



National Healthcare
Communication
Programme

National Healthcare Communication Programme Pilot Report and Recommendations

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Making communications easier



Building a
Better Health
Service

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á Forbairt

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1. Introduction

National Patient Experience Survey

Developing and improving the communication and consultation skills of healthcare staff was identified as a key priority arising from the first National Patient Experience Survey in May 2017 and similar key themes have been identified in subsequent surveys. In the Survey feedback, patients and their families reported that while there were many examples of care and compassion in Irish Hospitals there were also some problems with the communication between hospital staff and patients and their loved ones.

Key Themes

The National Healthcare Communication Group reviewed patient comments and identified six key communication themes encompassing the patient experience in public, acute Irish hospitals: (1) attending to the relationship, (2) gathering information, (3) providing information, (4) reaching agreement, (5) enabling self-management and (6) working with families and carers. The greatest area for improvement identified was in ensuring that individuals and their families had received and understood enough information on how to care for themselves in the community or at home. This review led to the development of the National Healthcare Communication Programme.

National Healthcare Communication Programme

The National Healthcare Communication Programme is designed to support healthcare staff to learn, develop and maintain their communication skills with patients, their families and with colleagues.

The Programme is underpinned by the Core Values of Care, Compassion, Trust and Learning and builds on these values with a focus on person-centred and Clinical Communication Skills.

The Programme will link with the work already underway at national and local level and ensure there is an agreed framework for the learning, developing and on-going maintenance of core communication skills in healthcare.

The Programme is experiential and consists of four core modules as follows.

Table 1: Programme Modules

Module 1:	Making connections
Module 2:	Core Consultation skills
Module 3:	Challenging Consultations
Module 4:	Communicating with colleagues and promoting team work

Each of the modules will have a number of additional mini-modules on specific topics under this heading (for example staff who attend Module 3 may wish to attend a mini-module on Informed Consent if this area of communication is applicable to them in their role).

In common with many jurisdictions, the NHCP has adopted the Calgary-Cambridge Guide. This Guide explicitly combines the content of the traditional biomedical history with an acknowledgement of the patient's perspective.

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 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.

2. National Healthcare Communication Programme Aim

The overall aim of the programme is to improve the experience of patients and their families and enhance patient safety by supporting staff to take a skilled, sensitive and patient-centred approach in all conversations with patients and their families.

3. National Healthcare Communication Programme Objectives

The NHCP objectives are linked to the relevant National Standards for Safer, Better Healthcare. On completion of the Programme participants will be able to demonstrate the competence (knowledge, skills and attitude/attributes) to:

Person Centred Care and Support

- Support patients and their families to understand their condition, treatment and care options and the services available to them (Standard 1.2.4).
- Support patients and their families to fully participate should they wish to, in making informed choices about their care (Standard 1.4).
- Obtain informed consent to care and treatment in accordance with legislation and best available evidence (Standard 1.5).
- Relate to patients and their families with care, compassion, kindness, consideration and respect ensuring that the patient's dignity, privacy and autonomy are respected and promoted. (Standard 1.6.3 and Standard 1.7).
- Recognise the impact of effective communication skills on relationships with patients, families, colleagues and other healthcare professionals (Standard 1.7.2).
- Support patients and their families in maintaining and improving their own health and wellbeing, taking into account their circumstances, their ability to access services and their co-existing conditions. (Standard 1.9).

Effective Care and Support

- Ensure that patients and their families have opportunities to discuss their needs and preferences to inform their individualised care (Standard 2.2).
- Ensure that patients and their families experience integrated care which is coordinated effectively within and between services (Standard 2.3, Standard 2.4 and Standard 2.4.3).

Safe Care and Support

- Fully and openly inform and support patients as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed (Standard 3.5).

4. National Healthcare Communication Programme Principles

The NHCP suggests the following principles are consistent with setting up a framework that will support moving the level of communication competency across the HSE from developing to mature.

