Reducing complaints about communication in the Emergency Department

A communication skills training intervention for junior doctors

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Robyn Woodward-Kron
Andrew Fitzgerald
Ibtissam Shahbal
Jerry Tumney
Jan Phillips
The *Reducing complaints about communication in the Emergency Department: A communication skills training intervention for junior doctors* project was carried out with seeding funding from Postgraduate Medical Council Victoria.

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Table of Contents

Executive summary and recommendations .......................................................... 4

0. Introduction ........................................................................................................ 8

1. Background to the project .................................................................................. 8
   1.1 Communication challenges in the emergency department .............................. 9
   1.2 Complaints about communication in the ED .............................................. 10

2. Study aims and objectives ................................................................................. 11

3. Study Setting ........................................................................................................ 12
   3.1 Addressing patient complaints at GVH ..................................................... 12

4. Approach .............................................................................................................. 13
   4.1 Audit Phase: patient complaints about communication in the ED ................. 14
   4.2 Teaching and Evaluation Phase: Reducing patient complaints about communication in the ED ................................................................. 15

5. Findings and Outcomes ..................................................................................... 16
   5.1 Complaints about communication in the ED .............................................. 16
   5.2 The training resource .................................................................................. 16
   5.3 Workshop outcomes and evaluation .............................................................. 20
   5.4 Research training outcomes ........................................................................ 21

6. Recommendations for practice .......................................................................... 21

References ............................................................................................................... 23

Appendix 1: Project team ....................................................................................... 24

Appendix 2: Workshop evaluation ......................................................................... 25

List of Tables ......................................................................................................... 27

List of Figures ......................................................................................................... 27
EXECUTIVE SUMMARY AND RECOMMENDATIONS

This report describes the aims, methods and outcomes of a project designed to reduce patient complaints about communication in the Emergency Department. The site of the study was Goulburn Valley Health (GVH). The project received seeding funding from the Postgraduate Medical Council Victoria as part of an initiative to provide research opportunities in medical education to junior doctors. Two junior doctors from GVH participated as co-researchers in the study and in delivering the training intervention. The research was triggered by concerns that while the Emergency Department (ED) is a source of many complaints about communication in hospitals due to factors such as time pressures for clinicians and the high anxiety experienced by patients and their families due to acute presentations, there are few educational interventions addressing communication in the ED. GVH, as part of its quality improvement program, has a commitment to reducing patient complaints and also welcomed any research opportunities for junior doctors. For this reason the study was undertaken at GVH.

This one year study conducted in 2013 had four main aims:

- To identify the nature of patient complaints about communication in the ED at GVH, and to use the findings to inform a teaching intervention for junior doctors.
- To develop, deliver, and evaluate a training intervention on addressing patient complaints about communication in the ED for junior doctors at GVH.
- To contribute to GVH Quality and Safety Unit’s activities to reduce patient complaints about communication at GVH.
- To provide research and publication opportunities for junior doctors at GVH, including research training in study design, ethics, and dissemination.

The project was a quality assurance and training intervention using a qualitative research design and evaluation component. The project was conducted in two phases:

i. Audit phase May-August 2013: audit of complaints about communication in the ED logged by the GVH Consumer Liaison Officer in the Victorian Health Incidence Management System (VHIMS) database in 2012. The complaints were analysed thematically, with the findings informing the training intervention.
ii. *Teaching and evaluation phase August-December 2013:* Interns and other junior doctors as well as University of Melbourne medical students at GVH were recruited to participate in the workshops. These workshops were evaluated. Ethical approval for both phases of the project was granted by the GVH Ethics and Research Committee (GVH 07/13). The methodology used to address the project aims and its implementation is described in detail in the following report.

*Outcomes of patient complaint audit:* Thirty-four complaints about communication in the ED were identified in the period from 1 January 2012 to 31 May 2013. The findings showed that complaints were frequently multi-faceted with several themes in many complaints - over 75% of the complaints involved more than one theme. Of the 34 complaints, 8 noted re-presentation or admissions to the ED or to another regional or metropolitan hospital. Seven themes of causes for communication related complaints were identified. These were: perceived availability and follow up; disrespect; inadequate information and missing information; quality of information; inter/intra-professional communication; disagreement; and misinformation.

