



On-the-Spot: Training nurses about effective communication with acute stroke patients

Peer review status:

No

Corresponding Author:

Dr. Birgit Gurr,
Consultant Neuropsychologist, Neuropsychology department. Dorset Healthcare University NHS Foundation Trust, Neuropsychology Department, Poole Clinic, Shaftesbury Road, Poole, BH15 2NT - United Kingdom

Submitting Author:

Dr. Birgit Gurr,
Consultant Neuropsychologist, Neuropsychology department. Dorset Healthcare University Foundation Trust - United Kingdom

Other Authors:

Mr. Jac Dendle,
Trainee Clinical Psychologist, Dorset Healthcare University NHS Foundation Trust, Neuropsychology, Poole clinic, Shaftesbury Road, Poole, BH15 2NT - United Kingdom

Article ID: WMC004800

Article Type: Case Report

Submitted on: 16-Jan-2015, 05:07:29 PM GMT **Published on:** 17-Jan-2015, 09:52:38 AM GMT

Article URL: http://www.webmedcentral.com/article_view/4800

Subject Categories: REHABILITATION

Keywords: Effective communication, nurse-centred training, cost-effective training, stroke rehabilitation

How to cite the article: Dendle J, Gurr B. On-the-Spot: Training nurses about effective communication with acute stroke patients. WebmedCentral REHABILITATION 2015;6(1):WMC004800

Copyright: This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC-BY\)](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source(s) of Funding:

No funding required

Competing Interests:

No competing interests

Additional Files:

[Spot on Stroke Training](#)

On-the-Spot: Training nurses about effective communication with acute stroke patients

Author(s): Dendle J, Gurr B

Introduction

In 2013 Robert Francis QC concluded that the Mid Staffordshire NHS Foundation Trust had a culture focused on doing the systems business and not that of the patient. Unfortunately it is arguable that this is becoming the public view of much of the NHS. One of the recommendations of the public enquiry was that more training and support is needed for healthcare professionals, in particular for those with nursing and leadership roles (Francis, 2013). Moreover, the enquiry demonstrated the need for education about the implementation of compassionate care. Initiatives to improve the quality of care may be vital in the future of healthcare organisations (Neale, Vincent, & Darzi, 2007).

Maintaining standards of practice for the public benefit has been advocated since the beginning of the NHS. The media attention over recent years has brought quality of care very much into the public eye and it has become a new priority in healthcare politics in the UK.

The focus on patient-centred care and providing value for money means that there is a greater need to ensure that health professionals have the knowledge and skills to effectively and compassionately support patients. Training health professionals has the potential to impact positively on their skill base, attitudes, knowledge and behaviours (O'Brien et al., 2001). In fact, some research has suggested that training professionals may be just as effective as financial incentives for improving the quality of healthcare (Epstein, 2008).

Everyday the NHS is facing significant challenges. The country's population is growing, people are living longer and the demands on health care services are outstripping its staffing and financial resources (The Department of Health, 2004). Stretched services put little priority on training. Opportunities for training are often limited, fragmented, disruptive and costly for NHS trusts. For example, if a hospital ward intended to offer training to 50 staff members on a chosen topic for one hour, they would have to: rota staff to attend the training (mostly probably in a number of small groups), provide cover on the ward for the staff who attend training, pay the wages of the staff attending

training and the staff providing cover and meet the costs of the trainer. Furthermore, time is required to organise the training itself and the staff rota, thus incurring more costs.

The organisation of staff training is without the consideration of staff shortages, sickness and a service's financial budget. It is clear that just organising staff training is a complicated process within healthcare services, even before considering the most effective way to deliver the training.

There is a growing literature base investigating effective training for healthcare workers. Such training may increase the skill base, knowledge and confidence of healthcare staff. However, didactic sessions alone are unlikely to produce changes in care approaches and improve care processes or patient outcomes. Bloom (2005) identified that didactic presentations in a lecture format and distributing printed information had no effect on professional approach and behaviour. Learning methods that encourage active participation may be more effective in implementing change compared to classroom based or online learning. However, the ideal balance between theoretical teaching and practical learning remains unknown. It is arguable however, that staff need the academic knowledge as well as the practical experience in order to provide a good quality of care.

