ENHANCING CLINICAL LEADER COMMUNICATION SKILLS THROUGH SIMULATION

Lorianne Classen, MPH
Experience Consultant
Patient & Family Services

Crystal Sallans, LCSW-S
Experience Consultant
Patient & Family Services
OBJECTIVES

• Explain the benefit of using simulation to train leaders in communication styles and difficult conversations.

• Describe and demonstrate the steps of the advocacy-inquiry method for simulation debriefing

• Summarize the steps in creating a communication-based simulation
Texas Children’s® BY THE NUMBERS

Founded in 1954

3 pediatric, stand-alone hospitals in the Greater Houston area:
- Texas Medical Center, West Campus & The Woodlands

Annual volume:
- 34,000 admissions to Texas Children’s Hospital
- 33,000+ surgeries
- 152,000 Emergency Center visits

Approximately
- 6,000 births at Texas Children’s Pavilion for Women annually

4.2 million patient encounters yearly

440,000+ Texas Children’s Health Plan members

2 Centers for Children and Women exclusively for Health Plan members

9 Texas Children’s Specialty Care locations in Houston and Austin

50+ Texas Children’s Pediatrics locations in Houston, Austin and College Station, with 250+ pediatricians and over 1.4 million patient encounters annually

$55+ million dedicated to research each year

1 Texas Children’s Hospital academic partner: Baylor College of Medicine

©2019 Texas Children’s Hospital. All rights reserved. BRAND_59667_19
PATIENT EXPERIENCE

HISTORY

LR Training 1.0
1.5 hr didactic with classroom role play PX/Nursing
January 2015

Developed Leader Rounding Curriculum

LR Training 2.0
0.5 hr didactic with 1.0 hr mock simulation PX
January 2016

Revised LT process (i.e. Measurement, Logs, Competencies)

Collaboration HR, Simulation, PX
February 2017

LR Training 3.0 Partnering with HR
November 2017

LR Training 4.0 Monthly Trainings
February 2018

Pilot Cancer Center
May 2018

Today Trained 65+

August 2015

July 2016

November 2017

May 2018

Today

Trained 65+
ENHANCING CLINICAL LEADER COMMUNICATION SKILLS

Coaching staff for success and/or improvement

Managing complex social situations

Unspecified time commitment

Staff

Patient & Families

Leadership
ENHANCED COMMUNICATION LEADS TO BETTER OUTCOMES

Better Outcomes for Patients
• Pain management
• Adherence to medications
• Satisfaction with care experience

Better Outcomes for Staff
• Higher engagement
• Higher work satisfaction
• Reduced workload stress
AVERAGE RETENTION RATES AFTER 24 HOURS

- Lecture: 5% (Training 1.0)
- Reading: 10%
- Audio Visual: 20%
- Demonstration: 30%
- Discussion Group: 50%
- Practice by Doing: 75%
- Teach Others: 90% (Training 4.0)
A technique that uses a situation or environment created to allow persons to experience a representation of a real healthcare event for the purpose of practice, learning, evaluation, testing, or to gain an understanding of systems or human actions. The application of a simulator to training, assessment, research, or systems integration toward patient safety.

- Society for Simulation in Healthcare (SSH)
SIMULATION TO TEACH COMMUNICATION & HUMAN FACTORS

- Highly complex systems
- Work together to achieve common goals, especially in emergencies
- Effective coordination, communication, and standardized practice is critical
- These skills must be taught and practiced
SIMULATION
MR. BILE’S BIG MISTAKE
STAGES OF SIMULATION

Simulated Performance

Debriefing
- Reaction
- Understanding
- Summarize

Improved Future Performance
WHAT IS DEBRIEFING?

A conversation between two or more people to review a real or simulated event in which participants analyze their actions and reflect on the role of thought processes, psychomotor skills, and emotional states to improve or sustain performance in the future.

