Navigating Communication Challenges in Clinical Practice: A New Approach to Team Education

Christine M. Rachwal, MSN, RN, CCRN
Thorsten Langer, MD
Bethany P. Trainor, BSN, RN, CCRP
Mary Anne Bell, BSN, RN, CCRN
David M. Browning, MSW, BCD
Elaine C. Meyer, PhD, RN

**BACKGROUND** Cultivating a healthy work environment and upholding patient safety are important priorities in health care. Challenges in workplace communication are common and affect staff well-being and patient outcomes. Previous interventions have focused on organizational issues and work-life balance.

**OBJECTIVE** To assess the feasibility of monthly interdisciplinary educational rounds that support clinicians’ ability to navigate workplace clinical and communication challenges while promoting interprofessional teamwork and self-care.

**METHODS** The Program to Enhance Relational and Communication Skills rounds are an educational initiative within a large pediatric tertiary care hospital. Participation is voluntary and offered to interprofessional clinicians from 4 critical care units, cardiac catheterization unit, and intermediate care unit. Topics of monthly hour-long sessions are developed collaboratively. Feasibility is assessed by ongoing documentation of attendance. Postintervention questionnaires are used to evaluate the program’s value.

**RESULTS** Between April 2010 and December 2016, a total of 1156 clinicians participated (median, 18 per seminar): 653 nurses (56%), 103 social workers (9%), 102 child life specialists (9%), 32 psychologists (3%), 40 chaplains (3%), 18 physicians (2%), 18 ethicists (2%), and 190 others (16%), including medical interpreters, nursing students, and administrative staff. Ninety-two percent of participants rated their participation as “quite valuable” or “very valuable.” Programs of highest interest included child assent, bereavement, social media, and workplace bullying. Evolution into actual clinical practice change remains a challenge for the future.

**CONCLUSION** Our approach to communication and workplace challenges is relevant, user-friendly, and feasible. Difficult topics are addressed in real time, with clinicians learning interprofessionally. (Critical Care Nurse. 2018;38[6]:15-22)

This article has been designated for CE contact hour(s). The evaluation tests your knowledge of the following objectives:
1. Describe the key philosophy of the Program to Enhance Relational and Communication Skills (PERCS) rounds and Workshops
2. Identify the importance of PERCS champions to the promotion and development of PERCS rounds
3. Identify 3 important characteristics of the PERCS rounds that may aid in developing a similar educational initiative

To complete evaluation for CE contact hour(s) for activity C1861, visit www.ccnonline.org and click the “CE Articles” button. No CE fee for AACN members.

This activity expires on December 1, 2021.

The American Association of Critical-Care Nurses is an accredited provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. AACN has been approved as a provider of continuing education in nursing by the State Boards of Registered Nursing of California (#5010) and Louisiana (#LSBN12).

©2018 American Association of Critical-Care Nurses doi:https://doi.org/10.4037/ccn2018748
Critical care has long been noted as a high-stakes, high-stress professional career path. Rapidly evolving technology and patients with increasingly complex medical problems, coupled with the need to negotiate the relational challenges that occur within this context, can tax even the most seasoned professional.\textsuperscript{1-3} The numerous relational challenges health care workers face every day include overcoming barriers to clear communication, balancing the cultural needs of families, and coping with a challenging hierarchy within the care team.\textsuperscript{4} These demanding encounters often occur in the presence of life-altering events, high acuity, and death. As a result, moral distress,\textsuperscript{5,8} intercollegial conflicts, and frustration can occur.\textsuperscript{6}

