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Cover Page Footnote

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Beyond service education: Impacting the human experience with sustained training utilizing the Experience Model of Communication

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Abstract

Patients scheduling or checking in for medical appointments often share with frontline employees' details of their stories, including their worries, prior negative experiences, and hopes. These interactions require employees to not only complete their task, but also to be mindfully present, picking up on important social cues and showing appropriate emotional congruence and empathic understanding. Based on a review of recorded patient calls, a gap was identified in the communication skills of desk and scheduling staff at this large academic medical center, and a sustained training program was created to fill this gap. The training is centered on an evolving set of theoretical principles and skills that have come to be known as the Experience Model of Communication (XMOC). We wanted to understand if training in XMOC, a set of skills essential for healthcare providers, would also be beneficial for frontline staff. The training was evaluated with pre/post surveys, listening sessions, an annual evaluation, and quarterly tracking of patient experience scores, and findings suggest that the training content has had a positive impact. We continue to build and evaluate the training program to identify and refine the elements that make up XMOC and the most effective ways to transfer that learning to the staff who benefit.

Keywords

Empathy, registration, scheduling, communication, human experience, frontline, perspective taking, patient experience, healthcare, patient-centered care, patient satisfaction

Introduction

Healthcare in its essence is defined by people helping people. Thousands of daily interactions with staff serve to shape the patient's experience. Patient experience is a crucial metric closely followed by healthcare organizations because of its impact on healing and patient outcomes,^{1,2} patient loyalty and market share,³⁻⁷ as well as value-based payments and provider credentialing. Further, patient experience impacts business factors such as medical malpractice risk, employee satisfaction and staff turnover.⁸ The communication competencies of staff have arguably the greatest impact on whether we get these thousands of daily interactions "right." Communication competencies aimed at clearly sharing complex information in a way that patients understand, and making patients feel listened to and treated with courtesy and respect, are a few of the key drivers of positive patient experience.⁹

A main ingredient of successful and effective healthcare communication is empathy.¹⁰⁻¹² In healthcare, empathy is generally described as a communication competence as well as a subjective experience between colleagues, and between staff and patients. This subjective experience

involves picking up on cues from the other (statements, body language, etc.) and identifying with and validating them. Key ingredients are both cognitive empathy, the ability to imagine what another person is thinking or feeling, and empathic concern, referring to the motivation to care for the other person's welfare.⁴ Empathic communication includes these key ingredients, and has been linked to improvements in patient satisfaction, treatment adherence, and health outcomes.^{4-7,13} Poor communication skills have been linked with increased malpractice suits.¹⁴ The communication skills within a healthcare team can impact perceived quality of care, length of stay, and post-operative pain and functioning.¹⁵

While empathic communication skills are key for care providers, frontline staff such as desk, reception and scheduling employees play a critical role in creating an unparalleled patient experience in part because of what is known as the 'halo effect.' Interactions with frontline staff give patients an important first impression of what is to come, shining a kind of 'halo' that can extend around their future experiences with other staff. It has been demonstrated that increasing the interpersonal skills of frontline staff can have the effect of increasing patients'

perceptions of the quality of services beyond their sphere of work (e.g., greater positive perceptions of the expertise of medical personnel).¹⁶ Frontline staff have the ability to create strong first impressions, minimize delays in service delivery, and prioritize the services that patients feel to be most important.¹⁷ These easily observed elements of healthcare interactions influence the overall quality of patient care by providing the right tone at every point along a patient's journey and a general feeling of being heard and understood as key elements of the quality of their experience.¹⁸

Dedicated to providing an unparalleled human experience, the academic medical center where the authors work has a long history of supporting frontline staff with education, training, and resources in service and communication. In the past, the institution has contracted with outside vendors for training, purchased expensive educational programming, and applied varied approaches for improving staff communication skills. Individual departments and sites have launched their own customer service initiatives and developed differing approaches to communication and service recovery standards. While well-intentioned, these efforts have lacked potency for many reasons. Training purchased from outside vendors have been "one and done," with no plan for sustaining skills over time. Educational programming has been generic and "off-the-shelf," not necessarily based on our core values or culture. Multiple approaches have resulted in many different mnemonics, checklists, and standards that have proven confusing to staff. While arguably all of our staff can quote the institutional core value "the needs of the patient come first," a gap in service quality has existed because staff have not been provided with a culture and values-based set of communication principles and strategies that guide their work with each other and their patients.