Evaluation report

Training Method

The On-the-Spot training which is described here is an approach that could deliver both academic and practical elements for health care staff in one simple training package. On-the-Spot is delivered by a trainer who may be part of a service, ward or healthcare unit, alongside nurses carrying out their daily duties. The trainer used an electronic tablet that contained a 5-10 minute presentation. This was shown and discussed with a member of staff on a one-to-one basis on the hospital ward. Figueiras et al. (2001) found that one-to-one training was significantly more effective at changing health professionals' behaviour compared to group training. It was also reported that the one-to-one training was the preferred teaching method

by staff and produced better outcomes. The one-to-one method allows the tailoring of training topics to the service and to individual trainee needs. The formal format of the presentation delivers the required training information. The On-the-Spot or on-the-ward location improves accessibility. The one-to-one method allows for discussion and practical application where appropriate. The only cost of the training would be the fee of the trainer. No other staff organisation costs would be incurred by the service (e.g. no cover staff).

Aim of Evaluation

This evaluation aimed to investigate the usefulness of the On-the-Spot method for routine training about communication and emotional care and whether the approach was cost effective for the service. The need for training on communication matters was highlighted by a number of complaints by patients and family members which appeared associated with poor communication by staff. The aim of the training was to promote good communication between staff members and patients.

The training covered the following areas of communication:

- what to do before communicating with a patient;
- physical positioning when communicating;
- good and bad language use;
- the individual nurse's communication style with patients;
- examples of good and bad social interactions.

Participants

Participants were 38 members of staff employed as a nurse or health care assistant on the hospital stroke ward. Participants pay bands were between band 2 and 7.

The trainer for the communication programme delivered here was a band 6 psychologist (trainee clinical psychologist).

Measures

Staff register:

Staff were required to record their name, employment position and sign the training register to indicate they had completed the training.

Trainer time record:

The trainer recorded the length of time spend on the ward for each training session and the number of staff members seen in that session.

Evaluation sheet:

At the end of the training staff members were asked to

complete an evaluation sheet.

The sheet included the following questions:

- What was most useful about the communication training?
- What will the communication training help you to do?
- What will you do differently as a resulting of the communication training?
- Would you recommend the communication training to your colleagues?

Procedure

The On-the-Spot training was arranged and agreed with the ward manager. The ward manager was extra-numery and therefore available for cover, if required, during the nurse's interaction with the trainer.

The On-the-Spot training followed this procedure (Dendle, 2013):

- The trainer entered the stroke ward.
- Staff members were approached by the trainer and asked if they would be available for a few minutes to participate in the training. Training was completed with either an individual staff member or with a small group of staff members (4 was the maximum).
- Staff were shown the information slides on the topic of communication by the use of an iPad presentation.
- Time was given for staff to ask questions and practice communication styles.

Results

Seven staff members returned the evaluation sheet 9 (response rate = 18.6%).

The following responses were identified:

- *What was most useful?:* Developing communication awareness / clarity about good communication / revisiting ideas / thinking about relationships with patients / being reminded how important communication is.
- *What will the communication training help you do?:* Think about communication / Explain more to patients / be client focused / be more clear / think about language interpretations / consider cognitive deficits / consider the impact of language.
- *What will you do differently?:* ?Give more time and not rush / be patient centred / be clear in communication.
- *Would you recommend the training?:* The responses indicted that 100% (7/7) of responders would recommend the training to other staff members.

