



Enhancing Communication In Outpatient Departments

JULY 2009

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EXECUTIVE SUMMARY

Context and Purpose

Right Management was engaged by the Department of Human Services (DHS), Victoria, as an expert provider to deliver the 'Enhancing Communication in Outpatient Departments' skills training program for Outpatient Department staff in Victorian Public Hospitals, with a view to facilitating improvement in the overall patient experience.

The goals of the program, which were delivered as a series of two, two-hour modules, were to:

- Enhance the communication skills of Outpatient Department staff and empower them as 'communication professionals'
- Reinforce with Outpatient Department staff that they have a major impact on the way others communicate with them
- Facilitate improvement of the patient experience
- Build positive interactions between staff and patients

The roll-out of this program commenced in November 2008 and was completed in May 2009.

Participation

A total of 24 Victorian Public Hospitals participated in this program. DHS also provided one additional session of each module, delivered in May 2009 at a DHS central location, for those participants that were unable to attend a session at their own site.

A total of 581 participants attended Module 1, and 481 participants attended Module 2. Participation in Module 1 was a prerequisite for attending Module 2.

Participant Feedback

Participant feedback from all sites was extremely positive. Based on data collected directly from participants following the workshops, 92.8% rated Module 1 and 93.9% rated Module 2 as very useful or useful.

Participant feedback regarding the quality of facilitation was also extremely positive. The following outstanding ratings regarding the quality of facilitation were collected:

- Module 1: 92.1% rated the facilitation as good or excellent (57.5% rated as excellent)
- Module 2: 92.1% rated the facilitation as good or excellent (56.8% rated as excellent)

The use of high quality, experienced facilitators was critical to the success of program delivery. The context for delivery was a challenging participant group and maintaining consistency as far as possible with facilitators/facilitation style used was necessary.

INTRODUCTION

Right Management was engaged by DHS as an expert provider to deliver the 'Enhancing Communication in Outpatient Departments' skills training program for Outpatient Department staff in Victorian Public Hospitals, with a view to facilitating improvement in the overall patient experience.

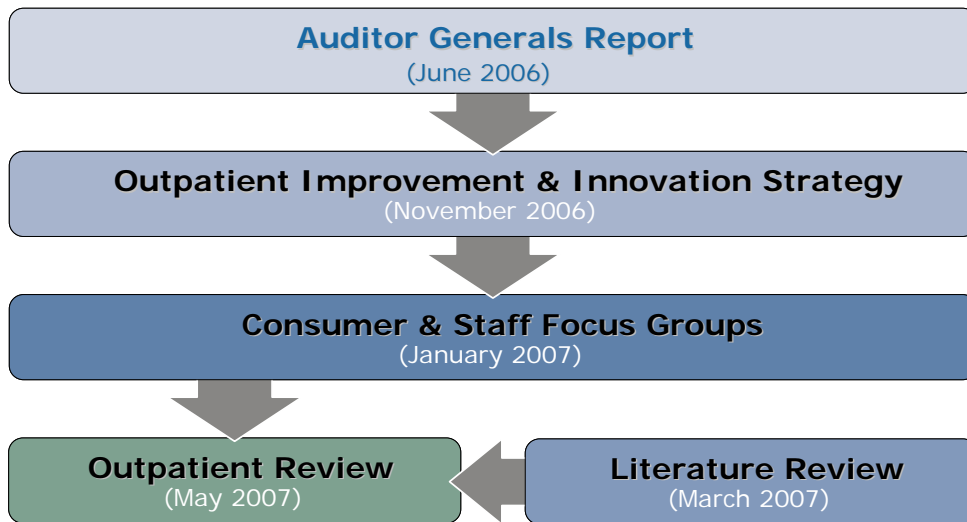
The goals of the program were to:

- Enhance the communication skills of Outpatient Department staff and empower them as 'communication professionals'
- Reinforce with Outpatient Department staff that they have a major impact on the way others communicate with them
- Facilitate improvement of the patient experience
- Build positive interactions between staff and patients.

This document outlines:

- Program overview
- Module content overview
- Program participation overview
- Participant feedback

CONTEXT



The above graphic depicts the broader context for this project. The 'Outpatient Improvement & Innovation Strategy (OIIS)' was developed by DHS in 2006 to address findings in the Victorian Auditor General's report '*Access to Specialist Medical Outpatient Care 2006*'. The underlying purpose of the OIIS is to improve the quality and accessibility of Outpatient services, with a priority being to improve the patient experience. The OIIS is informed by considerable research into both the staff and patient experience of Outpatient Departments.

In May 2007, DHS commissioned an Outpatient review at twenty-three metropolitan and five regional hospitals with the following aims:

- Observing the current state of physical amenities, information materials and communication practices in Victorian Public Hospital Outpatient Departments
- Identifying good design and practice
- Identifying areas where improvement may be desirable

Following the review, one of the areas recognised as a priority for targeted improvement was communication training.

Right Management was engaged by DHS to research, design, pilot and evaluate a communication skills training program for Outpatient Department staff. The evaluation of the pilot provided recommendations for the way this program should be rolled-out across Victorian Public Hospitals.

