCP came up the next day to take time to explain the labour over to me; it was to put my mind at ease. Nurses were all very friendly. The nurse was explaining all my medications & how I could try to bring it (BP) down, she was so calming. She was so busy but if you needed her she was there and never rushed or made you feel small for asking questions"*
Shared decision making	*"My consultant involved me in every decision and took great care as I had previously had [Cond. Name] and was nervous"*

Women's Comments from NMES – Providing information (opportunities for improvement)	
Provide correct amount and type of information	*"Support for breastfeeding was very bad. I called the hospital lactation consultant on 2 occasions & my issues were deemed 'normal new-born feeding problems'. I felt like nobody wanted to really listen or help. Midwives were very busy, saw someone different every time I called for help and each gave different advice. Left feeling confused"*
Aid patient recall and understanding	*"Midwives could explain what medication they are giving you and why for after care. More one to one info should be going in to new mother regarding what is happening to their body and their baby during hospital and when they leave. The same regarding mental health. Giving them a leaflet is not sufficient."*
Incorporate the patient's perspective	*"Also my baby was taken by the baby doctor for his breathing. I never fully understood why which lead to anxiety when I left hospital as I thought there was something wrong"*
Shared decision making	*"There is an emphasis on consent but not on choice/discussion of the options or risks. Another example is I might be asked if it was ok to examine me, but nobody ever explained what they were actually looking for. Or how certain results would trigger certain procedures, without a discussion about my own particular situation - so as a patient I didn't always feel involved in decisions about my care"*

Reviewer comments

Women's comments indicate that some were happy with the information and explanations that they received, that staff took time to communicate clearly and in plain English. "*I had several medical issues which posed a complication for my pregnancy and delivery but the staff were amazing the whole way through about explaining everything, reassuring me and keeping me informed on possible complications and how we would tackle them if they occurred"* .Other women noted that staff were *"vague in their explanations"* and described the impact of being poorly informed. *"I had an emergency C-section and wasn't aware that my baby had been taken to the Special Care Unit for some time and how long he would be there for etc. I feel this should have been communicated to me sooner and in detail. In addition skin to skin contact was not offered to me or my partner and the reason for this was not explained*". Specific comments were made in relation to information on **physical and mental health**, **breastfeeding, shared decision making and debriefing after labour.** On the positive side, women said "*The one to one advice, the time and the empathic care and advice regarding breastfeeding and much more was simply phenomenal and top quality"*. On the other hand many women said that the *"support services for breastfeeding were insufficient"*, that they were given *"conflicting advice"* from different members of staff which was *"very distressing and confusing for a new mum"* and which often resulted in mothers opting to bottle feed their babies.

Relevant Programme(s) supporting this function

- HSE National Consent Policy
- HSE Open Disclosure Policy
- HSE Standards and Recommended Practices for Healthcare Records Management
- HSE Guidelines for Communicating Clearly using Plain English with our Patients and Service Users
- National Programme to Enable Cultures of Person-Centredness
- Your Voice Matters
- Assisted Decision-Making
- National Healthcare Communication Programme

Links to National Standards for Safer Better Healthcare

1.2.4: Provision of clear and relevant information in usable formats for service users about the services available to them and how to access these services.

1.4: Service users are enabled to participate in making informed decisions about their care

1.5: Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence

1.8: Service users' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

1.9: Service users are supported in maintaining and improving their own health and wellbeing

Closing the consultation

The final phase is concerned with **closing the consultation**. This involves the important functions of safety netting and final checking. Safety netting sets out contingency plans in the event of something going wrong. This empowers women to recognise unexpected developments and indicates how or from whom they should seek further help. Final checking includes summarising and ensuring that the agreed plan is clear. It is crucial that the plan is clear to both parties (Silverman et al., 2008).

NMES Questions

The following NMES questions relate to this stage.

