

Training Nurses in Patient Communication

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Although effective communication with patients is increasingly understood as a key to effective, patient-centered care in *all* health care settings, the quantity and quality of training that nurses get in ways that promote and enhance effective nurse:patient communication is sadly lacking. This is true in the context of the pre-service training of nurses, and it is even more true with regard to the in-service training and continuing education of nurses.

There are, fortunately, some rare exceptions, and this annotated bibliography is intended to provide information about, and connections to, the relatively few publications that contain practical information and ideas about how to do a better job of helping nurses learn to “jointly establish meaning” (*i.e.*, truly communicate) with patients with the wide variety of communication vulnerabilities and communication challenges that patients bring with them, or develop in the course of their treatment.

Today it is especially important for those responsible for hospital care, and those responsible for training nurses for positions in hospitals, to take a fresh look at the quality and extent of the training that they provide to nurses in this crucial area. The evidence keeps mounting that communication barriers, breakdowns and problems are the root cause of more “sentinel events,” medical errors, unnecessary costs, and inadequate treatments than any other single cause. What we need now is energetic action by health care decision-makers to move forward

more quickly in adopting and adapting some of the ideas contained in the list of publications below.

This list is designed to provide a quick “on ramp” to the available sources of information about specific, adaptable training models in nurse:patient communication at both the in-service and pre-service levels. From time to time, we update and revise the list to improve the ease with which nurse educators can access a comprehensive variety of available model training programs.

1. Chapman, Kimberly B. (2009, November). Improving Communication Among Nurses, Patients, and Physicians. *American Journal of Nursing*, 109(11), 21-25.

http://journals.lww.com/ajnonline/Fulltext/2009/11001/Improving_Communication_Among_Nurses_Patients.6.aspx

As health care providers try to accomplish more in less time, the relationships between patients and providers-and among providers-naturally suffer. Stress and pressure from time constraints often cause miscommunication, flawed assumptions, decreased staff and patient satisfaction, and poor or nonexistent care coordination. *To Err Is Human* and *Crossing the Quality Chasm*, reports from the Institute of Medicine, stress that good communication is critical to ensuring safe and reliable care. **The current challenge in health care is to create an environment in which open and transparent communication is the norm rather than the exception. One way to do this is by adopting strategies that have been successful in other industries.**

This article discusses the **Transforming Care at the Bedside (TCAB) initiative in New Hampshire**, which aims to improve communication by establishing a patient-centered healing environment with mutually beneficial partnerships among patients, families, and health care providers in a physically comforting area.

2. Caress, A. (2003). Giving information to patients. *Nursing Standard*, 17(43), 47-54.

http://www.nursingcenter.com/prodev/cearticleprint.asp?CE_ID=724801#20

This article discusses a study conducted in two Northeastern hospitals involving twenty nurse-patient pairs on medical, surgical, or telemetry units, as nurses performed care activities during one shift. The purpose of the study was **to examine nurse-patient communication and identify interactions of symmetry and asymmetry**. The article provides insight into nursing education needs relative to nurse-patient communication, by detailing conditions under which patient-focused communication does or does not occur. Such information can be **useful in developing nurse education programs aimed at teaching patient-focused care in the clinical practice setting**.

3. Patak, Lance, Wilson-Stronks, Amy, Costello, John, Kleinpell, Ruth, Henneman, Elizabeth, Person, Colleen, and Happ, Mary Beth. (2009, September). Improving Patient-Provider Communication: A Call to Action. *Journal of Nursing Administration*, 39(9), 372-376.

Article available for purchase through the following website:

http://journals.lww.com/jonajournal/Fulltext/2009/09000/Improving_Patient_Provider_Communication_A_Call.5.aspx

The authors urge health care organizations in the United States to **provide and elevate training on patient-provider communication as an essential component of nursing staff continuing education and development**. Physicians, nurses, and therapists from various disciplines and other staff **who interact directly with non-speaking and non-English-speaking patients need to be trained on how to work effectively with communication aids and with interpreters**. In addition, **nurses should be trained to be sensitive to signs of communication distress and made aware of the process for obtaining appropriate referrals to communication specialists**, such as speech language pathologists. The article suggests that **nurses use communication boards when appropriate to facilitate commonly used messages with both critically ill and non-English-speaking patients**, in order to improve communication with vulnerable patient populations.

