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Title Page

Improving Health Care Professionals' Feedback on Communication Skills: Development of an on-line Resource

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Improving Health Care Professionals' Feedback on Communication Skills: Development of an on-line Resource

Abstract

Objective: This project aimed to develop an open-access on-line resource to assist health care professionals in providing effective feedback on patient-centered clinical and communication skills. The collaborative nature of the development of this learning resource is outlined and evaluation of its use is discussed.

Methods: An inter-professional team of teaching staff from two London Universities employed a researcher to interview experienced clinical and academic health care professionals and gather examples of difficult feedback situations. Material was used to develop short video clips illustrating some common challenges in giving feedback on clinical and communication skills. Initial evaluation following use of the scenarios in workshops was undertaken by means of a "talking wall" technique.

Results: Evaluation indicated that the resource enhanced the learning experience by providing realistic and challenging scenarios to focus discussion.

Conclusion: Inter-professional working and piloting the use of the video scenarios in workshops enabled the improvement and refinement of an on-line staff development resource on feedback.

Practical implications:

The on-line resource is now available as an open access learning tool, with eight scenarios and guidelines for providing effective feedback in the academic or clinical setting. It can be used for self-study or as part of a group training session.

Keywords: On-line resource, Feedback, Communication skills, e-learning, Staff development

1. Introduction

Patient centered care is a key quality indicator for all healthcare professions and feedback in relation to it is an important aspect of professional development [1, 2].

Communication is one of the key reasons for complaints in the National Health Service (NHS) in the United Kingdom (UK) [3]. In 2010-11 approximately 20% of complaints related to staff attitude or communication. The Ombudsmen's report reinforces the link between patient outcomes and communication. There is a need for improving communication within health care and a prerequisite for improvement is appropriate high quality training, mentoring and feedback. Even short 4-week training interventions, using experienced clinical supervision have been shown to improve nurses' exploration of patient views and opinions [4].

Effective feedback is crucial to the learning process [5, 6] and aids the development of clinical and communication skills aimed at enhancing patient outcomes [7, 8, 9]. Sharma et al [10] suggest that communication skills are often deemed less important than clinical skills, hence the need to provide appropriate feedback to trainees on their clinical communication skills, to emphasize their relevance to patient care. However providing feedback can be challenging for all involved [11] such that staff need to gain knowledge of the principles of effective practice and rehearse their skills in giving verbal feedback. Training videos can help staff to reflect on challenging communication situations and discuss best practice [12]. An inter-professional team of lecturers in radiography and nursing from City University, London and lecturers in medical education and communication skills from Barts and the London School of Medicine and Dentistry, Queen Mary, University of London identified a lack of authentic materials which could be used to support such staff development activities.

A faculty development program resource which used trigger video clips of feedback opportunities and moments had been developed by Lang and colleagues in the USA [13]. However, this excellent material was considered too culturally specific in terms of language and clinical context to transfer to UK teaching settings. The current project therefore set out to produce similar material but with a UK style and suitable for several healthcare professions.

A free open-access on-line resource using short filmed scenarios was produced to enhance feedback skills of health care professionals who teach in both the classroom and practice settings. The resource was designed to be flexible and appropriate for staff development workshops and for individual continuing professional development (CPD) study. It could also be used in workshops with students involved in developing their skills in peer assessment and feedback. The clips were intentionally short to trigger discussions and prompt ideas for helpful strategies and techniques.

In this article we discuss the development of the on-line resource and initial evaluation of its perceived contribution to learning.

2. Methods

The inter-professional team of academics approached their colleagues from medicine, radiography, ultrasound, and nursing to gather examples of challenges they had faced when providing feedback on clinical and/or communication skills. Examples of narrative accounts were obtained, including teaching situations which required a high level of skill in handling feedback. These collected narratives were de-identified, discussed, synthesized, and elaborated by the project team. The outcome was a series of scenarios or discussion ‘triggers’ based on real life situations that encapsulated feedback challenges e.g. the self-critical student, the

skeptical student, the insensitive student and the distressed student. An example of the latter case included a medical student talking to a young diabetic patient, who was struggling to adapt to the demands of considerable life-style changes. The student's approach was mechanistic, and lacked empathy as he rigidly worked through a check list of questions.