Table 4: NMES Questions relating to Closing the consultation

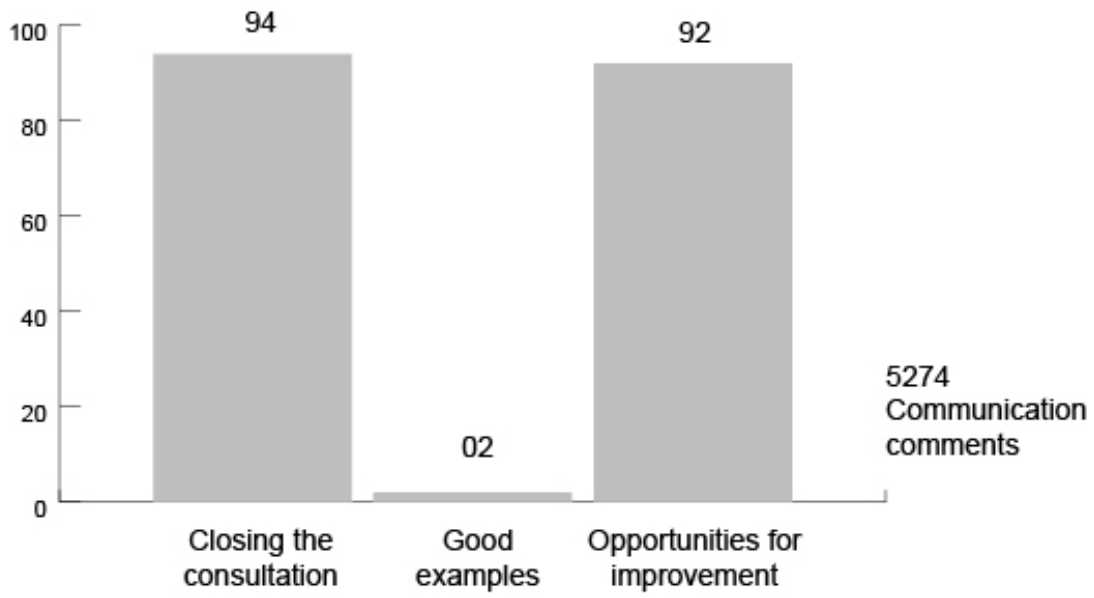
No.	Questions	Score
Q33.	Before you were discharged from hospital, were you given information about your own physical recovery?	7.5
Q34.	Before you were discharged from hospital, were you given information about any changes you might experience with your mental health?	6.8
Q35.	Before you were discharged from hospital, were you told who to contact if you were worried about your health or your baby's health after you left hospital?	8.9

Lower scoring questions in relation to this stage are Q33 (physical recovery) and Q34 (mental health).

Women's comments

The qualitative content analysis of women's comments relating to closing the session were grouped under sub-headings relating to **forward planning** (safety netting) and **ensuring appropriate point of closure** (summarising and final checking). The reviewer identified **94** comments under this stage, **2** good examples were identified, the remainder (**92**) were categorised as opportunities for improvement. **Figure 7** shows the analysis of comments made by women categorised under the *Closing the Consultation* stage of the Calgary Cambridge Guide.

Figure 7: NMES Comments relating to Closing the consultation



Women's Comments from NMES – Closing the consultation (good examples)	
Forward planning	*"The range of support available to me and my baby who was in neo-natal was excellent. For example, the opportunity to meet with lactation consultant and to attend after-birth classes like CPR class. This meant I felt very supported when time came to be discharged.*
Ensuring appropriate point of closure	*"The midwife on my day of discharge was an angel... [Name] I think her name was, her discharge information was second to none. I breast fed my baby for a few days she was 11lbs and it was very hard to keep her fed so I switched to formula on day 3; the staff were amazing helping me latch her on etc. and their words of encouragement I'll never forget. Because it was my second baby and I asked to be discharged on day three I was allowed."*

Women's Comments from NMES – Closing the consultation (opportunities for improvement)	
Forward planning	*"I found the information provided to me by the midwives before my discharge on topics such as post natal depression, physical recovery etc. to be lacking. They handed me a number of leaflets, but I felt there was no real discussion which I would have found helpful".*
Ensuring appropriate point of closure	*"The nurse, whom I had not previously met, raced through her checklist. Instead of providing me with information, I was handed leaflets to refer to. There was no conversation with regards to post natal depression and aftercare "*