- The programme takes a skills based approach to the facilitation and learning of how to communicate with patients and their families because, through this approach, specific, describable behaviours can be identified, which staff can then learn and use in their interactions with patients and their families.
- The programme also aims to take an ‘adult learning’ approach so the learning is relevant, practical, problem centred, directed towards the learners’ needs, have negotiated objectives and go at the learners’ pace (Kurtz, Silverman and Draper 2005).
- Developing communication skills is a lifelong task, while some staff may have a ‘naturally’ good approach to communication with patients and their families, all staff can improve their core skills which are recognised as essential for good communication and time efficient consultations.
- Communication skills learning and development should be embedded and integrated across the learning cycle with other educational and CPD activities for healthcare professionals and should be integrated with other healthcare activities (such as multi-disciplinary team meetings).
- All NHCP modules will require web-based support materials and follow on activities - reflecting on practice, peer observation etc. – along with ‘refresher modules’ to allow staff to maintain and further develop core skills.
- Individual facilitators/clinical teams should be encouraged to develop additional learning and development activities depending on needs of their learners.
- When staff take on new ways of working – for example providing telephone consultations – the learning and development needs for this approach need to be considered.
- Healthcare Managers should be aware that other issues can impact on staff patient communication – for example physical environment, time demands on staff, burn out, poor health and English being a second language. Senior Managers need systems for identifying staff and clinicians who have poor communication skills for whatever reason and providing more individual support and mentoring as required.

5. National Healthcare Communication Programme Design

The learning and development programme is designed to use a range of adult learning methodologies including classroom-based modules, role play, reflective practice and group work. The programme is designed to integrate theory and experiential learning. The programme will be delivered via four core classroom-based modules and is structured as follows:

Table 2: Programme Design

Programme Structure	Description
<i>Pre-course work (self-awareness tool)</i>	Each participant will complete the NHCP self-awareness tool prior to the commencement of each module of the programme.
<i>Attendance and participation in four core classroom based modules</i>	To facilitate staff in busy working environments, the programme will be delivered in modular format. The programme contains four core modules each lasting between 90 and 180 minutes depending on the Module. The modules include: <ol style="list-style-type: none"> 1. Making connections 2. Core Consultation Skills 3. Challenging consultations 4. Communicating with colleagues and promoting team work Each of the modules will have a number of additional mini-modules on specific topics under this heading.
<i>Teaching Methods</i>	Most of the teaching occurs in small groups. Each module begins with an introduction outlining some of the theory followed by experiential learning. Each group of 4-6 participants works with a facilitator (using a peer-to-peer approach), with the participants taking the roles of healthcare staff and patients during the practice sessions. It is important that every participant has the experience of practicing their communication skills in each module.
<i>Reflective practice and Personal action plan</i>	Participants will maintain a reflective workbook and a personal action plan. The workbook will enable participants to reflect on their role as an effective communicator, identify areas where they are performing well and areas that require further development. The personal action plan will utilise the work, learn, change process and support participants to implement the learning from the programme in their role in the healthcare setting
<i>Web-based Resources</i>	There will be an easy-to-access section on the HSE website which will be used to store electronic links, as well as PDF versions of articles and recommended readings for use as a resource by staff to enable communication skills development. This link should be maintained to provide a continually updated and improved resource with contributions from members regularly solicited (the NHCP should have control over the content).

Programme Structure	Description
<i>Facilitators</i>	The programme is designed to be facilitated by team leaders or clinical educators working with small groups of staff in their department or service. It is preferable to use two facilitators as a minimum for each workshop – one being a competent facilitator with at least two years’ experience. If more facilitators are available they can take the role of generally observing and supporting the lead facilitators and providing feedback at the end of the session. Facilitators conducting this programme should have attended the two day preparatory workshop for this purpose.
<i>Mentoring for Facilitators</i>	Facilitators will be offered two mentoring sessions with an expert facilitator for the delivery of their first two sessions of each module. Thereafter, facilitators will be supported through action learning sets in each hospital group and an annual national workshop (organised by the HSE and supported by EACH)
<i>Individual Coaching</i>	Tailored for individual clinicians, expert advice, guidance and coaching will be available. The coaching process can involve a series of scheduled sessions. These can be done in person, over the phone, via video-conference or by using a combination of all three.

5.1 Pre-course and Follow-up work

Pre-course and Follow-up work are important components in the delivery of the National Healthcare Communication Programme.

