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Patient Experience Practices

Enhancing Patient Experience by Training Local Trainers in Fundamental Communication Skills

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Abstract
Medical centers have a vested interest in improving patient experience through enhancing communication skills. The American Academy on Communication in Healthcare has helped institutions across the country establish internal expertise through delivering train-the-trainer programs. The phases of the program include preparing for implementation of the program, having program participants undergo a fundamental communication skills workshop and then understanding the theoretical and practical rationales underlying the workshop, setting up practice sessions for participants to achieve mastery, and ensuring long-term viability of a communication skills improvement initiative. Outcomes for participants include increased self-assessed personal communication skill, optimism about rolling out a communication skills program, and enhanced communication and hopefulness in working with colleagues. Train-the-trainer programs are a viable way to create enduring communities of local experts who can implement and support institutions' commitments to excellence in the communication skills of their providers.

Keywords
Communication skills training, culture change, faculty development, patient-provider relations, program development, staff development

Introduction

Engaging health care providers of all types in efforts to enhance patient experience is of high interest, as patients worldwide report in patient experience surveys and complaints that they desire enhanced communication from their providers. Systems are particularly looking to involve physicians in these initiatives, and there is widespread agreement that physicians' communication skills are necessary for optimal patient-centered care.[1] However, until recently, medical schools and residency programs largely did not include fundamental communication skills training, and most practicing physicians do not undergo such training. Prior literature supports the efficacy of training in communication skills for all healthcare providers.[2-4] Enhanced communication skills lead to enhanced expressions of empathy,[5] increased pain control,[6] improved blood pressure control,[7] increased weight loss,[8] appropriate use of antibiotics,[9] and decreased glycosylated hemoglobin levels,[10] among many other outcomes. A recent meta-analysis examining the patient-clinician relationship demonstrated that its effect on patient outcomes is estimated to be larger than the salutary effects of aspirin in the primary prevention of myocardial infarction for five years.[11] Practice-relevant measures that link to communication skills training include increased patient satisfaction scores,[12] decreased patient complaints,[12] and decreased malpractice claims.[13] Numerous methods to teach communication skills have been described (Table 1); nearly all incorporate concepts of explicitly eliciting and setting an agenda at the outset of the visit, incorporating empathic statements, and effectively closing the visit.

Though programs to teach communication skills directly to providers have existed for many years, both through faculty development programs[14] as well as through consultation visits to individual institutions, the opportunity to train facilitators to train colleagues ("future-trainers") within their own institutions is attractive for several reasons. First, internally trained future-trainers understand and can apply the vagaries of institutional systems more effectively to colleagues than outside consultants. Second, internally developed experts can become champions of the work and advance their careers.[15] Third, rather than hiring outside facilitators to primarily teach communication skills, costs can be lower in the long run. Finally, training a cadre of trainers based in the same institution can create a sense of community and enhanced learning from each other.[16,17]