*Outcomes of resource development:* A resource was developed called *Reducing complaints about communication in the ED.* This resource has two parts: an online module, and a face-to-face workshop. The online module was made available to GVH junior doctor participants via H-Prime, GVH’s learning management system, and the workshop was conducted by the researchers with assistance from the Medical Education and Workforce Unit at GVH, and the Quality and Safety Unit. The learning outcomes for the online module are:

- awareness of the communication ‘load’ for health professionals in the ED,
- awareness of factors that contribute to patient complaints about communication: in hospitals, in Emergency Departments, and at GVH,
- identified communication behaviours and strategies to improve communication in the ED and minimise patient complaints.

The face-to-face workshop includes aggregated patient complaints as triggers for discussion. The learning outcome for participants in the face-to-face workshops is: identified communication behaviours to improve communication in the ED. These resources are available as Powerpoint slides from PMCV.
Outcomes of Workshop Evaluation: While the online module was available via H-Prime, few participants in the workshops reported accessing or completing the workshop. This is despite the availability of Continuing Medical Education points for completing the module and its minimal time commitment of approximately 20 minutes. Some participants who did attempt to access the online module reported technical difficulties. Four face-to-face workshops were delivered between September and December of approximately 50 minutes duration each. In total, 28 junior doctors (18 interns, 2 HMO2s) including 8 University of Melbourne medical students participated in the training. The training was led by the junior doctor team members, and included small group activities. Thirteen participants completed the survey evaluation. The respondents either agreed or strongly agreed that they found the workshop useful for raising awareness about patient complaints about communication, and that it was important to ask junior doctors for input about reducing patient complaints. The respondents also either agreed or strongly agreed that they believed they could play a role in reducing complaints about communication in the hospital and that the training was relevant to their clinical practice. The qualitative comments in response to a question about the most useful aspects of the workshop noted the case-based approach to teaching, and that it was useful to gain insight into the nature of complaints and reasons they were made. Participant suggestions for further training included making a list of de-identified complaints available to ED staff on a regular basis for discussion.

Outcomes of research training: Two junior doctors participated in all phases of the research, including ethics application, participant recruitment, data collection, coding and analysis and dissemination. Findings from the audit phase were presented at an international conference on healthcare communication in 2013 and a manuscript is in preparation for submission to a medical education journal.

This project delivered a training intervention to reduce complaints about communication in the ED targeting junior doctors as part of their emergency department rotation. To contextualise the intervention, complaints to GVH were analysed and informed the training. The training module was positively evaluated by participants, particularly the case study approach. The training will continue to be part of the suite of training at GVH, and a modified version of the training will be incorporated in the Transition to Practice curriculum of the University of Melbourne’s MD.
**Recommendations**: for GVH

- Explore mechanisms to encourage junior doctors to complete online training
- In order to ensure sustainability of the training and to provide teaching experience for junior doctors, identify interns or other junior doctors who can lead the workshops
- Expand the training scope by making it available to nursing and other clinical staff
- Continue to include the Consumer Liaison Officer in workshop training

**Recommendations for junior doctor training**

- To make the training modules available via the PMCV website and alert medical education officers to their availability
- To encourage medical education officers to tailor the modules to their own hospital setting in collaboration with the hospital’s Quality and Safety Units
- To encourage closer ties between hospitals’ Quality and Safety Units and Medical Education Units in order to identify and develop education targeting specific deficiencies in junior doctor communication.
0. **INTRODUCTION**

This report describes a research and development project funded by the Postgraduate Medical Council (PMCV) in 2013 to investigate complaints about communication in hospital emergency departments and to use the findings to inform a teaching intervention for junior doctors. The study setting and site of the teaching intervention was Goulburn Valley Health (GVH). As per the PMCV funding guidelines, the project provided opportunities for junior doctors to participate in research, in particular, medical education research in prevocational training, and to enhance the participating junior doctors’ research and teaching skills. The project brought together a team with the shared aim of reducing patient complaints about communication: members of the team included an educator from the Medical Education Unit, University of Melbourne, medical education officers from the Medical Education and Workforce Unit (GVH), the consumer liaison officer from the Quality and Safety Unit (GVH), as well as junior doctors (GVH), (see Appendix 1). It is anticipated that the outcomes of the project reported here will provide junior doctors and medical clinical educators with i) a greater awareness of the factors that trigger patient complaints about doctor communication in the emergency department, ii) a research methodology that can be implemented at other teaching hospital settings, and iii) an evidence-based teaching module that can be implemented in transition to practice medical education and junior doctor training.