Reviewer comments

Women being discharged from hospital should receive a seamless transition from one stage of care to the next. A co-ordinated and person-centred approach to discharge can improve the woman's experience and prevent unplanned readmissions. Women's comments in relation to this stage of healthcare communication were mainly opportunities for improvement with women reporting not enough notice for planning discharge, no information on what to expect during the recovery phase after birth including comments on mental and physical health and well-being and breastfeeding. This section highlights room for improvement with the core communication skills required to enable self-management, including summarising approaches, closing a consultation and emphasising immediate next steps.

Relevant Programme(s) supporting this function

- National Healthcare Communication Programme

Links to National Standards for Safer Better Healthcare

1.4: Service users are enabled to participate in making informed decisions about their care

2.2: Care is planned and delivered to meet the individual service user's initial and on-going assessed healthcare needs, while taking account of the needs of other service users

1.9: Service users are supported in maintaining and improving their own health and wellbeing

2.3: Service users receive integrated care which is coordinated effectively within and between services

Themes

The framework method was used to analyse and manage other specific areas relating to communication skills. An analytical framework consisting of 6 themes was developed — including:

1	**Teamwork**
2	**Consent**
3	**Handover**
4	**Delivering bad News**
5	**Privacy/Confidentiality**
6	**Open Disclosure**

NMES questions

The following NMES questions relate to the themes identified.

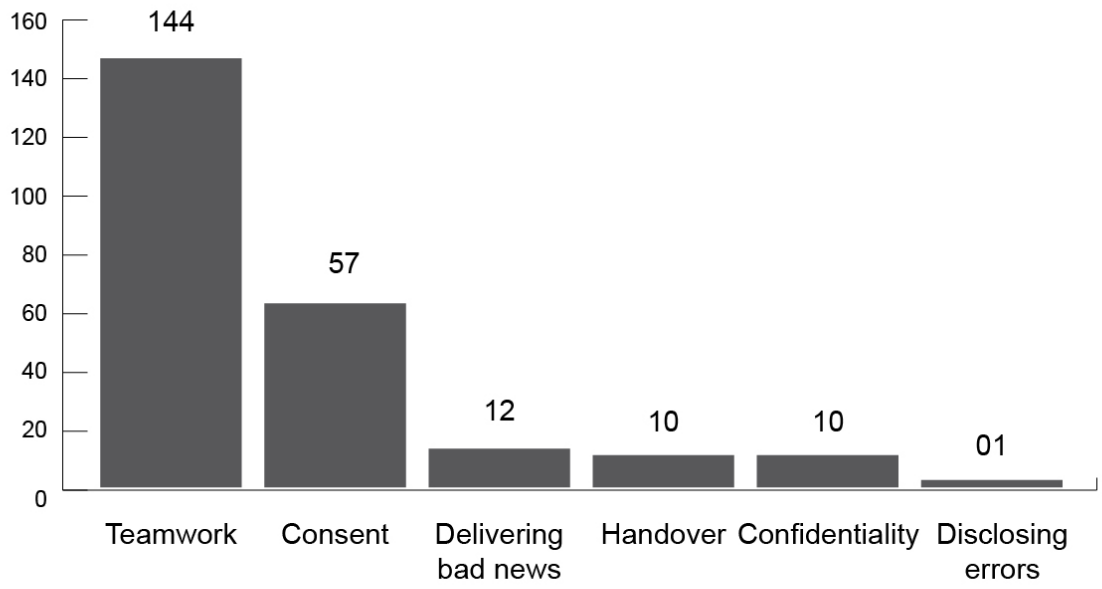
Table 5: NMES Questions relating to Themes

No.	Questions	Score
Q22.	Before you had any tests, procedures and treatments, were the benefits and risks explained to you in a way you could understand?	8.5

Women's comments

The qualitative content analysis of women's comments relating to the above themes were grouped under good examples and opportunities for improvement. F**igure 8** shows the analysis of comments made by women categorised to the six themes.