Over the last 20 years, increasing attention has been paid to how work-related challenges can impair clinicians’ health and well-being, lead to loss of productivity, and ultimately create threats to quality of patient care and safety. Because of their challenging workload, mortality rate, ethical dilemmas, and family expectations, critical care environments are associated with symptoms of compassion fatigue, moral distress, and burnout among all disciplines.\textsuperscript{7-11} Intensive care unit staff, particularly pediatric intensive care nurses, report posttraumatic stress symptoms.\textsuperscript{10} Nurses are repeatedly found to have higher levels of burnout than the general population,\textsuperscript{9,10,12} with poor job satisfaction rates reported internationally.\textsuperscript{3} Similarly, symptoms of psychological distress are commonly reported among pediatric intensivists in the United States.\textsuperscript{11} Physicians have repeatedly shown higher rates of burnout,\textsuperscript{13,14} depression,\textsuperscript{15} and suicide\textsuperscript{15-17} than the general population. Moreover, higher frequencies of difficult encounters in the workplace are associated with higher levels of job dissatisfaction and burnout among this group.\textsuperscript{11,18}

Several studies have highlighted the link between clinician well-being and its impact on quality of care.\textsuperscript{2,12,18-22} In the critical care environment, emotional exhaustion and burnout may affect care quality and lead to increased health care–associated infections.\textsuperscript{21} Physicians who experience burnout are more likely than others to report providing suboptimal care\textsuperscript{19} and making medication errors.\textsuperscript{20} From a nursing perspective, negative workplace behaviors such as incivility, disrespect, and noncollaborative relationships have been associated with diminished productivity and increased cost to the health care system.\textsuperscript{21,24} The links between characteristics of the work environment, the well-being of staff, and patient outcomes have been recognized by several national professional organizations. The American Association of Critical-Care Nurses has formulated 6 standards to promote healthy work environments.\textsuperscript{25} Five of the standards reflect relational competence and communication: skilled communication, true collaboration, effective decision-making, meaningful recognition, and authentic leadership. Similarly, the American Academy of Pediatrics emphasizes the importance of preventing and focusing on predictable stressors in the workplace in addition to supporting practitioners struggling with substance abuse issues or depression.

Most current interventions are aimed at increasing clinicians’ personal well-being, addressing structural

Empowering nurses and their colleagues with knowledge and support is needed to embrace challenging conversations.
aspects of the work environment such as adequate staffing, or providing individual support to help clinicians develop strategies that balance work-related and personal responsibilities. In this article, we describe what might be considered the next phase in health care education and interprofessional learning: focusing on team dynamics, or the ways clinicians relate to and work with each other. Strong practice environments that emphasize collaboration and communication are associated with a lower likelihood of dissatisfaction and burnout and improved nurse retention. However, the realm of interprofessional education to foster relational competencies, interpersonal dynamics, and professionalism has not yet received much attention.

Recognizing the importance of empowering interprofessional colleagues with the knowledge and support needed to embrace challenging conversations, the Institute for Professionalism and Ethical Practice expanded on its well-established Program to Enhance Relational and Communication Skills (PERCS) pedagogy and workshops to create an innovative, dynamic, monthly educational forum. These forums, called PERCS rounds, address the educational and support needs of nursing and interdisciplinary teams within the critical care cardiovascular service at an academic, tertiary care children’s hospital in the northeastern United States. The pedagogy of PERCS rounds has been adapted from the adult-learning concepts of relational and self-directed learning. In recent years, the concept of self-directed learning has gained support within health care education as a whole and has been integrated in several medical educational programs. Self-directed learning relies on students to provide their own assessments, initiate the process, and seek out resources to achieve their learning needs. Additionally, relational theory proposes that successful adult education rests in mindful reflection, multiple perspectives, and peer engagement, with the ultimate responsibility for building knowledge falling on the adult learner. The foundation of PERCS rounds rests on an integration of these 2 approaches and provides a framework that invites the health care team to define curricular content that suits their unit’s specific educational needs.

We developed an educational rounds format designed to engage nurses and their interprofessional colleagues in a facilitated discussion about what learners perceive as relationally challenging situations in their everyday work environments. This kind of initiative can offer unique benefits for all disciplines by improving the overall quality of the work environment, increasing professional satisfaction, and ameliorating burnout. In this article, we report on the theoretical underpinnings of the PERCS rounds teaching methodology and how these discussions are developed, structured, and facilitated. We report participants’ evaluations over the course of 6 years and provide recommendations for other institutions considering this educational approach.

