Communicate with I-CARE

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INTRODUCTION

Effective communication between clinicians and patients is integral to building good clinician-patient relationship, and improving treatment outcomes, safety, patient compliance, and clinical efficiency.

Studies[1,2,3] have shown that clinicians' communication is instrumental in driving patient satisfaction in an outpatient setting. Amid a shift towards participatory medicine, recent studies[4,5] have shown that the type of communication matters as much as the amount of communication in shaping patients' perception of the quality of care. The Picker Institute Europe discovered that relationship-centered communication results in greater patient satisfaction, and such communication skills training for clinicians leads to improved communication and greater patient satisfaction.

Objective

A communication framework for teaching and evaluating relationship-centered communication, the NDCS I-CARE Communications Model was developed primarily for clinicians to help them build effective doctor-patient relationship, and ultimately better patient experience through relationship-centered communication.

The peer-led training applies evidence-based communication skills to five phases of effective interaction:
Introduction, **C**larify, **A**ffirm, **R**espond, **E**xit.

METHODOLOGY

The NDCS I-CARE Communications Model covers two core components:
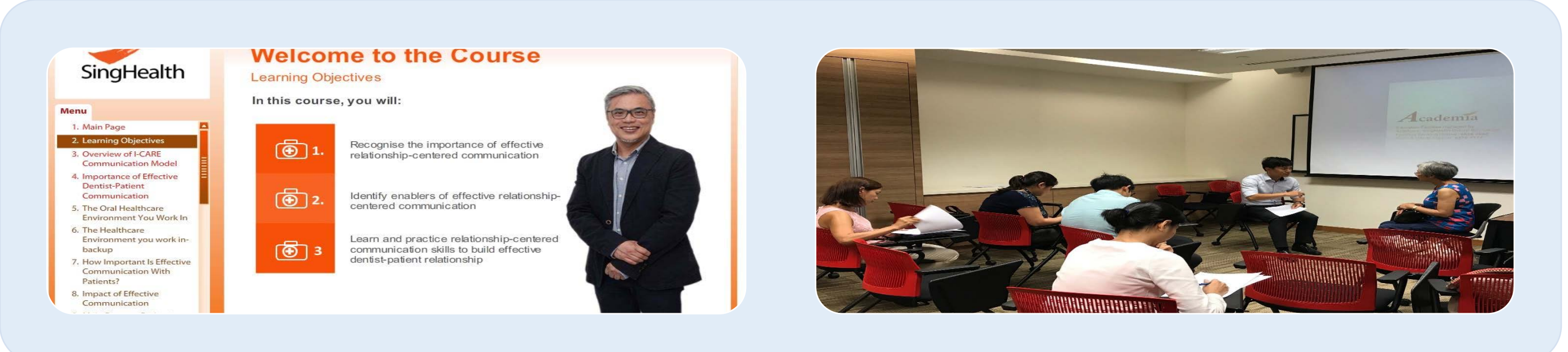
1. I-CARE eLearning on SingHealth eLearning Portal
- Structured framework for approaching interactions with patients.
- Video which shows how effective communication impacts outcomes, satisfaction, safety, and efficiency.
- Quiz questions for formative and summative assessment.

2. Scenario-based Workshop
- Experiential learning through role play with Standardised Patients (SPs) where learners can practice their communication skills and reflect on their experience.

Three I-CARE workshops were conducted to date for 30 clinicians, including 1 dental officer, 3 associate consultants and 26 registrars.

Survey based on HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questions was conducted on all participants; data was collected for 6 consecutive weeks before and after the course. A post-training questionnaire was also conducted to gather participants' feedback on the course.