Table 1. Models for learning and teaching interpersonal communication skills

Model	Basis of the model	Features
3 Function (Cole, Bird; ref 30)	Establish rapport Obtain information Inform and educate the patient	Simple to remember; more intuitive approach
Four Habits (Frankel, Stein; ref 29)	Invest in the beginning Elicit the patient's perspective Demonstrate empathy Invest in the end	Explicitly includes patient's perspective Data in both inpatient and outpatient settings that corroborate utility of model
Four E's (Carroll and Platt; ref 31)	Two aspects of medicine: 1. What we do - Find it and fix it 2. Process - how we deliver care Engage the person and his/her agenda Empathize Educate Enlist as collaborative partner	Generalizable to all patient encounters Data in outpatient settings
REDE (Windover, *et al*; ref 32)	Relationship: Establish the relationship Develop the relationship Engage the relationship	Sequential approach
AIDET (Studer; ref 33)	Acknowledge the person by name Introduce yourself and your role Duration of how long you will be, what you want to do, and permission Explain what you will do Thank the person	Generalizable to all patient encounters
SEGUE (Makoul; ref 34)	Set the stage Elicit information Give information Understand the patient's perspective End the encounter	Sequential approach
Calgary-Cambridge (Kurtz, Silverman; ref 35)	Initiating the session Gathering information Providing structure Building relationship Explanation and planning Closing the session	Specific, sequential steps within the model include suggestions
Kalamazoo Consensus Statement (ref 36)	Build the doctor-patient relationship Open the discussion Gather information Understand the patient's perspective Share information Reach agreement on problems and plans Provide closure	Summary of large group of researchers Combines strengths of several models
NYU Macy Initiative (ref 37)	Prepare Open Gather Elicit and understand patient's perspective Communicate during the exam Patient education Negotiate and agree on plan Close	Comprehensive, sequential
Smith (ref 38)	Set the stage for the interview Elicit chief concerns and set agenda Begin the interview with non-focusing skills that help the patient to express themselves Use focusing skills to learn symptom story, personal context, and emotional context Transition to the middle of the interview Obtain a chronological description of the HPI Past medical history Social history Family history Review of systems End of the interview	Very specific, sequential steps Detailed explanation of each step of the interview, including biomedical aspects Patient outcome data in internal medicine residents that support its use

At the American Academy on Communication in Healthcare (AACH), we have taught communication skills training workshops for over thirty years, and AACH faculty, as "master facilitators," have brought this experience to institutions across the country in the form of train-the-trainer (TTT) programs. Master facilitators who lead these programs have demonstrated a host of competencies that not only qualify them for work with individual learners but also incorporate the perspectives that are required for successful institutional rollout of communication skills programs (Table 2). Here, we will describe the format of TTT programs, along with the underlying educational theory that informs their development, and share examples of the effects that some of these programs have had on the institutions that have adopted them.

Format of TTT Programs

The TTT program has five distinct phases (see overview, Table 3).

Phase One: Preparation
Institutional buy-in for establishing a train-the-trainer program, and even more importantly, supporting it after future-trainers complete the program, is essential (see Phase Five for further details of establishing and advancing institutional culture change). Initiatives from patient experience officers and interested staff members thrive with institutional backing, including explicit verbal and financial support from executive-level leaders, provision of space for initial training as well as ongoing fundamental skills training, finances, strong administrative staff, protected time for future-trainers, and other resources required to maintain the program. In particular, early identification of a highly organized administrative lead to serve as project coordinator ensures successful launch and rollout.

A timeline that maps Phases Two through Four of the certification process for future-trainers (see Table 3), followed by a timeline for Phase Five (roll-out of the full program), is another important part of the preparation phase. The project coordinator must explore availability of the TTT master facilitator and the entire future-trainer cohort in order to schedule the first four phases of the training.

Selecting future-trainers is also a critical step. Criteria are based on organizational support and commitment, and individual trainer credentials. This program may also dovetail with broader institutional initiatives to deepen staff capacity. We list 10 areas to consider as possible credentials for future-trainer candidates (Table 4). Organizational or departmental sponsorship for individual future-trainers (e.g., from a department chair or supervisor) increases the likelihood that the program reaches as many practitioners as possible. Future-trainers must also have sufficient standing in the organization for potential participants to consider them and the program credible; for example, the program cannot be run solely by students, visiting interns, and the most junior staff members. Future-trainers can have varying levels of

Table 2. Competencies of Master Facilitators Leading Train-the-Trainer Programs

In addition to the basic areas listed in the text as credentials for future-trainers, master facilitators for these programs have often had significant experience in curriculum development and culture change initiatives and can demonstrate:

- Robust knowledge of the underlying theory and evidence base for relationship-centered communication skills
- Keen observational skills for individual communication skills, interaction skills, facilitating groups
- Expertise with communication skills models and ability to flexibly adapt to any given model while being able to stay stringently adherent with the particular details of the model being used; flexibility to adapt a given model to customize to an individualized model that addresses local mores and customs
- Excellent platform skills and ability to lead and facilitate interactive discussions
- Effectiveness in eliciting specific learning goals from program participants (often using appreciative inquiry) and skills practice to address those goals
- Facility of working with role-play exercises of different types: highly structured exercises to highlight skills development; "role reversal" scenarios where the provider plays the part of a patient to gain additional insight; "rolling role play" with several participants sequentially engaging in skills development exercises
- Expertise in giving effective reinforcing and corrective behaviorally-based feedback, teaching about feedback, and developing effective feedback skills in program participants
- Facility of accessing a toolbox of a wide variety of approaches to managing different learning levels, conflict, and challenging participant behaviors
- Exemplary reflective listening and empathic skills during discussions and exercises
- Skill in interfacing with institutional representatives and executives to communicate about programmatic progress and identify areas for additional support

Table 3: Overview of Train-the-Trainer Programs Leading to Certification by AACH

Phase One	**Preparing: institutional buy-in, selection of future-trainers**
Phase Two	**Experiencing daylong fundamental communication skills workshop**
Phase Three	**Looking behind the curtain: understanding workshop design and eliciting goals**
	Introduction to educational and learning theory supporting the workshop design
	Workshop walk-through to highlight key concepts
	Facilitator self-assessment of own learning agenda in training program
Phase Four	**Mastering small group facilitation skills and workshop flow**
	Iterative practice of communication and small group facilitation skills
	Managing challenging participation
	Managing workshop flow
	Increasing level of authenticity: first with simulated practice workshops among the group of future-trainers, then with co-facilitation of "live" workshops with lead facilitator, then finally with solo facilitation of live workshops with close observation and minimal intervention by lead facilitator
Phase Five	**Ensuring viability and long-term maintenance of program**

preexisting experience in communication skills training; all, however, must be willing to undergo the training and have at least some interest in the process. In our experience, we have found that having some skeptics in the training groups can deepen the training and practice for all future-trainers and may reveal common pitfalls and areas of resistance likely to arise in future participants.

For institutions that employ independent ("affiliated") physicians, desire to participate in TTT programs may be lower, and health systems may not have the authority to mandate their participation. To create interest and motivation, persuasive messages might include: a) framing the training as a way to improve patient outcomes, personal job satisfaction, efficiency, and teamwork; b) framing the training as a means that can help physicians to build their practices by highlighting the link between effective communication, higher patient experience, and patient retention. In addition, if the health system also offers other programs to help affiliated physicians build their practices, it could build loyalty and represent a win-win situation; c) offering continuing education credits and publicizing these in promotional efforts; d) offering presentations or materials that underscore the improvement in physician well-being and increased workplace enjoyment as a result of these workshops; and e) creating an incentive system that recognizes physicians who have improved patient experience scores and/or who have completed the training.

Phase Two: Participating in a fundamental communication skills training workshop

In order for future-trainers to become expert small group facilitators of fundamental communication skills, it is essential to make certain that all participants in TTT have a standardized approach and common syntax. Therefore, on the first day of the program, all future-trainers undergo a standard full-day workshop in communication skills. Since many similar models to teach communication skills have been described (Table 1), it is important first to understand an individual institution's prior exposure to and/or knowledge of communication skills, if an institution prefers a particular approach, and for trainers to adapt that preference into the TTT program (provided that appropriate proprietary issues, if any, have been addressed).

Typically, master facilitators who lead this standard full-day workshop include an overview of the benefits of communication skills training, addressing the underlying evidence supporting communication skills training and the potential benefits to individual providers as well as to institutions. This introduction is followed by sessions that address common skills used in the beginning, middle, and closing phases of a medical encounter. For maximal learner-centered benefit, these sessions rely less upon didactic presentations (though brief presentations help to contextualize the skills) in favor of facilitated skills practice, with small group leaders closely observing and conducting structured debriefs using fundamental feedback principles.[18] A final "integrated" section of the day encourages learners to apply these newly-learned skills to challenging encounters they may have experienced, and this coda encourages application of skills to real-life contexts.