The project benefitted from collaborative, inter-professional working at each stage: collecting and adapting narratives, scripting, filming and creating the on-line resource. The shared goal was to produce authentic scenarios which were genuine from the perspective of each profession. This required refinement, revision and rejection of aspects of the script. Attention to detail emerged as important e.g. uniforms, settings and names, to ensure authenticity**.**

Professional actors, academic staff and a nursing student acted the roles in the video vignettes. Each scenario was loosely scripted, to provide the basic information required for the players, whilst allowing a more natural approach to be taken during filming. Filming took place over 3 days in the Saad Centre for Radiography Clinical Skills Education at City University London. There was an iterative process during filming with some revision of scripts to highlight specific aspects on the nature of feedback (Fig 1).

The finished filmed product comprised of a DVD demonstrating:

- 8 scenarios illustrating interactions with patients, students and health care professionals.
- Clips of facilitators providing feedback to illustrate good and poor practice.

Workshops were held between October and December 2009, to pilot the DVD and amend it prior to completing the on-line training tool. They included sessions for radiography and ultrasound clinical supervisor training, medical communication skills facilitators, medical students and pediatric psychiatry post-graduate students. In addition the resource was used within a postgraduate nursing mentor education module. Groups typically had 10 to 15 participants. Most were qualified staff, responsible for teaching in skills centres and student supervision in the workplace. Others were medical students who were learning to give peer feedback as an essential skill for future professional practice.

Formal evaluation was sought in a number of ways. (i) An independent evaluator attended four separate training occasions, which incorporated use of the DVD. She used a “talking wall” method to evaluate the opinions of participants (14). The latter were given post-it-notes and asked to write comments about the use of the videos, which they posted onto labeled flip-chart paper for each of the following categories:

- “I like”
- “I didn’t like”
- “I learned”
- “I would change”

(ii) She also recorded comments made by participants during discussion in the session as to the value, uses of and drawbacks to the DVD.

(iii) A follow-up course evaluation form was sent to the 15 participants on the Department of Radiography mentors’ training day. It incorporated a 4 point Likert scale question on the DVD: “Using the feedback video helped me to get a better understanding of how to give feedback to students”.

3. Results:

All fifteen supervisors, attending the Department of Radiography mentors' training day completed the follow-up feedback form, giving a response rate of 100%. They also provided 'talking wall' comments during the workshop. Four additional workshop sessions for 25 participants (described above) were evaluated using the 'talking wall' and recorded comments alone. In all, data was available from some 40 clinical staff or students.

Feedback gained from the 'talking wall' and comments indicated that participants found the DVD accessible, realistic and easy to use. It stimulated many discussion points from the short clips. One group of medical tutors used the clips to then try out role-plays practicing with each other how to give feedback to the student in the scenario. Medical students commented on the benefits of reviewing difficult scenarios and the use of videos to trigger the exploration of ideas and discussion. Participants valued the inclusion of an inter-professional example as a focus for discussion, as well as the opportunity to observe and weigh up various approaches to giving feedback (Figure 2). One participant commented that the DVD trigger facilitated "*being able to discuss my gut reactions/impulses/fears/concerns as a tutor"*. The scenarios made clear that feedback is a dynamic process between student and tutor and helped participants understand the importance of treating students as individuals.

Radiography and Ultrasound mentors made more comments about the actual video clips themselves, with six of the fifteen liking that the clips were short, succinct and covered many issues within a short scenario. All but one of the fifteen thought the video helped 'a little' or 'a lot' to better understand how to give feedback to students (Fig. 5).

There were only two negative comments. One related to a technical sound problem in a particular workshop, the other being "*scan room unrealistic – lacking other equipment".*

Participants reported they had gained new strategies and structured methods of providing feedback, insight into managing their own reactions to ensure objectivity and the importance of reflecting on their own practice (Figure 3).

Suggestions for additions and changes included: more scenarios that are particular to disciplines (e.g., psychiatry, radiography); examples of 'optimal' feedback technique; making some specific scenario settings more realistic, and perhaps exploring how tutor feedback impacted the student/trainee (Figure 4).

Tutors thought chapter titles were too leading, so they were subsequently changed to avoid pre-empting judgment and to encourage a more reflective approach to the scenario. For example, one scenario was initially titled "the wooden student", and then became "lack of empathy", before finally being changed to "are you taking your insulin?" (Fig 6).

3.1 Final stages of development:

Minor editing changes were made to the scenarios and titles were refined prior to publication on the Centre for Excellence in Teaching and Learning website (www.cetl.org.uk) and final production of the "Feedback Opportunities" on-line program and DVD (Figure 7). This included an example of a 90 minute workshop plan, training questions and provision of links to support materials including alternative models for providing effective feedback. Although primarily a staff development resource the materials can be used as part of undergraduate and pre-

registration (medicine, nursing and radiography) programs. The resource is freely available at http://www.cetl.org.uk/learning/feedback_opportunities/player.html

The final on-line package was launched in May 2010 and has been presented at national and international conferences [15]. The learning package has been accredited for continuing professional development in the UK by the Society and College of Radiographers.

