Communicating with Other Health Care Staff in Pediatrics

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Introduction

There are several interfaces and handoffs during the hospitalization between health care staff and technicians in pediatrics. Since they also have different levels of education and occupational training, it is thought that good communication will lead to improved information flow and to increased patient and family satisfaction with care.

This chapter has the intent to present the most important aspects involved in communicating with other health care staff in paediatrics. These are: types of communication (channels, styles, barriers), soft skills and the way of teaching and learning soft skills.

5.1 Literature Survey on Services During the Hospitalisation

Child hospitalization is a stressful event both for children and for caregivers, even if hospitalization is for middle and transient pathologies. The following literature survey has the intent to show what services are offered during hospitalization in a usual paediatric unit. Some variables, such as recreational and school services offered to children during hospitalization, may influence perception of cognitive, physiological and behavioral state relating to the sensation of "being stressed". Perception of stress may be higher because of the degree of kindred with patients, length of hospitalization, participation in some of the activities offered to children, mainly school services.

5.1.1. Interfaces: Health Care Staff, Technicians

In paediatric units, different kinds of health care staff interact. The staff involved in medical and non-medical services during the hospitalisation (drugs - pharmaceutical services, food and stay - hotel) has to communicate with the health care staff. Staff groups working with children and young people include, for example, lay members, receptionists, administrative, caterers, domestics, transport, porters, community pharmacist counter staff and maintenance staff, optometrists, dentists and pharmacists, as well as volunteers across health care settings and service provision.

Critically ill patients and their families can feel overwhelmed with the stress of the environment in addition to the acute illness. This stress affects the patients' and families' ability to function, cope, and understand complex information. For some families, this experience precipitates distrustful relationships with care providers. The resulting impact on quality of care, staff morale, length of stay, and cost may be high.

Online Resources

Creating a collaborative environment to care for complex patients and families
(https://www.ncbi.nlm.nih.gov/pubmed/11759357)
The purpose of this article is to describe issues encountered by one medical center in caring for complex patients and families.

5.1.2. Handoffs during hospitalization

Technicians and health care staff transfer information in many different situations, for example when they change shifts. Communication between health care team members is essential for optimal family centered health care. Thus, interventions are needed that focus on communication and support for health care teams working with pediatric complex care patients and their families.

It is important for health care providers to recognize the importance of communication between the staff member and the patient/family, as well as between health care team members about a particular patient. In addition, since complex care patients often have multiple consulting services involved in their care, support is needed to facilitate communication between health care providers and teams who work together to address both the physical and psychosocial needs of pediatric complex care patients.

Online Resources

Handoffs: implication for nurses
(https://www.ncbi.nlm.nih.gov/books/NBK2649/)
Chapter 34 of the book presents an overview of handoffs, a summary of selected literature, gaps in the knowledge, and suggestions for quality improvement initiatives and recommendations for future research.

Safeguarding children and young people: roles and competences for health care staff
*(*https://www.rcm.org.uk/sites/default/files/Safeguarding%20Children%20and%20Young%20people%202010.pdf*)*
Intercollegiate document emphatizing the importance of maximising flexible learning opportunities to acquire and maintain knowledge and skills, drawing upon lessons from research, case studies, critical incident reviews and analysis, and serious case reviews.

5.2 Types of Communication

Good communication skills are fundamental for those working in health and social care.

Globally, policymakers have identified interprofessional collaboration and communication as a key means by which to improve the quality and safety of patient care.

Care staff must learn professional communication techniques (and know how to apply them) to create a better health care environment.

In communicating with others, the health care staff needs to be able to use a variety of strategies to ensure that professional practice meets health and social care needs and facilitates a positive working relationship.

There are different types and styles of communication that need to be taken in consideration whilst discussing on communication with other health care staff. Some of those are described in the following chapter.

Online Resources

Communication and collaboration between physicians and other professions
(https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-494)
Qualitative study presenting communication and collaboration between physicians and other professions on general internal medicine wards.

5.2.1 Channels: Oral, On the phone, Written

Oral

Oral communication is one of the main types of communication. It includes individuals conversing with each other, be it direct conversation or telephonic conversation.

When speaking orally to another health carer it is important to use a clear speech, selection of appropriate language, a correct use of tone, pace and pitch.

It is also important to consider active listening skills. Active listening is about being involved, really listening and asking questions.

Direct communication includes not only verbal communication but also non-verbal communication. When conversing with health carers it's important to consider your posture, facial expressions, eye contact, appropriate use of touch and personal space, gestures.

