



## EDUCATIONAL STRATEGIES IN THE PROMOTION OF SAFE COMMUNICATION: EXPERIENCE REPORT<sup>1</sup>

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### ABSTRACT

**Objective:** To report the experience of a cycle of educational activities on safe communication in a health service. **Method:** Qualitative study of the experience report type on the development of the second educational cycle on patient safety, whose theme dealt with safe communication. Its target audience was professionals working in a hospital in Santa Catarina. This educational cycle took place in the second semester of 2018, in 26 sessions distributed over the three shifts, with the participation of 361 professionals. **Results:** To perform the activity, a slide presentation was built, including a theoretical and practical approach to the topic. In such sessions, the concept of safe communication, the forms of language and communication, the importance of communication, and the adverse events were addressed. Dynamics and playful activities such as the Chinese Whispers game and the demonstration of the Situation, Background, Evaluation, and Recommendation tool were used, seeking to raise the professionals' awareness of the problem and the need to use instruments that favor the communication process. **Conclusion:** The activities contributed to instigating the professionals to reflect on how their attitudes interfere in the communication process and the influence on the result of the assistance.

**Keywords:** Patient safety. Continuing education. Professional training. Delivery of health care. Health communication.

### INTRODUCTION

Patient safety has become an emerging theme in the 21<sup>st</sup> century due to the understanding and recognition that in health care, many errors can affect patients and negatively interfere in the outcome of their health<sup>(1)</sup>. Considering the need to develop strategies and actions directed to health managers, professionals, and users on patient safety, minimizing the occurrence of adverse events during care, the Ministry of Health and ANVISA instituted National Patient Safety Program (PNSP) in April 1, 2013. Its general objective is to contribute to the qualification of health care in all health establishments in the national territory<sup>(2)</sup>.

Also, in partnership with institutions that aim to develop this theme, the World Health Organization (WHO) established six

international patient safety goals in 2006, which bring together strategies focused on the situations of greatest care risks, defined as follows: Goal 1 –Identifying the patient correctly, Goal 2 –Improving communication between health professionals, Goal 3 – Improving safety in the prescription, use, and administration of medications, Goal 4 –Ensuring surgery at the correct intervention site, procedure, and patient, Goal 5 –Hand hygiene to avoid infections and Goal 6 –Reducing the risk of falls and pressure ulcers<sup>(3)</sup>. Goal 2 “Improving communication between health professionals” is the focus of this study.

The concept of “effective communication” appears in the health area from discussions about patient safety and the understanding that it is a resource used in all care processes, which aims at (a) minimizing

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adverse events. The communication process has several forms of information expression, which can be verbal, non-verbal, written, by telephone, and electronic<sup>(4)</sup>.

It is extremely important to perceive communication not only as a mere transmission of information but also as the solidification of relationships between people. A way of transmitting ideas, thoughts, temporalities, and meanings that are not always consistent or simultaneous. Communication in the health area is carried out at all times, among patients, family members, or health professionals<sup>(5)</sup>. To effectively develop it, we need to incorporate tools related to active and qualified listening, empathy, humility, critical reflection, and commitment. It must also be understood that the communication will only be successful when there is understanding by both parties, both by the sender and the receiver. If this does not occur, communication will be ineffective and will not reach its objective<sup>(6)</sup>.

We also notice that communication is an essential tool for the excellence of care, and sometimes subjectivized and poorly performed by professionals, providing the outcome of serious incidents and involuntary gaps in interpersonal communication. This became the focus of interventions in health services, to improve patient safety, providing positive outcomes for people's well-being, and preventing the occurrence of adverse events<sup>(7)</sup>.

Thus, there is a need for educational actions that contribute to the development of knowledge and information regarding safe communication, sensitizing health professionals to this problem, and strengthening the patient safety culture<sup>(8)</sup>. A review of the literature on the topic showed that Didactic Training and Specific Patient Safety Programs are indicated<sup>(9)</sup>.

In this context, permanent health education is considered as "a possibility of innovation and (re) organization of the work process through education in service"<sup>(10)</sup>. It is a tool combined with the development of professional skills, which can also contribute to the construction of effective relationships between educational institutions and health services, in the development of actions and competencies that promote patient safety and safety culture among the actors involved. For this activity, we used the

references for Permanent Education in Health of WHO.