Figure 8: NMES Comments relating to Themes



Women's Comments from NMES – Themes (good examples)	
Teamwork	*"I really love how all the nurses and doctors are all united in decision making concerning the wellbeing of a patient. God bless them all."*
Handover	*No comment*
Consent	*"They were every good at keeping an eye on my scar and making me aware for the all the risk involved with have a 2nd section so close together. I feel that this help me prepare for it and help me with my recovery after which I found grand"*
Privacy/Confidentiality	*No comment*
Delivering Bad News	*"First Name] and the team who were responsible for the prenatal scans were so kind and helpful. They were so good at their job, and they treated me with respect and sensitivity. They were so understanding when we lost our baby and then later when they told me I'd need to be induced right away. Also the [Healthcare Professional] [First Name] and the hospital's [Healthcare Professional] [First Name] were so very helpful, both when we lost our little twin and during the birth. Everyone was very understanding and sensitive about that"*
Open Disclosure	*No comment*

Women's Comments from NMES – Themes (opportunities for improvement)	
Teamwork	*"However the midwife in charge was coming and going and was not helpful at all! She argued with [Midwife Name] and the doctor who delivered my baby. I found her rude and did not listen!"*
Handover	*"Communication between pre-labour ward and labour ward. A discussion took place in front of me about what was the reason for giving me an appointment for induction in my case. Not the time and place. Lack of communication, notes not read and understood before birth in labour ward. One Doctor not happy to give me epidural because? Notes not clear yet another decided yes."*
Consent	*"I would have liked to have been included in decisions made during the delivery. Once I walked into the delivery room, I feel I had no control over anything. The midwives took over. At times the midwives talked about me as if I wasn't there and made decisions without asking my consent."*
Privacy/Confidentiality	*"The only thing that I found with this pregnancy is once at an antenatal clinic they were extremely busy and had 2 consultants in the one room with 2 patients, I felt that in this time there was no confidentiality or privacy as I could hear everything being said to the other pregnant lady and see her sitting beside me - vice versa."*
Delivering Bad News	*"The way we were told that our baby had [Cond. name]. We were back in our shared room. Baby was approx. 4 hours old. It was visiting hours and they decided to take baby into neonatal I would have preferred if they had bought us to a private room".*
Open Disclosure	*"I also have questions about why the time of my waters breaking was incorrectly registered in the hospital system. This resulted in the passing of around 28 hours before some midwife spotted the mistake and rushed to get antibiotics and inducing arranged. I feel it's important this be reported, investigated and avoided in future, as I understand my baby and I were put at risk of infection by this mistake. To date, I'm waiting for an opportunity to discuss these issues with the doctor who oversaw the birth".*

Reviewer comments

Teamwork and Handover

The co-ordination of care between healthcare staff, teams, departments and sites was not included as a question on the NMES. However, it was repeatedly mentioned in the women's comments. These provide evidence that some staff work well as a team while other comments indicate difficulties in the co-ordination of information between staff and during clinical handover. There were **144** comments relating to Teamwork and **10** further comments specifically relating to Handover. **17** of the 154 teamwork/handover comments were good examples; the remainder (**137**) were opportunities for improvement.

The reviewer further coded the teamwork and handover comments using 3 of the 4 nodes related to team-based working, including *Safety and Trust, Common Purpose (Shared Goals and Clear Roles) and Effective communication. The reviewer did not find any comments relating to the fourth node for team-based working (Leadership)*. The 154 comments were coded under these headings as follows.