RESULTS

Post-training Questionnaire

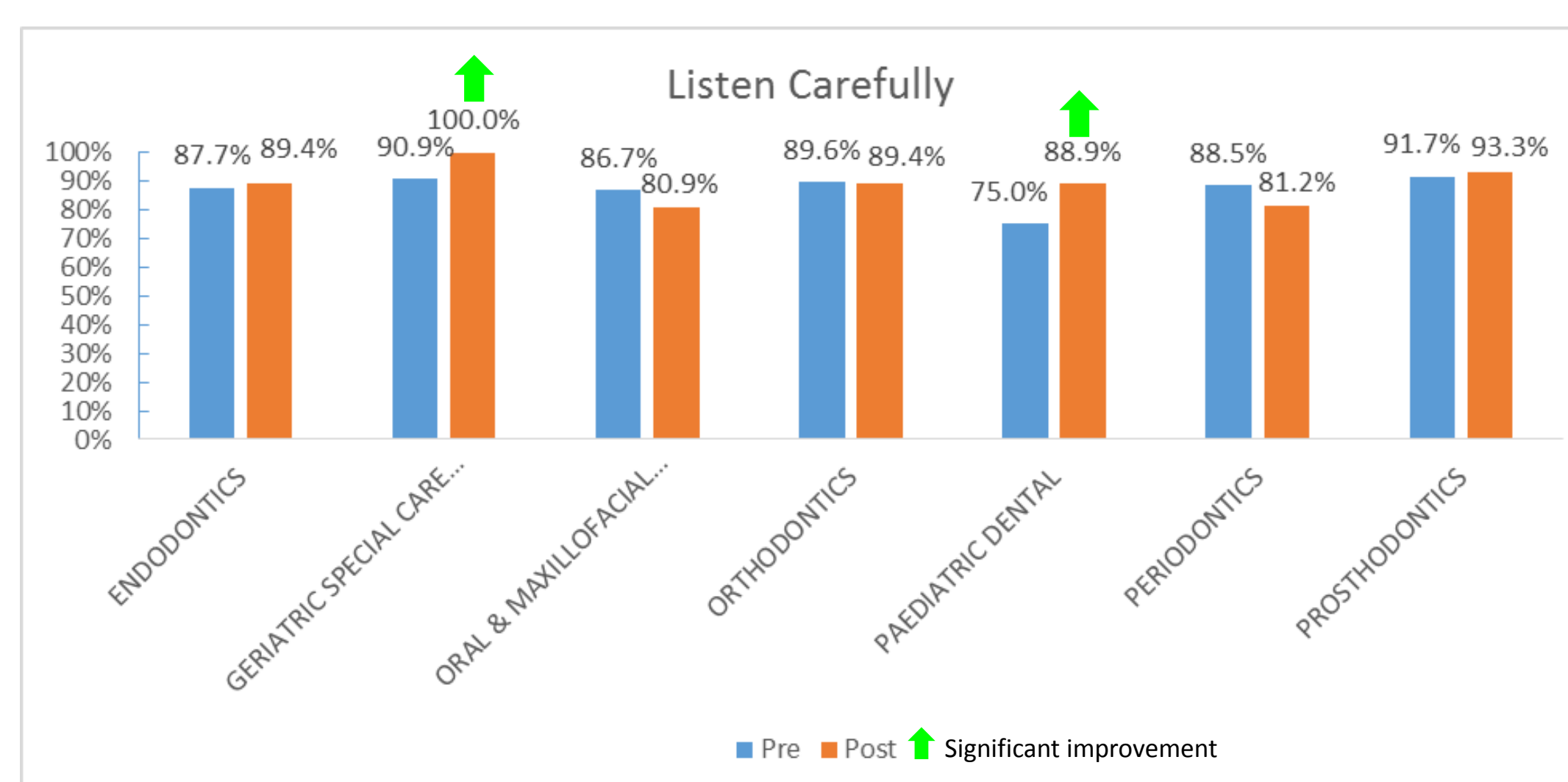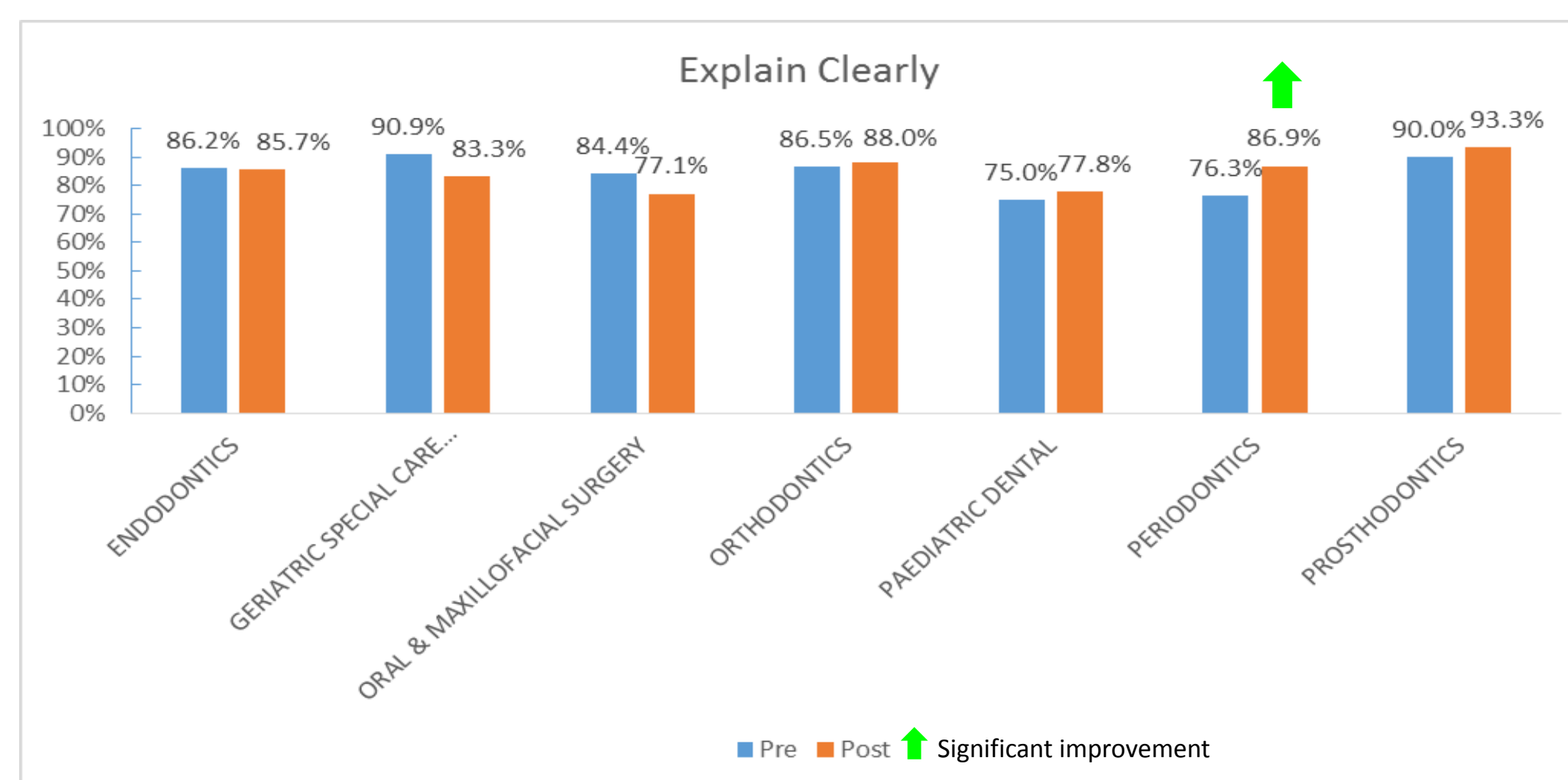**All participants strongly agreed or agreed that:**