4. Downey, D, Happ, M (2013). The Need for Nurse Training to Promote Improved Patient-Provider Communication for Patients With Complex Communication Needs. *Perspectives on Augmentative and Alternative Communication*. American Speech and Hearing Association, June, 2013, Vol. 22 Issue 2, p112 .

Hospitalized patients across the age continuum often present with complex communication needs (CCN) due to the motor, sensory, cognitive, and linguistic barriers they may experience during their admission or as a result of their treatment. Although hospitals recognize the need to enhance communication to improve quality and safety, the level of nurse training needed to promote improved communication is still sadly lacking .**The authors discuss concrete ways to train nurses to enhance patient:provider communication.**

5. Chen, Alice Hm, Ramos, Eric, Mutha, Sunita, Rodriquez, Michael E., Dressner, Mark, Jafri, Asma, & Rodrigues, Shelly B. (2007). Addressing Language and Culture: A Practice Assessment for Health Care Professionals. *California Academy of Family Physicians Foundation*, 1-36.

http://issuu.com/cafp/docs/addressing_language_access_toolkit

The California Academy of Family Physicians (CAFP) Foundation created a new toolkit in 2007 to help health care professionals incorporate language and cultural proficiency into their practices. The guide is intended to **assist nurses and physicians in creating a complete and functional language access system for limited English proficient (LEP) patients**. The publication starts by demonstrating why the issue is important, insisting that communication is central to medical practice. The majority of the guide gives advice about how to reach out to LEP patients and improve communication between providers and patients in health care settings. It also illustrates ways in which practitioners can effectively work with professional interpreters.

6. Shafer, Emily. (2007). Doctor-patient communication critical to patient care, expectations often not met. *HemOnc Today*.

<http://www.hemonctoday.com/article.aspx?rid=23725>

Shafer discusses various **programs that train** physicians, **nurses**, and social workers **to relay difficult messages to patients, enhancing their necessary communication skills**. She advocates the importance of provider-patient communication throughout the diagnosis, treatment, and recovery processes in order for health care professionals to provide quality care. She examines the position of Dr. Walter Baile (a MD and professor of behavioral science and psychiatry at MD Anderson Cancer Center in Texas) that it is essential for doctors to understand their patients' emotions, as well as their own, when discussing diagnoses and treatment options. She also quotes Dr. Elizabeth Rider, MD at Harvard Medical School:

"We assume that doctors just have these (communication) skills, when actually they need to be learned," Studies have shown that 71% of medical malpractice suits are the result of communication problems. It's a tremendous advantage for physicians to learn these skills, both for themselves and for their patients."

7. Communication Matters (ISAAC, UK). (2008). Communicating with Patients who have Speech/Language Difficulties: Guidance for Medical & Nursing Staff. *Communication Matters*.

Pamphlet may be downloaded from the following website:

www.communicationmatters.org.uk

This free, downloadable leaflet **provides guidelines for medical and nursing staff to communicate effectively with patients who have speech, language, or communication difficulties due to injury, illness, or learning disabilities**. It discusses both general and specific tips for facilitating communication with patients, including **asking questions one at a time and writing words on paper while speaking**. The leaflet also defines communication aids and describes how patients can use them to communicate their needs, questions, and desires.

8. McCarthy, Bridie, O'Donovan, Moira, & Twomey, Angela. (2008). Person-centered communication: Design, implementation and evaluation of a communication skills module for undergraduate nursing students – an Irish context. *Contemporary Nurse*, 27(2), 207.