1. **BACKGROUND TO THE PROJECT**

Effective communication in healthcare is recognised as a core clinical skill by doctor registration and accreditation bodies (1, 2) as well as by quality and safety health commissions. Mounting evidence demonstrates that ineffective communication is a major cause of adverse events and patient complaint (3, 4). Communication challenges can occur between patients and clinicians when there are differences in language, culture and socio-economic backgrounds (5). International Medical Graduates (IMGs) who have English as a second language (ESL) and overseas born Australian graduates are an important part of the Victorian medical workforce; therefore, these factors need to be systematically addressed in prevocational training. Furthermore, these graduates as well as Australian born graduates are delivering healthcare where more than 20% of
the Victorian population speak a language other than English at home (6). While the Australian Curriculum Framework for Junior Doctors identifies communication competencies and the cultural dimension of effective communication (7), there is no systematic training to enhance the communication skills of junior doctors in Victorian health services. Another gap is communication skills teaching for emergency department settings. Despite the problems of communication burdens in the ED and patient complaints, an international scoping study of communication skills teaching in EDs identified only two teaching interventions in prevocational medical education (8).

1.1 Communication challenges in the emergency department

There are major communication challenges in the ED, contributing to the communication ‘load’ (9) for doctors: patients who come to the emergency department have undifferentiated, mostly acute presentations. Waiting times can be long, adding to the patient’s and accompanying persons’ anxiety and stress. Environmental challenges such as time pressures, including the 4 hour rule from admission to referral or discharge, frequent interruptions particularly for senior staff, as well as noise and lack of privacy contribute to the communication load for doctors. Furthermore, there are communication pressures for doctors managing concurrent tasks and patients, resulting in frequently switching between inter and intra-professional communication (8).

Patients likewise are impacted on by communication in the ED: because clinicians in ED change frequently and make limited use of written documentation, patients may be asked to repeat information to different clinicians. Recursive questioning can make patients concerned and frustrated about why their health information is not shared with other clinicians (10). Patients are rarely told their triage category; as a result, patients do not realise that more urgent cases are prioritised. Patients spend a lot of time in the ED waiting: to see a clinician, for a bed, for results, for discharge/admission (10). Patients are spoken to by a range of clinicians, so care can seem uncoordinated and ad-hoc. These factors can contribute to patient anxiety, stress and discomfort and are part of the contextual factors that can contribute to patients making complaints about perceived poor communication about their care in the ED.
1.2 Complaints about communication in the ED

In Victoria, communication related complaints make up 10% of the primary issues about which consumers lodged complaints to the Office of the Health Services Commissioner (11); however, the report notes that “experience shows that communication is a feature of the majority of complaints” (p. 22). Consumers’ communication related complaints were in response to perceived disrespect and rudeness as well as perceived paucity of information about their care (Table 1), (11).

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of caring</td>
<td>10%</td>
</tr>
<tr>
<td>Failure to consult</td>
<td>23</td>
</tr>
<tr>
<td>Inconsiderate/undignified service</td>
<td>17</td>
</tr>
<tr>
<td>Poor attitude/discourtesy</td>
<td>27</td>
</tr>
<tr>
<td>Wrong/misleading Information</td>
<td>68</td>
</tr>
<tr>
<td>Total Communication</td>
<td>166</td>
</tr>
</tbody>
</table>

Table 1. Complaints about communication to the office of the Health Services Commissioner, n=166

Patient complaints data can inform quality improvement initiatives, which can lead to improvements in:

- Patient outcomes
- Consumer satisfaction
- Efficiency
- Litigation numbers

“Improved lines of communication between patients and hospital staff can reduce the number of problems a patient experiences during a stay in hospital. Good communication between patients and health professionals leads to fewer errors and better treatment outcomes.” Garling (2008). Acute Care Services in NSW Public Hospitals