- Harvard Center for Medical Simulation
DEBRIEFING WITH GOOD JUDGEMENT*

- My goals as a debriefer:
  - See through the trainee’s mind’s eye
  - Establish a context for learning and change
  - Strengthen our ability to talk about difficult topics
  - Provide information, motivation, and applications for change

*Developed by Jenny Rudolph and colleagues at the Center for Medical Simulation at Harvard
DEBRIEFING WITH GOOD JUDGEMENT

• I hold the Basic Assumption:
  Everyone is here because they are intelligent, caring, well-trained and motivated adult learners who want to learn and become even better.

• I want to solve the mystery of how a gap in performance came about
THREE PHASES OF DEBRIEFING

• Phase 1: Reaction - clear the air and set the stage for discussion
  • “In a few words or a phrase, how did that feel?”
• Phase 2: Understanding - analyze and apply (repeat phase for each key point)
• Phase 3: Summarize – review key points and lessons learned for future use
Advocacy - Inquiry Technique

• Provides a model of conversation that promotes transparency and minimizes the guess work for all involved

• Advocacy is stating one’s views about how one feels or thinks – an objective observation and why this matters

• Inquiry is asking a question with genuine curiosity to understand what the participant was thinking at the time.

• A balanced pairing facilitates two-way communication and learning

PHASE 2: UNDERSTANDING

Step 1: Previewing
- What you are about to talk about?
- “Let’s talk about...”

Step 2: Observation
- Provide objective statement about what you observed.
- “I observed/saw/heard...”

Step 3: Advocacy
- Provide your perspective.
- “I am concerned/pleased...”

Step 4: Inquiry
- Find the learner’s perspective.
- “What was your perspective?” “Tell me more about it?”
EXAMPLE OF ADVOCACY AND INQUIRY

- Let’s talk about staff who are challenging you.
- I saw that you were raising your voice and talking over the employee.
- I am concerned that if you do not listen to the employees concerns, you will not address the underlying issues.
- What is your perspective on this part of the intervention?

Previewsing
Objective statement in first person
Advocacy
Honest inquiry with unknown answer
FEEDBACK EXPERIENCES: PRACTICE DEBRIEFING

• Form into groups of 2-3
• Each person pick a problem or mistake you observed: one with emotional “heat” for you and describe to your group
• State a “dirty” question to your group about the incident
• Clean it up using curiosity + advocacy + inquiry
• Seek feedback from others in the group
BUILDING A COMMUNICATION SIMULATION
BUILDING A COMMUNICATION-BASED SIM COURSE

- Determine course structure
- Build scenarios
- Create the sim experience
- Ensure logistics
BUILDING A COMMUNICATION-BASED SIM COURSE

- Determine course structure
- Build scenarios
- Create the sim experience
- Ensure logistics
COURSE STRUCTURE

Knowledge

Application

Time Commitment
Each training consists of the following components:

1. Online pre-work, to be completed before attending the training
2. 2 hour didactic classroom session
3. 1.5 hour simulation session, which includes:
   - Leader Rounding simulation 1
   - Staff coaching simulation 1
   - Debriefing
   - Leader Rounding simulation 2
   - Staff coaching simulation 2
   - Debriefing
BUILDING A COMMUNICATION-BASED SIM COURSE

1. Determine course structure
2. Build scenarios
3. Create the sim experience
4. Ensure logistics
BUILDING SCENARIOS

1. Create a detailed, standardized template for scenarios
SCENARIO TEMPLATE

- Role in scenario
- Case synopsis
- Patient characteristics:
  - Mood, attitude, behavior, support system, occupation, marital status, children, etc.
- Scenario flow:
  - What info is the patient expected to share at the start of the scenario / during the scenario?
  - How should the patient respond to designated behaviors/actions?
- Patient perspective
  - What does the patient know at the start of the scenario?
  - How is the patient feeling?
  - What concerns/fears does the patient have?
  - What are the expectations/hopes of the patient?
  - How might the patient’s feelings change during the scenario?
BUILDING SCENARIOS

1. Create a detailed, standardized template for scenarios
2. Develop your learning objectives
By the end of the session, participants will demonstrate the ability to perform the 5 steps for leader rounding.