Article available for purchase through the following website:

<http://www.contemporarynurse.com/archives/vol/27/issue/2/article/2418/personcentred-communication>

The authors suggest that a **communication skills module should be included in all final years of undergraduate nursing programs**. With an array of clinical experiences to draw from, final year nursing students are better positioned to apply the skills of effective communication in practice if they also receive communication training. This paper presents the **design, implementation and evaluation of an advanced communication skills module undertaken by fourth year undergraduate nursing students completing a Bachelor of Science (BSc) degree in the Republic of Ireland**.

9. Finke, Erinn H., Light, Janice, and Kitko, Lisa. (2008, August). A systematic review of the effectiveness of nurse communication with patients with complex communication needs, with a focus on the use of augmentative and alternative communication. *Journal of Clinical Nursing*, 17(16), 2102-2115.

Article available for purchase through the following website:

<http://www.ingentaconnect.com/content/bsc/jcn/2008/00000017/00000016/art00003>

This article presents a systematic review of the research regarding communication between nurses and patients with complex communication needs (CCN). The research addresses the following themes: (a) the importance of communication; (b) the barriers to effective communication; (c) **the supports needed for effective communication; and (d) recommendations for improving the effectiveness of communication between nurses and patients with CCN**. The authors discuss **augmentative and alternative communication (AAC) strategies that nurses can use to facilitate more effective communication with patients with CCN**. Nurses typically receive little or no training in how to use communication enhancement tools and techniques, however, and the article identifies an urgent **need for better training programs that equip nurses with tools and**

skills to communicate with all of their patients, regardless of whether or not they can speak.

10. Hemsley, Bronwyn, Sigafos, Jeff, Balandin, Susan, Forbes, Ralph, Taylor, Christine, Green, Vanessa A., & Parmenter, Trevor. (2001). Nursing the patient with severe communication impairment. *Journal of Advanced Nursing*, 35(6), 827-835.

<http://pt.wkhealth.com/pt/re/janu/abstract.00004471-200109060-00005.htm;jsessionid=KQQfjfl2HDXFPn81LT61LRbJnnwf83P37THQL4rqY2HQvT2k>

The authors interviewed twenty nurses from four hospitals in Sydney, Australia, who had experience communicating with patients with severe communication impairments. The aim of the study was to find out about the successes and obstacles nurses encountered during patient-nurse communication, in order to better **understand how to train nurses to effectively interact with non-verbal patients**. In half of the interview responses, nurses identified a **lack of access to appropriate augmentative and alternative communication (AAC) strategies** as a major problem in interacting with these patients. The lack of communication systems in hospital settings increased the amount of time and effort spent on communication, leading to considerable frustration for nurses *and* patients.

The study suggests simple modifications such as **training nurses in the use of alternative modes of communication**, and **providing nurses with greater access to a variety of simple augmentative communication devices** for use with patients who can't speak. In addition, the authors suggest that **nurses should collaborate with speech pathologists** on the development of preadmission information and bedside training for people who are admitted to a hospital with severe communication impairment.

11. Happ, Mary Beth. (2001, May). Communicating With Mechanically Ventilated Patients: State of the Science. *AACN Clinical Issues: Advanced Practice in Acute and Critical Care*, 12(2), 247-258.

Article available for purchase through the following website:

<http://www.aacnclinicalissues.com/pt/re/aacn/abstract.00044067-200105000-00008.htm;jsessionid=JDpXp1LVND2YYzMXBYqITdvZpdF2nQqpdvGpNvh32jX8cF786NMT!-348297060!181195629!8091!-1>

Happ discusses the difficulties and stresses that mechanically ventilated patients experience in the intensive care unit when trying to communicate with doctors and nurses. **Critical care nurses rarely receive training in effective communication with non-speaking patients**, and most are unfamiliar with augmentative communication methods. This article presents an integrative review of the research and related literature on **communication with adult patients in critical care settings**. Happ also discusses clinical issues and technological advancements in assistive and augmentative communication applicable to critical care..

12. Heaven C, Clegg J, Maguire P. (2006), Transfer of communication skills training from workshop to workplace: the impact of clinical supervision. *Patient Educ Couns.* 60(3):313-25.