On the Phone

Phone communication is a way of oral communication, but the great part of non-verbal communication gets lost during a phone call: messages can become muddled and meanings misinterpreted. This is why it is necessary to pay attention to individual verbal skills when talking at the phone.

Talking with a colleague on the phone can often be a difficult task. In particular, caller might be careful using a clear and professional language, adopting a positive tone, clearing his own enunciation, trying to be positive during all the conversation. It's important to always treat the speaker with courteousness, care and consideration.

Written

Written communication is one of the two main types of communication, along with oral communication. It is used for different purposes: appointments, meetings, visits, test results, diagnosis, to do list.

One of the most popular finality of written communication between health carers is formal records, in this case accuracy of the written word is extremely important. Inaccuracies in the writing can lead to disastrous results, like giving a wrong treatment.

Written communication can have advantages and disadvantages. One advantage to using written forms of communication is that written messages do not have to be delivered on the spur of the moment; instead, they can be edited and revised several times before they are sent so that the content can be shaped to maximum effect. Another advantage is that written communication provides a permanent record of the messages and can be saved for later study. Since they are permanent, written forms of communication also enable recipients to take more time in reviewing the message and providing appropriate feedback.

There are also several potential pitfalls associated with written communication, however. For instance, unlike oral communication, wherein impressions and reactions are exchanged instantaneously, the sender of written communication does not generally receive immediate feedback to his or her message.

In addition, written messages often take more time to compose.

Online Resources

On the phone communication
(http://www.salisbury.edu/careerservices/facstaff/OfficeEtiquette/Telephone.html)
Online article giving helpful hints about communication on the phone.

Written communication
(http://www.referenceforbusiness.com/small/Sm-Z/Written-Communication.html)
Online article presenting the characteristics of written communication and its advantages and disadvantages.

5.2.2 Vertical – Communication Styles: Concise (Doctors) vs Descriptive (Nurses), Collaborating vs Delegating

Communication can be characterized as vertical, horizontal, or diagonal. Vertical communication occurs between hierarchically positioned persons and can involve both downward and upward communication flows.

Nurses' and doctors' communications each exhibit their own distinct features. Collins identifies distinctive features of explanations in nurses' and doctors' consultations with patients. These can be understood by reference to patterns of communication. Nurses' communication is mediated by patients' contributions; doctors' communication gives an overarching direction to the consultation as a whole. While nurses' explanations began from the viewpoint of a patient's responsibility and behaviour, doctors' explanations began from the viewpoint of biomedical intervention. Their consultations lend different opportunities for patients' involvement.

Specification of these features, when considered in the context of a particular consultation activity such as explanations, allows both recognition of the distinct contributions each profession can offer and identification of ways of combining these to maximum effect. This has implications for policy, for practice and for interprofessional education.

Online Resources

Explanations in consultations
(http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2929.2005.02222.x/abstract)
Online article presenting the combined effectiveness of doctors' and nurses' communication with patients.

5.2.3 Communication Barriers (Personal Differences and Values, Cultures, Generations, Genders – e.g. Male Physicians Female Nurses, Professional Status and Payment)

Working in a hospital environment means that you have to deal with a divergent set of people, not only patients but also other heath carers.

Efforts to improve health care safety and quality are often jeopardized by the communication and collaboration barriers that exist between clinical staff. Although every organization is unique, the barriers to effective communication that organizations face have some common themes.

Some of those themes are: personal values and expectations, personality differences, hierarchy, culture and ethnicity, generational differences, gender, historical interprofessional and intraprofessional rivalries, differences in schedules and professional routines, differences in accountability, payment, and rewards.

Health care environments are characterized by a hierarchical culture where doctors are usually at the top. A review of the organizational communication literature shows that hierarchies are in fact a common barrier to effective communication and collaboration When this kind of system exists it is not uncommon that people on the lower end of the hierarchy feel uncomfortable speaking up about problems or concerns. Intimidating behavior by individuals at the top of a hierarchy can hinder communication and give the impression that the individual is unapproachable.

Issues around gender and age differences in communication styles, values, and expectations are common in all workplace situations. In the health care industry, where most doctors are male and with a high average age and most nurses are young and female, communication problems are further accentuated by gender differences.

Communicating with a range of various people is certainly not an easy task to achieve due to all kind off barriers. Health carers must be aware of these barriers and try to reduce their impact by continually checking understanding and by offering appropriate feedback.