By the end of the session, participants will understand how to demonstrate empathy towards patients/families/staff.

By the end of the session, participants will have improved understanding in how to de-escalate a difficult conversation.
BUILDING SCENARIOS

1. Create a detailed, standardized template for scenarios
2. Develop your learning objectives
3. Connect with a clinical contact/subject matter expert
4. Write the scenario using the template
5. Incorporate background information; real-life processes
Pediatric Inpatient Scenario 1 – Leader Rounding

Role in Scenario:
Your child is an inpatient at Texas Children’s for appendicitis, and you are in the room with her. A nursing leader will be rounding to each inpatient room and will engage with you.

Case Synopsis:
Your daughter, Sue Smith, is 5 years old and admitted to the hospital for appendicitis. She began having abdominal pain 2 nights ago. She vomited twice and had a low grade fever. The pain worsened during the night, so you called the pediatrician in the morning for an appointment that day. After the pediatrician examines her, he is concerned she may have appendicitis and instructs you to go to the EC to be seen there.

You arrive at EC that afternoon. The triage nurse tells you to keep your daughter NPO (no food or drink) and she is sent to ultrasound. That evening your daughter is placed in a treatment room. The EC physician confirms it is appendicitis. You are told the patient will be added on to the surgery schedule. Since there were no openings on the OR schedule, she was transferred to an inpatient unit around midnight (last night) to wait for surgery today. She must remain NPO until she goes to the OR.

Parent Characteristics:
Mood: Concerned, scared

Attitude: Frustrated and confused at the situation. You feel helpless on how to help your daughter; doesn’t know what is going on.

Behavior: Asking questions, demanding answers

Marital Status: married

Occupation: stay at home parent

Support system: limited; no family close by

Children: 3 children: 5 y/o daughter (patient); and 7 y/o daughter and 2 y/o son at home with other parent

Other important background details:
Stressor: Other parent is at home taking care of 2 y/o and older child is at school. Other parent has to be at work later in the day.

Parent Perspective:
What does the parent know at start of scenario?
You were told in the EC that your daughter’s appendix had not yet ruptured, but you have been Googling appendicitis while waiting and are concerned it will rupture before surgery and lead to more severe health concerns.

You don’t completely understand why your daughter cannot eat or drink, and thinks it is cruel to starve a young child. The nurse won’t even let your daughter have ice chips. It’s been almost 24 hours since she has had anything to eat or drink. Your daughter has been complaining of feeling hungry and thirsty.

How is the parent feeling at the start of the scenario?
You are frustrated and confused that your daughter was diagnosed with appendicitis and she has not yet had surgery and no one can tell you when the surgery will occur. You don’t feel that the doctors and your child’s nurse have the necessary urgency for the situation. Additionally, you feel the nurse is avoiding you and does not want to answer your questions.

What concerns does the parent have?
Your daughter has been complaining about pain and you are afraid that her appendix may have already ruptured.

Your daughter has been given pain medication, but you are concerned that it is a type of pain medicine that is addictive. You have been hearing so much in the news about opioid addiction and you don’t want your daughter to become addicted.

You are also concerned about the lack of food and drink for your daughter.

What fears does the parent have?
You are afraid your daughter’s appendix will rupture before surgery leading to more severe health concerns.

What are the expectations or hopes that the SP has?
You expect to be told a specific surgery time, so you can make arrangements for child care for other children. You expect/hope that it will occur in the immediate time frame.

How might the SP’s feelings change during the scenario?
Feelings may change positively with 1) empathy and understanding, 2) appropriate education/communication regarding comfort measures currently being utilized or those that can be implemented (IV fluids, pain medication, etc.), 3) appropriate education/communication around expected surgery time, 4) a call to the OR to check on the status, and 5) a communication plan for frequent updates on surgery status.
## Leader Rounding Training – Simulation Background Information