Article available for purchase through the following website:

<http://www.ncbi.nlm.nih.gov/pubmed/16242900>

In the United Kingdom, 61 clinical nurse specialists attended a 3-day communication skills training workshop. Twenty-nine were then randomized to 4 weeks of clinical supervision, aimed at facilitating transfer of newly acquired skills into practice. Assessments, using real and simulated patients, were carried out before the course, immediately after the supervision period and 3 months later. Interviews were rated objectively to **assess nurses' ability to use key skills, respond to patient cues and identify patient concerns. Assessments with simulated patients showed that the training program was extremely effective in changing competence in all three key targeted areas: (1) open questions, (2) negotiation and (3) psychological exploration. However, only those who experienced supervision showed any evidence of transfer.** The study suggests the potential role of clinical supervision as one way of enhancing the clinical effectiveness of communication skills training programs, but

raises questions about the effectiveness of training programs which do not incorporate a transfer element.

13. Paxton, R., Rhodes, D., Crooks, I. (1988, January 6). Teaching nurses therapeutic conversation: a pilot study. *Journal of Advanced Nursing*, 13(3), 401-404.

Article available for purchase through the following website:

<http://www3.interscience.wiley.com/journal/119464178/abstract?CRETRY=1&SRETRY=0>

This article examines a **two-day, video-based workshop used to teach psychiatrists in the United Kingdom to instruct psychiatric nurses in the conversational model of psychotherapy**. The pilot project helped psychiatric nurses learn to communicate with patients with common emotional difficulties, and the authors suggest **using the model to train other nurses to better communicate with patients**. The two-day teaching workshop is versatile and can be used in a variety of settings.

14. Kruijver, Irma P.M., Kerkstra, Ada, Francke, Anneke L., Bensing, Jozien M., & van de Wiel, Harry B.M. (2000). Evaluation of communication training programs in nursing care: a review of the literature. *Patient Education and Counseling*, 39, 129-145.

Article available for purchase through the following website.

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6TBC-3Y51H2S-F&_user=10&_coverDate=01%2F31%2F2000&_rdoc=1&_fmt=high&_orig=search&_sort=d&_docanchor=&_view=c&_searchStrId=1186769716&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=22d5aa27e529755e499762bd6171c955

This article focuses on fourteen studies which evaluate communication training programs to determine their effect on nurses' skills and behavioral changes in practice, as well as patient outcomes. Researchers (from the Netherlands) include a table with a list of didactic strategies, duration and

topics employed by several programs that offer communication training for nurses. **Communication training programs use such methods as role playing exercises, group discussions, videotape demonstrations of key communication skills, exchange of experiences among nurses, case study discussions, faculty demonstrations, participant rehearsals, and teaching the conversation model of psychotherapy using videotapes of nurses with simulators.** Nine of the studies discuss programs that include a combination of practical and theoretical communication training for nurses. Most of the programs use videotapes or audiotapes of interviews between nurses and patients to promote nurses' post-training communication skills.

15. Barrere, Cynthia C. (2007, May-June). Discourse Analysis of Nurse-Patient Communication in a Hospital Setting: Implications for Staff Development. *Journal for Nurses in Staff Development (JNSD)*, 23(3), 114-122.

Article available for purchase through the following website:

http://www.nursingcenter.com/prodev/cearticleprint.asp?CE_ID=724801#19

The article describes an ethnographic research study in the United Kingdom examining symmetry (active listening) versus asymmetry (dominance) in nurse-patient communication involving twenty nurse-patient pairs from two community hospitals in Connecticut. An **education program to improve nurse-patient communication** is one example of how a staff development educator might use the information from this study to reinforce symmetrical nurse-patient communication to both nurse preceptors and new graduate nurses. The "Implications for Staff Development" section suggests that nurse educators **facilitate an open discussion during training sessions to help the preceptors reflect back on what active listening skills they used during their nurse-patient interactions to engage the patient as an equal participant.** Nurses' progress in empowering patients and practicing active listening should be monitored over time.

