Improving Physician and Nurse Communication with Serious Gaming

Yan Xiao, PhD
Director of Human Factors & Patient Safety Science
Baylor Scott and White Health, Dallas, Texas
Adjunct Professor, University of Texas at Arlington College of Nursing

Learning Objective

To review barriers for effective communication between nurses and physicians
To understand how serious games can be used for improving inter-professional communication

Game “Developers”

- UT Arlington with extensive experience in simulation-based education (Lead: Beth Mancini)
- Baylor Scott & White Health with strong organizational infrastructure for patient safety (Lead: Yan Xiao & Susan Houston)
- UT Dallas, a leader in serious game technology (Lead: Margie Zielke)
- Consultants
  - Michael Leonard – Structure communication & Patient Safety
  - Ute Fisher – Crew-centric communication – “Shared Perspective”
  - Mary Lou Bond – Curriculum development
- Louann Cole, health services researcher
- RNs and MDs from BSWH

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Doesn’t SBAR Cure All Communication Ills?

A new med surg nurse was calling a physician for the first time...
- She used SBAR (Situation, Background, Assessment, and Recommendation) ...
- But was interrupted by the physician, who requested an item
- The nurse did not have at hand ...
- The physician lost his temper...

The nurse blamed herself. She is reluctant to call physicians.

Both are dedicated to patients. How can this happen?

Barriers in Communication: What Human Factors Research Tells Us

We perceive teamwork differently
- E.g., a surgeon vs a circulating nurse
- E.g., a covering vs primary physician
- May not feel the need to improve

We have different perspectives
- E.g., a nurse vs a social worker
- E.g., a caller vs receiver (about urgency, reason for call)
- May make assumptions without even realizing

Barriers in Communication: What Human Factors Research Tells Us

We often are not aware of our own influence on others
- Some members may not feel that they can speak up
- Our cognition is powerfully influenced by our emotion
- We are all expert at perceiving attitude

We often rush to tasks without thinking about teamwork
- Often unknowingly play one-man down
Barriers of Inter-professional communication: Thematic Analysis of Survey Data

<table>
<thead>
<tr>
<th>Topic</th>
<th>MD (N=29)</th>
<th>RN (N=120)</th>
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<tbody>
<tr>
<td>RN preparedness</td>
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<td>RN experience</td>
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<td>MD trust of RN judgment</td>
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<td>Language</td>
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<td>Technology</td>
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<td>Professional collaboration</td>
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<td>Time of communication</td>
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<td>Locating staff</td>
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<td>MD impatience</td>
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<td>Time constraints</td>
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<td>MD attitude</td>
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Results from the project final report submitted to AHRQ, 2015

“Game” Curriculum – Part 1
Fundamentals of Communication

A. Demonstrate understanding of the consequences of lack of positive communication and collaboration between physicians and nurses

- Patient safety jeopardized
- Decreased patient satisfaction
- Decreased nurse and physician job satisfaction and increased frustration
- Loss of credibility and respect

“Game” Curriculum – Part 1
Fundamentals of Communication

B. Identify common causes of poor physician-nurse communication

- Lack of shared perspectives on familiarity with patients, disciplines and work patterns
- Lack of team-centered communication to focus on the patient
- Lack of mutual respect (actual or perceived uncivil behaviors)
- Lack of communication skills
  1. Using structured communication
  2. Mitigating risks associated with physician-nurse authority/power gradient
  3. Nurses preparing (calling wrong physician, not having chart/crucial data available, unfamiliar with the patient)
  4. Addressing disrespectful communication
  5. Addressing language barriers
  6. Addressing cultural, generational, regional, gender and individual differences
“Game” Curriculum – Part 2
Communication Techniques

A. Physician team-centric communication techniques
   1. Share nurse’s perspective about patient care and information needs
   2. Educate and coach to build relationship and be proactive
   3. Keep patient at the center – make nurses part of your physician-patient relationship

B. Nurse team-centric communication techniques
   1. Share physician’s perspective on information styles, workload and time
   2. Be prepared before call, focusing on physician information needs and being specific about purpose of communication
   3. Use specific language whenever relevant
   4. Keep patient at the center when addressing conflicts
   5. Know your doctors and their communication styles

C. Inter-personal communication techniques
   1. Build strong team micro-climate through respect (welcoming and encouraging communication styles)
   2. Use key phrases and assertive language to manage conflicts and stress
   3. Be flexible to address individual differences and emotional state
   4. Use key phrases to address language barriers

Learning Objectives – Part 1
Fundamentals of Communication

- Demonstrate understanding of the consequences of lack of positive communication and collaboration between physicians and nurses
  - Patient safety jeopardized
  - Decreased patient satisfaction
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  - Loss of credibility and respect
- Identify common causes of poor physician-nurse communication
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Learning Objectives – Part 2
Communication Techniques

• Develop approaches to facilitation of communication/collaboration between physicians and nurses
  – A. Physician team-centric communication techniques
    1. Share nurse’s perspective about patient care and information needs
    2. Educate and coach to build relationships and be proactive
    3. Keep patient at the center – make nurses part of your physician-patient relationship
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A Game to Learn Important Communications Methods for Patient Safety Enhancement

User Reactions to the Game

– 44 RN and 15 MD played the game
– Average game-playing time: 65 [41-106] minutes
– 10% playing the game in multiple sessions (7/65)
– 92% rated positive (RN 93.2%, MD 86.7%)
– 100% RN and 93% MD rated highly relevant to job
– 96% (47/49) entered free text comments about specific skills targeted by the game
Sample Comments

“when a doctor talks down, will remain assertive and respectful”
“I will try to answer questions when paged without showing frustration”
“I will be more aware of my own behavior and what it is saying about me”
“I will keep sbar even shorter and to the point to make an effective use of my and the physician’s times”
“Trying to put myself in the nurse’s role and therefore increase respect for one another”
“I will have more patience with my patient’s, putting myself in their shoes”

Potential Game-playing Scenarios

At night
• At night when physicians are asleep
• At night, when you feel like you should call about something but are not sure
• In the middle of the night to get an order for something you should have already have
• At night, when other interventions aren’t working
• Late night calls, emergent situations
• Something the doctor may not view as critical, but it may be critical for the Pt, like a diet order

Deciding whether to call
• Pain issues or Pt requests (e.g. Wanting to start home meds, need laxative, throat lozenges, etc), non critical issues for Pt done
• When it’s a borderline ‘serious’ problem and you’re not sure what information to provide or what independent nursing interventions I can do first
• When situation is not critical
• Situations where I’m not sure I should have called or not and I don’t want to make them angry;
• Minor change in Pt status

Uncertainty
• Situations in which the Pt is not doing well and I’m not sure what problem is occurring
• Situation where I am unclear of the problem and what to ask for
• When unsure of recommendation
• When I’m not prepared/don’t fully understand situation
• Questioning a physician’s order

Based on a Project to Improve Physician-Nurse Communications (Lauren Smith, BSWS Dallas)
Take Home Messages

Our natural tendencies often undermine teamwork and communication:
– Not fully aware of impact of one’s own behavior on others
– Difficulty to see from others’ perspectives

Game-play is a fun way to learn to overcome these tendencies

What are your tactics to overcome these natural tendencies?