This case study follows the identification of this gap in service quality and how we pulled together a specialized team of professionals to provide sustained training in what has come to be known in our institution as the Experience Model of Communication (XMOC). Our goal was to understand if training in XMOC skills would improve the communication of frontline staff, as evaluated using a variety of measures. We intend to share the story of the iterative and continuing development of XMOC through the delivery and evaluation of this training program. We will finish by sharing how we continue to partner to train additional employee populations and add skills and constructs to XMOC based on participant feedback, with the aim of elevating the healthcare communication experience for all.

The Problem and The Plan

Desk (Desk Operations Specialists – 'DOS') and scheduling staff (Patient Appointment Scheduling Specialists – 'PASS') find themselves in complex, vulnerable, and demanding positions. They are expected to navigate challenging conversations with patients that require advanced communication skills. As part of a routine check of service quality, a social worker with expertise in communication in healthcare was tasked with listening to 60 random recorded phone calls between patients and PASS at our largest midwestern site. A gap in skills, particularly in displays of empathy, was detected. Accessing healthcare is an inherently emotional experience in many cases, and although patients were often expressing pain, uncertainty, fear, and anxiety, PASS seemed in many cases to be overly transactional, lacking in empathy, reading from scripts, quoting policy, and seeming to be out of their depth in displaying the kind of advanced communication skills necessary to create a meaningful connection with patients reaching out for help regarding their health.

In an effort to fill this gap, the social worker made a recommendation to implement a training program focused on empathic communication for approximately 1500 DOS and PASS and their 170+ supervisors. An expert training team was created, consisting of individuals chosen for their backgrounds in communication, coaching and counseling, as well as their extensive experience with adult learning, training and facilitation, and higher education. In collaboration with managers from desk and scheduling services, known together as Practice Operations, the trainers held three 'listening sessions' with approximately 90 prospective trainees to assess strengths, opportunities, and challenges faced by these frontline staff. As a result of these sessions, it was evident to the training team that skills from their coaching and clinical backgrounds would be critical for building trust, rapport, and buy-in from staff because of their experiences with training initiatives in the past that had not been supported or sustained over time. It was decided to base the initial curriculum on the skill of perspective taking, one skill supported in the literature as a best practice in healthcare communication¹⁹ and which we thought was most in alignment with the institution's culture and core values. Perspective taking has taken a central role within XMOC.

Perspective Taking

Perspective taking is at the heart of the cognitive aspect of empathy on a human developmental level.²⁰ Also known as cognitive empathy or "theory of mind," perspective taking can be thought of as an aspect of social intelligence, where one can recognize, anticipate, and accurately respond to emotions in others.²¹ Training was aimed at strengthening the ability of staff to put themselves in another's place, building skills to "check, clarify, support,

understand, reconstruct, and reflect on the perception of a patient’s thoughts and feelings.”²² Rather than responding to others’ emotionally laden statements with facts, perspective taking calls on staff to consider their own emotional responses and create human connection by reflecting some of the others’ emotion or experience back to them to make them feel heard and understood.

When employees improve their ability to take the perspective of others, there is virtually no area of organizational performance that isn’t potentially improved. Beyond just improving the relationships between providers and patients, it can also improve the effectiveness of teams and relationships between supervisors and subordinates and inspire compassionate impulses and helping behavior²³

Training Program Details

To successfully train staff on perspective taking, a comprehensive program was developed. Different from previous initiatives that had been “one and done,” this program began with Phase 1, where all supervisors and assistant supervisors were trained first to get leadership buy-in. During Phase 2, all DOS and PASS received the initial training experience over a 12-month period. Phase 3 is an ongoing program of skills sustainment and new employee onboarding that continues today.