16. Lane, Claire & Rollnick, Stephen. (2007, January 8). The use of simulated patients and role-play in communication skills training: a

review of the literature to August 2005. *Patient and education counseling*, 67(1-2), 13-20.

[http://www.pec-journal.com/article/S0738-3991\(07\)00091-2/abstract](http://www.pec-journal.com/article/S0738-3991(07)00091-2/abstract)

The article assesses whether the practice and rehearsal of communication skills is likely to lead to better outcomes following training, and whether the use of simulated patients in training is likely to be superior to role-play in terms of communication skills acquisition. **Simulated patients and role-play are frequently used in teaching communication skills worldwide.** Given the expense of using simulated patients, educators should be made aware of cheaper alternatives that may be equally effective in facilitating the acquisition of communication skills. Most articles reviewed in this study reveal that **communication skills training program outcomes are optimal when skills practice has taken place.**

17. Fallowfield, L., Jenkins, V., Farewell, V., & Solis-Trapala, I. (2003, October 20). Enduring impact of communication skills training: results of a 12-month follow-up. *British Journal of Cancer*, 89(8), 145-149.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394345/#bib8>

These UK researchers discuss an **intensive three-day training course designed to improve clinicians' communication skills with patients** in their clinics. The **course is learner- centered, incorporating cognitive, affective and behavioral components.** Participants work in small groups of **3–5 individuals, led by an experienced facilitator together with a core team of six patient simulators skilled in providing constructive feedback.** In addition to the residential training course, **participants receive a comprehensive written feedback pack, which includes analysis of the provider's communication skills displayed in all videotaped interviews, a summary of patient satisfaction scores and comments made by patients following their interviews.** An analysis of the training course concluded that adult learners respond best to educational endeavors that permit them to determine their own learning goals and that include topics relevant to the learners own daily experiences and interests.

18. Wilkinson, Susie, Roberts, Anita, & Aldridge, Judith. (1998). Nurse–patient communication in palliative care: an evaluation of a communication skills programme. *Palliative Medicine*, 12(1), 13-22.

<http://pmj.sagepub.com/cgi/content/abstract/12/1/13>

Researchers from the United Kingdom evaluated whether a **communication skills course focusing on knowledge, attitudes and skills would improve nurses' communication skills**. One hundred and ten nurses completed a twenty-six hour training program over six months, as well as pre-course and post-course audiotape recordings of patient assessments. An overall statistically significant improvement in assessment skills between pretest and post-test scores was found, with statistically significant improvements in six of the nine key areas assessed. The study finds that a longer integrated **communication skills program, which allows nurses to explore attitudes, raise self-awareness and develop knowledge and skills, is most effective in preparing them to communicate with patients**.

19. Dublin City University (DCU) Communication & Nursing Practice, Nursing School Module.

http://www.dcu.ie/registry/module_contents.php?subcode=NS117&function=2

The Communication & Nursing Practice module used at Dublin City University strives to **enable students to explore in detail the concept of interpersonal communication and to assist students in identifying, practicing and applying a range of communication skills that will enable them to develop helpful, caring relationships with adults and children in care**. The syllabus details several **communication training activities**, such as **establishing relationships with adults and children using concepts of warmth, respect, genuineness, empathy and trust; practicing active listening, observation and responding; improving telephone communication and professional presentation skills; and practicing communication strategies with people who have specific communication needs due to mental health problems and/or intellectual disabilities**,

among others. This module can be readily adapted by other nurse educators to help nurses acquire communication skills that will enable them to interact more successfully with their patients.