Online Resources

Communication barriers in team Collaboration
(https://www.ncbi.nlm.nih.gov/books/NBK2637/)
Online extract from a handbook presenting communication barriers when it comes to team collaboration.

5.2.4. Clarity: Roles and Directions, Decision-Making and Shared Responsibility, Clear Specifications Regarding Accountability

Leadership clarity is associated with clear team objectives, high levels of participations, commitment to excellence, and support for innovation.

In all companies there are close linkages between communication and the company's social structures, whether we are talking about fairly organized attempts to move information through the system or whether we are looking at the informal ways meaning gets constructed and shared.

In a complex system, such as health care context, roles definition is fundamental. Understanding of 'role' prevents role ambiguity and role conflict in the work environment, and can help to ensure appropriate delivery of health care to people.

A differentiation of roles is necessary in order:

- to divide the work and responsibilities among group members, in order to prevent physical or cognitive overload in the leader (prevent that there is an individual who works and other viewing);
- To bring order to the existence of the Group: define who does what, what are the duties and responsibilities;
- to form a part of our definition of self within the group. The role is an aspect of social identity and image in my group and in relation to the totality of being. The differentiation of roles is functional to the activity of the group but also for the definition of social and personal identity.

Positive phenomena in the relationship between health care staff are:

- decision-making and shared responsibility,
- clear specifications regarding accountability to have an open mind;
- absence of competition
- proactive judgement: it must be on the task and not on the person.

Egalitarianism in difference of roles: Although everyone has their own role is important that everyone feels the same.

Online Resources

Leadership Clarity and Team Innovation
(http://www.astonod.com/wp-content/uploads/2015/01/Leadership-Clarity-and-Team-Innovation-in-Health-Care.pdf)
Online article describing the concepts of clarity and team innovation in health care.

The importance of role clarity
(http://journals.rcni.com/doi/abs/10.7748/ldp.18.8.28.e1664)
Online abstract describing the importance of role clarity throughout a critique of the literature.

5.2.5. Attitude: Respectful, Non-punitive Atmosphere, Managing Negative Interactions

Working with other health carers is fundamental but at the same time it is not an easy task and can sometimes lead to misunderstandings, squabbles, negative atmosphere.

Encouraging and enhancing positive communication between staff is the key to building effective teamwork, minimising poor communication and avoiding conflict. This can be achieved through the development of open, honest and supportive team communication. Conflict will also be minimised trough sharing skills and knowledge with colleagues and through acknowledging the efforts and achievements of each other. As Faragher and MacNaughton (1998) state: "…the staff must be able to communicate well with each other and develop good working relationships…They must be able to pool their ideas, resolve differences of opinion and conflicts and work out strategies for approaching their work".

Opportunities should be available for staff to meet regularly to openly discuss issues, develop common goals, solve problems and make joint decisions about the operations of the service that affect children, staff and families. This will enable staff to reflect upon plan for and improve practice. Staff teams can also encourage individual members to continually reflect on and evaluate their own practice, and to consider their role in participating actively and equitably as a team member.

Policies and procedures that are consistently implemented are also central to supporting communication, avoiding conflict and solving problems. Clear policies and procedures for team communication, handling complaints and grievances, professional development, performance appraisal, and occupational health and safety will provide clear guidance and support to staff on service commitments and expectations in these areas.

Environmental considerations are also a factor when considering supporting staff communication. These include staff working conditions, access to training and resources, and facilities such as staff rooms and meeting areas. These factors underpin staff capacity and willingness to engage in developing a strong team culture that is characterised by open, supportive, positive communication.

Online Resources

Positive staff interactions: benefits for children
http://ncac.acecqa.gov.au/educator-resources/pcf-articles/ACCA_Positive_Staff_Interactions_June05.pdf
Online article showing benefits of building positive staff interactions and describing how staff interactions contribute to quality care for children.

Practical Activity

Types of communication
http://softis-ped.pixel-online.org/files/training/IO2/5/Types%20of%20communication.ppt
This slide presentation has the intent to illustrate the different types of communication described in Chapter 5.2, related to communication with other health care staff in pediatrics.

5.3 Soft skills to Be Used with other Health Care Staff in Pediatrics

Communication problems among health professionals are common. Lack of communication creates situations where medical errors can occur. Consultation skills are important and can be taught and learned. Howells et al. (2006) strongly recommend that "clinicians enthusiastic about teaching consultation skills attend a relevant staff development programme, which may be available at a local medical school, university or deanery, or nationally".