To go beyond cognitive understanding of the skill, and to reach competence and integration into real-world communication, the trainers adopted a “facilitation” style of presenting. This approach ensures that the trainers encourage questioning and conversation in a safe environment, and they role-model the skills they are teaching. The training has been a mix of didactic presentation, large group discussion, and small group practice based on real-life case studies and actual recorded patient phone calls. Perspective taking is best learned through practice and feedback in a psychologically safe, nonjudgmental setting, with immediate feedback from a

skilled facilitator.²⁴⁻²⁶ While concepts from training that is “one and done” are easily forgotten, sustainment sessions can cue the brain to retain information by providing opportunities to retrieve information already learned.²⁷⁻²⁸

Due to the ongoing collaboration with Practice Operations leadership and their commitment to a long-term sustainment program, there has been opportunity to identify additional unnoticed skills gaps. Some examples include unique communication needs related to the implementation of a new medical record system and responding to the COVID-19 pandemic.²⁹ Responding to evolving and contemporary situations that call for new skills can be done relatively quickly because of the ongoing nature of the training schedule, a constant feedback loop with Practice Operations supervisors, and regular program evaluation.

Outcomes

Evaluation mechanisms were built into the program from the start. The cohort in the initial training group was given pre and post surveys so that we could evaluate the increase in the student’s ability to take perspective. We acquired feedback from supervisors through listening sessions and surveys, and monitored quarterly institutional patient experience survey scores to track improvements on measures related to targeted training outcome goals. In addition to evaluating the overall effectiveness of the training program, we wanted to determine whether training on the skill of perspective taking would have a positive impact on staff’s belief in their own ability to manage challenging conversations.

One common system used across educational institutions to evaluate training program effectiveness is the New World Kirkpatrick Model.³⁰ This model measures training effectiveness across four levels and was our guide in designing evaluation tools. (Fig. 1)

Figure 1. Training Evaluation and the New World Kirkpatrick Model

Kirkpatrick Levels	Training Evaluation	Results
Level 1: Reaction Engagement, Relevance, Satisfaction	Annual Program Evaluation	Frontline staff and supervisors felt the training was relevant and were satisfied (Fig. 3)
Level 2: Learning Knowledge, Skills, Attitude, Confidence, Commitment	Initial Training Pre/Post Surveys	Frontline staff and supervisors showed significant improvement in identifying empathic responses (Fig. 2)
	Listening Sessions	Listening sessions provided feedback on content and structure. (Fig. 4)
Level 3 Behavior Monitor, Reinforce, Encourage, Reward	Annual Program Evaluation	Supervisors report observing empathic communication being used with coworkers and patients on the job (Fig. 3)
Level 4: Results Leading Indicators, Desired Outcomes	Press Ganey Scores Monitored Quarterly	Significant Improvements in 3 measures of patient experience (Fig. 5)

Figure 2. Initial Training Pre/Post Surveys

	Pre-Survey (N=153)	Post-Survey (N=620)
Response to a disappointing circumstance	Identify most empathic response 5/153 (3.3%)	Identify most empathic response 283/620 (45.6%)
Response to a service failure	Identify most empathic response 25/153 (16%)	Identify most empathic response 358/620 (58%)

Pre and Post Surveys of Initial Training Sessions

To obtain baseline data, we administered a pre-training sample survey to 153 frontline staff. The same survey was administered to all frontline staff (620 total) as each of them completed the initial training session. The survey included two questions asking staff to choose responses that felt the most empathic. The questions were essentially a measure of the respondent’s ability to engage perspective taking to show empathy in the face of disappointing circumstances or as part of an apology. A comparison of the results of the surveys showed a significant improvement in identifying the most empathic response to a disappointing circumstance or a service failure. (Fig. 2)