In this process of undergoing communication skills training themselves, future-trainers have the opportunity to experience learning on two different levels: first and primarily as learners who commit to participating in skills development and who, through the process, may develop insights into what future learners may experience; and second, as future-trainers who observe the master facilitators of the workshop as role models, doing what they will be doing at the conclusion of the program.

Table 4. Potential characteristics and criteria to use for selecting future-trainers.

1. **Academic Degree:** We have found no correlation between an individual's academic degree and success in conducting workshops. Physicians, nurses, social workers, psychologists, risk managers, human resources representatives, and lawyers have all been successful. Whatever the degree, the individual should have training that enables him/her to observe and evaluate communication behaviors effectively, and to act on those observations to deliver effective feedback.
2. **Ethical Commitment:** Successful future-trainers express and act upon a profound commitment to excellence in patient care. Their commitment frequently arises from and is reinforced by personal and professional reflection on challenges presented to clinicians. Thus, they are both empathic to the dilemmas faced by clinicians and certain about the centrality of excellence in patient care as a core value.
3. **Scientific Thinking and Analysis**: Successful future-trainers possess the beliefs and conceptual skills that enable them to engage in critical thinking when they encounter theories, studies, and opinions. They search out and evaluate what is known and hypothesized about a topic.
4. **Work Experience:** Successful future-trainers know the clinical world in which clinicians function. They can easily draw upon examples and stories. This may be because they are clinicians themselves or because they have spent years in clinical settings.
5. **Passion For The Topic:** Successful future-trainers care profoundly about the topic, and this passion is obvious when they are teaching. Typically, successful future-trainers have worked to master their own communication skills and have long recognized the importance of these skills in the clinical setting.
6. **Emotional Intelligence**: Successful future-trainers possess considerable emotional intelligence. Empathy is not an abstract concept to them: they are capable of recognizing it, demonstrating it, and teaching it. They know their own defense mechanisms well, and they are able to maintain control of them. They are open to feedback and weigh criticism judiciously. People may refer to them as emotionally mature with intact egos.
7. **Presentation Skills**: Successful future-trainers demonstrate both competence and comfort as presenters, and they bring excitement to their subject. Effective public speaking is a **critical prerequisite skill**, since training future-trainers to facilitate small groups for communication skills is the focus of this training. *Future-trainers are compelling speakers who invite the audience to participate with them in a profound conversation about an important topic.*
8. **Group Leadership Skills**: Successful future-trainers can draw upon and manage the resources of the group in an authentic and facilitative manner. They wish to increase comfort managing participants who tend to dominate and participants who are reluctant to speak out. They do not shy away from conflict. They build a community of learners.
9. **Learning Orientation**: Successful future-trainers value learning for themselves. They feel comfortable recognizing and acknowledging their own ignorance as a normal state of being human rather than as a personal weakness to be hidden. They work at learning and are open to using many different learning strategies.
10. **Clout and Credibility**: Successful future-trainers are recognized as movers and shakers and early adopters within their organization. With or without the authority that comes from holding a specific position, they are people whom organization members listen to because of their track record in making things happen. They are seen as having the ear of organization leaders. In addition, successful future-trainers have or can be sponsored to have sufficient independence so they can adjust their own schedule and take autonomous action when required.

Phase Three: Learning the design behind the workshop

Several educational theories based on contemporary psychological studies are important for future-trainers to understand on a very basic level before embarking on training. While future-trainers need not develop the ability to reproduce minute details of these theories, a working understanding of how learning most optimally occurs in these settings can allow for more effective facilitation of long-term learning, as opposed to once-and-done styles of training.