5.1.1. Programme Outline

Participants will be provided with an overview of the programme on enrolment and will be expected to familiarise themselves with the content, learning outcomes, order of delivery and the nature of the participant engagement required for the programme.

5.1.2. NHCP Self-Awareness Tool

Self-awareness forms the first part of the National Communication Healthcare Programme. Participants are required to complete the self-awareness tool, prior to the commencement of the Programme.

5.1.3 Reading

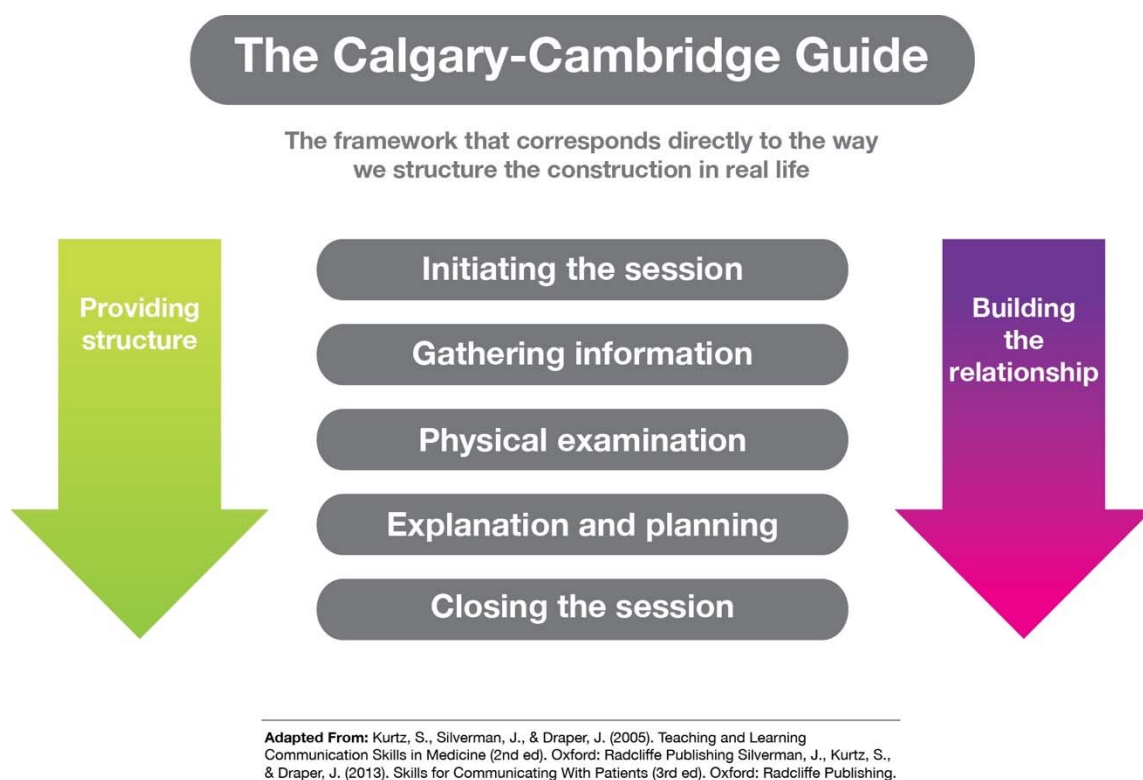
Participants will be directed to the NHCP Webpage for relevant reading material on enrolment. Additional reading will be recommended to participants throughout the programme.

5.1.4 Follow-up

Participants will be asked to identify learning that they are taking from the workshop which they would like to put into practice. Each hospital will link with participants at regular intervals to remind them of this commitment to on-going learning and development of communication skills in healthcare.

5.2 Programme Modules

The programme is based on the different elements of the Calgary-Cambridge Guide, a five-stage consultation model. This 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.



Programme Modules

The programme is for all staff who deliver health and social care services in the HSE and will be delivered via four core workshop-based modules. The workshops are designed to enable staff to take a skilled, sensitive and person-centred approach in all conversations with patients and their families.