Table 6: NMES Questions relating to Teamwork and handover

Team-based working Node	% of total (teamwork comments)	Good examples	Opportunities for improvement
Effective communication (self-awareness, active listening, closed loop communication, common language and handover)	**80.5%**	**7**	**117**
Common Purpose (briefings, agreeing roles & responsibilities, communicating roles clearly)	13%	10	10
Safety & Trust (making connections, using shared values, giving feedback and speaking up)	**6.5%**	**0**	**10**

Comments in relation to **effective communication** include women noting that staff did not seem to listen to each other, women having to explain themselves repeatedly to members of the same team, staff not sharing information and finally women receiving conflicting information from team members. Comments in relation to a **common purpose** mostly related to a lack of agreement among team members on treatment and care goals. The 10 comments coded under **safety and trust** are almost all examples of incivility. Workplace incivility has been defined as 'low intensity' behaviour that may be demonstrated through actions such as being mildly but consistently rude, discourteous or impolite – or violating workplace norms of behaviour. Women noted **8** instances of incivility between team members, including *"being rude, arguing with colleagues, treating team members badly"* and *"creating an awkward atmosphere".*

Consent

There were **57** comments relating to consent. **2** of these comments were good examples; the remainder (**55**) were opportunities for improvement. The comments fell into two sub-categories:

- Information relating to consent (16 comments)
- Consent not sought (41 comments)

Women's comments on information relating to consent included provision of information on risks, benefits, and options. Some women described how procedures were performed without consent with a number of women referring to induction, membrane sweeps, episiotomy, internal examination, rupture of membranes and administering injections as areas of concern. Other areas of concern included having students present during labour and demonstrating breastfeeding techniques without consent. Women described these experiences very emotively with some writing that they are '*still traumatised by the experience'.* These comments have been shared with the National Quality Improvement Division and will be incorporated into the learning resources supporting implementation of the National Consent Policy in maternity services.

Privacy/Confidentiality

Confidentiality is defined the National Standards for Safer, Better Healthcare as: 'the right of individuals to keep information about themselves from being disclosed'. Privacy and confidentiality are dealt with under standards 1.6 and 8.2 and reflect the rights of the service user to receive care that respects their privacy in relation to personal space, personal care and making sure information about them is kept safe and private. The reviewer identified **10** comments under this heading, all were opportunities for improvement. Some women indicated that they were reluctant to discuss personal information on the ward and in the clinic as they felt that their information could easily be overheard by other women *"I had a 'weepy' day one day postpartum and felt like I was reluctant to discuss with the nurses as everyone else on the ward could hear".* Some women noted that staff were talking among themselves about other women on the ward and could be overheard. Finally some women commented on healthcare records management practices: *"I personally think charts are not minded anyone could read anyone else's quite easily".*

Delivering Bad News

Bad news is defined by Buckman as "any news that drastically and negatively alters the patient's view of his or her future. The reviewer identified **12 comments** relating to delivering bad news (miscarriage, diagnosis). 2 of these comments were good examples where one woman noted that the staff member who delivered bad news was *"brilliant and treated us with such care and respect".* Opportunities for improvement included vague explanations relating to diagnosis, giving bad news without adequate follow-up or support and women having to walk through wards full of pregnant women after receiving bad news.

Open disclosure

Open disclosure involves an open, consistent approach to communicating with women when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the woman informed, providing feedback on investigations and the steps taken to prevent a recurrence of an adverse event. The reviewer identified one comment relating to open disclosure.

Relevant Programme(s) supporting this function

- Communication (Clinical Handover) in Maternity Services. National Clinical Guideline No. 5
- Communication (Clinical Handover) in Acute and Children's Hospital Services. National Clinical Guideline No. 11
- HSE National Consent Policy
- HSE Open Disclosure Policy
- HSE Standards and Recommended Practices for Healthcare Records Management
- National Healthcare Communication Programme

Links to National Standards for Safer Better Healthcare

1.5: Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence

1.6: Service users' dignity, privacy and autonomy are respected and promoted

2.3: Service users receive integrated care which is coordinated effectively within and between services

2.4: An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care

2.5.2: Necessary information being shared to support the provision of care in a manner that respects service users' privacy and confidentiality

3.5: Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed

8.2 Service providers have effective arrangements in place for information governance

8.3: Service providers have effective arrangements for the management of healthcare records

Chapter Four - Recommendations

Introduction

This analysis has identified that, while many women report the use of good communication skills by clinicians in Maternity Hospitals, women also report a range of opportunities for improvement in communication skills leading them to consider that the care they received was less than satisfactory.