To date there has only been intermittent research on complaints about communication, with healthcare communication research more focused on measuring patient satisfaction than dissatisfaction. Existing studies suggest using patient stories as a reflective tool for training and supervision to improve patients’ health care experiences and outcomes (12, 13); however, there appears to be a paucity of interventions reported in the medical education literature targeting patient complaints about communication through training.
2. **STUDY AIMS AND OBJECTIVES**

This project utilised existing multimedia resources for teaching communication skills for the emergency department and embedded them in a communication skills intervention which aimed to reduce complaints about doctors’ communication in the emergency department. The existing multimedia is the web-based *Communicating for Health in Emergency Contexts* (14). To contextualise the complaints and the study, patient complaints about communication in the ED at one regional hospital were analysed thematically and the findings incorporated into the teaching intervention.

The overall aim of the study was to design a teaching intervention to address patient complaints about doctors’ communication in the emergency department.

The project objectives were:

- To identify complaints made about doctor communication in the ED at one hospital as recorded in the Victorian Health Incident Management System (VHIMS)
- To analyse these complaints thematically
- To develop a communication skills training intervention for junior doctors informed by the complaint data, using a case-based approach
- To deliver the training intervention to junior doctors and medical students in the study setting
- To evaluate the effectiveness of the intervention using survey techniques

Furthermore, under supervision of the principal researcher, the research training objectives of the project were:

- To provide training in ethics preparation, qualitative research design, data collection and analysis to the junior doctor researchers
- To provide opportunities to disseminate research findings through conference presentations and manuscript preparation
- To provide resource development and teaching opportunities to the participating junior doctor researchers.
3. **Study Setting**

The study was undertaken at Shepparton Regional Hospital, a teaching hospital in rural Victoria, which is part of Goulburn Valley Health (GVH). GVH provides healthcare to a regional population of approximately 160,000 people. The area shares a similar level of unemployment as the rest of the state but has a higher proportion of low-income households. There is a seasonal itinerant population who seek employment picking fruit in the area’s orchards. Goulburn Valley has a long history of welcoming refugees and migrant settlers, and it is also home to a large Indigenous population. Currently the Islamic population is the fastest growing religious group. The hospital has implemented a range of measures to address the needs of the local population with a Cultural Responsiveness Plan, which includes an interpreter service, as well as a partnership with Rumbalara Aboriginal Co-operative (15).

Like many regional hospitals in Australia, GVH employs a number of International Medical Graduate (IMGs) doctors as Hospital Medical Officers. The IMG doctors working at GVH are mainly from the Indian sub-content, Iran and China. The hospital has a yearly intake of approximately 28-30 interns. In recent years, the interns have been predominantly Malaysian background junior doctors who have gained their medical degree from an Australian medical school, including Australian medical schools with off-shore clinical schools.

3.1 *Addressing patient complaints at GVH*

Complaints about health service providers are regulated by the Health Services (Conciliation and Review) Act 1987. Complaints are first directed to hospitals’ complaint liaison officers, who report and categorise the complaint in the Victorian
Reducing Patient Complaints about Communication in Emergency Department

Health Incident Management System (VHIMS). If intra-hospital mediation has not satisfied the complainant, the complaint can then progress to the Health Services Commission.

At GVH, complaints are managed by the Quality and Safety Unit and are reported in the annual Quality of Care report. At points of public and patient contact in the hospital, e.g. reception, there are opportunities for consumers to give feedback to the hospital via feedback forms. The process of recording and responding to complaints is the responsibility of the Consumer Liaison Officer, who receives the complaint, acknowledges the complaint in writing, logs the incident on the VHIMS database, reports to appropriate managers and investigates, including providing feedback to the departmental manager, Chief Medical Officer, Chief Executive Officer, and/or Health Services Commissioner. The Consumer Liaison Officer responds to the complainant and informs him/her of other avenues if the complainant remains unsatisfied with the outcomes.

While GVH’s Quality and Safety Unit has ongoing quality assurance measures and interventions in place to reduce complaints, junior doctors may be unfamiliar with these processes. Junior doctors, particularly interns, were the target audience for the educational intervention for two reasons: the first was that communication related complaints about aspects of care in the ED account for a large number of complaints made to the hospital. The ‘communication load’ for patients and clinicians in ED and the lack of communication skills training for ED has been outlined in a previous section. The second reason is opportunistic: all junior doctors are required to undertake an ED rotation as part of their intern training. Furthermore, intern training requires gaining Continuing Medical Education points, hence there are incentives for junior doctors to attend the training.