Right Management was able to leverage prior experience obtained by Principal Consultant Fiona Robertson in developing and implementing communication skills training in Public Hospital Emergency Departments.

It is also acknowledged that the broader context is one of significant change afoot within Outpatient Departments.

PROGRAM OVERVIEW

The implementation of the 'Enhancing Communication in Outpatient Departments' program consisted of two distinct phases:

- Phase 1: Research, Design, Pilot and Evaluation
- Phase 2: Program roll-out

PHASE 1: RESEARCH, DESIGN, PILOT AND EVALUATION

The below graphic depicts the process used to undertake the first phase of this program.



A full report highlighting the goals, outcomes, findings and recommendations from Phase 1 was presented to DHS on 5 May 2008. The report, in summary, outlines the following:

- Initial research was undertaken to understand the nature of the Outpatient Department environment, and the context for the communication skills training.
- A focus group including representatives from a range of hospitals was organised to discuss and chart the journey of the patient through the Outpatient system. This work provided a key piece of content in designing the training materials.
- The Right Management project team reported on the findings of its research, key differentiators between Emergency Departments and Outpatient Departments and recommended program content to the DHS Project Team, the Outpatient Improvement & Innovation Strategy Advisory Committee, Patient Experience Sub Committee, and the Outpatient's Nurse Unit Manager (NUM) Benchmarking Group. This was followed by a 'test workshop' held to evaluate proposed workshop content.
- Pilots of the program were run at four sites and participant feedback was extremely positive. 94% of the pilot program participants rated the program as useful or extremely useful.
- In-depth telephone interviews conducted with 15% of participants following the pilot confirmed this with 50% of those interviewed advising that their participation had led to a behaviour change.
- Key recommendations for the success of the roll-out identified in the Phase 1 report included:
 - Given the pilot participant response, the program should be delivered to all Outpatient Department staff across Victorian Public Hospitals.
 - The program should be delivered as a series of two, two-hour sessions in order to maximise learning outcomes and best match the needs of

participants by fitting in with the busy Outpatient Departments' time requirements and constraints.

- The use of high quality, experienced facilitators will be critical to the success of the program. Given a challenging participant group, maintaining consistency as far as possible with facilitators/facilitation style is highly desirable.
- Having DHS funding of staff attendance will ensure that there is management buy-in at the public hospitals for the program.
- Establishing a 'champion' at each hospital will be critical in ensuring the program is positioned positively with Outpatient Departments, and that there is someone onsite taking accountability for hospital-end logistics and scheduling.
- DHS has a real opportunity to demonstrate strong Return on Investment (RoI) for this program. One of the most effective ways of doing this is through comparison of patient satisfaction levels pre and post the program.

PHASE 2: PROGRAM ROLL-OUT

In order to roll out the program to all Victorian Public Hospitals, the following key activities were undertaken:

- **Stakeholder Liaison** with Outpatient Department Directors and NUMs at each public hospital to ensure management support for the program and commitment to scheduling. The desired outcomes of this were intended to be:
 - Senior hospital Outpatient staff be introduced to the program, comfortable with the content, and feeling confident about their people attending
 - Agreement on number of workshops
 - Agreement on schedule for delivery i.e. identification of preferred dates/times
 - Identification of a 'hospital champion' for the program who was able to coordinate logistics at the hospital, organise participant attendance, and act as liaison point with Right Management

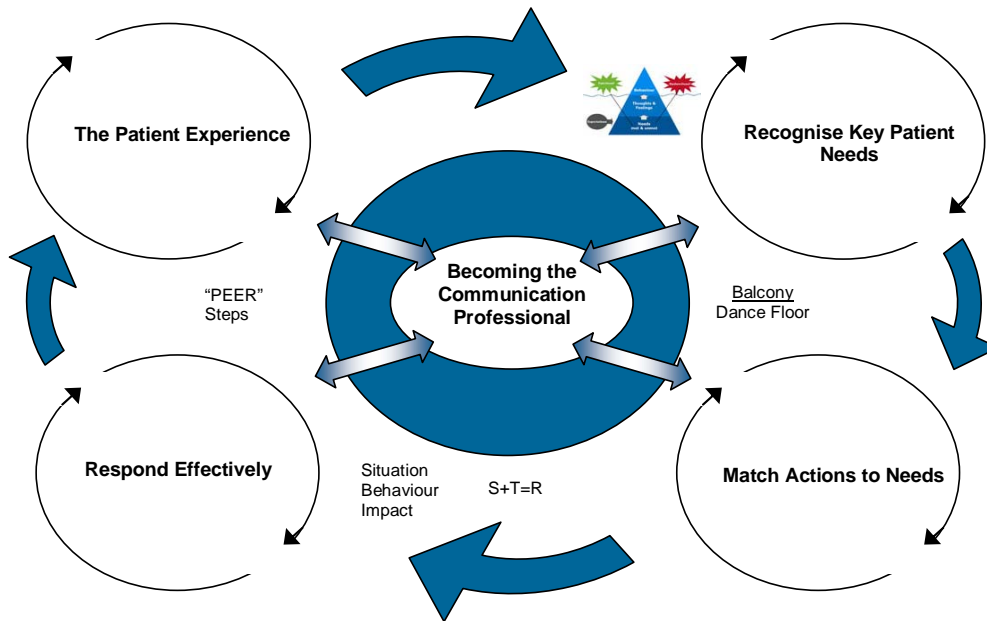
This activity was undertaken, in the main, by the assigned DHS Project Officer.