This survey identifies the soft skills that are necessary to communicate with other health care staff in pediatrics. The organization of the hospital environment and the time management seem to be the highest learning needs for Romania, Hungary, Italy. The communication section of the questionnaire asked health care staff, doctors, patients and relatives about: support to patients, respect from patients, support from medical team, appointment for checkups, availability during office hours, quality of patients like, follow up information. In order to guarantee effective communication between healthcarers and patients, however, an adequate communication between healthcarers is fundamental.

The survey shows that many communication problems are related to the low consultation beween doctors, hich is a consequence of them working in different and distant unities ad districts. This can seriously affect healthcarers' ability to explain the child's illness and treatment, reducing mutual trust and respect.

5.3.1 Communication Accuracy on the Phone: Phone Etiquette

Proper telephone etiquette is very important. Some hints given by LeHigh University, Salisbury University, and Advanced Etiquette can be helpful on using proper telephone language, answering calls, making calls, handling rude or impatient callers, placing calls on hold, ending conversations and using voicemail.

It is very important to be aware of the language we are using because the words and phrases we use convey a message. Basically, phrases such as "thank you" and "please" are essential in displaying a professional atmosphere.

For example, it is important to answer the call with a friendly greeting and to speak in a pleasant tone of voice. Being sensitive to the tone of your own voice will help not to sound overly anxious, aggressive or pushy. The voice tone might convey conveys authority and confidence.

It is fundamental to know and state the purpose of the communication, the items you want to discuss and questions you want answered and to listen actively the caller without interrupting.

When the others start becoming rude or impatient, it is fundamental not to get angry, staying calm and trying to remain diplomatic and polite, always showing willingness to resolve the problem or conflict.

When putting a caller on hold, it is important to ask his permission and when taking a caller off of hold it will be really polite and likeable to thank them for holding.

Before hanging up to end a conversation, be sure that you have answered all the caller's questions and, if needed, leave the conversation open, spelling out follow-up action, including time frames/deadlines.

Forward the phone to voicemail is very useful when people are out of the office or away from their desk for more than a few minutes. Voice mail has many benefits and advantages when used properly. However, it's important not to hide behind voicemail in order to avoid calls.

Online Resources

Problem Solving and Critical Thinking
*(*http://www.advancedetiquette.com/2012/01/8-telephone-etiquette-tips*)*
Helpful advices on making a phone conversation effective following a proper telephone etiquette.

5.3.2 Direct Communication, Communication Guidelines: SBAR

Doctors and nurses often have different communication styles, in part due to their education and training. Nurses are taught to be more descriptive of clinical situations, whereas physicians learn to be very concise. Standardized communication tools are very effective in bridging this difference in communication styles (Hughes, 2008).

SBAR is a model of structured communication that help clinicians have a shared mental model for the patient's clinical condition. SBAR is an acronym given by Leonard M. (2008). and it stands for "Situation, Background, Assessment, and Recommendation". Haig et. al. (2006) show in a case study that staff can adapt quickly to the use of SBAR, although hesitancy was noted in providing the "recommendation" to physicians. Staff members are encouraged to recommend on the basis of their observations, and this assists physicians with situational awareness through the eyes of the bedside caregiver. Staff members feel empowered and have influence over decisions that affect work life using SBAR, thus improving job satisfaction.

Recent analysis (Vardaman et al., 2012) revealed four dimensions of impact that SBAR has beyond its use as a communication tool: schema formation, development of legitimacy, development of social capital, and reinforcement of dominant logics. The results indicate that SBAR may function as more than a tool to standardize communication among nurses and physicians. Rather, SBAR may aid in schema development that allows rapid decision making by nurses, provide social capital and legitimacy for less-tenured nurses, and reinforce a move toward standardization in the nursing profession. Our findings further suggest that standardized protocols such as SBAR may be a cost-effective method for hospital managers and administrators to accelerate the socialization of nurses, particularly new hires.

"SBAR promotes the six aims of the Institute of Medicine in providing safe, efficient, effective, equitable, timely, and patient-centered lines of communication." (Kathleen, 2001)

Online Resources

Structured communication: SBAR

(*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1765783/*

Leonard M., Graham S., Bonacum D.: The human factor: The critical importance of effective teamwork and communication in providing safe care. Qual Saf Health Care 13 (suppl 1):i85–i90, Oct. 2004

A specific clinical experience describing the SBAR approach.

https://www.ncbi.nlm.nih.gov/pubmed/16617948
Haig, K. M., Sutton, S., & Whittington, J. (2006). SBAR: a shared mental model for improving communication between clinicians, The joint commission journal on quality and patient safety, 32(3), 167-175

A case study describing how SBAR is utilized.

http://www.research.ed.ac.uk/portal/en/publications/beyond-communication(e1236994-09b6-44ff-bfee-0ba3f4bc7f85).html
Vardaman, J. M., Cornell, P., Gondo, M. B., Amis, J. M., Townsend-Gervis, M., & Thetford, C. (2012). Beyond communication: The role of standardized protocols in a changing health care environment, Health Care Management Review, 37(1), 88-97)

A case study describing the benefits of SBAR standardised communication process.