4. **Approach**

The project was a quality assurance and training intervention using a qualitative research design and evaluation component. The project was conducted in two phases:
Reducing Patient Complaints about Communication in Emergency Department

i. **Audit phase May-August 2013**: audit of patient complaints about communication in the ED logged by the GVH Consumer Liaison Officer in the Victorian Health Incidence Management System (VHIMs) database in 2012. The complaints were analysed thematically, with the findings informing the training intervention for junior doctors.

ii. **Teaching and evaluation phase August-December 2013**: With the assistance of the GVH Medical Education and Workforce Unit and the Rural Health Academic Centre (RHAC), interns and other junior doctors as well as University of Melbourne MD students from the RHAC were recruited to participate in the workshops. These workshops were evaluated and the materials made available on the GVH H-Prime learning management system.

Ethical approval for both phases of the project was granted by the GVH Ethics and Research Committee (GVH 07/13).

4.1 **Audit Phase: patient complaints about communication in the ED**

With the assistance of staff in the Quality and Safety Unit, complaints were identified and extracted from the VHIMS database using the search keywords ‘ED’ and ‘communication’, used separately for the period between 1 January 2012 and 31 December 2012. In addition, the hard copy complaints were hand searched using the same keywords. After an initial search, the time frame was extended to 31 May 2013. The identified complaints were copied and de-identified.

The following information about each complaint was recorded in a spreadsheet: method of complaint lodgement; relationship of complainant to patient (or self); number of complaint facets; and whether the patient reported re-presenting to the ED at GVH or another hospital for related treatment. As our purpose in investigating complaints was to inform a teaching intervention rather than a root cause analysis, we did not apply metrics to the severity of the complaint or the outcome. The complaints were analysed thematically using the categories developed by Wofford et al. in a study investigating complaints about clinician behaviour (13). Three researchers categorised the complaints independently then met to compare findings. These were discussed till agreement was reached. In this phase, complaints were identified to illustrate each theme and in accordance with ethics approval aggregated so as to protect the privacy of individuals.
The aggregated complaints were developed as triggers and case studies for discussion in the teaching phase of the project as a form of reflective tool for training to improve patients’ health care experiences and outcomes (12, 13).

4.2 Teaching and Evaluation Phase: Reducing patient complaints about communication in the ED

GVH has growing capacity to deliver training to intern and junior doctor staff with the opening of its ROMUA training room adjacent to the Emergency Department. However, time and resource constraints mean that face-to-face training can involve logistical challenges which negatively impact the uptake of training. For this reason, the training was designed in two parts. The first part was an introductory online module delivered via the GVH learning management system, H-Prime. The online resource utilised existing multimedia resources for teaching communication skills for the emergency department, *Communicating for Health in Emergency Contexts* (14), and added the findings from the complaints’ analysis. In the second part, a follow up face-to-face workshop, aggregated complaints as case studies were used as triggers for reflection and discussion in small groups. The face-to-face workshop was facilitated by the researchers with the support of the Medical Education and Workforce Unit. The consumer liaison officer was present at all workshops.

At the time of this study, GVH had 29 interns, approximately 20 PGY2 doctors including International Medical Graduates. In addition, 31 University of Melbourne medical students were undertaking their rural rotation or Extended Rural Cohort placement at the Rural Health Academic Centre, all of whom were invited to participate in the training.

Both the online module and face-to-face workshop were evaluated by survey which included questions about raising awareness of why patients made complaints in the Emergency Department. The survey included space for qualitative comments and is provided in the Appendix (Appendix 2).
5. **Findings and Outcomes**

5.1 *Complaints about communication in the ED*

Thirty-four complaints specifically about communication in the emergency department were identified in the period from 1 January 2012 to 31 May 2013.

- **Method of complaint:** The initial form of complaint was by telephone (10), letter (5), email (3), consumer satisfaction survey (3), in person (3), not noted (10).