Cost analysis:

A total of 38 members of staff participated in the

training. The total delivery time expended by the trainer was 405 minutes (6hrs 45min). This was approximately 10.6 minutes one to one time per staff member. In comparison, a 1 hour group training session for 10 staff members would have an average of 6 minutes one to one time per staff member. The On-the-Spot training provided 4.6 minutes more one to one time than a 1 hour group session with 10 staff members. According to the ward manager, the ward staff were banded from pay band 2 – 7 and the average wage is approximate £10 per hour. If the 38 staff trained using the On-the-Spot method had attended a 1 hour group session the cost to cover the average hourly pay would have been £380. In addition the ward would have needed to be staffed during the training time which would incur a cost of further £380 (based on average pay) to pay cover staff (total wage cost = £760). Furthermore, cost of a staff member organising the training and staff rotas would also be incurred (this cost is not known) and the trainer will also have fee (for example: 4 x 1 hour training sessions = £200 training costs). In total it could be estimated that training the 38 staff in 4x10 person group training session would cost a conservative £900. In comparison, for On-the-Spot training the only cost incurred would be the trainer's fee (approximately £62.5 per hour). Therefore the total cost for training 38 staff members (time taken = 6hrs 45 minutes) using the On-the-Spot method would be £421.88. This would be an approximate saving of £478.12 (53.12%).

In summary, compared to a 10 person group training session, the one-to-one method provides 4.6 minutes more direct interaction with the trainer and has a 53.12% saving cost for the service. Most of all, it enables the participating nurse to fully interact with and absorb the discussed topics.

Discussion

The feedback from the staff that participated in the training and returned the evaluation forms was positive. Improving communication, considering how best to communicate and implementing a patient-centred approach were the primary themes that staff identified as useful and ways to improve their service. The training method encouraged staff to elicit important through discussion and their engagement with the method suggest that the training was useful. In addition, it is arguable that positive feedback received (100% of staff would recommend the training to others) and the link between the identified staff themes and training aims, coincide with the research

base which has indicated that one-to-one training was the preferred teaching method by staff.

The cost analysis of the On-the-Spot method suggests that it is more cost effective than a group training programme and would have a saving of training cost of approximately 53.12% for a service. Moreover, the analysis revealed that the One- the-Spot method provided increased training time for each staff member. It is arguable that the increased one-to-one time may allow more individualised training information to be shared and may allow for more effective change (Figueiras et al. 2001).

There are a number of limitations to the evaluation. First, the return rate of the feedback forms was poor and may not have represented the viewpoints of all the staff who participated in the training. Future evaluations should review the procedure to ensure high feedback rates. Second, the effectiveness of the training with regards to staff behaviour/communication change was not measured. Future evaluations should aim to identify changes in behaviours in-line with the training at a number of time points. This would allow the evaluation of the effectiveness and longevity of the on the spot training method. Third, estimated group training costs and average staff hourly wages were used for the cost analysis, meaning that only approximations could be made with regards to cost savings. Future cost analyses should aim to acquire and use exact group training costs for a service requiring training.

References

1. Bloom, B.S. (2005). Effects of continuing medical education on improving physician clinical care and patient health: a review of systematic reviews. *International Journal of Technology Assessment in Health Care*, 21, 380-385.
2. Department of Health (2004). *Improving Chronic Disease Management*. London: Department of Health.
3. Dendle, Jac (2013). prezi.com/xlzegi2pwzve/behaviour-management/
4. Epstein, A.M. (2008) Performance measurement and professional improvement: approaches, opportunities and challenges. *Health Systems, Health and Wealth*. WHO Ministerial Conference on Health Systems, June 2008.
5. Figueiras, A, Sastre, I., Tato, F., et al. (2001). One-to-one versus group sessions to improve prescription in primary care: a pragmatic randomized controlled trial. *Medical Care*, 39, 158-167.

5. Francis, R. (2013). The Mid Staffordshire NHS Foundation Trust public. Retrieved from enquiry<http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>.
6. Kirshner, M., Salomon, H., & Chin, H. (2003). One-on-One Proficiency Training: an Evaluation of Satisfaction and Effectiveness using Clinical Information Systems. AMIA Symposium proceedings.
7. Neale, G., Vincent, C., & Darzi A. (2007). The problem of engaging hospital doctors in promoting safety and quality in clinical practice. *The Journal of the Royal Society for Promoting Health*, 127, 87-94.
8. O'Brien, M.A., Freemantle, N., Oxman, A.D. et al. (2001) Continuing education meetings and workshops: effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews*, 2.