First Annual Program Evaluation and Listening Sessions

At the close of the first year of the training program we conducted a follow up survey to determine staffs’ satisfaction with the content of training program, as well as their perspective about whether they saw other staff in their work unit using the skills taught in class. On a 4-point Likert scale, 99% of frontline staff surveyed (1041/1053) agreed that the training had been helpful for their work (completely 18%, mostly 48%, somewhat 33%). Ninety three percent of frontline staff responded they were satisfied or very satisfied with the training (975/1053). The corresponding survey numbers for those undergoing the leadership version of the training was 100% and 100% respectively. (Fig. 3) Additionally, 87% of frontline staff responded they often or very often “see

their colleagues using empathic communication with patients or coworkers.” Ninety seven percent of leadership indicated they see their colleagues using empathic communication with patients and coworkers often or very often. (Fig. 3)

Also, after the close of the first year, facilitators held listening sessions with Practice Operations supervisors to ask a few specific questions, and to get open feedback about the program. We asked them about the skills they felt had been most helpful for staff and impactful for patients, and what teaching methodologies they felt had been most effective for the content. Fig. 4 lists representative comments. These survey results and supervisor comments encouraged us that we were effectively teaching a worthwhile skillset as the training program entered its second year.

Patient Experience Scores

Our medical center assesses the patient experience in many ways, including through survey data from Press Ganey. Press Ganey³¹ provides a nationally recognized survey assessment tool used to gauge patient satisfaction within an organization as well as comparatively across organizations. Survey results are reviewed quarterly, and the following survey questions were identified as providing a relevant measure of training program outcomes: courtesy of registration staff, our sensitivity to patient’s needs, and response to concerns/complaints. Top box scores, the percentage of respondents who answered with the highest

Figure 3. Annual Program Evaluation for Frontline Staff and Supervisors/Leadership

	Frontline Staff N=1053	Supervisors/Leadership N=79
Training has been helpful for my work	Completely: 188 (18%) Mostly: 502 (48%) Somewhat: 351 (33%) Not at All: 12 (1%)	Completely: 32 (25%) Mostly: 49 (62%) Somewhat: 5 (6%) Not at All: 0 (0%)
Satisfaction with Training	Very Satisfied: 210 (20%) Satisfied: 765 (73%) Dissatisfied: 61 (6%) Very Dissatisfied: 11 (1%)	Very Satisfied: 31 Satisfied: 48 Dissatisfied: 0 (0%) Very Dissatisfied: 0 (0%)
I see my colleagues using empathic communication with patient or coworkers	Never: 15 (1%) Almost Never: 115 (11%) Often: 680 (65%) Very Often: 235 (22%)	Never: 0 (0%) Almost Never: 2 (3%) Often: 58 (73%) Very Often: 19 (24%)

Figure 4. Listening Sessions with Supervisors

Most Effective Teaching Modalities	Most Helpful/Impactful Skills
Discussing real life calls and scenarios	Having empathy for others
Including staff from multiple roles together	Deescalating high emotions
Open, safe discussion and opportunity to practice	Reflective listening and taking perspective
Hearing how others would handle a situation	Validating and legitimizing emotions
Role-playing conversations	Self-awareness of my own emotions
Reserved time without distractions to focus	
Small group discussion	

answer choice (very good for standard questions), are tracked over a rolling 12-month period. (Fig. 5)

We continue to monitor Press Ganey survey results and share outcome-based data with high-level Practice Operations leadership on a quarterly basis. In monthly meetings with mid-level leaders, facilitators share feedback on performance from classroom observations and those leaders share observations about performance on the job and additional training needs. This feedback loop expands and strengthens the training program as we continually reassess the appropriateness of content and the effectiveness of training methods.