- **Complainants:** Complainants included family members, patients, general practitioners, aged care facility staff.

Seven complaint themes about communication were identified using the categories adopted from Wofford et al. These themes and examples of excerpts from the data are provided in Table 2.

<table>
<thead>
<tr>
<th>Complaint Themes</th>
<th>Excerpts from patient complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived availability and follow up</td>
<td>• Overheard doctors saying a bed was needed, then was told I would be discharged</td>
</tr>
<tr>
<td></td>
<td>• No follow up as promised, wait time</td>
</tr>
<tr>
<td>Disrespect</td>
<td>• Humiliating, disrespectful sensitive examinations</td>
</tr>
<tr>
<td>Inadequate information &amp; missing information</td>
<td>• Documentation- no consent</td>
</tr>
<tr>
<td></td>
<td>• Inadequate explanations “discharged home with very little explanation, unsure of what to expect”</td>
</tr>
<tr>
<td>Inter-/Intra-professional miscommunication</td>
<td>• Poor documentation on discharge back to aged care facility, metropolitan hospital, GP clinic</td>
</tr>
<tr>
<td>Quality of information</td>
<td>• “Poor communication”</td>
</tr>
<tr>
<td></td>
<td>• “Doc couldn’t speak properly”; language/accent</td>
</tr>
<tr>
<td>Disagreement</td>
<td>• About diagnosis and management</td>
</tr>
<tr>
<td>Misinformation</td>
<td>• Incorrect diagnosis</td>
</tr>
<tr>
<td></td>
<td>• Radiology interpreted incorrectly</td>
</tr>
</tbody>
</table>

Table 2: Complaint themes and excerpts

5.2 *The training resource*

A resource was developed called *Reducing complaints about communication in the ED*. This resource has two parts: an online module, and a face-to-face workshop. The online module was made available to GVH junior doctor participants via H-Prime, GVH’s learning management system, and the workshop was conducted by the researchers with assistance from the Medical Education and Workforce Unit at GVH.
The online module: The learning outcomes for the online module are:

- awareness of the communication ‘load’ for health professionals in the ED,
- awareness of factors that contribute to patient complaints about communication: in hospitals, in Emergency Departments, and at GVH,
- identification of communication behaviours and strategies to improve communication in the ED and minimise patient complaints.

![Excerpt from online teaching module – the communication load](image)


Figure 1: Excerpt from online teaching module – the communication load
Ken’s story – Task

Watch the video between Ken and Dr John Santos.

- Was Ken given enough information about his treatment?
- Were medical terms explained adequately?
- Was Ken aware of the reasons for the treatment suggested?
- What else might Ken have wanted to know?

**TASK – see attached word file**

If the video doesn’t play, paste the link into your browser

http://www.chec.med.unimelb.edu.au/resources/kenman001.html

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**Figure 2: Excerpt from online teaching module – scenario for potential patient complaint**

**Communication strategies to develop shared knowledge and decision making**

<table>
<thead>
<tr>
<th>Strategies for informing patients cont.</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. State the rationale for management/treatment options and decisions</td>
<td>Provide patients with clear reasons for ongoing treatment or management plans.</td>
<td>That’s what you call cellulitis secondary to insect bite.</td>
</tr>
<tr>
<td></td>
<td>Wherever appropriate, make the reasoning process available to patients</td>
<td>Hopefully we won’t have to do the x-ray again. But we may have to because the situation changes on different days.</td>
</tr>
<tr>
<td></td>
<td>Explain sequence and priority of treatment.</td>
<td>For now the priority is treating the infection. Make sure there is nothing nasty with the biopsy then we can talk about how to get the waterworks better in the long term.</td>
</tr>
<tr>
<td>2. Provide clear instructions for medications and other follow up treatment, appointments etc.</td>
<td>State instructions clearly and ask patients to repeat to confirm comprehension.</td>
<td>I wouldn’t use anti-inflammatory tablets at the moment because they could make you bleed from the prostrate, so take Panadol-2 tablets every 4hrs. So that’s a maximum of 8 tablets per day. Ok?</td>
</tr>
</tbody>
</table>


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**Figure 3: Excerpt from online teaching module – strategies for mitigating potential complaints in the ED**
The face-to-face workshop: the face-to-face workshop uses aggregated complaints as triggers for discussion. The learning outcome for participants in the face-to-face workshops is: identification of communication behaviours to improve communication in the ED. Three patient stories and the associated complaints are used for discussion. In small groups, participants are asked to put themselves firstly in the doctor’s shoes, then in the patient’s shoes. Participants are then asked to consider how the complaint could have been avoided. Each group presents their case study and discussion to the larger group. The session concludes with take home messages agreed upon by the group.