20. Chen, Alice Hm, Ramos, Eric, Mutha, Sunita, Rodriquez, Michael E., Dressner, Mark, Jafri, Asma, & Rodrigues, Shelly B. (2007). **Addressing Language and Culture: A Practice Assessment for Health Care Professionals.** *California Academy of Family Physicians Foundation*, 1-36.

http://issuu.com/cafp/docs/addressing_language_access_toolkit

The California Academy of Family Physicians (CAFP) Foundation created a new toolkit in 2007 to help health care professionals incorporate language and cultural proficiency into their practices. The guide is intended to **assist nurses and physicians** in creating a **complete and functional language access system for limited English proficient (LEP) patients**. The publication starts by demonstrating why the issue is important, insisting that communication is central to medical practice. The majority of the guide gives advice about how to reach out to LEP patients and improve communication between providers and patients in health care settings. It also illustrates ways in which practitioners can assess their own language skills and those of their staff, as well as how to effectively work with professional interpreters.

21. Wilkinson, Susie, Roberts, Anita, & Aldridge, Judith. (1998). **Nurse–patient communication in palliative care: an evaluation of a communication skills programme.** *Palliative Medicine*, 12(1), 13-22.

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This article reviews a study that evaluates whether a **communication skills course focusing on knowledge, attitudes and skills would improve nurses' communication skills**. One hundred and ten nurses completed a twenty-six hour training program over six months, as well as pre-course and post-course audiotape recordings of patient assessments. An overall statistically significant improvement in assessment skills between pretest and post-test scores was found, with statistically significant improvements in six of the nine key areas assessed. The study finds that a longer integrated **communication skills program, which allows nurses to explore**

attitudes, raise self-awareness and develop knowledge and skills, is most effective in preparing them to communicate with patients.

22. Kemper, KJ, Foy, JM, Wissow, L, Shore, S. (2008, February 9) Enhancing communication skills for pediatric visits through on-line training using video demonstrations. Departments of Pediatrics and Public Health Sciences, Wake Forest University School of Medicine, http://www.find-health-articles.com/rec_pub_18267028-enhancing-communication-skills-pediatric-visits-line-training-using.htm

This method of training utilized an **on-line course** consisting of **28 modules** (4.75 hours CME credit) about **communication skills during pediatric visits** that included a mental health concern; **each module included a brief case, a multiple choice question, an explanation, and a 1-2 minute video demonstrating key skills**. Specific communication skills included: greeting, setting an agenda, discussing diagnosis and treatment, and managing negative interactions. This method of training brought in a **range of participants** including: nurses, physicians, and psychologist or social workers. Of these participants, 85% agreed that all course objectives had been met; over 90% reported greater confidence in greetings and agenda-setting; and over 80% reported greater confidence in discussing diagnosis and treatment and managing negative interactions. Nearly all, 97% would recommend the course to other clinicians and trainees. **Suggestions for improvement included a library of additional video vignettes and written materials to accompany the on-line training.**

23. Lane, Claire & Rollnick, Stephen. (2007, January 8). The use of simulated patients and role-play in communication skills training: a review of the literature to August 2005. *Patient and education counseling*, 67(1-2), 13-20.

<https://www.researchgate.net/publication/6337750> The use of simulated patients and role-play in communication skills training a review of the literature to August 2005

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24. Trummer, U. , U.Mueller, P.Nowak, T. Stidl, J. Pelikan (2001) Does physician–patient communication that aims at empowering patients improve clinical outcome? A case study. *Patient Education and Counseling*, Volume 61, Issue 2, Pages 299-306

(For this one I would need to find the article to see what “methods” were actually used to train the physicians. Monterey doesn’t have access to this journal) This training resulted in **shorter length in hospital stay, reduction of post-surgery tachyarrhythmia by 15%, faster transfer to less intensive care, and patient ratings for communicative quality of care by doctors and nurses were improved.**

25. Haskard KB, Williams SL, Dimatteo MR, Rosenthal R, White MK, Goldstein MG. (2008 September 27) Physician and patient communication training in primary care: effects on participation and satisfaction. *Health Psychol.* (5):513-22.
<http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2008-13168-002&CFID=5776891&CFTOKEN=25407951>)

Physician training improved patients' satisfaction with information and overall care; increased willingness to recommend the physician; increased physicians' counseling (as reported by patients) about weight loss, exercise, and quitting smoking and alcohol; increased physician satisfaction with physical exam detail; increased independent ratings of physicians' sensitive, connected communication with their patients, and decreased physician satisfaction with interpersonal aspects of professional life.