The construction of a safety culture in health services is permeated by several dimensions and processes that demand the mobilization of all professionals involved in the care processes. In the meantime, authors point to the need for continuous educational actions in the services "to promote greater awareness both of nursing professionals and of each professional of the multi-professional team that works in organizations"<sup>(11)</sup>.

Based on this understanding of the importance of educational processes for the construction of a safety culture such as the issues that involve effective communication, an educational proposal was developed in the form of a cycle of lectures for professionals in a hospital, in which we sought to raise questions and behavior changes and raise awareness of the importance of constant improvement by the professionals, and fostering bases for critical thinking in their actions. Such actions are justified not only by the knowledge about the adverse events that occur in this institution and by the indication of the literature of didactic training of the teams, but also by having an enlarged view of the systemic causes of the errors that occur there<sup>(9)</sup>.

Thus, this article aims to report the experience of a cycle of educational activities to promote safe communication in a health service.

## METHODS

This is a qualitative study of the experience report type on the development of the second educational cycle, whose central theme was the goal of patient safety, and safe communication among the health professionals. The target audience was health professionals from a large general hospital in the State of Santa Catarina, which has 293 beds, and 1,032 employees. It is a regional reference in high complexity in the areas of Neurosurgery, High-Risk Pregnant Women, Capture and Kidney and Corneal Transplantation, Urgency and Emergency, UNACON (Chemotherapy, Radiotherapy, Clinical and Surgical Oncology), Neonatal ICU, and General ICU.

This cycle of activities comes from the second action carried out by a macro-project that

articulates research and extension actions entitled “Patient safety: building paths for a safety culture”, developed by professors and students of the Nursing Undergraduate Course of a University of the Southern Region of Brazil in partnership with the Patient Safety Center (PSC) of the hospital. Researchers from universities and nurses from the hospital's PSC were involved in the activities, and all participated in the study meetings on the theme addressed and understandings were built for the implementation of the proposal.

This project aims to develop activities that strengthen the culture of patient safety in the health service involved and among students and professors in the health area of the university where the proponents are linked. The proposed activities are based on educational actions with themes defined by the project's executive team together with the hospital's PSC, based on patient safety goals.

After choosing the theme, the theoretical deepening began with the objective of building knowledge on the safe communication in health services, and then, creating materials that comprised an educational activity elaborated by the project's executive team composed of students and professors, and later developed through sessions with hospital health professionals. This project was approved by the Human Research Ethics Committee, under protocol 2,621,561.

The second educational cycle was developed in the second semester of 2018, divided into 26 sessions of approximately 50 minutes, distributed in the morning, afternoon, and evening shifts, reaching the participation of 361 professionals from different areas of the hospital: nursing, nutrition, pharmacy, administration, human resources, hygiene, security, reception, among others.

The students participating in the project conducted the sessions under the supervision of one of the research professors. The methodological resource was the projector for the slide show, the dynamics of the “Chinese whispers game” and the dynamics of the SBER. All the project collaborators analyzed all the material. The slide show contained, in a succinct way, the context of the theme to be addressed in the lecture. For both dynamics, the only resource was the projector. During the Chinese Whispers

game, phrases such as “This is João from reception A, I would like to inform you that patient Adam from bed 303 has just entered the NPO”, “This is the nurse at station B. I would like to let the stretcher-bearer know that the patient is ready for surgery”, which were interspersed between sessions. Each dynamic lasted around 10 minutes, depending on the number of professionals and the participation of those involved.

Regarding the references used to direct the activities, this format was thought to be following the indication of the documents of the Ministry of Health on Permanent Education in Health<sup>(12)</sup>. In its fundamentals, the document guides that the actions developed are focused on the training of health professionals focused on the demands of daily life and issues of work organization to meet these demands.

The project members had several meetings to discuss the topic and to build the materials that would be used in educational activities

## RESULTS

We built a presentation including a theoretical and practical approach on the theme, as a concept of safe communication, the forms of language and communication (verbal and non-verbal), the importance of communication, and the adverse events that can be caused by an ineffective health communication. To elucidate and demonstrate this last item, we performed the dynamics of the “Chinese whispers game”, using phrases that showed the reality experienced in the professionals' daily lives.

The execution of this dynamic consisted of transmitting information in the ear of the colleague who was at the side, and the last participant receiving the sentence would pronounce it loudly so that everyone could hear it. The sentence pronounced in all sessions came to an end with less information and with great distortions. Consequently, it became evident how easily information is lost when it is transmitted between professionals, patients, and caregivers, sensitizing the professionals with this problem.