**Methods**

**Rounds**

The PERCS rounds are ongoing hour-long interdisciplinary forums that have been held monthly since April 2010. The goal of the rounds is to create an educational and supportive environment in which nursing and other interprofessional clinicians can improve their relational skills to better meet the challenges in the interpersonal dimension of patient care.

The PERCS rounds use the pedagogical principles first developed for the PERCS workshops. The PERCS pedagogy is based on the concepts of validating clinicians’ existing relational capacities, emphasizing moral dimensions of care, suspending hierarchy, and creating a safe learning environment. The original day-long PERCS workshops focus on communicating and supporting families during the sharing and trajectory of difficult conversations. The workshop methodology allows participants to embrace uncertainty, raise self-awareness, and honor multiple perspectives, including those of patients and families. The PERCS workshops bring together interdisciplinary participants, including patients and family members, residents, faculty physicians, nurses, nurse managers, social workers, medical interpreters, child life specialists, and facilitators in a “one-room schoolhouse” fashion that dissolves traditional barriers and models team communication. The workshops include enactments of challenging conversations, with professional actors portraying the roles of patients and family members. These actors have received special training to assist with debriefing and give participants direct feedback on their communication styles and approaches.

The PERCS rounds serve as an extension of the PERCS workshops in that they maintain the pedagogical approach that focuses on relational competencies, suspending hierarchy, and interdisciplinary learning. This design
allows the exploration of highly sensitive topics that are otherwise difficult to address in traditional settings. Therefore, PERCS rounds may be conceptualized as booster sessions offered in conjunction with the PERCS workshops. Past participation in a PERCS workshop is not a prerequisite for attending PERCS rounds. However, attending PERCS rounds has stimulated interest among participants to seek more in-depth education offered through the PERCS workshops.

To be easily accessible to clinical staff, PERCS rounds are held on the floors during lunch hour. Timely, relevant topics and cases are identified by “PERCS champions” from participating floors. Champions are staff members who serve as PERCS liaisons to the clinicians on their respective units, promoting the concept of the rounds, helping identify current “hot” topics, and fostering recruitment. From their topic recommendations, general outlines of each session are formatted. Session outlines include a didactic component when indicated. Each of the participating units designates at least 2 staff members to serve as champions. This cohort of champions is most often composed of nursing staff but may also include staff from other disciplines, such as social workers, physicians, and child life therapists. All planning meetings are conducted in collaboration with faculty facilitators from the Institute for Professionalism and Ethical Practice, the parent organization for PERCS. Elements guiding the preparation meeting are shown in Table 1.

Each PERCS round begins with a brief case illustration of a situation that generated issues related to communication and relational discomfort, uncertainty, or conflict. The rounds, facilitated by PERCS faculty, provide opportunities for unit champions and staff members to share similar cases or experiences, engage in mutual self-reflection, and review relevant hospital policies and resources. Supplemental activities such as whiteboard exercises and brief didactic components (as needed) are also used to enhance discussion. Sessions close with an opportunity for learners to review take-home points that will be brought back to their clinical practices. Key points from the discussion, along with relevant articles and other resources to reinforce the learning, are electronically distributed to participants.

To maintain the educational integrity of the program, faculty must have strong facilitation skills and understand group dynamics. In addition, we have invited members of ethics, social work, and chaplaincy services to regularly attend rounds to represent their unique perspectives. Typical facilitation questions give an educational structure and guide the flow of the rounds (Table 2).
Participants

Participation is voluntary. Clinicians from all disciplines within the critical care cardiovascular program are invited. Depending on the nature of the topic, resource personnel from various departments, such as international office, legal counsel, child protection, human resources, pediatric advanced care team, and psychiatry, are invited to provide further input during the session. Nurses and social workers can earn 1 hour of continuing education credit for their participation.