First, social learning theory propounds that communities of learners are more likely to achieve new learning and behavior change than any single isolated individual.[19] In healthcare communication skills training, participants bring in rich histories of experience interacting in clinical settings and over time have developed effective tools, scripts, or approaches from which everyone in a group can learn. In this paradigm, instead of conducting unilateral didactic teaching, a future-trainer facilitates learning: the small group facilitator brings an excellent knowledge base of communication skills but is particularly adept at eliciting ideas and experiences from participants, making observations about those skills, and constructing skill-building exercises that deepen learning.

Second, cognitive load theory uses models of human memory to suggest that learners can only process a limited amount of information at any given time.[20] Traditional methods of didactic presentation often overload a learner's working memory, resulting in minimal take-home learning.

Contrastingly, experiential learning allows learners time to experience learning points in different formats – as a theoretical talk, in demonstrations of skills to be learned, and in actual skills practice that uses learners' own scenarios to apply skills. These different formats allow learners to "chunk" separate pieces of information into more easily retrieved learning points.

Finally, a wealth of literature supports that expertise develops as a result of deliberate practice and feedback.[21] The small group learning (between 6-10 participants for each small group facilitator) in these workshops provides explicit structure for intentional practice coupled with feedback that supports learner-centered learning. Feedback has been defined as specific, nonjudgmental information given with intent to improve a trainee's performance[22]; embedded in this definition is a suggestion that it be delivered with the spirit of unconditional positive regard.[23] This is not to say that feedback must all be reinforcing; to the contrary, it is in the learner's best interest to receive helpful corrective feedback in an effective way, all the while maintaining the learner's ability to hear this feedback.

Phase Four: Mastering small group facilitation skills and workshop flow

Master facilitators spend the bulk of the training in this phase setting up simulation exercises for future-trainers to hone their fundamental communication skills in the setting of facilitation practice. Once again using the process of deliberate practice and feedback, we use the same approach to train future-trainers, through practicing facilitation skills in simulated learner settings, followed by feedback conversations with the future-trainer. These "nested training" sessions further encourage deeper understanding of the several levels of awareness that a small group facilitator must track: learning at the level of the individual learner as well as learning that occurs for the group as a whole. This kind of training enhances the level of metacognition that is necessary in developing expertise.[24]

As future-trainers progress in their skill and comfort with both fundamental communication and facilitation skills, we also set up scenarios in which problematic participation arises. Future-trainers can thereby practice a range of tools that they can use in the setting of a silent participant, a silent group, and a talkative participant, among others. Throughout this phase of training, future-trainers also hone their skills of keen observation, discernment between merely allowable versus excellent or exemplary communication skills, and conducting supportive and honest feedback conversations.

To maximize future-trainer success, we constructed a program of graded independence in skill development. This approach debunks the generalized myth of "see one, do one, teach one" in favor of a coaching approach. The process initially starts, as noted above, with simulated practice in the future-trainer group, first to achieve comfort with the basic skills and logistics of leading the core content and timing of the workshop, and with role-play exercises involving scenarios of challenging participants. After several of these practice sessions, the first "live" workshop with actual participants – maximizing success with generally friendly participants, students, and/or trainees – occurs with preparation, active co-facilitation, and debriefing by the master facilitator. Subsequently, once future-trainers are deemed ready to move to the next phase, they solo facilitate workshops with observation and feedback by the master facilitator.

Advance scheduling of the live practice workshops in Phase Four typically involves personal recruitment by future-trainers of practice participants immediately following Phase Two to ensure attendance during the Phase Four practice workshops. The project coordinator can assist with recruitment and registration of practice workshops by reminding future-trainers to recruit peers and by sending invitations to targeted individuals and department leaders.

The final observation and feedback from the master facilitator marks the conclusion of the TTT certification process. The full program rollout launches in Phase Five.