- **Centralised Resourcing and Logistics** to coordinate preparation and printing of materials, confirm times, dates, locations and venues, Audio Visual requirements, materials, facilitators and participant numbers. This was undertaken by the Right Management Project Coordinator who liaised both with the DHS Project Officer and then with the 'hospital champion'.
- **Program Delivery** by a pool of four facilitators (including those used to deliver the pilot) supplied and trained by Right Management. Facilitator training included a half day group session on the content, and a co-facilitation of the first delivery of each of the modules with one of two primary facilitators from the pilot.

- **Cross-Sharing and Continuous Improvement** through the facilitators and project leader engaging in numerous discussions about how the sessions were progressing and what improvements could be made. These resulted in several 'tweaks' to process and content, which in each case resulted in improvements in participant feedback.
- **Reporting and Quality Assurance** through written post workshop evaluation given by participants, monitoring of feedback by Right Management, and reporting on each individual hospital and on the project on a monthly basis to DHS.

MODULE CONTENT OVERVIEW

The modules were designed using a framework outlined below. There were four key focus areas creating a flow from examining and understanding the patient journey and needs, to understanding the impact that each individual can have through every interaction.



In addition, some tools and models that enhance effective communication were incorporated.

The four areas of focus were:

- The patient experience
- Recognising key patient needs
- Matching actions to needs
- Responding effectively

The modules and overall program were positioned as an opportunity for participants to share their experiences with each other about what they know works well from the communication perspective.

There was discussion and acknowledgement about the challenges that their work environment creates. A small amount of theory, supported by models, was shared to stimulate discussion and participants were provided with tools and opportunities to practise positive communication.

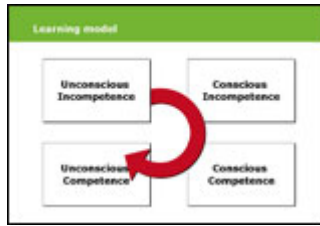
The positioning and program style was designed to be inclusive, non-threatening, and to draw on and acknowledge participants' experiences as a key contributing part of the content.

The premise underlying the content and delivery was that participants can have a major impact on the way others communicate with them through empowering them as 'communication professionals' in their work environment.

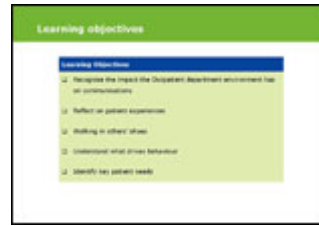
MODULE ONE CONTENT



The communications workshops are positioned as one of a cluster of initiatives in an overall strategy to improve Outpatient Departments for patients and staff



The learning model is used to explain that the intention is to bring participants back from a state of 'unconscious competence' to 'conscious competence' to examine what it is that they are doing well so they can do more of it

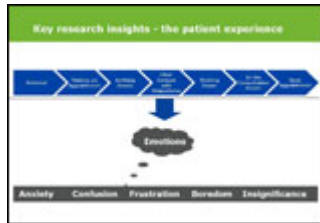


Module learning objectives:

1. Recognising the impact the environment has on communications
2. Reflecting on the patient experience
3. Understanding what drives behaviour
4. Identifying key patient needs



The patient journey through Outpatients is charted to remind staff of the experience through the eyes of a first time patient



Accompanying emotions are discussed, followed by discussion of staff experience of Outpatients as a patient, or other situation where there was dependence on others and a lack of personal control



Participants are introduced to the 'iceberg model' identifying drivers of behaviour



Participants work in pairs on a worksheet with typical patient scenarios provided to practise identifying the drivers of behaviour, then contribute a recent scenario of their own.

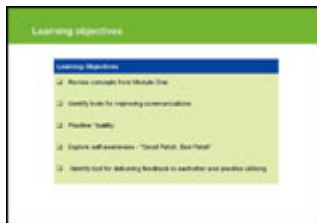


The key patient needs of knowledge and reassurance are identified as being the most important to flip behaviour from dysfunctional to functional



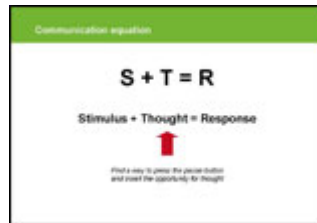
The 'PEER' formula is introduced to remind participants of communication steps for first time patients in Outpatient Departments

MODULE TWO CONTENT

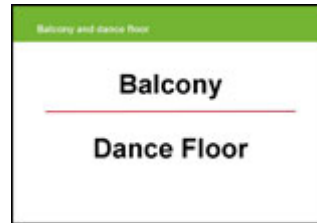


Module learning objectives include reviewing Module One concepts and introducing tools for enhancing communication including:

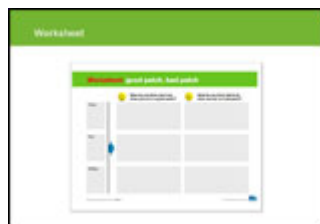
- Understanding and practising 'duality'
- Exploring self-awareness
- How to give each other feedback