Discussion and Conclusion:

(a) Discussion

The development of video vignettes covering a range of professional needs required consideration of a wider context and the team had to challenge professional boundaries to ensure the vignettes would appeal to a multi-professional audience. Essentially the resource was to provide both a stand-alone self-study package for any health care professional, but also a tool for use within uni-professional and inter-professional workshops.

Inter-professional tensions are known to exist in the workplace, possibly due to strong professional identities [10,16 17]. Similarly, the project team became aware of a number of issues relating to the different professional needs and experiences in teaching contexts. Radiographers often have brief patient interactions and as such the communication needs can be different to those of medical and nursing students. It was recognized by all the team that the scenarios were a means of focusing discussion about appropriate and inappropriate feedback mechanisms, so would be of value to all staff and students involved in health care communication, even if the topic was not specific to their particular area. In clinical practice it is known that inter-professional collaboration can improve health care provision [18]. From the perspective of the project team, inter-professional team working in this staff

development project added greater substance and authenticity to the final resource. Scenario 3 “What about the patient?” includes a radiographer, nurse and doctor and is an example of how the dynamic between them can affect patient-centered care (Figure 8).

Evaluation indicated some improvements could have been made with the appearance of the rooms and environment in which we filmed but was acceptable within the budget available.

Research on the benefits of communication skills training methods reveals that experiential approaches involving practice are effective [19, 20]. Observation and feedback, with the opportunity to then put new skills into practice are essential which is why the development of feedback skills in trainers and supervisors is so important.

Poor feedback skills can disengage the learner, leading to a defensive response and potentially a breakdown in communication between the supervisor and their mentee [21]. Indeed the potentially destructive effects of negative, overcritical feedback on confidence and behavior can impact on clinical practice and patient experience. Barnett et al [22] noted the importance of supervisor training and the need to address complex issues in supervision, particularly the student who might be “unresponsive” to feedback.

The on-line resource described here can be used for individual study and in workshop training settings. It has the potential to facilitate reflection and discussion on how to adapt feedback in challenging situations and the strategies to employ with a view to supporting supervisors to meet the demands of their role.

Limitations of the study

The pilot study was limited to attendees at the training sessions and only considered their immediate responses to the vignettes in the developmental stage of the project. Lack of anonymity can affect participant evaluations.

(b) *Conclusions*

The training resource developed during this project is designed for health care professionals to develop their feedback skills further, thus enabling students and qualified health care professionals to provide patient-centered care. This resource was enhanced by effective inter-professional collaboration. The DVD was fit for purpose in that the scenarios promoted valuable discussion on how to give feedback and provided an opportunity to examine ways of addressing difficult or uncomfortable situations within a safe environment. Initial evaluation has indicated that the scenarios were realistic enough to provoke reflection, discussion and practice of skills needed to provide effective feedback.

(c) Practice Implications

The on-line resource is available as an open access learning tool at http://www.cetl.org.uk/learning/feedback_opportunities/player.html. The eight scenarios can be used as self study tool or as part of a group training session. The package provides guidelines for providing effective feedback and a suggested workshop plan, to help facilitators plan training sessions. The provision of effective feedback on clinical and communication skills has the potential to develop health care professionals' patient centred practice.

Conflict of interest

None.

Role of funding source

The project was funded by the Centre for Excellence in Teaching & Learning (CETL), a collaboration between Queen Mary University London and City University London.

Ethical approval for the evaluation and dissemination of findings was granted by Queen Mary, University London and City University, London. There is no conflict of interest. All authors were involved in the project and the decision to submit for publication. CETL had no direct input into the project or publication, however two authors (GH and AC) were part of the CETL management advisory team.

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References

[1] The King's Fund. Patient Centered Care. 2011. http://www.kingsfund.org.uk/topics/patientcentred_care/index.html. Accessed: 15 January, 2012

[2] Levinson W. Patient-centred communication: a sophisticated procedure. BMJ Qual Saf 2011;20:823-5

[3] Parliamentary and Health Service Ombudsmen, Communication and Complaints Handling. 2010-11. http://www.ombudsman.org.uk/healthchp/case-studies2/communication-and-complaint-handling. Accessed 16 January, 2012

[4] Heaven C, Clegg J, Maguire P. Transfer of communication skills training from workshop to workplace: The impact of clinical supervision. Patient Educ Couns 2006; 60: 313-25

[5] Cantillon P, Sargeant J; Giving feedback in clinical settings. Brit Med J. 2008; 337:1292–4,

[6] Race P. Making Learning Happen, 2nd Edition. London: Sage Publications Ltd, 2010

[7] Nicholson S, Boursicot K, Cook V, Naish J. Feedback: its importance in developing medical students' clinical practice. Clinical Teacher 2008; 5:162-3.