Phase Five: Ensuring viability and long-term maintenance of program

Though we describe this phase separately from Phase Four, activities in Phase Five must occur simultaneously with Phase Four. As future-trainers undergo continued practice with facilitation skills, an additional level that they must address is that of the overall institution: how will they roll out the program to colleagues in their institution? How will they achieve buy-in, recruit participants, and facilitate a change in institutional culture? Small group facilitators can easily undergo training, but if the institutional milieu is not conducive to adopting a viable program, they can see their interest and skills wane quickly. Reviewing methods to effect culture change, such as those advanced by Kotter,[25] is critical to the ultimate success not only of the future-trainers but also of the entire change effort itself. We detail the most applicable steps of Kotter's model below.

a. A **sense of urgency** requires clear communication of the forces that presumably led up to the formation of this group, including efforts to identify and address potential crises and opportunities. For communication skills work, this includes the establishment of the advent of values-based purchasing and using patient experience scores to establish funding.

Literature in prominent journals[26,27] can also support this urgency.

b. Formation of a **powerful guiding coalition**: often the first group of future-trainers, they represent the vanguard (early adopters and informal leaders) for institutional commitment to the best in provider communication skills.
c. **Creation of vision**: An example of a generalizable and powerful vision is that every provider in a given system will employ the best in healthcare communication skills, both with patients as well as within interprofessional teams, and will endorse the value of treating patients as fully collaborative partners in their care.
d. **Communication of vision**: To reiterate from the preparation phase, above, a full endorsement by the senior executive team is absolutely critical, both to reinforce long-term commitment to the program and its trainers, and to facilitate removing common barriers to fully integrating skills into practice and incorporating skills into accountability measures, such as the performance review process.
e. **Empowering others** to act on vision: During the one-day workshop, the application of specific skills to address one's current challenges and frustrations facilitates the large scale buy-in through the creation of instant wins for working with our most difficult patients and families.
f. Creation of **short-term wins**: Participants leave the skills workshop with skills they can immediately apply to their clinical practice. A small-scale initial rollout can demonstrate quick return on investment.
g. **Consolidating improvements and producing more change** involves increasing word of mouth and disseminating successes. Using the robust theoretical base and with the experience and skill of AACH's master facilitators, we have learned to "trust the process": the vast majority of participants in the communication skills workshops and the train-the-trainer programs have not only reacted positively to trainings such as these, but also, true to the data, they experience a renewed sense of self-efficacy in their work. In addition, institutionalizing these new approaches and anchoring these same skills in the corporate culture of the organization begins with leaders modeling the same skill set by, for example, intentional rounding on employees and physicians to build relationships and remove barriers.[28] This "hard-wiring" process can be accomplished through biweekly or monthly reminders of microskills to practice, with the ultimate goal of keeping relationship-centered communication skills in the forefront of the minds of all directors, managers, and staff until it becomes the norm for interactions with patients and their families.

An additional critical step in the rollout of the program is recruitment and logistics. A strategic recruitment plan for enlisting attendees for the full program rollout encourages optional enrollment in the workshops. Systems with the ability to mandate attendance should consider obtaining this level of support from executive leadership. Recruitment of participants can draw on the suggestions listed for recruiting future-trainers in Phase One. In addition, support from internal marketing/public relations departments may aid in the development of a recruitment campaign. Promotional strategies include email invitations, live visits to announce the program in department meetings (ideally by leaders/trainers in the program, or at least by the project coordinator), printed fliers/posters, and internal web ads. We recommend obtaining formal endorsements from key leadership and respected colleagues. Testimonials from previous leaders, trainers, and attendees, in written or video recorded format, provide persuasive content to build enrollment interest. Word-of-mouth promotion contributes greatly to recruitment; all trainers and participants must encourage attendance by their colleagues.