The S+T=R equation encourages participants to give themselves space for thought before responding



Participants are introduced to the concept of balcony/dance floor – being able to simultaneously be in an interaction (on the dance floor) and observing the interaction (on the balcony)



Participants complete a worksheet exploring self awareness through identifying their behaviours as they experience good patches and bad patches at work



Participants are introduced to the Situation – Behaviour – Impact model of giving feedback and practise using it



At the completion of Module Two participants are given a copy of the key frameworks to take away for future reference

PROGRAM PARTICIPATION OVERVIEW

Taking into account the feedback received from the pilot process and Right Management's Phase 1 report, the following critical success factors that impacted directly on participation, were implemented:

- DHS funding of staff attendance which further ensured management buy-in to the program
- Prior engagement with Outpatient Directors/NUMs at the hospital sites was essential in both positioning the program with staff, and for gaining commitment to scheduling
- Delivering the program as a series of two, two-hour sessions, making it easier to release staff for shorter periods, especially given the resourcing challenges of the Outpatients Departments

A total of 24 Victorian Public Hospitals participated in this program. In addition, DHS provided one additional session of each module, delivered in May 2009 at a DHS central location, for those participants that were unable to attend a session at their own site.

The tables that follow highlight the participation categorised by hospital/site, number of sessions per module and role type.

PARTICIPATION BY SITE

Participation and Rating of Program Usefulness by Hospital/Site

SITE	MODULE 1		MODULE 2	
	No. of Participants	Percentage reporting program as Useful or Very Useful	No. of Participants	Percentage reporting program as Useful or Very Useful
Austin Health ¹	17	100%	11	100%
Ballarat Health Services	17	94%	14	92%
Barwon Health Services	45	98%	32	100%
Alfred Health (previously Bayside Health) and including Sandringham Hospital	25	83%	19	72%
Bendigo Health Care Group ²	9	75%	0	n/a
Eastern Health – Maroondah	15	73%	14	100%
Eastern Health – Box Hill	24	86%	22	91%
Goulburn Valley Health	35	94%	28	93%
Mercy Health and Aged Care Inc	19	100%	19	100%
Northern Health	50	84%	32	86%
Peninsula Health – Frankston	24	96%	24	92%
Peter MacCallum	18	94%	15	100%
Royal Children’s Hospital	14	86%	13	100%
Royal Melbourne Hospital	24	100%	21	100%
Royal Victorian Eye and Ear Hospital	46	87%	34	97%
Southern Health – Dandenong	15	100%	10	88%
Southern Health – Casey	16	93%	15	67%
Southern Health – Clayton	42	95%	35	100%
Southern Health – Moorabin	12	92%	16	75%
St Vincent’s Health	42	86%	39	89%
The Royal Women’s Hospital	29	100%	28	100%
Western Health – Sunshine	9	100%	12	100%
Western Health – Footscray	22	91%	17	88%
Department of Human Services	12	100%	11	100%
Total / Average (Refer p.16 and 17 for details on Average %)	581	92.8%	481	93.9%

¹ Participation at Austin Hospital appears low, however most staff members had already participated in the pilot

² Bendigo Health staff members had also participated in the pilot program

A 17% reduction in participation rates was observed from Module 1 to Module 2. Given that participation in Module 1 was a pre-requisite for participation in Module 2, it is typical to see a reduction. A similar reduction was experienced in the Emergency Department communication training roll-out.

Other than this major factor, it is difficult to speculate about other possible contributing factors without further evaluation of each hospital. Anecdotal evidence suggests the following may have been influencers:

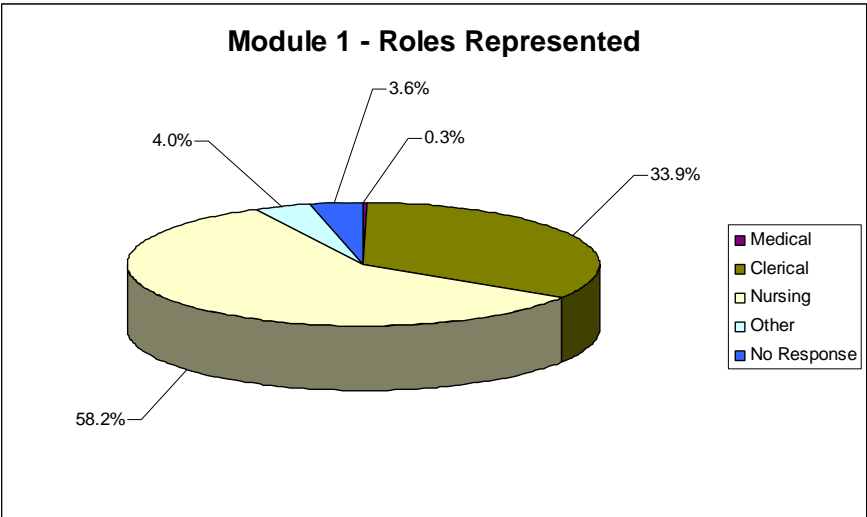
- **Internal Communication:** Participants often reported that communication at their hospital regarding session scheduling was unclear. Participants stated they thought they had to choose only one date, and therefore chose only a Module 1 or Module 2.
- **Resourcing Issues:** There were often participants unable to attend due to unforeseen resourcing shortages in the Outpatient Department.
- **Personal Leave Scheduling Conflicts:** In some instances staff were unable to attend either Module 1 or Module 2 due to scheduled annual leave or unplanned sick leave.