Module 1 – Making Connections

The way we communicate is an important factor in how we interact with others, whether we are consulting with patients, interacting with colleagues, or simply having a conversation. The focus of the workshop is to work with participants to enhance their skills required to actively listen to and build rapport with patients and their families.

Module 2 – Core Consultation Skills

This workshop builds on the “Making Connections” workshop and introduces participants to the Calgary-Cambridge Guide, a five-stage consultation model, which is very patient-centred. The model is practical and incorporates the physical, psychological and social aspects of the consultation.

Module 3 – Challenging Consultations

This workshop supports participants to learn and develop communication skills to deal with challenging patient-clinician communication: delivering bad news, dealing with strong emotions, disclosure of an error and many other difficult clinical conversations.

Module 4 – Communicating with Each Other and Promoting Team Work

This skill-building workshop is designed to enhance the ability of participants to communicate effectively with members of an interprofessional health care team.

6. Findings and Recommendations

The NHCG believes that if we are to continue to improve the experience of individuals and families who use our healthcare services, we must focus on developing healthcare communication so that it becomes a core competency of healthcare staff.

The work of the NHCG:

- (1) reviewed the level of communication competency through the NPES (2017) and other relevant National Reports
- (2) considered what best practice communication may look like for healthcare staff and
- (3) recommended measures to support the development of healthcare communication competency.

6.1 Where are we now?

6.1.1 Surveys and National Reports

The first National Patient Experience Survey took place in May 2017. 26,635 patients from 40 hospitals across Ireland were invited to participate. The response rate was 51%, which equals 13,706 participants. The survey consisted of 61 questions about admission to hospital; care on the ward; examinations, diagnosis and treatment; discharge or transfer; and other aspects of care. 36 questions relate to some element of communication in healthcare. The scores for these questions were reviewed.

Patients made 21,528 comments in response to the three open-ended questions in the survey. The comments relating to communication in healthcare were reviewed.

The “Your Opinion Counts “Health Sector National Staff Survey was conducted between September and October 2016. The aim of the survey was...”to assess current staff opinions in order to identify opportunities for improvement, which will help build a better health service for all”. The findings of this survey were also reviewed.

Key findings

- Communication competency varies enormously across the healthcare system. The lack of consistency across the system leads to a relatively poor perception overall.
- There are common threads running through both sets of survey feedback and other relevant National Reports. Both staff and patient feedback provides evidence that they are looking for better communication, greater access to information and involvement in decision making.

6.1.2 Discussions with key stakeholders

There are a number of key national programmes that support excellence in healthcare communication. The NHCG has engaged with key stakeholders involved in these programmes and will work in collaboration with them to ensure that the key principles of these programmes are embedded and reflected in the National Healthcare Communication Programme.

Key findings

- There are a number of national programmes and standards relating to healthcare communication, these are listed in Appendix 3.
- These programmes support healthcare communication but do not necessarily deal with the communication skills required for the different elements of person centred consultations.
- The Irish Hospice Foundation in conjunction with the NCCP currently delivers a skills based programme for Breaking Bad News and End of Life Care. The NHCG will link with this and other relevant programmes (e.g. Open Disclosure) and Groups (National Federation of Voluntary Bodies) to explore the possibility of working in partnership on relevant NHCP Modules.

6.1.3 Communication competency development

The NHCG has considered the following model in order to understand how well communication is developed as a competency across the HSE and what a highly developed competency and framework for development would look like.

Table 7: Competency Development Model

Competency Development Model				
Phase 1 – Underdeveloped		Phase 2 - Developing		Phase 3 – Mature
<ul style="list-style-type: none"> • Little or no awareness of the need to develop or the value of the competency. • No acceptance of responsibility for poor perception or poor outcomes. • The organisation by and large has members who do not exhibit the desired competency. • Lack of the competency is a strategic or tactical weakness for the organisation. 		<ul style="list-style-type: none"> • Recognition of need to develop the competency. • Competency development is dealt with in a “dissociated”, non-integrated way. • The organisation has many staff members who exhibit the competency, and many members who do not • Separate taskforces, committees and reviews set up to find ways to support development of the competency. 		<ul style="list-style-type: none"> • Integrated into each step of the education system, professional development and on-going professional behaviour. Explicit in educational outcomes and professional standards. • Competency exhibited right across the organisation. • Acceptance of the need for on-going development, in the same way as other competencies. • The presence of the competency is a strategic or tactical strength of the organisation.
Unconscious Incompetence	Conscious Incompetence	Conscious Competence	Unconscious Competence	Conscious Professionalism