5.3.3 Time Management

The ability to be able to organise oneself is the key to eventually being able to organise the activities of whole teams and to understanding how to make the best use of the time available. Successful time management will ultimately have an impact on service delivery and patient care, which is why it is now considered such a key skill in medicine.

The survey measured time management among pediatricians, health care staff, patients and patients' parents in Romania, Hungary, Italy, Spain and Germany, in terms of time spent with the patient, ease in contacting the doctor when his office is closed, waiting lists, response time to urgent problems and waiting time in the pediatrician's office.

Improving time management skills and developing optimal time management strategies contribute to better healthcare provision. Better communication between health care staff is fundamental in improving time management.

It is suggested the use of a survey designed to identify bottlenecks in the office, using secure messaging through the Electronic Healthcare Service Platform, telehealth and mobile queueing solutions: this can contribute to develop better time management habits and practices.

Also, the first step to improving your personal effectiveness is to develop self awareness. Indeed, this is one of the competences mentioned in the personal qualities section of the framework. Irrespective of this, no doctor can be expected to improve performance without first understanding where their deficiencies lie.

Online Resources

Time management

http://careers.bmj.com/careers/advice/view-article.html?id=20000425#

Green M., Christie S., Time management, BMJ Careers, 2009)

This useful article talks about how to make the most of reducing working hours and tight time.

Time management as a leadership competency

http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf

Academy of Medical Royal Colleges. Medical leadership competency framework: enhancing engagement in medical leadership, 2nd ed. NHS Institute for Innovation and Improvement, May 2009

This publication describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of health services.

5.3.4 Emotional Learning (Managing Emotions and Negative Interactions, Acknowledging and Solving Conflicts)

Social and emotional competence is the ability to understand, manage, and express the social and emotional aspects of one's life in ways that enable the successful management of life tasks such as learning, forming relationships, solving everyday problems, and adapting to the complex demands of growth and development. Social and emotional learning enhances professionals' capacity to integrate skills, attitudes, and behaviors to deal effectively and ethically with daily tasks and challenges. It is necessary to integrate and promote intrapersonal, interpersonal, and cognitive competences in order to improve the communication between health care staff.

First, it is important to gain an adequate self-awareness, the ability to accurately recognize emotions, thoughts, and values and how they influence behavior. This kind of ability also involve the accurate assessment of one's own strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset."

Relationship skills are fundamental in order to create an adequate working environment: the ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups and to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed. In order to increase relationship skills, there must be an adequate social awareness: the ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures, and to understand social and ethical norms for behavior.

Online Resources

Social and emotional learning promotion
https://www.pausd.org/sites/default/files/promoting%20social%20and%20emotional%20learning.pdf
Elias, M. J. (1997). Promoting social and emotional learning: Guidelines for educators. Ascd
Guidelines addressing the need for a straightforward and practical guide to establish quality social and emotional education programming.

Social and emotional learning competencies
(http://www.casel.org/core-competencies)
Five core competencies in social and emotional learning presented on CASEL website.

5.3.5 Politeness, Humour, Banter
Using the concept of relational practice, Holmes & Schnurr (2005) made an analysis of workplace humor, which illustrated what each approach offers in terms of distinguishing different communities of practice, as well as providing a means of exploring the issue of politeness. Communication between health care staff and medical professionals must be polite. Anyway, both politeness and humour might be useful in order to create a better workplace environment and may help professionals dealing with intercultural issues, such as different beliefs and values or language barriers.   In hospital context, banter tends to occur almost ritualistically when professionals need to undergo emotional pressure: it seems that, in such situations, banter has a positive function in allowing aggression to be expressed, but also in defusing its violent effects by promoting an atmosphere of friendly cheerfulness.