PARTICIPATION BY ROLE

The 'participation by role' data has been collated from the feedback forms that participants were asked to respond to at the completion of each module. Not all participants completed this form, and in some instances not all questions were answered, resulting in some small discrepancies in totals.

Participation by Role – Module 1

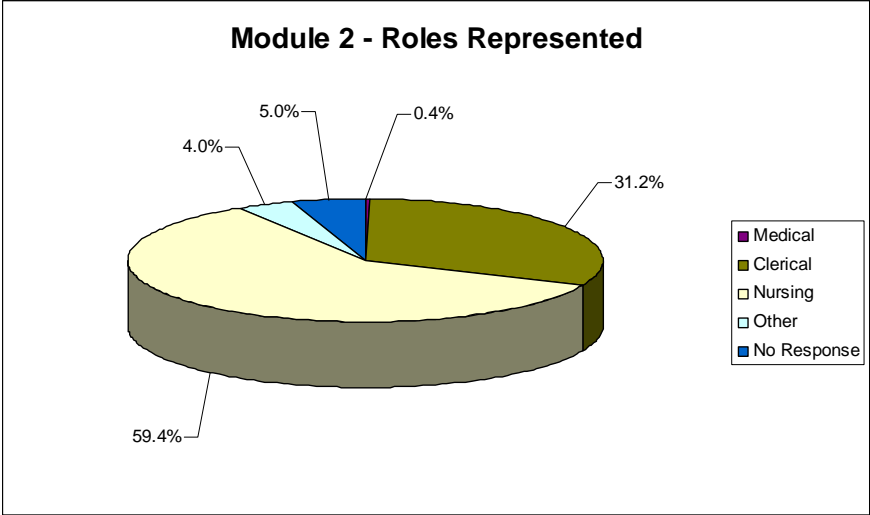
MEDICAL	CLERICAL	NURSING	OTHER	NO RESPONSE	TOTAL
2	197	338	23	21	581



Of the 581 participants of Module 1, 560 responded to this question regarding 'participation by role'. The program was largely targeted at nursing and clerical staff.

Participation by Role – Module 2

MEDICAL	CLERICAL	NURSING	OTHER	NO RESPONSE	TOTAL
2	150	286	19	24	481



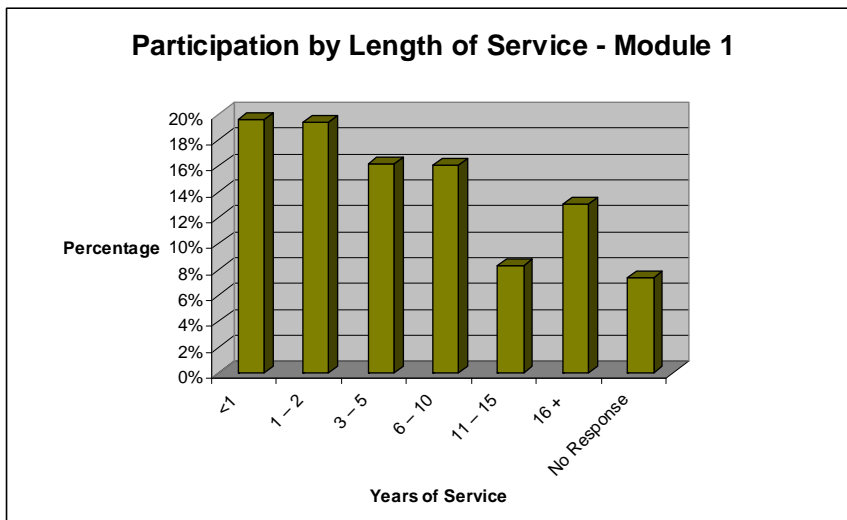
Of the 481 participants of Module 2, 457 responded to this question regarding 'participation by role'. As per Module 1, clerical and nursing staff were mainly represented.

PARTICIPATION BY LENGTH OF SERVICE

The 'participation by length of service' in Outpatient Departments data has been collated from the feedback forms that participants were asked to respond to at the completion of each module. Not all participants completed this form, and in some instances not all questions were answered, resulting in some small discrepancies in totals.