Key findings

- The findings of the NPES suggest that based on the competency development model above, the level of communication competency across the HSE is at the “developing” stage.
- The level of importance placed on communication by individuals and their families in the NPES (2017) was high and there is a growing awareness of the need to develop and demonstrate the competency.
- The NHCG concludes that the HSE should aim to move its communication competency as illustrated in the table above, from “developing” to “mature”.

6.1.4 Workshops

Members of the NHCG and a number of staff from the pilot sites (see list of attendees in Appendix 1) were invited to attend a 2 day workshop in the RCSI. The workshop was facilitated by Professor Paul Kinnersley, Dr Eva Doherty and Winifred Ryan. The aims of the workshop were to review the results of the National Patient Experience Survey and other relevant National Reports, to experience and discuss an approach to communication skills learning and development through facilitated sessions and to discuss a number of key questions to help inform the development and roll-out of the National Healthcare Communication Programme (NHCP) pilot.

Key findings

- The NHCG will work with EACH (the International Association for Communication in Healthcare) and staff from the acute hospitals to develop a National Healthcare Communication Programme based on the themes identified during the review and including materials used during the two-day workshop.
- The Programme will use the Calgary Cambridge Guide, an internationally recognised framework, as a basis for identifying core communication skills for staff for conversations and consultations with individuals and their families.
- The Programme will consist of 4 core modules. The first two modules will be piloted in the final quarter of 2018 on 6 pilot sites (Beaumont Hospital, St. Luke's Hospital, Kilkenny, University Hospital Waterford, University Hospital Galway, University Hospital Limerick and Mercy University Hospital).

6.1.5 Pilot

- Modules 1 and 2 of the programme were piloted in six hospital sites.
- Each hospital site was asked to identify two groups of staff, (1) leads or champions able to use a peer to peer approach to lead and support the programme in their hospital and (2) facilitators who will work with the NHCG and the leads/champions to deliver the programme on their hospital site.
- The facilitators and leads were invited to a 2 day workshop facilitated by members of the NHCG and EACH in September 2018. The workshop was directed towards enabling staff to deliver the programme in their hospital. The NHCG discussed with individual facilitators any extra supports required to support the pilot programme for the sites.
- Each site was requested to organise 2 sessions of both Modules 1 and 2 targeting relevant staff for each session during the months of October, November and December 2018.
- Professor Paul Kinnersley and Winifred Ryan attended each of these pilot sessions to provide support for the facilitators through facilitating and/or co-facilitating the pilot sessions.
- Participants and Facilitators were invited to evaluate the workshops and gave their feedback on the evaluation forms outlined in section 7.

Key findings

- 424 participants attended 24 pilot workshops with a range of clinical and non-clinical staff in attendance.

Table 8: Participant Numbers and Breakdown

Hospital	Beaumont		St. Luke's KK		UHW		UHG		UHL		MUH		Total
	One	Two	One	Two	One	Two	One	Two	One	Two	One	Two	
Nursing	2	12	0	4	14	10	0	15	15	8	0	7	85
Doctors	0	5	0	12	3	3	0	3	0	10	0	11	47
HSCPs	0	12	0	13	40	5	0	9	3	0	0	3	85
Specialist Areas	11	0	0	1	0	1	7	5	0	1	0	1	27
Non-Clinical	24	1	59	0	29	2	30	0	14	0	21	0	180
Total	35	30	59	30	86	21	37	32	32	19	21	22	424

Table 9: Participant Feedback Module 1

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I learned new skills	3 (1%)	11 (4%)	135 (54%)	102 (41%)
2. The facilitation was effective	0 (0%)	0 (0%)	115 (45%)	136 (55%)
3. The length of the workshop was appropriate	3 (1%)	27 (10%)	114 (45%)	107 (44%)
4. I would encourage colleagues to attend a similar workshop	0 (0%)	0 (0%)	89 (35%)	162 (65%)