Online Resources
Humor in workplace   *(http://journals.sagepub.com/doi/abs/10.1177/1750481312437445*   *Holmes, J. & Schnurr, S. (2005). Politeness, Humor and Gender in the Workplace: Negotiating Norms and Identifying Contestation. Journal of Politeness Research. Language, Behaviour, Culture, 1(1), pp. 121-149*   A case study showing how a newcomer transitioning towards integral status interacts with the use of humor in her new workplace.

5.3.6 Cooperation and Collaboration (Empowerment Reassurance, Encouragement, Responsibility for Problem-Solving)

Collaboration in health care is defined as health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans for patient care. Collaboration between physicians, nurses, and other health care professionals increases team members' awareness of each others' type of knowledge and skills, leading to continued improvement in decision making.

In health care it is generally believed that collaborative efforts yield better health services and outcomes for the populations that are served. Littlechild & Smith (2013) state that collaboration leads to improved efficiency, improved skills mix, greater levels of responsiveness, more holistic services, innovation and creativity, and a more user-centered practice. Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings.

Online Resources

Collaboration towards decision making improvement

(https://www.ncbi.nlm.nih.gov/pubmed/21328752

Hughes, R. (Ed.). (2008). Patient safety and quality: An evidence-based handbook for nurses (Vol. 3). Rockville, MD: Agency for Healthcare Research and Quality

Handbooks presenting an examination of the state of the science behind quality and safety concepts, including cooperation and collaboration, showing the importance developing the evidence base to address critical knowledge gaps.

*(*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4360764

Littlechild B, Smith R., A Handbook for Interprofessional Practice in the Human Services: Learning to Work Together, New York, NY: Routledge; 2013

This editorial provides an overview of interprofessional collaboration in the areas of clinical practice, education, research and discusses barriers to collaboration, suggesting potential means to overcome them.

5.3.7 Rapid Decision Making

In the paediatric care context, rapid and responsible decision making becomes really important. This skill involves the ability to make constructive choices about personal behavior and social interactions, based on ethical standards, safety concerns, and social norms.

Structured communication techniques can serve the same purpose that clinical practice guidelines do in assisting practitioners to make decisions and take action. Researches from aviation and wilderness firefighting are useful in health care because they all involve settings where there is a huge variability in circumstances and the need to adapt processes quickly, a quickly changing knowledge base, and highly trained professionals who must use expert judgment in dynamic settings. Safety-related behaviors that have been applied and studied extensively in the aviation industry may also be relevant in health care: study results show successful CRM applications in several dynamic decision making health care environments: the operating room, labor and delivery, and the emergency room.

As previously explained, communication errors between health care staff have grave consequences in health care settings. The situation-background-assessment-recommendation (SBAR) protocol has been theorized to improve communication by creating a common language between nurses and physicians in acute care situations. Vardaman et al. (2012) suggest that standardized protocols such as SBAR may be a cost-effective method for hospital managers and administrators to accelerate the socialization of nurses, particularly new hires, and to allow rapid decision making by health care staff.

Online Resources

Rapid decision making improving health outcomes
(https://www.ncbi.nlm.nih.gov/pubmed/8182978
Shortell SM, Zimmerman JE, Rousseau DM, et al., The performance of intensive care units: does good management make a difference?, Medical Care, 1994;32(5):508-25
Research study holding a number of important managerial and policy implications regarding technological adoption, specialization, and the quality of interaction among health care staff.

Practical Activities

The importance of emotional learning within communication between the staff
http://softis-ped.pixel-online.org/files/training/IO2/5/Emotional%20learning.ppt
Power point presentation which may be useful when preparing a lesson on soft skills and emotional learning. In order to improve communication with other health care staff, it is important learning how to manage emotions and negative interactions, acknowledging and solving conflits.

Using SBAR for direct communications
http://softis-ped.pixel-online.org/files/training/IO2/5/SBAR_lesson_plan.docx
Advices which may be helpful planning a lesson on SBAR utilization within direct communications between health care staff in paediatrics.

5.4 Teaching Soft Skills – Strategies and Methods

There are several methods of teaching softs skills in communicating with other health care staff in pediatrics. This chapter presents how soft skills can be taught and learned using: standardized patients/simulations, case-based learning, yes/no scenarios and role-plays, team-based learning, problem-based learning, checklist.

5.4.1 Standardized Patients/Simulations

The opportunity to practise key skills and receive constructive feedback of performance is essential. Standardized patients and simulations give students and professionals the opportunity to improve their soft skills in this way. This teaching method is particularly useful also in order to increase communication between health care staff.