Complaint trigger for discussion: theme – disrespect, quality of information

_We came to the emergency because I was bleeding. I was terrified I was losing my baby. The experience was made worse by the doctor who was rude and unprofessional. When examining me, he spoke to the nurse in his first language. This made me feel they were keeping information from me and added to my distress. ‘RACHEL’_
5.3 Workshop outcomes and evaluation

While the online module was available via H-Prime, few participants in the workshops reported accessing or completing the workshop. This is despite the availability of Continuing Medical Education points for completing the module and its minimal time commitment of approximately 20 minutes. Some participants who did attempt to access the online module reported technical difficulties. Four face-to-face workshops were delivered between September and December of approximately 50 minutes duration each. In total, 28 junior doctors (18 interns, 2 HMO2s) including 8 University of Melbourne medical students participated in the training. The training was led by one of the junior doctors, and included small group discussion. Thirteen participants completed the survey evaluation. The respondents either agreed or strongly agreed that they found the workshop useful for raising awareness about patient complaints about communication, and that it was important to ask junior doctors for input about reducing

Discussion
1. Put yourself in the doctor’s shoes: Why did he behave in this way?
2. How could this patient’s complaint have been prevented?
3. What can you do to ensure this type of complaint doesn’t happen?
4. What should GVH do to minimise communication complaints about disrespect and quality of information?

Themes – Perceived availability and follow up; inadequate information; intra-professional communication

Steve had been transferred from another hospital. He was short of breath and had chest pain. In the ambulance he was given anginine and morphine to help with the pain. Steve thought he’d be admitted. Instead, he was given an explanation for the shortness of breath and told to take some Nurofen but not how much. He overheard staff saying they needed a bed. A few minutes later he was discharged and had to catch a bus home. He was unwell and confused from the morphine. No discharge information was sent to his GP. ‘Steve’ (reported by his partner)

Themes – Disrespect; Quality of Information

Mr ‘A’ – I came to hospital because I was bleeding from the back passage. The doctor who examined me in the emergency department said it was the first time she had done a rectal examination. The doctor walked out of the cubicle with faeces on the glove to talk to a colleague. This was humiliating. It’s also not hygienic to wander around the ward like that. She came back and said you’re good to go, but she didn’t tell me what was going on. I should have been admitted to the hospital.
complaints about communication. The respondents also either agreed or strongly agreed that they believed they could play a role in reducing complaints about communication in the hospital and that the training was relevant to their clinical practice. The qualitative comments in response to a question about the most useful aspects of the workshop noted the case-based approach to teaching, and that the workshop helped participants to gain insight into the nature of complaints and reasons they were made. Participant suggestions to improve the skills workshop included making a list of de-identified complaints available to ED staff on a regular basis for a ‘feedback’ discussion, and to have more case-based discussion based on the ‘real’ complaints.

Even if the full skills workshop were not done on a regular basis, a discussion of the most common problems at the emergency department could be helpful.

5.4 Research training outcomes

Two junior doctors participated in all phases of the research, including preparing an ethics application, participant recruitment, data collection, coding and analysis, and dissemination. The researchers gained experience in qualitative research methods. Findings from the audit phase were presented at an international conference on healthcare communication held in Melbourne, July 2013. In addition, the junior doctors gained valuable teaching experience and were involved in the module development, implementation and evaluation. The PMCV seeding funding provided an opportunity for a university – hospital collaboration in a setting where opportunities for qualitative research in medical education are limited.