KNOWLEDGE
They gained new knowledge or skills

RELEVANCE
The course content was relevant to their work

APPLICATION
They are confident that by applying what they have learnt, they are able to improve on their relationships with patients and reduce issues resulted by poor communication

HCAHPS Results

Overview

HCAHPS Scores

	Explain clearly	Listen attentively	Courtesy & respect
Pre	85.7%	88.5%	90.6%
Post	86.2%	88.4%	91.3%

By Specialty

Explain Clearly (Pre/Post by specialty: Endodontics 86.2%/85.7%, Geriatric Special Care 90.9%/83.3%, Oral & Maxillofacial Surgery 84.4%/77.1%, Orthodontics 86.5%/88.0%, Paediatric Dental 75.0%/77.8%, Periodontics 76.3%/86.9% Significant improvement, Prosthodontics 90.0%/93.3%)

Listen Carefully (Endodontics 87.7%/89.4%, Geriatric Special Care 90.9%/100.0% Significant improvement, Oral & Maxillofacial 86.7%/80.9%, Orthodontics 89.6%/89.4%, Paediatric Dental 75.0%/88.9% Significant improvement, Periodontics 88.5%/81.2%, Prosthodontics 91.7%/93.3%)

Courtesy & Respect (Endodontics 90.9%/88.9%, Geriatric Special Care Dentistry 90.9%/100.0% Significant improvement, Oral & Maxillofacial Surgery 86.7%/80.3%, Orthodontics 91.8%/94.2%, Paediatric Dental 83.3%/88.9%, Periodontics 88.5%/87.8%, Prosthodontics 93.1%/100.0%)

HCAHPS Questions

How often did the doctors **explain** things in a way you could understand?

How often did the doctors **listen** carefully to you?

How often did the doctors treat you with **courtesy and respect**?

The survey results based on HCAHPS questions showed an improvement in the average scores of specific fields after the training. The average scores in the domain of "explain clearly" improved from 85.7% to 86.2%, while that of "courtesy and respect" improved from 90.6% to 91.3%.

When stratified by specialty visits, Prosthodontics and Paediatric Dentistry's scores improved across all measures, with increments ranging from 1.6% to 13.9%. There were significant improvement in the domains of: "explain clearly" for Periodontics (10.6%); "listen carefully" (13.9%) for Paediatric Dentistry; and "listen carefully" and "courtesy and respect" for Geriatric Special Care Dentistry (9.1%).