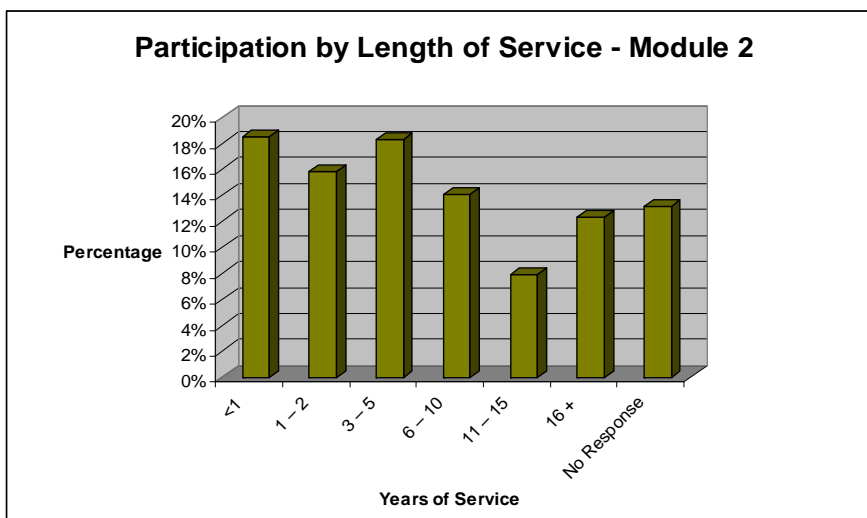
Percentage Participation by Length of Service – Module 1

<1 YEAR	1 – 2 YEARS	3 – 5 YEARS	6 – 10 YEARS	11 – 15 YEARS	16 + YEARS	NO REPOSE	TOTAL
19.6%	19.4%	16.2%	16.0%	8.3%	13.1%	7.4%	100%



Percentage Participation by Length of Service – Module 2

<1 YEAR	1 – 2 YEARS	3 – 5 YEARS	6 – 10 YEARS	11 – 15 YEARS	16 + YEARS	NO REPOSE	TOTAL
18.5%	15.8%	18.3%	14.1%	7.9%	12.3%	13.1%	100%



PARTICIPANT FEEDBACK

RATING OF PROGRAM USEFULNESS

Upon completion of each of the modules participants were asked to rate the usefulness of the program. The following number of responses was given:

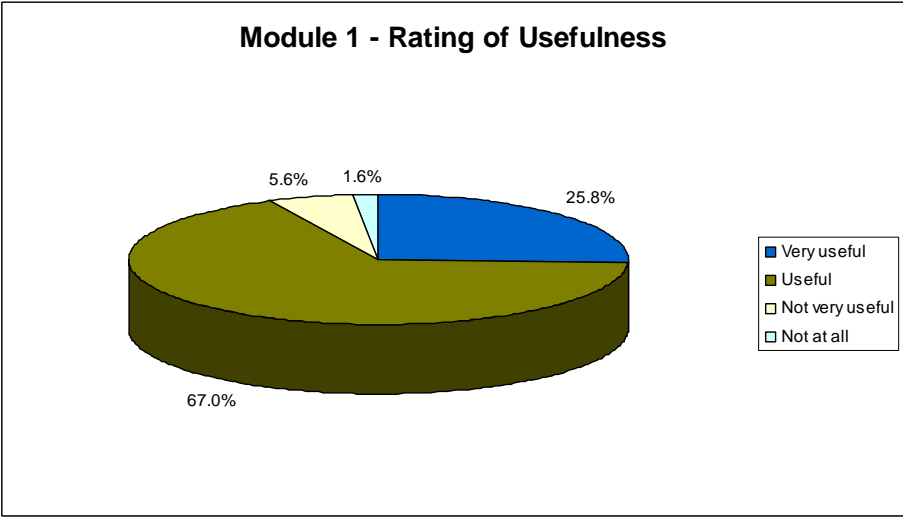
- Module 1: 555 responses (out of the 581 that attended)
- Module 2: 460 responses (out of the 481 that attended)

In some instances this question was not answered. Given the relatively low frequency of this it can be assumed that this is merely a result of human error and not a bias towards this question. A copy of the participant feedback form is included as Appendix A.

Participant feedback regarding the program from across all sites was extremely positive. The graphs and tables that follow highlight the overall ratings provided directly by participants in relation to each module.

Rating of Usefulness – Module 1

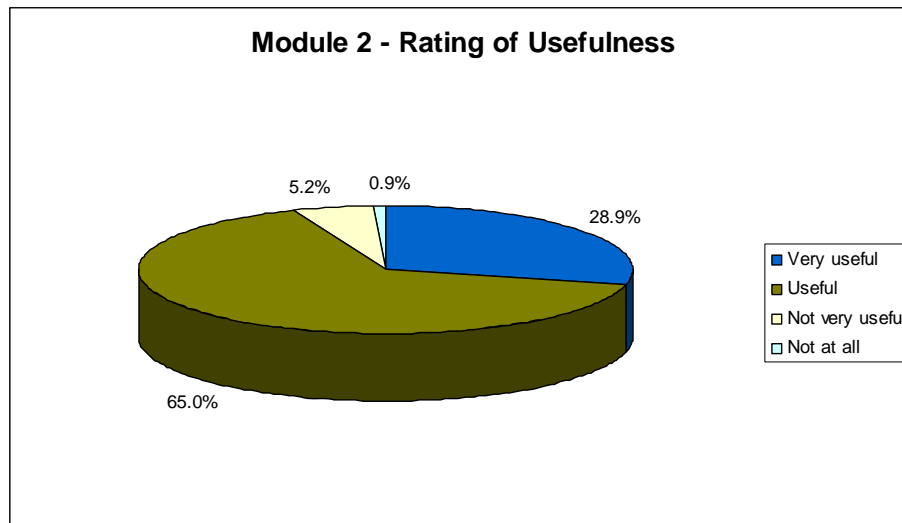
VERY USEFUL	USEFUL	NOT VERY USEFUL	NOT AT ALL USEFUL	TOTAL
143	372	31	9	555



92.8% of participants rated Module 1 as very useful or useful (25.8% rated as very useful).