Evaluation

Attendance and professional affiliation were documented through registration at the beginning of each PERCS round. A survey was administered after each offering. The questionnaire included 16 closed and 2 open-ended questions. The questionnaire included items assessing the participants’ learning experiences, feedback on the facilitators, and suggestions for future seminars.

Analysis

We entered data into spreadsheet software (Excel, Microsoft) and calculated descriptive statistics, including frequencies and percentages. To summarize the range of topics covered by PERCS rounds, we sorted the titles of the rounds according to content similarity.

Ethics

This body of work was conducted as a quality improvement initiative and received exempt approval by the institutional review board.

Results

PERCS rounds have been offered monthly since the inception of the program in April 2010. Between April 2010 and December 2016, a total of 1156 clinicians from various professions enrolled in the rounds. Participants included 653 nurses (56%), 103 social workers (9%), 102 child life specialists (9%), 32 psychologists (3%), 40 chaplains (3%), 18 physicians (2%), 18 ethicists (2%), and 190 others (16%), including medical interpreters, nursing students, and administrative staff. Ninety-two percent of participants considered PERCS rounds “quite valuable” or “very valuable.” When asked if they would recommend this program to their peers, 100% of participants responded “yes.” Responses were consistent across all professions.

The open-ended comments reflected participant assessment of the experience and take-home points. Participants reported PERCS rounds to be positive educational experiences that contributed to clinical practice. Typical participant feedback included the following: “Communication techniques and tips offered were realistic and extremely helpful”; “Rounds demonstrated the importance of self-awareness and having open discussions within teams”; “Great experience; I look forward to further discussion”; and “Wonderful reminder to utilize interdisciplinary resources in difficult situations.”

We also asked attendees to reflect on their experiences in each session and to specify take-home points to use in their own practices. Each session generated specific comments based on the topic presented by the champions. Clinicians described gaining greater insight into particularly challenging situations through learning from different perspectives shared in the session. Through the relational exercises and expert contributions, participants defined tools to bring back and use within their own practices. Overall, reviews of content were overwhelmingly positive, with many attendees requesting repeat offerings of certain topics to allow for further exploration. The success of the program is reflected in the evolving nature and nuance of suggested topics.

The essential element that draws attendance for PERCS rounds is topic content. Topics are relevant to the unit that is hosting rounds for that month and resonate with a current concern that needs to be addressed in real time. For this reason, attendance for PERCS rounds is robust (median, 18 participants), with particular topics drawing especially high participation. The session topics “Family Mental Health Dynamics,” “Caring for the Dying Child,” and “Civility, Incivility, and Bullying: Strategies and Potential Solutions” proved to have such a strong impact on clinical staff that encore sessions were offered. More recently, staff requested topics that explored balancing parental wishes and understanding child assent in pediatric critical care. “Please Don’t Tell My Child Anything: Clinicians’ Obligations, Parental Wishes, and the Child’s Right to Know” and “Who, What, When, Why, and How
Table 3 Themes and illustrative topics of PERCS rounds