[8] Parry R, Brown K. Teaching and Learning communication skills in physiotherapy: What is done and how should it be done? Physiotherapy 2009; 95:294-301

[9] Helme D, Harrington N. Patient accounts for noncompliance with diabetes self-care regimens and physician compliance-gaining response. Patient Educ Couns 2004; 55:281-92

[10] Sharma S, Boet S, Kitto S. Interprofessional Simulated Learning: the need for "sociological fidelity". J Interprof Care 2011. 25; 81–3.

[11] Vorvick L, Avnon T, Emmett R, Robins L. Improving teaching by teaching feedback, Med Educ 2008; 42:513–43.

[12] Simpson R, Fernando R. *Preparing for Challenging Communication in Obstetric Ultrasound.* Centre for Excellence in Teaching and Learning. 2008; http://www.cetl.org.uk/learning/ou_communication/player.html Accessed: 5 June, 2011

[13] Lang F, Everett K, Bennard B, McGowan R. Faculty Development in "Communication Skills Instruction: Insights from a Longitudinal program with 'Real-Time Feedback. Acad Med 2000;75: 60-6.

[14] Parsell G., Gibbs T. and Bligh J. Three visual techniques to enhance interprofessional learning. Postgrad Med J 1998;74:387-390

[15] Cook V, Cushing A, Goreham C, Harrison G, Hayden SM, Perovic N, Rogers M. Developing Feedback Skills through Filmed Vignettes to Promote Effective Practice. Poster. International Conference of Communication in Healthcare. Chicago Oct 16th - 19th, 2011

[16] Leathard A, Interprofessional Collaboration: From Policy to Practice in Health and Social Care 2003. Hove: Brumner Routledge.

[17] Hall P. Interprofessional teamwork: Professional Cultures as Barriers. J Interprof Care 2005; Supplement 1: 188 – 96

[18] Zwarenstein M, Goldman J, Reeve S. Interprofessional Collaboration: effects of practice-based interventions on professional practice and healthcare outcomes (Review). The Cochrane Collaboration 2009; Issue 3.

[19]. Moore PM, Wilkinson SSM, Rivera Mercado S. Communication skills training for health care professionals working with cancer patients, their families and/or carers. Cochrane database Syst Rev 2004; 2:CD003751

[20] Smith S, Hanson J, Tewksbury L, Christy C, Talib N, Harris M, Beck G and Wolf F. Teaching patient centred communication skills to medical students: A review of randomised controlled trials. Eval Health Prof 2007; 30: 3 - 21

[21] Archer J. State of the science in health professional education: effective feedback. Med Educ 2010; 44:101-8

[22] Barnett J, Erikson Cornish J, Goodyear R and Lichtenberg J. Commentaries on the ethical and effective practice of clinical supervision. Prof Psychol Res Pr 2007; 38: 268-75

