APPLICATION FOR ACADEMY OF DISTINGUISHED EDUCATORS FULBRIGHT & JAWORSKI L.L.P. EDUCATIONAL GRANT	LEAVE BLANK-FOR ADMINISTRATIVE USE ONLY	
	Date received:	Date Reviewed:

TITLE OF PROJECT:

COMMUNICATION TRAINING TO ENHANCE FAMILY-CENTERED CARE IN THE PEDIATRIC ICU

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PROJECT ABSTRACT (maximum of 300 words):

The importance of effective communication between the physician and the patient/ family is being increasingly recognized as a core clinical competency. The Pediatric Intensive Care Unit (PICU) is a stressful, anxiety-provoking environment that imposes multiple constraints on satisfactory dialogue, with wide-ranging negative consequences on patient care. While optimal end-of-life communication strategies have been developed, there are challenging aspects of day-to-day clinician-patient communication that should be learned and practiced by the pediatric intensivist to enhance family-centered care. There is a lack of data describing the development, application and evaluation of communication training for PICU caregivers, as applicable to commonly occurring interactions.

My primary aim is to design a learner-centered communication curriculum addressing common, yet difficult, communication scenarios between a pediatric intensivist and a patient or family. A simulation-based workshop will be used to teach these communication skills to senior pediatric critical care (PCC) fellows.

I will also aim to evaluate the improvement in communication skills resulting from course participation. This will be done through 360 degree objective and subjective evaluation of structured, simulated interviews, by participants, course facilitators and patient simulators.

Lastly, the integration and retention of learned communication skills in routine PICU practice will be studied through 360 degree evaluation of a subsequently recorded conversation between the PCC fellow and a patient or family in the PICU.

My long-term goal is to validate and broaden the scope of a communication training curriculum for all physicians and ancillary staff working in the PICU environment.

"The signature below testifies that upon receipt of the grant, I will submit an annual one-page progress report and a one-page final report upon conclusion of all activities to the Academy Educational Grant Review Committee"

SIGNATURE OF APPLICANT:	DATE:
Houshumish	5/31/12

Narrative Section (limit to 3 pages)	**A)** Goals/ Objectives and Specific Aims **B)** Proposed plan of work **C)** Significance: role of the proposed activity in a) enhancement of applicant's development as an educator, b) to the department and or the College **D)** Applicant's background, skills, previous work pertinent to the project **E)** Clear methods of assessment of work proposed (if applicable) **F)** Timeline **G)** Feasibility / Demonstration of time and ability to complete the activity)

Goal:
Improve communication skills in second and third year pediatric critical care (PCC) fellows through a simulation-based curriculum.

Objectives:
1) Design a needs-based curriculum using standardized patients (SPs) that addresses common scenarios of physician-patient interaction in the pediatric intensive care unit (PICU).
2) Achieve a 20% increase in objective evaluative scoring of senior PCC fellows conducting witnessed difficult conversations, as a result of participation in the curriculum training.
3) Achieve a 20% increase in Likert score assessment of performance of senior PCC fellows by SP/patient.
4) Improve confidence by 50% among senior PCC fellows regarding difficult communication with patients and families through communication training.

Background:
A physician's ability to communicate effectively with a patient and his/her family enhances quality of patient care by decreasing the patient's psychological stress, allowing their participation in decision making, protecting them from iatrogenic errors, compliance with treatment plan and increased patient satisfaction with care delivery. (1-6). This is advantageous to the healthcare team due to lessened likelihood of conflict, proper resource utilization, and decreased litigation (7-10).
While the need for good communication within the patient-physician dyad exists in every field of medicine, the impact is enormous in the stressful PICU environment (11-14). Huge anxiety, complex dynamics, frequent crises, and shortage of time often make communication sub-optimal both in quantity and quality (15-16). While we have recognized and learned the value of structured and supportive end-of-life conversations (17-18), the crucial need to practice open, constructive and empathetic dialogue on a day-to-day basis with our patients and their families is frequently underestimated. Physicians often do not listen enough, do not provide enough information, ignore patient values, inadequately assess family distress, are reluctant to initiate difficult conversations even when the family is ready and as a result, patient-centered care is compromised (13, 19).
Communication skills are now widely recognized as a core clinical competency and are increasingly being required by national organizations and licensing and accreditation agencies (20-21). Traditionally, medical or nursing education has not incorporated this aspect of good medical practice in its curriculum (22-23). Teaching was content, rather than process based, and often modeled on the practice of senior colleagues.
However, studies have shown that communication skills can be effectively taught using an experiential approach and problem-based curriculum, with positive impact on patient satisfaction (24-27).
To our knowledge, there are no published reports of structured, comprehensive communication training programs in pediatric critical care that address routine and challenging interactions between the patient, family and caregiver. We hypothesize that implementation of such a needs-based communication training course for senior PCC fellows, with feedback of simulated interactions will improve their communication skills and allow them to enhance family-centered care through practiced and empathetic dialogue with patients and their families.

Plan of work:

We plan to prospectively recruit second and third year PCC fellows to undergo intervention in the form of a communication training workshop incorporating simulated encounters with SPs.

Step 1:

A needs-based, learner-centered curriculum will be designed based on a survey of PCC fellows and faculty regarding perceived challenges of communication with PICU patients/families and confidence levels regarding various aspects of difficult conversations.

Case material from PICU faculty and fellow practice experience will be requested.

Step 2:

SPs will be recruited and trained by the course facilitators in their respective role representations, scenario enactment, explanation of medical and emotional background and process of giving constructive feedback.