After the performance of the dynamics, the factors that influence and are predictive of communication errors were discussed with the participants, such as incomplete and ambiguous

communication, failure to communicate and listen, work overload, fatigue, stress, environment with noise pollution, hierarchical structure, conflicts in the work context, failures in the shift change, among others listed by the participants.

The use of the Situation, Background, Evaluation, and Recommendation (SBER) technique was presented expositive as a possible strategy for the improvement of the secure communication process, a tool for the transmission of information between health professionals, which allows the recipient to realize the importance of information and its understanding as a whole.

As an example of the SBER technique, we created the following communication case:

- I am Nurse Marina, from sector B. I am calling to inform you that contact precautions have been instituted for a patient. **SITUATION**

- Patient João Silva, from bed 205 A, has been hospitalized for three days to treat a urinary tract infection. **BACKGROUND**

- The laboratory has just reported a positive urine culture result for multidrug-resistant microorganisms. **EVALUATION**

- Keep the patient alone in a room, as a precaution for contact will be instituted. Do not admit another patient to the same room. **RECOMMENDATION**

Other case examples, involving situations between nursing and nutrition service, and nursing and reception, were presented to the group to facilitate the understanding of the use of the SBER technique. In the presentation of the examples, we called volunteers to carry out the communication process using the technique to systematize the information transmitted.

However, thinking about the aforementioned content, we perceived the resistance to changes in habits in daily activities by some professionals, and the obsolete perception of health professionals in the errors present in the care, which is still found as a challenge for teaching, especially for academics in the health field since they are part of the service to acquire experience and develop professional skills, also seeking to propose positive changes to the reality found.

To continue the activity, communication was addressed via prescription and notes, in which appropriate ways were explained for its

performance such as complete, detailed, updated, accurate, and reliable data, adequate terminology, cohesive and clear records, avoiding the use of acronyms and abbreviations not allowed or standardized. The legibility of the prescriptions and notes was also emphasized because they are documents that contribute significantly, if poorly performed, to trigger adverse events.

Also, we took advantage of the moment of discussion with hospital professionals and debated on communication with patients and caregivers, emphasizing that, for an effective communication process, it is important to understand the individual as an integral part of their care, belonging to a cultural socioeconomic context, with his life trajectory, knowledge and perceptions.

For a better understanding of the participants, we listed some tips to carry out this communication effectively: making sure that the person understood by asking them to repeat it; find ways of communication that correspond with the reality of those involved; whenever possible, invite the caregiver to also listen to the guidelines; write the guidelines and information (notes/prescription/evolution) legibly and understandably, the printer can be an ally at this moment; production of folders/leaflets with common basic guidelines; and group guidance and team discussion of cases, allowing the exchange of knowledge.

The contributions of this cycle of educational activity were evidenced by the interest shown by the professionals in obtaining more knowledge about the theme, and the possibility of improving the techniques of safe communication in their work environment. We noticed that the educational activities carried out using expository strategies associated with playful dynamics and practical activities, showed great acceptance by the people involved, as a way of professional development and improvement.

To conclude the activity, we emphasized the importance of notifying adverse events through the forms available at the hospital, to record any incident that occurred, whether it affected the patient or not.

From the perspective of the project's collaborators and the session coordinators, there was a certain resistance in the proposed methods, but a recognition that the noises in

communication within the hospital have the potential to hamper logistics, care transition and, in the worst case, result in harm to patients. We also could observe that the deconstruction of processes already rooted in professional practices is a challenging process; however, educational actions like this are carried out to meet good practices in the construction of a safety culture.

## DISCUSSION

During the meetings, the factors that directly impact safe communication were evidenced and understood, both among the multidisciplinary team or with the patient and family or caregivers. With the help of dynamics, the playful and fun way allowed the self-reflection of professionals in the conducts performed in their work environment, contemplating the objective of the initial proposal of the activity and managing to sensitize professionals to the problem of communication in the health care environment<sup>(13)</sup>.

A study carried out in 2020 concluded that the use of group dynamics favors learning processes carried out by its agents, also providing spaces for more collaborative and autonomous knowledge production<sup>(12)</sup>. Our experience with the use of the “Chinese Whispers game” allowed participants to realize that even when transmitting simple information, there may be noise and the information may have significant distortions.

The tool of the SBER technique is divided into four stages: Situation, where the sender must introduce himself, inform the reason for the call and what is happening; Background, also known as ‘previous history’, should inform the patient’s admission diagnosis, summary history and current treatment; Evaluation, the patient's changes, physical examination data, and significant results must be informed and; Recommendation, to note what should be done at the moment<sup>(8)</sup>.