Figure 1: Timeline for the development of the vignettes

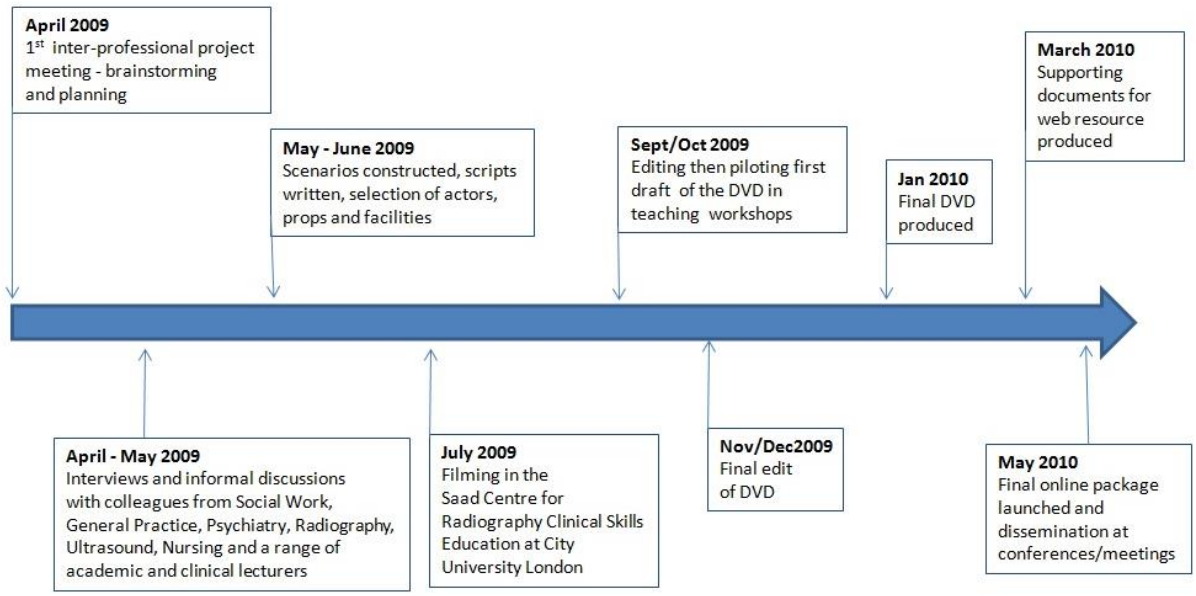


Figure 2: Talking wall "I like"

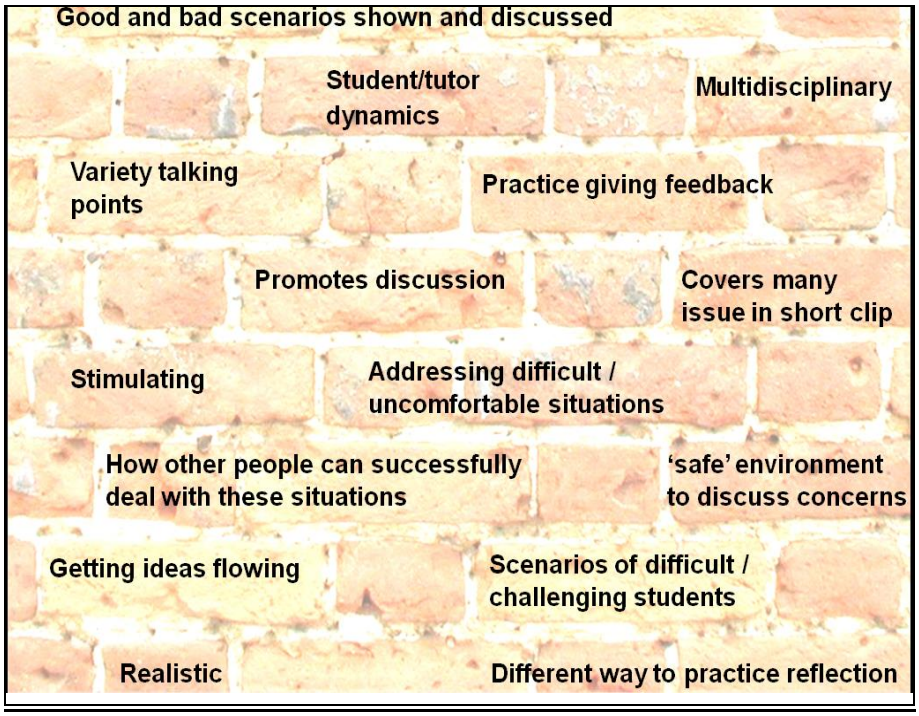


Figure 3: Talking wall "I learned"