One of the crucial areas when utilizing Standardized patients-based assessment is the quality and consistency assurance of their portrayal of the case and their ability to fill in checklists in an adequate way. Shirazi M. et al. wanted to assess the validity and reliability of SPs' ability to assess students' communication skill via a Calgary-Cambridge checklist: they showed that trained Standardized patients can be used as a valid tool to assess medical students' communication skills, which is also more cost effective and reduces work load of medical faculties.

Online Resources

Assessing communication skills with Standardized patients/simulations
(https://www.ncbi.nlm.nih.gov/pubmed/24777713
Shirazi, M., Labaf, A., Monjazebi, F. et al., Assessing medical students' communication skills by the use of standardized patients: emphasizing standardized patients' quality assurance. Acad. Psychiatry (2014) 38: 354)
Cross-sectional and correlational study showing that trained Standardized patients can be used as a valid tool to assess medical students' communication skills, reducing work load of medical faculties.

5.4.2. Case-Based Learning

In health professional education, learning activities are commonly based on patient cases and student learning is, therefore, associated with real-life situations. A recent review shows that Case-based learning (CBL) appears to foster effective learning in small groups, possibly through the effect of having more engaged learners, but perhaps also through having more structured learning activities closely linked to authentic clinical practice scenarios. Thus, CBL promotes a deep learning approach, with active and meaningful learning. By emphasizing the active and interactive components of the learning process, CBL blends aspects of the cognitive and social constructivist models of teaching and learning. It enables students to see the direct relevance and logical direction of the information to be learnt for their goal of clinical practice, not only regarding clinical skills but also involving soft skills, such as communication whit health care staff.

Nair et al. (2013) shows that CBL could create effective learning environments and thus help in achieving the learning objectives. This puts forth a need to promote a student centered active learning with a focus on critical thinking, problem solving and communication skills in clinical case studies.

Online Resources

Cased-based learning in small groups

(*https://www.ncbi.nlm.nih.gov/pubmed/22578051*

Thistlethwaite J.E., Davies D., Ekeocha S., Kidd J.M., MacDougall C., Matthews P., Purkis J. & Clay D. (2012), The effectiveness of casebased learning in health professional education. A BEME systematic review, BEME Guide No. 23, Medical Teacher, 34:6, e421-e444

Review showing that Case-based learning appears to foster effective learning in small groups, possibly through the effect of having more engaged learners.

Cased-based learning creating effective learning environments

(*https://www.ncbi.nlm.nih.gov/pubmed/24086843*

Nair, S. P., Shah, T., Seth, S., Pandit, N., & Shah, G. V. (2013). Case Based Learning: A Method for Better Understanding of Biochemistry in Medical Students, Journal of Clinical and Diagnostic Research : JCDR, 7(8), 1576–1578)

This study describes CBL as a method improving critical thinking, problem solving and communication skills.

5.4.3. Yes/No Scenarios and Role-Plays

Specific teaching on soft skills should be a mandatory part of medical and health care staff education at every institution. Patel et al. (2017) recommend the use of a scenario-based pediatric clinical communication skills program as an educational tool in the education of future pediatric professionals. They believe that the implementation of SBT (Scenario-based teaching) will go a long way to fulfilling the core competencies of doctors and nurses as outlined by the General Medical Council.

Role-playing takes place between two or more people, who act out roles to explore a particular scenario. It's most useful to help you or your team prepare for unfamiliar or difficult situations. In particular, for emotionally difficult conversation, such as resolving a conflict between health care staff in pediatrics. By acting scenarios like these out, you can explore how other people are likely to respond to different approaches; and you can get a feel for approaches that are likely to work, and for those that might be counter-productive. You can also get a sense of what other people are likely to be thinking and feeling in the situation. Also, by preparing for a situation using role-play, you build up experience and self-confidence with handling the situation in real life, and you can develop quick and instinctively correct reactions to situations. This means that you'll react effectively as situations evolve, rather than making mistakes or becoming overwhelmed by events.

A role-playing session is set up in five steps: identify the situation, add details, assign roles, act out the scenario, discuss what you have learned.

Online Resources

Scenario-based program in undergraduate medical education
(*https://www.ncbi.nlm.nih.gov/pubmed/28053563*
Patel, K., & El Tokhy, O. (2017). Scenario-based teaching in undergraduate medical education., Advances in Medical Education and Practice, 8, 9–10
Online article showing the reasons to recommend the use of a scenario-based pediatric clinical communication skills program as an educational tool in undergraduate medical education.

