



Problem Statement

Poor or miscommunication between doctors and patients account for majority of patient complaints in clinical practice. Current training methods and curriculum do not teach junior doctors the value of or steps in risk management in communications.

Aim(s) of this project

- Curate content specific to the specialties of attendees (e.g., ambulatory versus inpatient settings) for contextualization of learning and to generate interest in learners.
- Achieve learning through open sharing of experiences from peers and real-life case scenarios.
- Provide a simple “3 Rs” technique for de-escalation and service recovery which can be applied uniformly at all levels of patient interactions and between healthcare professionals.

METHODOLOGY

1. IMMEDIATE OBJECTIVE

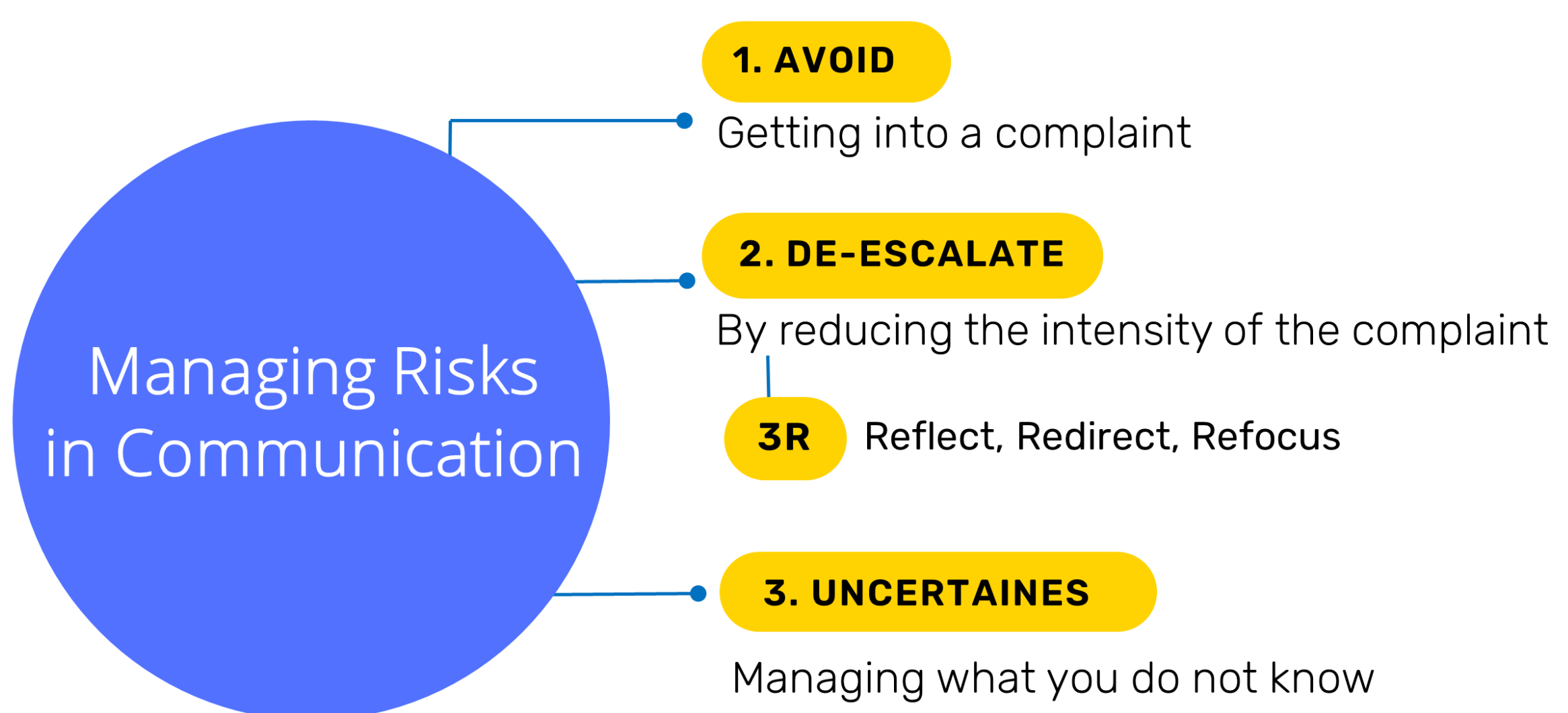
To create awareness of risks in communication among junior doctors across different specialties

2. INTERMEDIATE OBJECTIVE

- Avoid getting into a complaint by recognizing warning signs,
- De-escalate by using the “3 Rs” technique for scenarios where confrontation is unavoidable, and
- Manage uncertainties on how to speak to patients and their caregivers when as a junior doctor, they may not know the full clinical picture.

3. ULTIMATE OBJECTIVE

To train all healthcare professionals to manage risks in communication during patient interactions, and to use the “3 Rs” technique appropriately for de-escalation and service recovery.



RESULTS

High Evaluation Ratings from 53 junior doctors

93% of the participants

“I have more skills in managing difficult clinical conversations.”

98% of the participants

“I found this workshop useful.”

95% of the participants

“I would recommend this course for other junior doctors.”

“The best takeaway I had from today's course”

“(On-the-spot) deescalate to reduce chance of a complaint materialising.”

“Identifying risk factors and conditions that increase the likelihood of a situation escalating into a conflict”

“Reflect the emotion, Redirect the conversation to patient, Refocus on Mx (management) plans.”

Open Sharing and Safe Learning Environment achieved

Honest sharing from the junior doctors endorsed that a safe training environment was created and achieved.

The workshop's effectiveness was underscored by CGH CMB who recommended it to be included in the Hospital Clinicians Training Roadmap.



CONCLUSION

The Patient Experience Transformation team in CGH demonstrated its proficiency in assessing the business operational situation. It determined the deficiencies and defined intervention at 3 different levels- Immediate, Intermediate and Ultimate.

The training model and curated content, which have not been covered in communication modules in Undergraduate and Residency training, was introduced in Train-the-trainer sessions to extend the effective methodology of the workshop to other professional groups in CGH.