**Participant:**

**Simulation 1** *(Pedi Inpatient Scenario 1)*

**Patient/Family Rounding**

<table>
<thead>
<tr>
<th>Room #</th>
<th>Location</th>
<th>Name</th>
<th>MRN</th>
<th>Sex</th>
<th>Age</th>
<th>DOB</th>
<th>Admission Date</th>
<th>Preferred Language</th>
<th>Chief Complaint</th>
</tr>
</thead>
</table>

**Staff Coaching**

Staff person to coach:

Background:
BUILDING SCENARIOS

1. Create a detailed, standardized template for scenarios
2. Develop your learning objectives
3. Connect with a clinical contact/subject matter expert
4. Write the scenario using the template
5. Incorporate background information; real-life processes
6. Repeat 2-5 for each scenario
ACTIVITY – BUILDING SCENARIOS

EC Clinical Expert:

• Non-urgent cases can have a long wait time. We try to explain this to pts/parents, but they still get upset.

EC Patient Satisfaction comments:

• Wait time was awful (4 hours). No one kept you informed on what was going on.
• Waiting time was a little longer than expected. Nurse's hardly came into room to inform why there was wait.
• Much too long waiting. Took all day for 3 stitches.

With the person next to you, talk through the following:

Scenario Outline

• Case synopsis: Who, what, why?
• What concerns/fears does the patient have?
• What are the expectations/hopes of the patient?
BUILDING A COMMUNICATION-BASED SIM COURSE

- Determine course structure
- Build scenarios
- Create the sim experience
- Ensure logistics
CREATING THE SIM EXPERIENCE

- **Philosophy**
  - Basic Assumption
  - Learning environment – *What happens here, stays here.*
  - Fiction contract

- **Setting**
  - Realistic, within reason
  - Video recording with playback capabilities
  - Private space for debriefing

- **Actors**
  - Finding actors
  - Selecting actors

- **Debriefers**
  - Competence - in subject matter and debriefing
  - Consistency
## Leader Rounding Training Simulation Debriefing

### Phase 1: Reaction - Clear the air
In a few words or a phrase, how did that feel?

### Phase 2: Understanding - Analyze and apply (repeat phase for each key point)

**Step 1: Previewing** – What are you about to talk about?
Let’s talk about...

**Step 2: Observation** – Provide objective statement about what you observed. 
I observed/saw/heard....

**Step 3: Advocacy** – Provide your perspective 
I am concerned/pleased....

**Step 4: Inquiry** – Find the learner’s perspective 
What was your perspective? 
Tell me more about it? 
What are your thoughts?

### Phase 3: Summarize
Review key points and lessons learned

---

### Leader Rounding Competency Check List

<table>
<thead>
<tr>
<th>Leader Rounding Components</th>
<th>✓ or n/a</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction (knocked/asked permission, introduction, explanation, time expectation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connect and address needs [focused on positive, asked questions appropriate to setting (whiteboards, pain, delays, etc.), probed]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conclusion [what else can I do?, thanked them, plan for follow up, provided contact info]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close the loop (indicated plans for recognition, coaching, other follow up)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient/Family Interaction</th>
<th>✓ or n/a</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conversational, not scripted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made eye contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positioned oneself appropriately (sat down, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used empathetic listening skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validated feelings and/or apologized as needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coaching</th>
<th>✓ or n/a</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarifies the current situation (seeks information, shares information, checks for understanding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains and demonstrates (provides instruction/learning opportunities, encourages questions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides feedback and reinforcement (balanced feedback – positive &amp; improvement needed; is specific [STAR])</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses key principles (enhances self-esteem, empathetic, encourages involvement, shares rationale)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BUILDING A COMMUNICATION-BASED SIM COURSE

- Determine course structure
- Build scenarios
- Create the sim experience
- Ensure logistics
**Leader Rounding Training**

**Debrief Logics**

You will meet the leader assigned to you in the Sim Center “lobby”.

**Creating a Safe Environment**
- Walk the leader to your assigned Sim Room
- Introduce leader and actor
- Point out the cameras and inform that you will be in the debriefing room during the simulation
- Remind leader and actor that it is a confidential learning environment; “what happens in sim, stays in sim”
- Discuss the fiction contract – all agree to perform as if it was a real situation, even when things may appear unrealistic.