Role Playing
https://www.mindtools.com/CommSkll/RolePlaying.htm
Online article describing the principles of Role Playing.

5.4.4. Team-Based Learning

Team-Based Learning is a structured, small-group, collaborative learning teaching strategy designed around units of instruction, known as "modules", that are taught in a three-step cycle: preparation, in-class readiness assurance testing, and application-focused exercise. A class typically includes one module. Students must complete preparatory materials before a class or the start of the module. Materials may be text, visual or other, and set at a level that is appropriate to the students and the course.

The remainder of the session or module is taken up with exercises that help students learn how to apply and extend the knowledge that they have pre-learned and tested. Teams are given an appropriate problem or challenge, and must arrive at a consensus to choose a "best" solution out of options provided. Teams then display their answer choice, and the educator facilitates a classroom discussion between teams to explore the topic and the possible answers to the problem.

Team-Based Learning implementation is based on four underlying principles: groups should be properly formed, students are accountable for their pre-learning and for working in teams, team assignments must promote both learning and team development, students must receive frequent and immediate feedback.

Team-based learning has been associated with a variety of positive outcomes, including increased attendance, improved student preparation for learning, increased achievement, and development of student collaboration skills. The major components of team-based learning include: strategically-formed, permanent teams, readiness assurance, application activities, and peer evaluations.

Online Resources

Team-Based Learning
http://www.teambasedlearning.org/definition
Online articles describing principles of Team-Based Learning technique.

5.4.5. Problem-Based Learning

Problem-Based Learning (PBL) is a pedagogical approach and curriculum design methodology often used in higher education. In PBL a key problem is identified and a solution is agreed upon and implemented: learning is driven by challenging, open-ended problems with no one "right" answer. Problems/cases are context specific and students work as self-directed, active investigators and problem-solvers in small collaborative groups (typically of about five students). Teachers adopt the role as facilitators of learning, guiding the learning process and promoting an environment of inquiry.

This teaching method is often used in order to facilitate soft skills learning and it is very helpful in working in teams, since it help students to increase their self-awareness and the ability to evaluate group processes.

PBL may be preferred in health carers' and physicians' education, because rather than having a teacher provide facts and then testing their ability to recall these facts via memorization, PBL attempts to get students to apply knowledge to new situations. People are faced with contextualized problems and are asked to investigate and discover meaningful solutions on difficult situation regarding communication.

Problem-based learning develops critical thinking and improves problem-solving skills, increasing the professionals' motivation to increase their skills in communicating with other health care staff.

Online Resources

Problem-Based Learning
(https://www.learning-theories.com/problem-based-learning-pbl.html)
Online article describing the principles of Problem-Based Learning method.

5.4.6. Objective Structured Clinical Examination (OSCE)
The OSCE (objective structured clinical examination) is a unique evaluation tool that can be used to provide a standardized assessment of students' competency in several areas of education, including communication skills between healthcarers and treatment planning. Communication OSCE stations can be created with acceptable reliability including difficult cases which address communication skills beyond simple history taking. Hodges et al. (1996) founded a strong interaction between difficulty and station content and between communication scores and content. This study shows that scenarios which created major communication difficulties (such as mania) resulted in much larger differences in scores between the easy and difficult versions.

Online Resources
Reliability and generalizability of OSCE *(http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2923.1996.tb00715.x/abstract)* Online abstract showing reliability and generalizability of objective structured clinical examination format for evaluating communication skills**.**

Practical Activities
Teaching the communication using problem-based learning http://softis-ped.pixel-online.org/files/training/IO2/5/PBL_Communication%20with%20staff.ppt This power point presentation gives an example of how to use PBL in order to teach communication with other health care staff in paediatrics. The problem addressed is the lack of communication between health care staff: the practical activity involves soft skills such as problem solving and communication. **Role playing: communication between health care staff** *http://softis-ped.pixel-online.org/files/training/IO2/5/RP_lesson%20plan.docx* Lesson plan which may be followed in order to prepare a lesson on communicating with other health care staff, using the role playing method. Teachers may choose either a common or a specific situation of communication within the health care staff. The soft skill involved is emphatic and effective communication.

Case Studies
Communication between health care staff with difficult patient and cooperative family Case study presenting the methodologies and strategies to communicate with other health care staff during hospitalization of a "difficult" patient and his cooperative family. From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775508/ **Communication between health care staff with cooperative patient and difficult family** Case study presenting the methodologies and strategies to communicate with other health care staff during hospitalization of a cooperative patient and his "difficult" family. From: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775508/