Table 10: Participant Feedback Module 2

Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I learned new skills	1 (1%)	11 (8%)	77 (54%)	53 (37%)
2. The facilitation was effective	0 (0%)	3 (2%)	57 (40%)	82 (58%)
3. The length of the workshop was appropriate	0 (0%)	10 (7%)	70 (49%)	62 (44%)
4. I would encourage colleagues to attend a similar workshop	1 (1%)	5 (3%)	50 (35%)	86 (61%)

- 17 facilitators from the 6 pilot sites delivered the workshops.
- The peer-to-peer approach to facilitating the workshops was very successful particularly for Module 2 where on 2 of the pilot sites senior consultants were involved in the workshop delivery.
- The ideal duration of the workshops is 90 minutes for Module 1 and 180 minutes for Module 2. A shorter time frame usually impacts on the practice sessions (arguably the most valuable section of the workshop).
- The majority of clinical staff who attended the workshops were not familiar with the common models for consultation and few appeared to have thought about the structure of their consultations.

- 99% of staff agreed that they had learned new skills and/or refreshed skills at the workshops and 98% said that they would encourage colleagues to attend a similar workshop.
- Participants identified the following skills learned during the workshops – how to build rapport with patients and their families using *greetings, introductions, appropriate non-verbal behaviour, involving the patient* and *acknowledging and responding to emotional cues*, encouraging patients to tell their story using *open questions, screening, reflecting and clarifying, picking up* and *responding to non-verbal cues*, providing the correct amount and type of information using *chunking and checking, assessing the patients starting point* and *asking the patient what they want to know*, aiding recall and understanding using *sign-posting, visual aids and repetition, how to relate the information to the patients ideas, concerns and expectations* and skills for shared decision making and planning (*sharing thinking and negotiating next steps*).
- Other communication challenges identified by staff for inclusion in the learning and development programme include – Challenging Conversations (Informed Consent, Disclosing Adverse Events, Breaking Bad News, End of Life Discussion), Communicating with Children and Adolescents, Inter-professional Communication, Dealing with Emotions (Anger, Anxiety, and Sadness), Dealing with Complaints, Hearing Impairment, Cognitive Impairment, Intellectual Difficulty, Cultural Diversity and Telephone Consultations. These challenges will be addressed in the 4 core programme modules and associated mini-modules.
- Suggestions for improving the workshops include giving more time to practice sessions, using specialty specific scenarios, peer-to-peer follow-up and on-going learning, development and support for communication in healthcare.
- The NHCP will review these areas and suggestions and consider how to include these in the programme content and approach.

6.2 Where do we want to go and how will we know when we have arrived?

The required communication competency of the healthcare staff member will vary depending on the nature of the work, the audience being communicated with, the purpose and context of the communication. The required communication ability of the individual will increase in line with the individuals' experience and knowledge and be determined by the context in which they work. The NHCG has used a competency model based on the Calgary Cambridge Guide to identify leading practice in communication at various stages of interaction with individuals and their families. Healthcare staff will be able to do each of the following as outlined in the Calgary Cambridge Guide, to increasing depth and sophistication depending on need and profession:

6.2.1 Initiate the session:

- preparation
- establish initial rapport and identify the reasons for the consultation/conversation

6.2.2 Gather information:

- explore the patient's problems to discover the: biomedical perspective, the patient's perspective and background information - context

6.2.3 Explain and plan:

- provide the correct type and amount of information
- aid accurate recall and understanding
- achieve a shared understanding: incorporating the patient's illness framework
- plan: shared decision making

6.2.4 Close the session:

- ensure appropriate point of closure and forward planning

6.2.5 Provide Structure:

- ensure the consultation/conversation flows well and that the staff member and patient are clear about what will happen during the consultation/conversation

6.2.6 Build the Relationship:

- use open body language and appropriate eye contact
- use the computer/patient notes in a way that does not interfere with the consultation/conversation
- demonstrate empathy and sensitivity

6.3 The gap – what is causing it?

The Surveys, Reports, Workshop, Discussions and Pilot all suggest a gap between the current and the ideal competency. The NHCG believes the key reasons are:

6.3.1 There has not historically been a driving need

- Lack of clarity regarding core communication skills and their impact on healthcare outcomes and the quality and safety of patient care.
- Traditional assumptions that all clinicians and staff have effective communication skills.