Step 3:

A workshop incorporating didactic presentations and facilitator-mediated small group sessions will be organized. Each participant will enact a defined, audio-recorded scenario with the SP/SP dyad that is simulating the patient or family. Participants and SPs will be asked to fill out a 5 point Likert questionnaire that assesses content, process and perceptual components of the communication. Objective scoring of pre-defined evaluative points by the facilitators will round out the 360-degree evaluation. A debriefing session will follow, emphasizing elements of good communication, namely rapport building, listening skills, clarification of concerns, open-ended questioning, non-interruptive speech, recognition of non-verbal cues, demonstrating empathy and checking for understanding . Participants will be handed relevant bibliography and reprint of key references to aid in the practice of good communication skills during subsequent doctor-patient encounters in the PICU.

Step 4:

Over the next 6 months, participants will receive an electronic survey to measure increase in confidence levels regarding communication skills. Also, they will identify a patient or family in the PICU that they need to have a difficult or challenging conversation with. After securing patient consent, the communication will be observed and recorded by a facilitator and evaluation of communication by self, patient and course facilitator will be done, similar to the workshop.

Applicant Background and Skills:

The applicant is the Associate Fellowship Director in a large, academic fellowship program, with busy, clinical responsibilities in the PICU. Yet, she has a great commitment to educational endeavors, as demonstrated by her recent Fulbright and Jaworski award in the category of Teaching and Evaluation. This makes her uniquely positioned to identify lacunae in the existing Fellowship curriculum and also, the practical constraints that need to be overcome in order to organize and develop a communication training course.

The PICU, being a stressful environment where life and death situations are routinely dealt with and complex decisions made, it is very possible that role-playing sensitive and emotionally charged scenarios may cause ambivalence and psychological difficulties for the participants. This is something that the applicant has herself experienced during her ten years working in this field and hence, she would be able to provide the required emotional sensitivity to support course participants.

The time commitment and effort required from course facilitators is also exhaustive. The co-applicant, being a member of the Fellowship Committee, would be enthusiastic and dedicated to this challenging job.

Ultimately, it is the hunger to chart a new path and the satisfaction that is derived from application and dissemination of a novel educational tool that drives all educators. This is the prime motivation for the applicant.

Timeline:

1. Curriculum development –September 2012
2. SP identification and training—November 2012
3. Training course—Dec 2012-Jan 2013, and then annually
4. Data analysis—April-June 2013 (preliminary) and April-June 2014 (final statistical analysis)
5. Dissemination of results (abstract and manuscript)— June 2013-2014

Evaluation of project:

1. Statistical analysis-- Subjective and objective increase in communication skills will be measured by applying Wilcoxon's signed rank test on the mean Likert scoring of self , SP and patient evaluations as well as mean scores of objective evaluation points.
2. Course evaluation—A formative program evaluation will occur at the conclusion of the workshop. Formative and summative program evaluations will occur 6 months after their participation in the workshop. The aforementioned evaluations will be performed with the use of surveys sent to participants and facilitators, with emphasis on suggestions for course improvement.
3. Course objectives--- By the end of this curriculum, the learner will:
    a. Achieve a 20% increase in their evaluation score of a witnessed difficult conversation during an SP encounter and a real physician-patient encounter in the PICU. Direct observation with the use of a checklist will be utilized to perform assessments of both the SP and real physician-patient interaction.
    b. Improve their communication skills as shown by a 20% increase in their assessment by an SP and a patient/family. Likert questionnaires will be used to achieve this objective.
    c. Report a 50% increase in confidence regarding difficult communication with patients and families. Self-assessment questionnaires will be used to complete this objective.
4. Feedback—Curriculum will be disseminated through public sites like Med-Ed portal and adoption of curriculum by other educators/institutions will be measured.

References:

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Principal Investigator/ (Last, First, Middle): SUR, MOUSHUMI

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD (DIRECT COSTS ONLY)

(Indirect costs or overhead expenses cannot be requested, fill-in only requests that are applicable, maximum amount requested should not exceed $ 5000/ year)

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD	
PERSONNEL	3000	
CONSULTANT COSTS	0	
EQUIPMENT	400	
SUPPLIES	400	
TRAVEL	1200	
TUITION, FEES FOR COURSE WORK	0	
OTHER EXPENSES	0	
TOTAL DIRECT COSTS	5000	
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROPROJECT PERIOD		**$ 9000**

JUSTIFICATION

Personnel—Financial compensation to SPs
Adult SPs generally charge $75 an hour. We anticipate the need for 5-6 SPs for the course. Each SP would need 2 hours of scenario instruction, 1 hour of observed mock interviews and a total of 4 hours of actual scenario enactment during the course.

Equipment-- Purchase of audio-recording devices and CDs, to be used for recording simulated encounters during the training course and subsequent patient encounters in the PICU.

Supplies--Cost of providing refreshment to all participants during the course, consent forms, surveys and reference material printouts.

Travel—Principal investigator will travel to one, applicable, nationally recognized conference to disseminate preliminary results after first course administration.

PLAN OF DEMONSTRATION OF INFORMATION GAINED FROM PROPOSED WORK (IF APPLICABLE)

1. Course curriculum will be disseminated through public sites like Med-Ed portal and adoption of curriculum by other educators/institutions will be measured.
2. Principal investigator will travel to one, applicable, nationally recognized conference to disseminate preliminary results after first course administration.
3. Manuscript will be generated after two cycles of course administration.