6. Recommendations for practice

This project delivered a training intervention to reduce complaints about communication in the ED targeting junior doctors as part of their emergency department rotation. To contextualise the intervention, complaints to GVH were analysed and informed the training. The training module was positively evaluated by participants, particularly the case study approach. The training will continue to be part of the suite of training at GVH, and a modified version of the training will be incorporated in the Transition to Practice curriculum of the University of Melbourne’s MD.
**Recommendations** for GVH

- Explore mechanisms to encourage junior doctors to complete online training
- To ensure sustainability of the communication training and to provide teaching experience for junior doctors, identify interns or junior doctors to lead the workshops
- Make the training available to nursing and other clinical staff
- To continue to include the Consumer Liaison Officer in workshop training

**Recommendations for junior doctor training**

- Make the training modules available via the PMCV website and alert medical education officers to their availability
- To encourage medical education officers to tailor the modules to their own hospital setting in collaboration with the hospital’s Quality and Safety Units
- To encourage closer ties between hospitals’ Quality and Safety Units and Medical Education Units in order to identify and develop education targeting specific deficiencies in junior doctor communication.
REFERENCES

APPENDIX 1: PROJECT TEAM

- Assoc. Prof. Robyn Woodward Kron, Assoc. Prof. in Healthcare Communication, Medical Education Unit, Melbourne Medical School, University of Melbourne.
- Dr Andrew Fitzgerald, Intern, Goulburn Valley Health. (2013)
- Dr Ibtissam Shahbal, Hospital Medical Officer, Goulburn Valley Health. (2013)
- Ms Jerry Tumney, Medical Education Officer, Medical Education and Health Workforce Unit, Goulburn Valley Health.
- With assistance from Ms Jan Phillips, Consumer Satisfaction Co-ordinator, Quality and Safety Unit, Goulburn Valley Health.
APPENDIX 2: WORKSHOP EVALUATION

COMMUNICATION AND COMPLAINTS IN THE GVH EMERGENCY DEPARTMENT (ED)

EVALUATION: REDUCING PATIENT COMPLAINTS ABOUT COMMUNICATION IN THE ED

Section 1: Please answer the following demographic questions

1. Your gender is: Male ☐ Female ☐
2. Please indicate your level of training: Medical Student ☐ Intern ☐ HMO2+ ☐
3. To what extent have you undertaken recent training in an Emergency Department context?
   Not at all ☐ To a minor extent ☐ To a moderate extent ☐ To a major extent ☐

Section 2: I believe that skills/knowledge from the communication training in the online module

<table>
<thead>
<tr>
<th></th>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Agree Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Have improved my knowledge of communication needs that are specific to EDs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Raised my awareness of how communication can impact quality of patient care in the ED</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Improved my understanding of how to develop shared decision making with patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>7. Improved my understanding of how to develop rapport with patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>8. Have helped me better understand the patient’s experience of the ED</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

Section 3: Please rate the following statements in relation to the workshop:

<table>
<thead>
<tr>
<th></th>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Agree Strong</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. I found the workshop discussion useful for raising awareness about patient complaints</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>10. It is important to ask junior doctors for input on reducing patient complaints</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>11. I believe I can play an important role in reducing the complaints about communication in the ED</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>12. I found the information from the communication training relevant to my practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tbody>
</table>

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### Section 4: Future use

<table>
<thead>
<tr>
<th>Question</th>
<th>Likely</th>
<th>Neutral</th>
<th>Unlikely</th>
<th>Highly unlikely</th>
<th>Highly likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. How likely are you to recommend continued use of the online resource for junior or newer colleagues?</td>
<td></td>
<td></td>
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<tr>
<td>14. How likely are you to recommend the skills workshop to others, including staff of other disciplines?</td>
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</tbody>
</table>

**Please describe the most useful aspects of the online resource**

15

**Please describe anything that you feel would improve the online resource**

16

**Please describe the most useful aspects of the workshop**

17

**Please describe anything that you feel would improve the skills workshop**

18

Thank you for taking the time to complete this evaluation
Reducing Patient Complaints about Communication in Emergency Department

LIST OF TABLES

Table 1. Complaints about communication to the office of the Health Services Commissioner, n=166
Table 2 Complaint themes and excerpts

LIST OF FIGURES

Figure 1: Excerpt from online teaching module – the communication load
Figure 2: Excerpt from online teaching module – scenario for potential patient complaint
Figure 3: Excerpt from online teaching module – strategies for mitigating potential complaints in the ED