6.3.2 Health Service Executive

- Induction programmes are already overcrowded with content, leaving little room for extra activities and assessments with a communication skills focus.
- Absence of learning and development opportunities (including CPD events) for healthcare staff to improve and enhance their communication skills.

6.3.3 Staff

- Generally there is no communication skills learning and development for hospital staff beyond their basic training and within basic training the amount and quality can be variable.
- It can be difficult to communicate complex concepts efficiently to individuals and their families without opportunities to learn and practice core skills.
- The newly qualified staff member is moving from communicating within their area of responsibility to communicating more broadly across the healthcare system. This requires a shift in the way that concepts are communicated throughout the formative stages of the staff member's career. There is little specific formal training for this type of development, and staff are left to learn "from experience" or from the (sometimes poor) example set by others".
- Many other competing demands on staff time.

6.4 What does the journey look like – what are the obstacles to overcome?

The journey from developing to mature will take time, and there are likely to be a number of challenges along the way. True communication competency will only reach maturity when it is fully integrated across the whole education, learning and development system, i.e. from University courses through, CPD and on-going learning and development Initiatives.

6.4.1 Creating momentum

The first step is to create the momentum for change, and to bring staff along the journey. To create the momentum will require some relative quick initiatives to raise initial awareness and enthusiasm.

6.4.2 Engaging key stakeholders

Over the initial stages there are likely to be pockets of resistance and cynicism. For staff who may be engaging in communication skills development for the first time, there may be some anxiety.

6.4.3 Implementing

Much of the development work may be driven by a National Group in this stage, yet the competency will only reach maturity when it is fully integrated across the whole system. So a significant effort will be needed in the penultimate stage to ensure that the various committees and policies of the HSE fully reflect and have communication skills development built into their normal processes.

6.4.4 Maintaining

At the maturity stage, there will need to be on-going reviews and surveys to ensure that the competency is maintained at the mature level and that it remains pitched at an appropriate level for the staff member. Learning and Development would need to continue due to staff turnover; however over time HSE staff should take increasing responsibility for programme design and delivery.

6.5 How do we get there – Key Recommendations

The HSE can influence the development of communication competency across the healthcare system in three key ways:

- i. By raising awareness of effective communication amongst staff. It is essential that communication be integrated and incorporated from as early a stage as possible in the education system, so that it becomes a natural and habituated process.
- ii. By supporting staff through providing communication tools, aids, references and learning and development resources.
- iii. By raising the importance of communication to healthcare staff through either educational or CPD requirements or guidelines.

In this context, and considering what may be needed at each stage of the journey, the key recommendations from the NHCG are as follows:

6.5.1 Quick win initiatives (actionable over the next 12 months):

Programme roll-out

- The NHCG has begun developing a communication skills programme for staff which will be rolled out across all acute hospital sites.
- Each site will be asked to identify a Local Implementation Group (membership **must** include Senior Physician and Nurse). Other suggested members include Health and Social Care Professional, Quality and Patient Safety Manager, Management/Admin., etc. one being a competent facilitator with at least two years' experience. Hospitals have been advised to link with LETD, NMPDU and other relevant supports in their area. Members of the Local Implementation Group will take responsibility for facilitating and supporting implementation of the NHCP in their hospital.
- Roll-out of the programme will begin with facilitator learning and development workshops (one per module) organised by hospital group with support from the National Group and LETD. Clinical engagement will be supported by the Chief Clinical Officers Office through the engagement of a National Clinical Lead for the Programme.

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
- The NHCG will work with the Chief Clinical Officer to link with key stakeholder groups, Medical Council; professional training bodies etc. and explore how we can work together using a common approach.