Poor communication skills can lead to poor healthcare outcomes for women, the healthcare service and for staff. Similar opportunities for improvement were identified by the National Patient Experience Survey (NPES). The NHCP is an effective communication skills teaching programme which was designed, developed, piloted and delivered in conjunction with staff from publicly funded acute hospitals in Ireland. The programme has had very positive feedback from staff of varying disciplines and levels of seniority.

Recommendations

National Healthcare Communication Programme (NHCP)

The NHCP should be extended to include all staff in Maternity hospitals – along with review of other relevant training programmes so that all programmes are delivering a coherent message to staff.

The National Healthcare Communication Programme is designed to support healthcare staff to learn, develop and maintain their communication skills with patients (women), their families and with colleagues. The Programme is experiential and consists of four core modules as follows:

Module 1: Making connections

Module 2: Core Consultation skills

Module 3: Challenging Consultations

Module 4: Communicating with colleagues and promoting team work

The focus of the **NHCP Module 1 Workshop (Making Connections)** is to work with staff to enhance their skills required to actively listen to and build rapport with patients and their families. The communication skills for building rapport were identified by women as the most important skills for their experience of care in maternity services.

The focus of the **NHCP Module 2 Workshop (Core Consultation Skills)** is to build on Module 1 (Making Connections) and introduces participants to the Calgary-Cambridge Guide. During the workshop, participants will be supported to describe and demonstrate the skills required for **getting the consultation off to a good start**, **gathering information** from, **providing information to women and their families** and **closing the consultation**.

The focus of the **NHCP Module 3 Workshop (Challenging consultations)** is to review core consultations skills using the Calgary-Cambridge Guide. During the workshop, participants will be supported to consider how these skills need to be applied with greater depth and intensity in challenging consultations (responding to strong emotions, delivering bad news and open disclosure).

The focus of the **NHCP Module 4 Workshop (Communicating with each other and promoting teamwork)** is to review and discuss the core components of collaborative team-based healthcare. During the workshop, participants will be supported to identify their own preferred communication style and consider the styles of their colleagues, to describe the key principles and skills of clinical handover and to demonstrate these skills using the $ISBAR_3$ tool.

While most of the women who responded to the survey had a positive experience of maternity care, the number of comments relating to skills for building the relationship (demonstrating empathy) and providing information and planning (shared decision making) indicates that these are particular areas requiring further support for staff. The NHCP will work with maternity staff and EACH to develop further mini-modules supporting staff to enhance their communication skills in these areas.

Staff will have different levels of knowledge, experience and skills for carrying out person-centred consultations, however all staff can reflect on their skills and perhaps identify areas for further learning and development. The National Healthcare Communication Programme recommends that all staff involved in maternity services attend Module 1 and all clinical staff attend Modules 2, 3 and 4 of the programme. Progress through Modules 1-4 is not necessarily linear – some staff may want to extend learning covered in individual modules before progressing on to other modules. In addition some teams may wish to take a multi-disciplinary approach to the Programme where all staff (clinical and non-clinical) on their team will progress through each of the Modules.

Raising awareness and skill acquisition

It is the responsibility of all clinicians, healthcare staff and managers to promote effective communications skills as part of delivering high quality, safe care for women. This should be promoted at all levels of the organisation, from the senior decision-makers to the front-line service providers. This is crucial for staff awareness of communication in healthcare and to ensure that all healthcare staff take ownership of their communication with women and with each other.

Raising awareness and acquisition of core communication skills in healthcare should be promoted through a learning organisation approach. Learning and development of core communication skills should thus be integral to staff development, including in-service training, staff development and induction.

Involving women

Growing the capacity for shared decision-making in healthcare involves the acquisition of communication skills for staff and for women. In addition to core communications skills training for staff, the National Healthcare Communication Group should consider programmes and approaches that women to get what they want from the clinical encounter.

The role of professional bodies

Professional bodies should be encouraged to promote best practice approaches and specific guidelines on communication in healthcare. There is a role for professional regulatory and accreditation bodies to integrate learning and development of healthcare communication skills into initial education, staff learning and development.

Appendix 1 - Resources

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