<table>
<thead>
<tr>
<th>Overarching theme</th>
<th>PERCS rounds topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging conversations: families</td>
<td>Making a First Impression: A Step Toward Establishing a Rapport and Trust</td>
</tr>
<tr>
<td></td>
<td>Finding the Words: When Maltreatment Is Suspected</td>
</tr>
<tr>
<td></td>
<td>Understanding the Effect of Social Media on the Patient-Clinician Relationship: Sharing Family and Staff Perspectives</td>
</tr>
<tr>
<td></td>
<td>How to Assess and What to Do When Family Members Are Under the Influence</td>
</tr>
<tr>
<td></td>
<td>When the Family Sees the Big Picture Before We Do</td>
</tr>
<tr>
<td></td>
<td>Patients, Families, and Favorites: Ethics and Options for Providing Excellent Care to All Who, What, When, Why, and How of Pediatric Assent</td>
</tr>
<tr>
<td>Challenging conversations: interprofessional</td>
<td>From Frustration to Appreciation: Navigating Communication Challenges Across the Units</td>
</tr>
<tr>
<td></td>
<td>When a Patient's Procedure Is Delayed or Cancelled: Strategies to Support Families Moving Forward</td>
</tr>
<tr>
<td></td>
<td>Creating a Culture of Understanding: Working Alongside Team Members With Disabilities</td>
</tr>
<tr>
<td></td>
<td>When the News Is Bad: Exploring the Contribution of Different Team Members</td>
</tr>
<tr>
<td></td>
<td>Civility, Incivility, and Bullying: Strategies and Potential Solutions</td>
</tr>
<tr>
<td>Challenges conversations: environmental</td>
<td>The Bed Crunch: Through the Eyes of Leadership, Clinicians, and Families</td>
</tr>
<tr>
<td></td>
<td>Discussing the Aftermath of the Boston Marathon Tragedy: “Even Though It’s Over, It’s Still Not ‘Over’”</td>
</tr>
<tr>
<td></td>
<td>Healthy Work Environment: Making Every Day a Good Day</td>
</tr>
<tr>
<td></td>
<td>To File or Not to File? The ABCs of the 51A Process</td>
</tr>
<tr>
<td></td>
<td>Duty to Care During Infectious Disease Outbreaks: Weighing Personal Risks and Professional Responsibilities</td>
</tr>
<tr>
<td></td>
<td>Respecting Patient Confidentiality in Shared Spaces: Challenges and Solutions</td>
</tr>
<tr>
<td></td>
<td>Teams in Transition: Supporting Staff and Upholding the Quality of Care</td>
</tr>
<tr>
<td></td>
<td>Family Use of Video Technology in the ICU: Positive Outcomes and Unintended Consequences</td>
</tr>
<tr>
<td></td>
<td>Creating a Holistic Community of Care: Coping With Severe Neurological Impairment</td>
</tr>
</tbody>
</table>

Abbreviations: ICU, intensive care unit; PERCS, Program to Enhance Relational and Communication Skills.

Discussion

Contemporary health care is technically complex and poses numerous relational and communicative challenges to clinicians of all professional backgrounds on a daily basis. How these challenges are met by nurses and other health care professionals can have a significant impact on the quality of care patients receive and the well-being of clinicians. Yet educators striving to develop supportive relational competency programs can face formidable challenges associated with understanding the true learning needs of their audience and meeting those needs responsively in real time. Additionally, curriculum development can be time-consuming and costly and often exists only within one’s own discipline. Therefore, a flexible educational framework able to adapt and respond to the characteristics of the local setting in a timely manner is needed.

The PERCS rounds offer an approach to transform interpersonally challenging issues that arise in the clinical setting into hour-long, bite-sized educational activities that facilitate safe interactive learning. Nurses can learn with and from their interprofessional colleagues who share the same working environment and yet often have differing perspectives. Since its inception, PERCS
rounds have become a vital part of the professional life in our critical care program. Through the rounds format of a well-embedded monthly educational offering, clinicians can anticipate and engage in a continual learning process, receiving a “continuous drip infusion” of just-in-time relational learning, whereas the full-day PERCS workshops offer the initial “loading dose” of education.

Similar educational programs are rare in practice and virtually nonexistent in nursing programs. However, a few examples have been reported in different medical training settings. Epner et al described a 1-hour recurring course on difficult conversations embedded longitudinally in the training of first-year oncology residents. The authors reported high acceptance and favorable ratings by participants. Similar to PERCS rounds, oncology residents presented their actual cases for educational exploration. However, our program differs in that experts from related disciplines or hospital departments (such as ethics, psychiatry, human resources, or legal counsel) are regularly invited to seminars to contribute their expertise. Additionally, preparatory meetings of the hosting unit and the facilitating team are regularly held to craft the specific educational goals, outline, and pedagogical components of each session and to identify possible guest experts who might enlighten the learners. The success of the program is reflected in the interest generated, topics offered, its interprofessional nature, and the broad range of experience levels.