Rating of Usefulness – Module 2

VERY USEFUL	USEFUL	NOT VERY USEFUL	NOT AT ALL USEFUL	TOTAL
133	299	24	4	460



93.9% of participants rated Module 2 as very useful or useful (28.9% rated as very useful).

MODULE ONE FEEDBACK

Most Valuable Concepts

In response to the question 'what was the most valuable concept you were introduced to?' all concepts introduced were referred to. Some representative comments were:

- It was good to be recognised for what we have to deal with every day
- Thinking about the ways we communicate with patients and behaviours
- Evaluating what the patient is feeling emotionally and how this affects their behaviour
- Drivers of behaviour and the iceberg/pyramid model of behaviour
- Reminder that patients behaviour is needs driven
- Unconscious competence – understanding we all go into 'auto pilot'
- DHS is aware of Outpatient Department needs and is organising the workshops
- Hearing experience of others
- Patients have expectations, perceiving what these are and trying to meet them makes for a good outcome for staff and patient
- Notion that front desk staff can have some control of patient/visitor behaviour
- None of this is new to me, I feel I currently practice this, I do think it's great to bring others to the fore and encourage everybody to endeavour to practice
- Try to assess and meet patients needs rather than getting frustrated
- Identifying the needs of a patient – giving them reassurance and knowledge
- Trying to see the problems from the patients perspective
- The PEER communication steps – Perceive, Explain, Expectations and Review

Suggested Opportunities to Improve Module 1

In response to the question 'what aspects of the workshop could be improved?' most participants were very complementary of the module. There were many comments offered, some of which include:

- Forget the introductory exercise
- Excellent presentation in a difficult environment
- Smaller groups to allow discussion
- Consider how to improve communication between nursing and management
- Hear experiences from other departments
- Overheads need to be larger/clearer to read
- Introduce more specific ways of tackling certain behaviours with practical ideas, rather than the broad umbrella view
- We need to discuss more about colleague communication skills to one another within the team, and working as a team
- Provide handout of PEER model in module 1

Further Comments in Relation to Module 1

Participants were also given the opportunity to make any other further comments in relation to Module 1. Some of the comments were:

- Extremely knowledgeable, receptive instructor
- Very useful information – looking forward to the next session
- Good presenter – warm and good communicator
- Hope some people in the room have learnt some interpersonal skills
- It was interesting to see what the patients feel rather than what the staff go through
- Have another workshop on dealing with difficult patients
- Good examples used
- Seemed like a 'natural' workshop
- Good discussion generated. Enjoyed the facilitator
- Fun presentation/interactive/thought provoking/reflective
- Facilitator made everyone feel comfortable. Enjoyable session
- It was good to talk about what happens and why it happens
- Found this workshop and the facilitator engaging

MODULE TWO FEEDBACK

It should be noted that participation in Module 1 was a pre-requisite for attending Module 2.

Most Valuable Concepts

In response to the question 'what was the most valuable concept you were introduced to?' all concepts introduced were referred to. Some representative comments were:

- Thinking before reacting to situations – press the pause button
- Giving each other feedback in a constructive way using situation-behaviour-impact
- Awareness/impact of my behaviour on others
- Increasing self awareness and value of it – things others know about me that I don't
- Pausing before responding, focussing on behaviour not personalities and discussing situation
- Dance and balcony situation made you think – being an observer, receiver and sender
- Helps you stop and think about things that you just do without thinking sometimes
- Realisation that my feelings, anxieties are common experiences within the workforce
- Opportunity to share experiences and brainstorm ideas for resolving issues
- Good patch – bad patch and looking at how we can have more good patches

- Balcony/dance floor concept was good in allowing myself to define something that was otherwise unconscious/subconscious
- Acknowledging that I can make a difference to the attitude of my work colleagues

Suggested Opportunities to Improve Module 2

In response to the question 'what aspects of the workshop could be improved?' responses included the following:

- Room was too small
- More on difficult behaviours and practical responses to diffuse aggressive clients
- More practical exercises, role plays and group discussions
- More on team work and feedback
- More discussion of actual accounts by clerical/nurses etc. and what, if anything could have been done differently
- Link it to more actual scenarios in the workplace, to put things learnt into action
- Talk more about the work environment and behaviour between colleagues
- More on feedback
- Found the workshop captivating
- Some things will not work practically
- More on reading body language
- More mixing of the members of the workshop

Further Comments in Relation to Module 2

Participants were also given the opportunity to make any other further comments in relation to Module 2. Some of the comments were:

- Integrating with medical staff in Outpatients (a challenge)
- Could be done throughout the hospital staff (nurse/doctors/other)
- Positive way of presenting situations
- Already knew most of the content but it was highlighted in a different manner
- Overall excellent presentation with useful information and examples
- Great delivery, established good relationship with group which was very evident in second session
- Enjoyed the workshop and will endeavour to apply concepts
- Very personable and made the session easy to interact and listen
- Confident speaker - felt very comfortable voicing my opinions
- Good, enjoyed it. Makes me look at myself – ways to make work better always good idea