Implications and Questions that Remain

In this paper we intended to share the narrative of where we started in our ongoing efforts to create an Experience Model of Communication, and the feedback that we gathered as we shared that model with frontline staff in training. While the skill of perspective taking is well supported as an essential clinical skill in healthcare, we now have some evidence that teaching this skill to non-clinical staff can be impactful. This training program was the only large-scale intervention being given to PASS and DOS staff during the time when patient experience scores

were increasing. That, coupled with the positive evaluation results about the program in general, has allowed the program to grow and flourish – adding more facilitators (from 3 in one location to now 13 across all sites), expanding to other employee groups (e.g., nurses, providers, general services staff, etc.), and adding adjunct products and services (e.g. personalized staff coaching, quick reference guides, self-guided online modules, customized learning experiences). Constant feedback from participants, supervisors and leadership has informed the addition of new skills and concepts to XMOC (Fig 6). Our team will continue to socialize the elements of XMOC across clinical and non-clinical groups to elevate the experience of both our employees and patients, and review evaluation and survey data to see where teaching XMOC strategies may have the biggest impact.

Encouraging Results

There are some reasons we feel we had encouraging results:

1. Our frontline staff felt respected and valued because of the professional development efforts being directed toward them, and the “tone” of the training which felt more like a conversation than a didactic training.

Figure 5. Press Ganey Patient Experience Survey Results 2017-2020

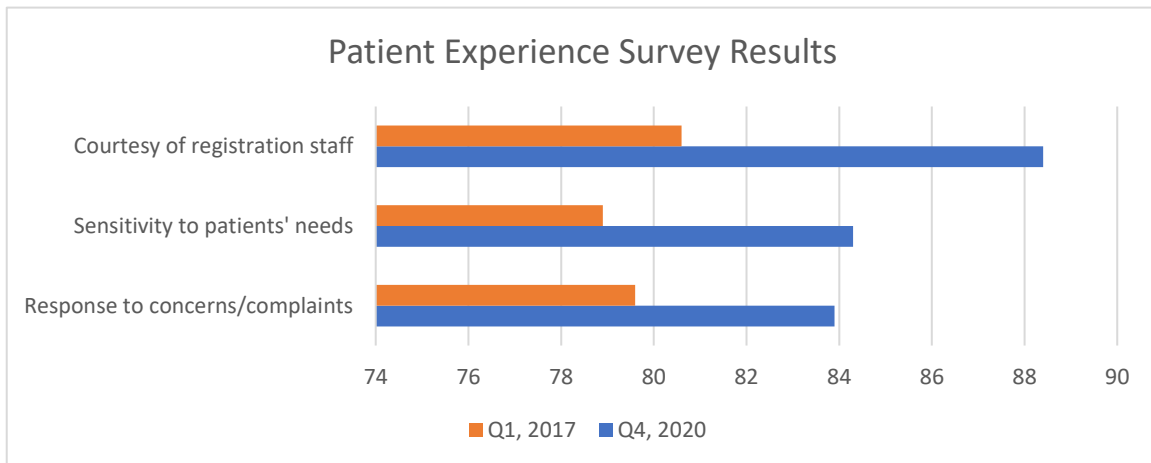


Figure 6. Experience Model of Communication (XMOC)



2. The extraordinary support from Practice Operations leadership that gave us unprecedented access to their staff by allowing time away from their desks to participate in trainings.
3. The “home-grown” nature of the trainings that have been grounded in our own institutional history, values and culture.
4. The training and experience of the facilitators who used their skills as former clinicians and coaches to create dynamic, respectful conversations around the skills and a safe place to practice.

Future Direction

In our quest to refine XMOC to include the most impactful communication skillsets and to create trainings around XMOC that have the desired results, we have much yet to learn. While the experience in training Practice Operations staff has been encouraging, there are many ways we can increase our understanding of the impact of learning XMOC skills on our communication culture. As we teach these skills to new employee groups, we will continue to gather feedback related to each domain within the Kirkpatrick Model of program evaluation. This will help us to understand which skills are the most appropriate skills, the training mechanisms that are most

effective, and the support that work units need to hold supervisors and staff accountable. Further, we will explore ways to measure whether broad institutional goals are furthered through the teaching and application of these skills.

Interpersonal communication is foundational to both the employee and patient experience. We have shown that when organizations recognize the importance of excellent, empathic communication and focus energy on addressing gaps in skills, everyone stands to benefit.

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