**Providing Instructions for Simulation**
- Explain the simulation process to the participants
  - For part 1, the simulation room is the patient room. Enter the simulation room as you would a patient room.
  - Round on the patient, practicing the 5 key steps.
  - Once the round is complete, exit the room.
  - When the leader is ready, they go straight to the coaching portion of the simulation. They do not need to wait for instructions to begin.
  - For part 2, assume the simulation room is an appropriate environment to coach.
  - Coach the staff person, using information uncovered in the round.
  - Once the coaching is complete, exit the room.
  - The leader can make their way to the debriefing room.
  - The actor can review for the next simulation. Or leave after the 2nd simulation.

At this point in the instructions, it is recommended to take the leader to the debriefing room, so they know where it is located. This will also give you the opportunity to ensure the video recording equipment is ready to go, so the leader can walk back to the sim room and begin.

- Provide leader with mock census and rounding template
- Instruct leader back to simulation room to begin.

**Video Recording Equipment**
1. Log in to computer with the username/password provided on the computer (simuser/Childrens#1).
2. Click the AV Viewer icon.
3. Log in using the same username/password. It typically opens to the “live” screen.
4. In the “Live” screen, click to open the Sim Room in which you want to record (the room assigned to you).
5. Click the red dot to begin recording. The dot turns to a white square when recording.

---

**Ensuring Logistics**

**Classroom Session: Thursday, November 15, 8:30-10:30 - Large Debriefing room**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sim Room</th>
<th>Debriefing Room</th>
<th>Debrief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simulet B</td>
<td>Simulet A</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Simulet C</td>
<td>Debriefing Room A</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Simulet D</td>
<td>Master Observation room</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Theater A</td>
<td>Debriefing Room B</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Theater B</td>
<td>Clinical Skills room</td>
<td></td>
</tr>
</tbody>
</table>

**Sim Session 1 - Thursday, November 15, 10:45-12:15**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sim Room</th>
<th>Debriefing Room</th>
<th>Debrief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simulet B</td>
<td>Simulet A</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Simulet C</td>
<td>Debriefing Room A</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Simulet D</td>
<td>Master Observation room</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Theater A</td>
<td>Debriefing Room B</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Theater B</td>
<td>Clinical Skills room</td>
<td></td>
</tr>
</tbody>
</table>

**Logistics: Lorianne**

**Sim Session 2 - Thursday, November 15, 1:00-2:30**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sim Room</th>
<th>Debriefing Room</th>
<th>Debrief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simulet B</td>
<td>Simulet A</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Simulet C</td>
<td>Debriefing Room A</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Simulet D</td>
<td>Master Observation room</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Theater A</td>
<td>Debriefing Room B</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Theater B</td>
<td>Clinical Skills room</td>
<td></td>
</tr>
</tbody>
</table>

**Logistics:**

**Sim Session 3 - Thursday, November 15, 2:30-4:00**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sim Room</th>
<th>Debriefing Room</th>
<th>Debrief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simulet B</td>
<td>Simulet A</td>
<td></td>
</tr>
</tbody>
</table>
THE VOICE OF OUR PARTICIPANTS

“One of the best training experiences that I can use. Very realistic scenarios that I learned from and use daily. Gave me desire to get back to rounding consistently.”

“I really like the one-to-one debrief, which made it safe and meaningful. Highly recommend for all leaders.”

“The video taped sessions were extremely valuable. They gave you the opportunity to practice the skills in a safe environment. The opportunity for two sessions gave you the chance to immediately apply feedback from the first session.”
SUMMARY

• Highly complex hospital systems
• Effective communication is critical
• Mastery of communication skills requires deliberate practice and feedback
• Essential for all leaders
RESOURCES

• The Center for Medical Simulation - https://harvardmedsim.org/


• Debrief2Learn – https://debrief2learn.org/
How can you incorporate simulation into existing communication training programs at your hospital?

How can you support leadership development with the use of simulation?
COMMENTS/QUESTIONS?

Texas Children's®