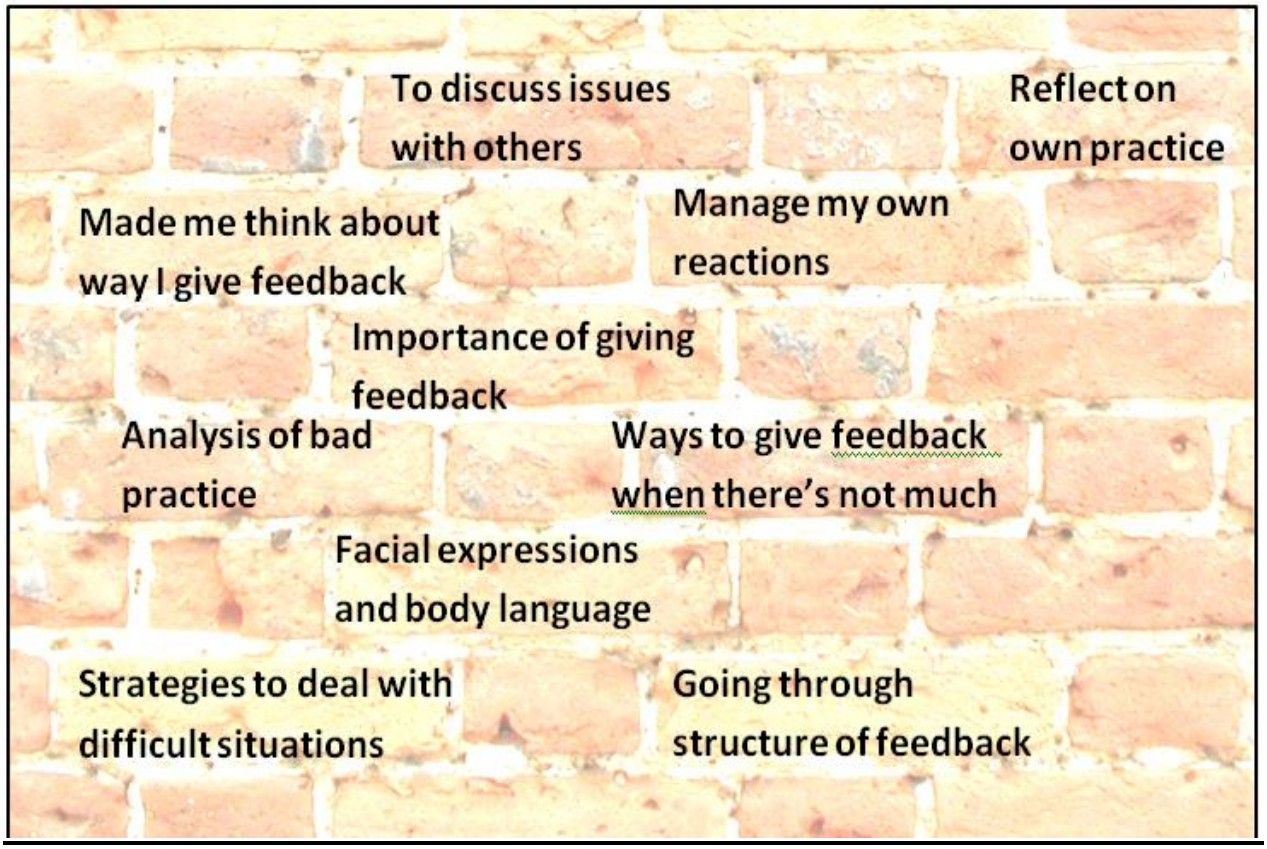


Figure 4: Talking wall "I would change"

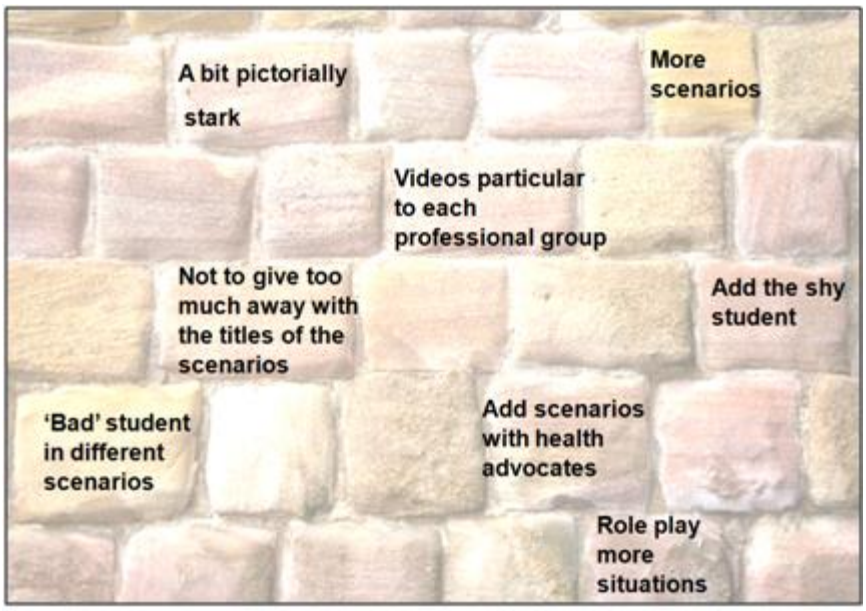


Figure 5: feedback from 15 supervisors, attending the Department of Radiography workshop.