Resources

- The next step is to develop an easy-to-access section on the HSE website which will be used to store electronic links, as well as PDF versions of articles and recommended readings for use as a resource by staff to enable communication skills development. This link should be maintained to provide a continually updated and improved resource with contributions from members regularly solicited (the NHCG should have control over the content).
- In order to raise the awareness amongst staff of the importance of improved communication abilities, the NHCG could commence the publication of a regular column in relevant publications. This column should be continued so that articles and information of relevance can be brought to the attention of the readership and contributions continually solicited.

6.5.2 Medium term initiatives (actionable over the next two years):

- Introduce a Guidance Note on Communication in Healthcare that would set out the required competency at each level of development.
- Introduce best practice guidelines for communication learning and development.
- Provide support for staff to develop communication competency through coaching and mentoring.
- Develop mentoring and coaching supports for NHCP facilitators to ensure sustainability and quality of programme delivery.

6.5.3 Other possible measures to close the gap

Continuous Professional Development

- Specify a minimum number of hours of CPD that must be related to improving communication skills.
- Integrate communication skills learning and development with other CPD activities for healthcare professionals
- Give double CPD points, for a period of time, for exposure to communication.

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 patients. 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 individual and families 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 individuals and their families

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

7. Acknowledgements

A range of stakeholders have participated in the development of the programme curriculum for the National Healthcare Communication Programme. In particular, the link people (see Appendix 1) from the six pilot sites where the programme was piloted are acknowledged for their input and time in the development of the programme.

In addition, Professor Paul Kinnersley, Dr Eva Doherty, EACH, the members of the National Healthcare Communication Group, and the Respond Working Group (see Appendix 1) are acknowledged for their contribution to the design process for the programme.

The programme curriculum and associated documentation are not to be reproduced or otherwise used without the permission of the HSE and EACH.

8. References

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9. Appendix 1

9.1 Link people from six pilot sites

Name	Title
Joanie McGrath	University Hospital Waterford
Dr Sean Leavey	University Hospital Waterford
Deirdre Dunne	St. Luke's Hospital, Kilkenny
Margaret Ryan	St. Luke's Hospital, Kilkenny
Kate Costello	Beaumont Hospital
Melanie McDonnell	Beaumont Hospital
Anne Healy	Beaumont Hospital
Oonagh Van Laren	Mercy University Hospital
Margaret McKiernan	Mercy University Hospital
Dr Ciaran O'Connor	Mercy University Hospital
Fiona Lynch	Mercy University Hospital
Maria Connolly	Mercy University Hospital
Dr Gemma Browne	University Hospital Waterford
Miriam McCarthy	UHL HG
Catherine Hand	UHL HG
Ann Scanlon	UHL HG
Mary Mahon	Saolta HG
James Geoghegan	Saolta HG
Geraldine Kilkelly	Saolta HG

9.2 National Healthcare Communication Group (NHCG)

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

9.3 NHCP Respond Working Group

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

10. Appendix 2 - Terms of reference for the NHCG

The terms of reference for the NHCG are to:

- Gather knowledge and evidence, including mapping current landscape and practices, ensuring organisational alignment with relevant HSE programmes, reviewing patient and staff feedback and using this to inform improvements in healthcare communication ([Listen](#));
- Create and disseminate innovative educational programmes and supports in partnership with patients, carers, families and staff ([Respond](#));
- Build capacity and advocate for the importance of communication as an essential aspect of healthcare ([Improve](#)).

11. Appendix 3 - National Programmes and Initiatives supporting Healthcare Communication

- ▶ What Matters To You
- ▶ Values in Action
- ▶ National Programmes to enable Cultures of Person Centredness
- ▶ Caring Behaviours Assurance System
- ▶ Schwartz Rounds
- ▶ Staff Engagement
- ▶ 'Hello my name is'
- ▶ Your Service Your Say
- ▶ Your Voice Matters
- ▶ It's Safe To Ask
- ▶ Little Things Campaign
- ▶ 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
- ▶ 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
- ▶ ISBAR3
- ▶ Assisted Decision Making
- ▶ Integrated Care Programme for Older Persons
- ▶ HSE Code of Practice for Integrated Discharge Planning
- ▶ National Standards for Safer, Better Healthcare