26. Costello, John. AAC intervention in the intensive care unit: The children's hospital Boston model. (2000). [Augmentative and Alternative Communication](#), Vol. 16, No. 3, Pages 137-153.

<http://informahealthcare.com/doi/abs/10.1080/07434610012331279004>

This paper describes a model for **preoperative augmentative and alternative communication (AAC) intervention** for patients with planned admissions to the intensive care unit following surgery that render them temporarily unable to speak. Details of **preoperative and postoperative interventions** and discharge interviews are provided, along **with strategies for patient directed vocabulary selection and digital voice message banking**. Anecdotal data present the benefits of preoperative introduction to AAC, as described by patients, family members, and medical staff.

27. Daugherty, Kay Ph.D., R.N. Improving Patient Safety Through Enhanced Provider Communication. Denver Health and Hospital Authority, CO AHRQ Grant No. HS015846-01

<http://www.safecoms.org/>

This project focuses on **improving the safety and effectiveness of communication between providers and among teams**. A **standardized situational briefing model** is used as a **guide** to facilitate **timely communication about changes in patient status on need**. The model is also used to **implement daily patient-centered rounds** by multi-disciplinary teams and to conduct **team huddles** each shift to discuss patient care plans. In addition, the project uses other communication tools designed to **help clinicians and health care professionals implement effective teamwork and communication strategies in their practice settings to improve patient safety**.

The toolkit includes (1) A framework for specific communication strategies, (2) Educational materials, (3) Evaluation and analysis tools.

28. Marlene V. Obermeyer, Effective Communication in Nursing: The Foundation (Kansas: Continuing Education Course, 2006).

Culture Advantage Continuing Education Programs are accredited online

learning modules designed by Marlene Obermeyer, a cross-cultural trainer and curriculum designer for cultural competency programs. She is a registered nurse with over twenty years of hands-on bedside nursing, ***The Effective Communication in Nursing: The Foundation*** module introduces the basic concepts of communication. What does it mean people say they understand? What are the elements of effective communication? What are the barriers to effective communication? How can we use communication theory to improve our nursing practice? By the end of this course, the participant should be able to:

1. Define communication.
2. Discuss the 6 elements of communication.
3. Describe barriers to effective communication.
3. Explain effective communication according to the Convergence Theory.
4. Evaluate a nursing communication encounter using a theory of communication.

29. Debora A. Downey and Richard Hurtig, Communication Needs of Non-Oral Patients (Iowa: University Nursing Survey, 2006).

133 registered nurses and 2 advanced practitioner nurses responded to an online anonymous survey to gain knowledge of their need for AAC training. The most striking result was that 100% of the nurses surveyed indicated that they all have had a patient for whom communication was difficult. **This document** lays out the full results of the survey and **outlines some possible steps for in-service training for University of Iowa Health Centernurses.**

You can view the full document at:

<http://www.centralcoastchildrensfoundation.org/draft/wp-content/uploads/2012/03/Hurtig-downey-communicative-needs.pdf>

30.. Mary Beth Happ, Kathryn L. Garrett and Tricia Roesch, AAC in the ICU: Critical Issues and Preliminary Research (Chicago: Presentation at the Annual ASHA Convention, 2003).

Critically ill patients are often unable to speak as a result of respiratory tract intubation for airway management and mechanical ventilation as well as cognitive-linguistic disabilities. **The inability to communicate during critical illness can be a traumatic life event that is frightening, reduces patient**

participation in care and decision-making, and impairs pain and symptom assessment. This multidisciplinary research team will review existing research on typical communication patterns in the ICU, summarize results of pilot studies on AAC interventions with two ICU populations, and introduce the audience to a large-scale NIH-funded project that was implemented over the following 5 years.