"Using the feedback video helped me to get a better understanding of how to give feedback to students":

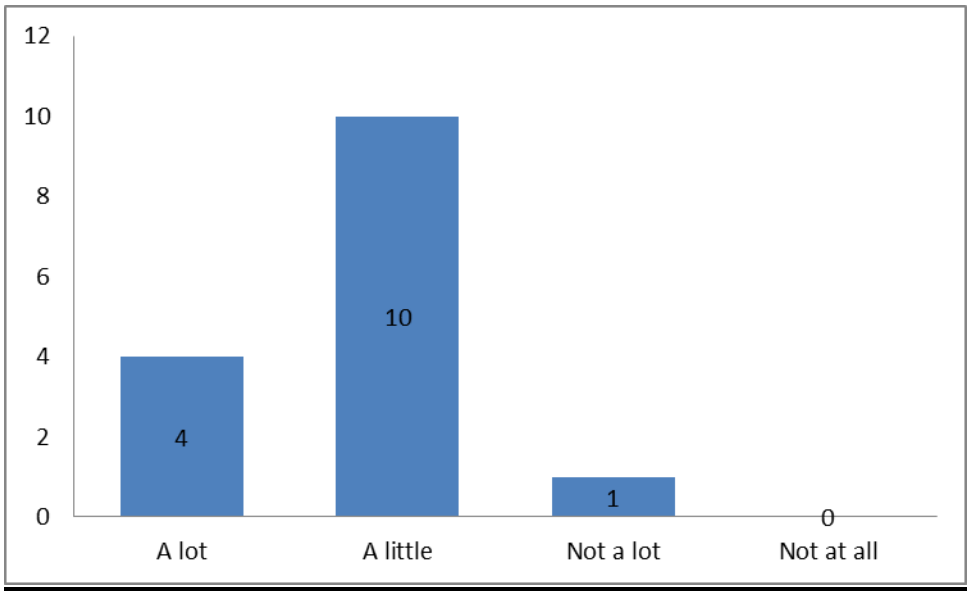


Image 1: Scenario 7 "Are you taking insulin?"