An organized structure for the full program rollout, i.e., establishing a registration and reminder system for future participants, is also integral to program success. The project coordinator can implement a registration system, with options ranging from email RSVPs to a formal scheduling system/link, and should work with clinic scheduling personnel to ensure appropriate scheduling of the workshop and blocking of clinical time. A reminder system to update registered participants with the details regarding their session enhances stronger attendance. Due to late cancellations and no-show attendees, the project coordinator may consider overbooking registration space (e.g., allowing 8 participants to register for a session that allows only 6). The project coordinator may also explore options for convenient meeting space to extract attendees from the normal routine of clinical practice in a quiet, comfortable environment to optimize engaged learning. Providing food and refreshments to maximize comfort and to avoid distractions of leaving for breaks has enhanced the uptake of similar workshops.[29] Finally, providing continuing education credits to participants can generate additional interest and inducement to attend.

Experiences of Institutions

A range of institutions has implemented train-the-trainer programs, including large clinical enterprises, academic medical centers, and public institutions. One early such program has previously reported their findings on overall patient satisfaction scores and nearly a 20% decrease in patient complaints.[12] Four themes arise from the evaluations from these programs.

First, future-trainers speak of a transformation in the way they communicate with others at work.

> "The opportunity to serve in multiple roles of physician, patient, facilitator, and evaluator, allowed me to analyze communication techniques in great detail … In every conversation I find myself listening more intently, inviting input, and parceling the information I share. These skills have facilitated increased patient involvement and satisfaction with the office consultation. I find the experience more satisfying too." (surgeon)

> "More than a valuable communication framework, the training imparted the ethos of respectful, caring communication as a means for deeper connection. From this opening flow more meaningful therapeutic interactions, effective team dynamics, and satisfying interactions with learners. I am now a more effective provider, teacher, and colleague. I am energized each time I teach the skills and each time I use them." (hospitalist)

Second, future-trainers mention the skill of the master facilitators in the training.

> "The facilitators fully embodied the skill set they taught, … heavily prioritized skills practice, … and provided ongoing, hands-on support through direct observation, feedback, and coordination. This investment in a continued relationship demonstrates a true commitment to the success of the initiative." (nurse midwife)

Third, future-trainers express hopefulness about rolling out a communication skills program at their institutions.

> "The AACH Train-the-Trainer course was an eye-opening voyage into the world of interpersonal dynamics and communication. It motivated me beyond expectations to support the spread of this approach at our institution. Every day, I use the tools in my practice and observe the value of the material in the positive feedback I get from my patients." (pediatrician)

> "I have no doubt that this work will change the way that physicians interact with patients and others and has the capacity to more deeply engage physicians in the patient experience of care." (emergency medicine physician)

Finally, future-trainers speak of the wide range of effects that this training had on colleagues.

> "A physician's assistant I work with said that he deleted all the job search emails he had been saving, because he feels hopeful about working here." (oncologist)

> "I have used these skills and techniques with my boss … I had the most productive conversation with her that met her needs and my needs, in comparison to an entire [prior] year of leaving our meetings with despair, pessimism, and anxiety." (nurse manager)

In terms of institutional outcomes, one author (MKW) conducted a pilot test at five hospitals in West Florida, where she trained an average of 10 multidisciplinary trainers per hospital in March 2014. Trainers began delivering the one-day training in April 2014 beginning with front line nursing; to date, they have trained approximately 4,000 employees across the five hospitals. Comparing overall data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey between the fourth quarters of 2013 (prior to training) and 2014 (after training), there is an upward trend at four of the five hospitals. While it is always difficult to attribute the change to training, given multiple other concurrent improvement efforts, there are positive changes in the domains of communication with nurses, nurse courtesy and respect, and communication about medication education.

Conclusion

A wealth of evidence and theory support our model of developing programs to train communication skills facilitators locally at institutional sites. With burgeoning evidence that providers' communication skills not only are teachable but also lead to enhanced patient outcomes, these programs can supplement institution-wide efforts in supporting the overall patient experience. The steps of reinforcing effective communication skills in future-trainers, followed by a stepwise program of deliberate practice and feedback with gradually increasing levels of autonomy, all in the context of a visionary and administrative system that supports this development, have resulted in success in medical centers with diverse patient populations across the country. Further work must determine the longer-term outcomes and successes of these programs.

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