View the full document at: <http://aac.unl.edu/drb/as03/aac-icu.pdf>

31. Happ, M.B., Garrett, K.L., Sereika, S., DiVirgilio-Thomas, D., Tate, J., George, E. Changes in ICU Communication Following Nurse Education and AAC Interventions. Paper presented at the 2009 Clinical AAC Research Conference in Pittsburgh, PA.

Patients in intensive care units are frequently intubated and unable to communicate via natural speech. Their overall health is generally fragile, and many individuals experience cognitive or motor limitations as a result of complex medical conditions. In the absence of formal communication intervention, some intubated patients use non-vocal techniques such as mouthing words, gestures, writing, and head nods (Menzel, 1998), whereas others make minimal attempts to communicate. Despite the high incidence of compromised natural speech in ICUs, communication interactions between nonspeaking patients and health care providers do occur.

This presentation summarized the first round of data derived from the Study of Patient-nurse Effectiveness with Assisted Communication Strategies following completion of active phase of the 5-year investigation. **Nurse-patient communication performance in the usual care (baseline) condition is compared to nurse-patient communication performance when nurses received Basic Communication Skills Training and low tech communication materials.**

32. Downey, D, Happ, M (2013). The Need for Nurse Training to Promote Improved Patient-Provider Communication for Patients With Complex Communication Needs. *Perspectives on Augmentative and Alternative Communication*. American Speech and Hearing Association, June, 2013, Vol. 22 Issue 2, p112 .

Hospitalized patients across the age continuum often present with complex communication needs (CCN) due to the motor, sensory, cognitive, and linguistic barriers they may experience during their admission or as a result of their treatment. **Although hospitals recognize the need to enhance communication to improve quality and safety, the level of nurse training needed to promote improved communication is still sadly lacking .The authors discuss concrete ways to train nurses to enhance patient:provider communication.**

33. Happ, MB,. KL Garrett, JA Tate, D DiVirgilio (2014). Effect of a multi-level intervention on nurse–patient communication in the intensive care unit: Results of the SPEACS trial. *Heart & Lung*: Mar-Apr;43(2):89-98.,

<http://www.ncbi.nlm.nih.gov/pubmed/24495519>

The SPEACS trial aimed to test the impact of two levels of intervention on communication frequency, quality, success, and ease between nurses and intubated intensive care unit (ICU) patients in two ICUs in a university-affiliated medical center. The trial focused on 89 intubated patients awake, responsive and unable to speak and 30 ICU nurses. And compared results after (1) usual care, (2) basic communication skills training (BCST) for nurses, and (3) additional training in augmentative and alternative communication devices and speech language pathologist consultation .Among the results were (1) **the percentage of successful communication exchanges about pain were greater for the two intervention groups than the usual care/control group across both ICUs** (2) there were more successful sessions about pain and other symptoms in the AAC + SLP group, and (3) patients in the AAC + SLP intervention group used significantly more AAC methods and rated communication at high difficulty less often. **The study provides support for the feasibility, utility and efficacy of a multi-level communication skills training, materials and SLP consultation intervention in the ICU.**

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This paper highlights the role of speech language pathologists in communication support and nurse collaboration and training in the ICU, with examples from the SPEACS-2 translational study implemented in 6 different ICUs. It is well known that Intensive care unit (ICU) nurses occupy an essential role in facilitating patient communication and preventing the detrimental effects experienced by critically ill patients who are unable to speak, yet most are not equipped with the tools or training to enable communication most effectively with patients who are unable to speak. The goal of the Study of Patient-Nurse Effectiveness with Assisted Communication Strategies (SPEACS-2) was **to explore the impact of an innovative, web-based instructional package for ICU nurses with pocket reference guides, an instructional manual, and the provision of “low-tech” augmentative and alternative communication materials on nursing care quality and patient clinical outcomes.** Expectations were that this intervention would 1) improve nurses' skills in assessing and communicating with ICU patients who are unable to speak and 2) increase the collaboration between nursing and speech-language pathology in addressing complex patient communication needs in the ICU.