Image 2: The on-line resource introductory page

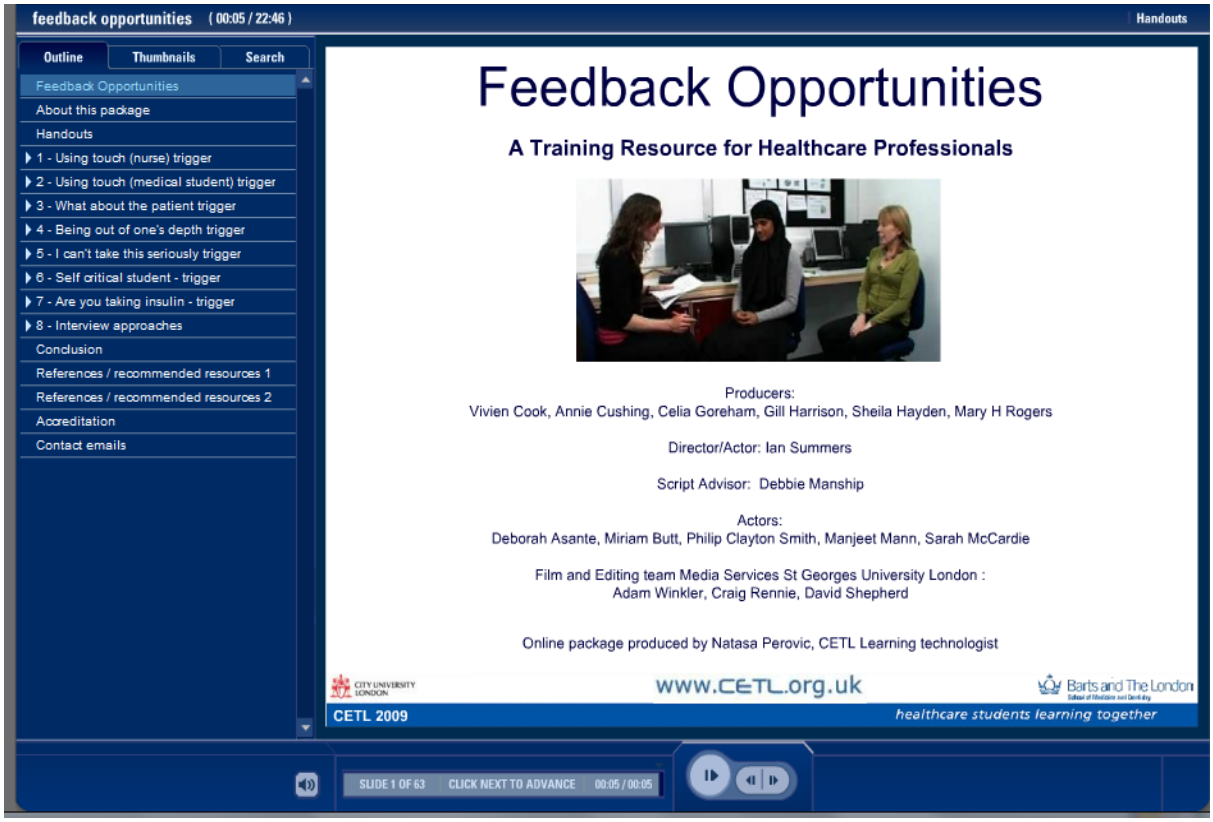
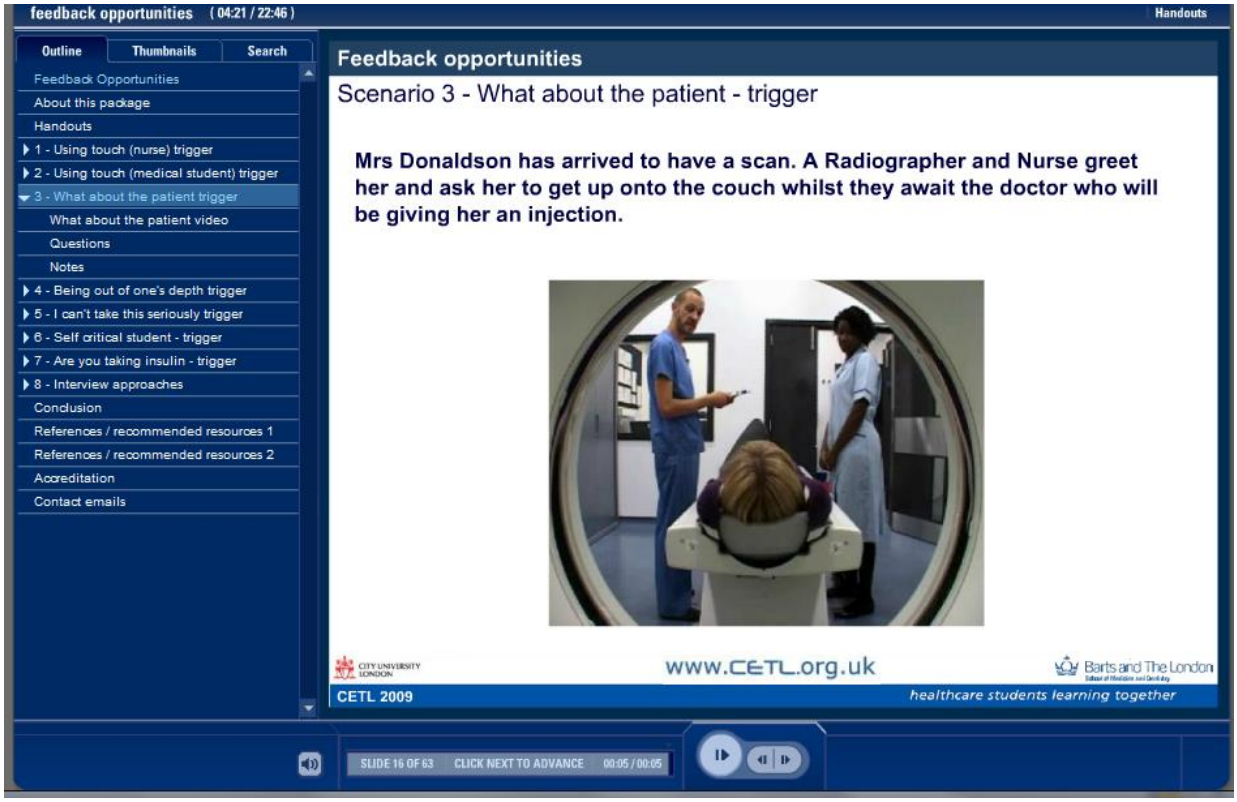


Image 3: An interprofessional scenario: "What about the patient?"


feedback opportunities (04:21 / 22:46)
Handouts
Outline
Thumbnails
Search
Feedback Opportunities
About this package
Handouts
1 - Using touch (nurse) trigger
2 - Using touch (medical student) trigger
3 - What about the patient trigger
What about the patient video
Questions
Notes
4 - Being out of one's depth trigger
5 - I can't take this seriously trigger
6 - Self critical student - trigger
7 - Are you taking insulin - trigger
8 - Interview approaches
Conclusion
References / recommended resources 1
References / recommended resources 2
Accreditation
Contact emails
Feedback opportunities
Scenario 3 - What about the patient - trigger
Mrs Donaldson has arrived to have a scan. A Radiographer and Nurse greet her and ask her to get up onto the couch whilst they await the doctor who will be giving her an injection.
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healthcare students learning together
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CLICK NEXT TO ADVANCE
00:05 / 00:05