RATING OF FACILITATOR PERFORMANCE

Maintaining consistency and quality with facilitators and facilitation style was a critical success factor. The pool of experienced facilitators from Right Management included:

- a) Maria Coates, Senior Consultant
- b) Martha Forfolias, Senior Consultant
- c) Lucinda McLeish, Senior Consultant
- d) Fiona Robertson, Principal Consultant

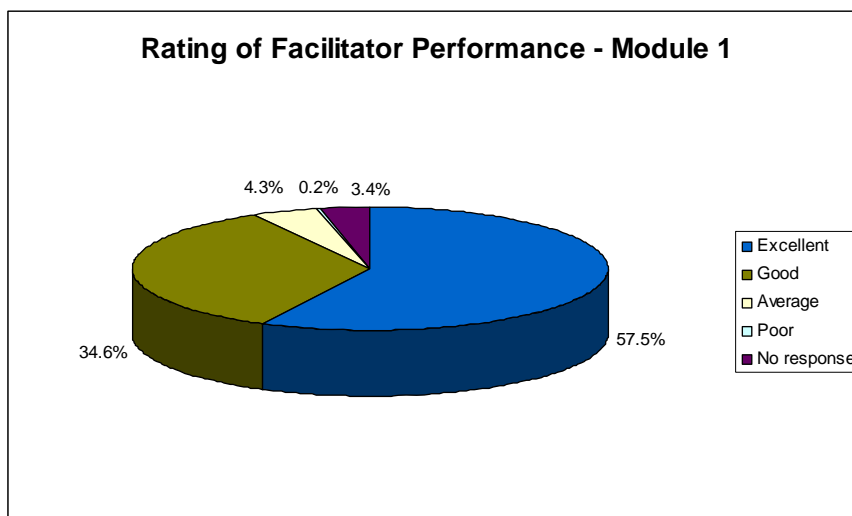
Programs were scheduled using the following objectives, which in the main were achieved:

- The one facilitator to deliver both Module 1 and Module 2 to same audience
- The same facilitator to deliver all programs at the one hospital

Participant feedback regarding the quality of facilitation from across all sites was extremely positive. The following ratings regarding facilitation were collected:

Rating of Facilitator Performance - Module 1

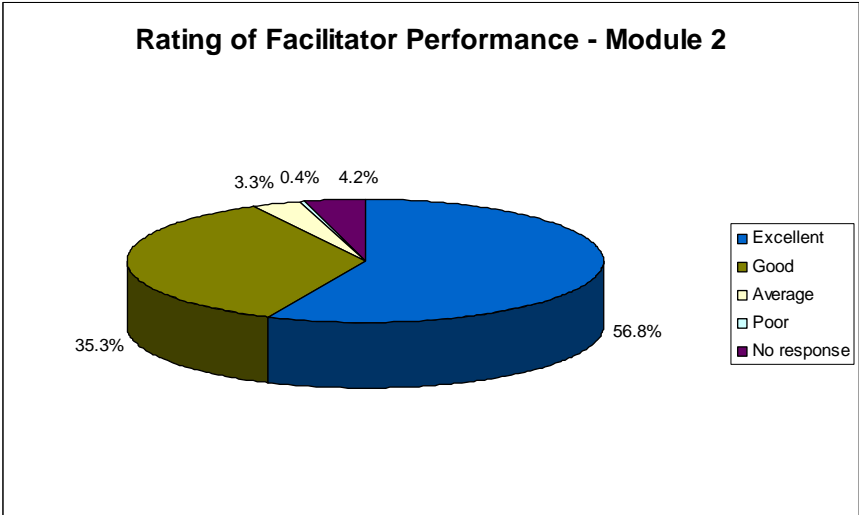
EXCELLENT	GOOD	AVERAGE	POOR	NO RESPONSE	TOTAL
334	201	25	1	20	581



92.1% of participants rated the facilitation of Module 1 as good or excellent (57.5% rated as excellent).

Rating of Facilitator Performance - Module 2

EXCELLENT	GOOD	AVERAGE	POOR	NO RESPONSE	TOTAL
273	170	16	2	20	481



92.1% of participants rated the facilitation of Module 2 as good or excellent (56.8% rated as excellent).

APPENDICES

APPENDIX A – POST WORKSHOP FEEDBACK FORM

ENHANCING COMMUNICATION IN OUTPATIENTS: Participant Feedback

Logistics			
Hospital:		Module:	
Workshop Date:		Workshop Time:	
My role			
Medical:	<input type="checkbox"/>	Length of service in OP:	<input type="checkbox"/>
Nursing:	<input type="checkbox"/>		Less than 1 year
Clerical:	<input type="checkbox"/>		1-2 years
Other:	<input type="checkbox"/>		3-5 years
			6-10 years
			11-15 years
			16 years +
Feedback			

How useful did you find this workshop:

Not at all useful	Not very useful	Useful	Very useful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was the most useful concept that you were introduced to?

What aspects of the workshop could be improved?

How would you rate the workshop facilitators?

Poor	—————→			Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