Limitations

The data presented in this article underscore the strong acceptance of the rounds program by participants and its feasibility and sustainability over 6 years. However, some limitations need to be mentioned. PERCS rounds are a voluntary educational offering; sampling and selection bias may be present. Additionally, PERCS rounds are designed to be interdisciplinary in nature; however, physician attendance has remained low (2%). The small number of physician participants may affect the extent to which information is disseminated and integrated into practice on a wider scale. Although the topics typically discussed during PERCS rounds relate directly to clinician behavior and strategies to improve communication and relational skills in challenging situations, we are not able to confirm whether nurses or other clinicians actually respond differently as a result of the educational experience. The same holds for the program’s contribution to a “healthy work environment” and to care providers’ well-being.

Future Directions

This article offers participants’ formative evaluations of the sessions themselves. Actual behavior change and improvement in clinicians’ well-being are important outcomes that should be explored in subsequent research. In addition, a controlled study design with a control population in a similar setting will be necessary to measure effects on participant-reported outcomes. Future directions include continuing to grow our PERCS champion base, exploring ideas to foster physician participation, investigating methods to measure impact on staff well-being, and exploring the feasibility of offering PERCS rounds to a wider audience.

Conclusions

Critically important local characteristics play important roles in sustaining the program in our institution. Educators who aim to develop a similar ongoing rounds program might want to consider the following:

- Align the educational objectives with the hospital’s values and obtain support from the institution’s leadership. Our hospital actively promotes a family-centered model and supports the development of relational competence of its clinicians. Hospital leadership supports the program by providing the necessary resources, such as space and active encouragement to attend, and by extending clinicians the opportunity to participate during their working hours.
- Develop champions as key supporters of the rounds. Within the respective units, these dedicated champions ensure the relevancy and success of PERCS education to help engage the overall staff and imbue the ongoing education within their culture. The true success of this program is not only in its responsiveness, content, and facilitation but also in the informal advertising and support generated by staff who are committed to the program.
- Facilitators of PERCS rounds must be well trained in interpersonal communication, group dynamics, and debriefing. To ensure the success and sustain the educational quality of the program, facilitators need the credibility and skill set to establish and nurture a therapeutic learning environment, foster
and lead productive discussions, redirect conversations when necessary, identify key themes, and remain nonjudgmental to support a safe and inviting atmosphere. CCN

Acknowledgments
The authors acknowledge the continued support and contribution of Patricia A. Hickey, PhD, RN, FAAN, Vice president of the critical care cardiovascular program, Boston Children’s Hospital, with whom this program was made possible. Also, thank you to Robert Truong, MD, Frances Glessman, Lee Professor of Medical Ethics, Anesthesia, and Pediatrics, director of the Center for Bioethics at Harvard Medical School, executive director of the Institute for Professionalism and Ethical Practice, and senior associate in critical care medicine at Boston Children’s Hospital, for his support and contribution. April E. Minsky, BA, Jenna Norton, BA, Nichole P. Schiffer, RN, Kayla Boyer, BA, and Megan Lamberto, BA, contributed many hours of time and dedication to administrative support.

Financial Disclosures
All authors report no conflict of interest. Sources of funding for the PERCS rounds are through the Institute for Professionalism and Ethical Practice and cardiovascular and critical care programs, Boston Children’s Hospital, Boston, Massachusetts.

Letters
Now that you’ve read the article, create or contribute to an online discussion about this topic using eLetters. Just visit www.ccnonline.org and select the article you want to comment on. In the full-text or PDF view of the article, click “Responses” in the middle column and then “Submit a response.”

See also

References