Limitations & Recommendations

This preliminary study is limited by its small sample size and short time frame for data collection. To increase reliability and generalizability, further studies could explore expanding the data collection time frame and including a bigger sample size.
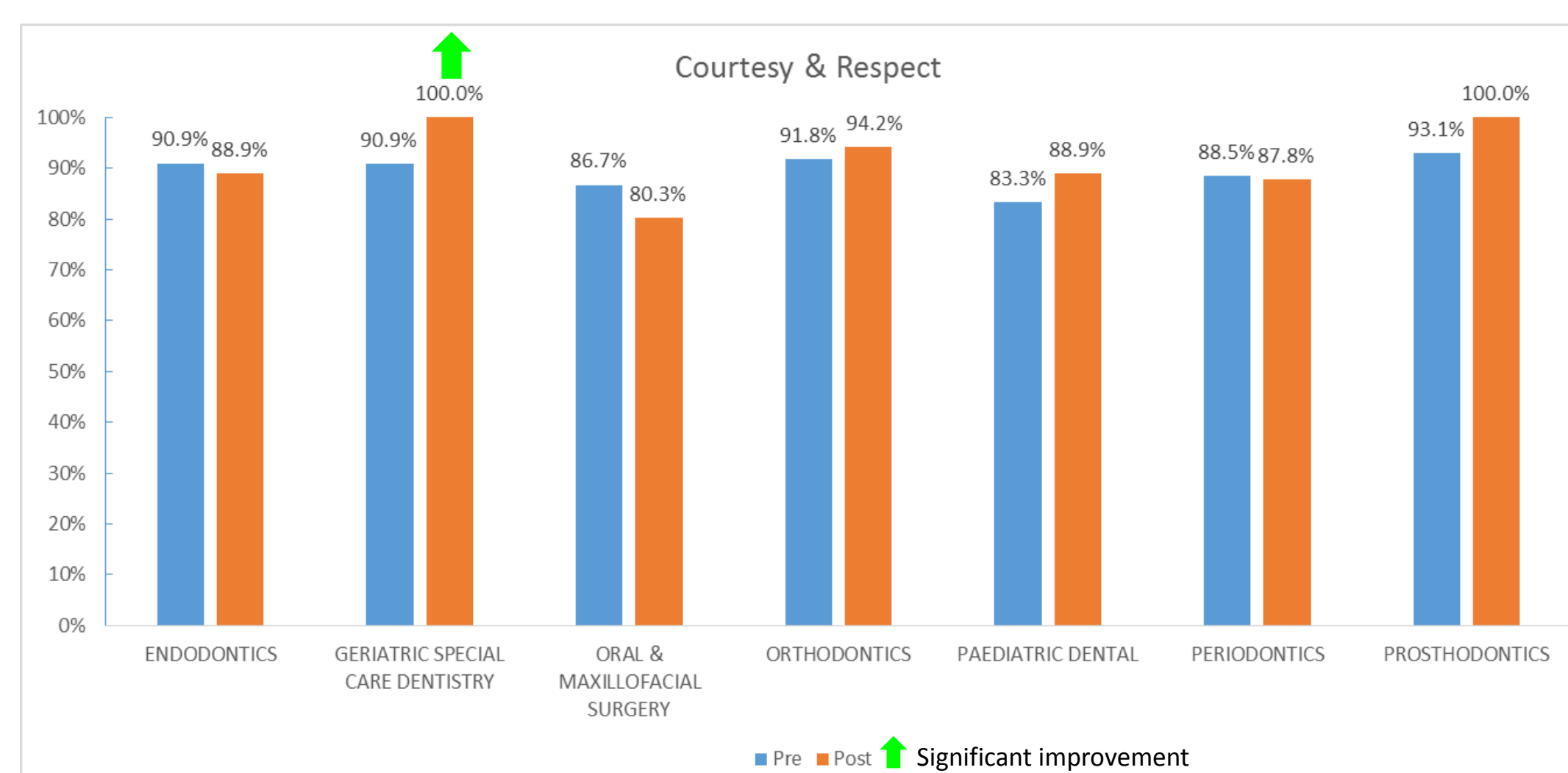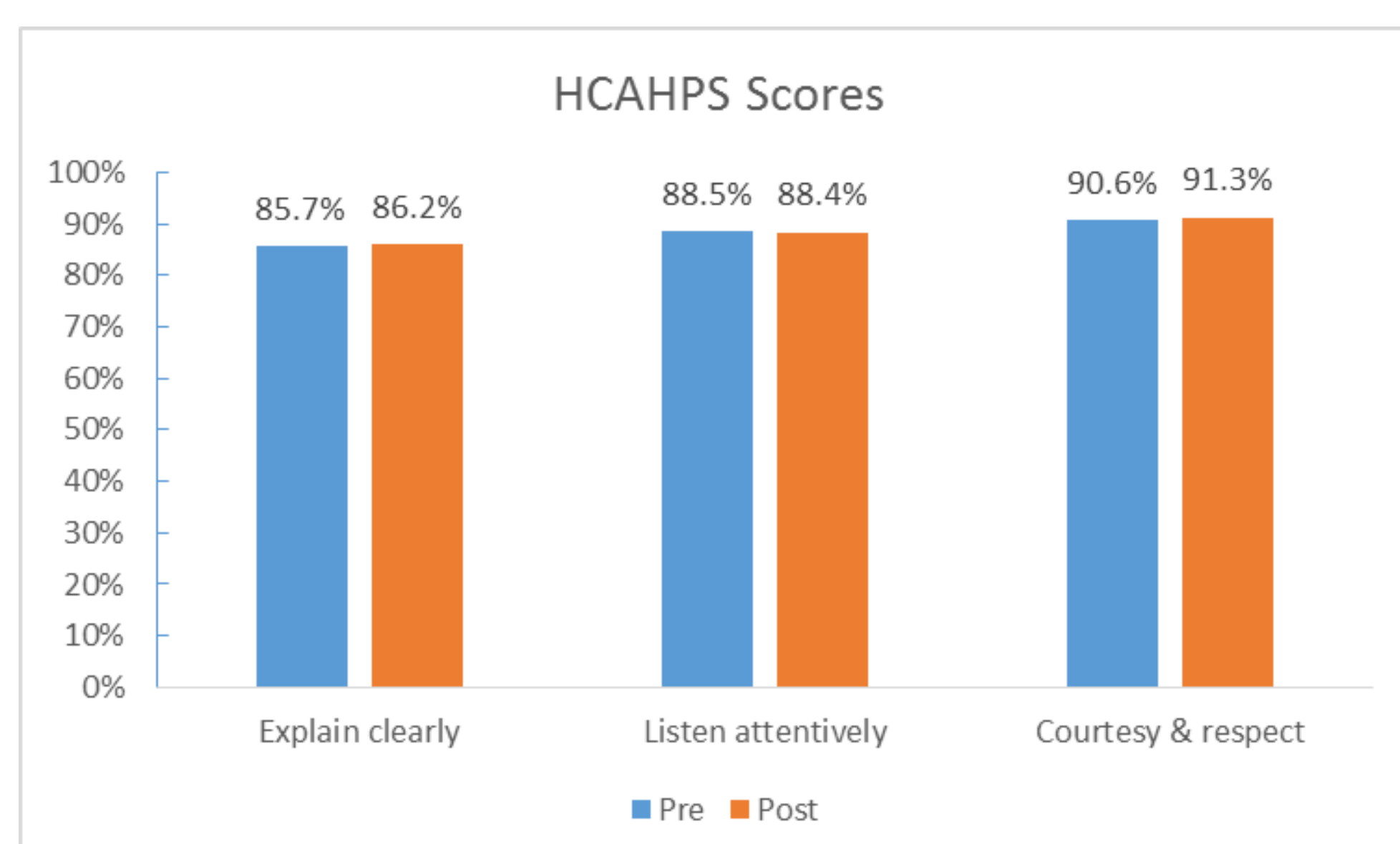
CONCLUSION

Centred on the principles of engagement and empathy, the I-CARE communication model is relevant, effective, and can be generalized to a variety of settings in a variety of conversations.

1. Boudreaux, E.O. (2004). Patient satisfaction in the emergency department: a review of the literature and implications for practice. Journal of Emergency Medicine, 26(1), 13-26.
2. Stewart, M.A. (1995). Effective Physician–Patient Communication and Health Outcomes: A Review. Canadian Medical Association Journal, 152(9), 1423-33.
3. Review of Evidence for Consumer Engagement website. Picker Institute Europe.
4. Williams, S, Weinman, J, & Dale, J. (1998). Doctor-patient communication and patient satisfaction: a review. Family Practice, 15(5), 480-492.
5. Norhayati, M.N., Masseni, A.A, & Azlina, I. (2017). Patient satisfaction with doctor-patient interaction and its association with modifiable cardiovascular risk factors among moderately-high risk patients in primary healthcare. PeerJ, 5, e2983. https://doi.org/10.7717/peerj.2983