A study that analyzed the implementation of the SBER method in an Intensive Care Unit concluded that, despite the weaknesses in the transmission of information evidenced by the professionals involved in the care, uniformity in the transitions proved to be an alternative in the prevention of incidents and adverse events. Also,

the points listed about the weakness of communication through the medical record, regarding the prescriptions were evidenced in other studies<sup>(14)</sup>.

Through continuing education, a continuous line of reflection on professional practice is developed. Through its subsidy, we try to reshape reality, facilitating initiatives for the improvement of health professionals and enabling the impact on people's critical and subjective training, generating positive products in the way of acting and thinking. Thus, educational activities offered an incentive to build knowledge<sup>(15)</sup>.

Errors can occur since the human being can be fail. Patient safety is precisely linked to the anticipation of these failures, knowing the reasons that led to the error before they arrive or that develop damage to the patient<sup>(16)</sup>. But when they occur in the services, as a result of a failure in communication or another process that may have caused some damage to someone's health or life, it is necessary to notify this incident to generate a learning environment, preventing that the same incident is repeated<sup>(17)</sup>.

One of the attitudes that must be incorporated by health professionals is recognizing and accepting the idea that the error may develop since identifying and analyzing these processes, a favorable environment is provided to build and foster behaviors that provide bases for the development of a culture of patient safety in health services. Thus, recognizing, identifying and minimizing these errors must be the primary steps for implementing the safety culture<sup>(18)</sup>.

The notification of incidents and adverse events is essential to the safety culture. From the data compilation of the reported errors, we should take measures to eliminate or reduce the risk of these failures occurring<sup>(19)</sup>. Thus, we need to overcome the thinking aimed at punishing errors to improve the difficulties found and incorporate the construction of an opportunity for learning and improving health care<sup>(17-20)</sup>.

Activities of this nature have the potential to redesign the fundamentals and notions of professionals, contributing to the development and strengthening of the culture of patient safety in the health service, and also, in health education institutions<sup>(20)</sup>.

Therefore, we observe the importance of integration between educational institutions and

health institutions, considering the implementation of training, research and extension practices, strengthening the contribution to the strengthening of nursing as a scientific practice<sup>(21)</sup>.

## CONCLUSION

This article aimed to report the experience of a cycle of educational activities to promote safe communication in a health service, and we believe to have been achieved.

In the limitations for carrying out this activity, we can mention the difficulty in organizing the hospital units in releasing employees to participate in the sessions. In some cases, the employees participated after their shift, and due to tiredness after the work routine, the lack of attention was noticeable. However, the dynamics of the “Chinese Whispers game” ended up taking their attention, which made the session dynamic and objective.

As some limitations of the study, we observed the scope relative to the number of participants/professionals, which totaled 361, and with that, it is relevant to train the population of hospital professionals in their entirety. Thus, we consider the need to replicate the offer of the workshops to achieve this

demonstrated totality. Thus, there is a gap for future productions to complete the current work, considering the scope of the professionals.

The insertion of educational activities using different methodological strategies favored the awareness and the approximation with the daily activities that health professionals experience in safe communication. These instigated their reflection on the need for constant professional development, and also, on the importance of rethinking their practices to identify situations that need to be improved so that assistance in health services is safer and more effective, avoiding errors from poor communication or misinterpretation of information. Furthermore, we noticed that there was a significant awareness of professionals in their daily practices to improve them and ensure safe care for the individuals involved in the care.

The integration between educational institutions and health services facilitates the exchange and construction of knowledge among those involved in the process, allowing students, professor and health professionals to expand their knowledge and develop their professional skills in a shared way, strengthening the culture of patient safety in health services, and also in educational institutions.

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## ESTRATÉGIAS EDUCATIVAS NA PROMOÇÃO DA COMUNICAÇÃO SEGURA: RELATO DE EXPERIÊNCIA

### RESUMO

**Objetivo:** Relatar a experiência de um ciclo de atividades educativas sobre a comunicação segura em um serviço de saúde. **Método:** Estudo qualitativo, do tipo relato de experiência, sobre o desenvolvimento do segundo ciclo educativo sobre segurança do paciente, cujo tema tratou de comunicação segura. Teve como público alvo profissionais que atuam em um hospital de Santa Catarina. Este ciclo educativo ocorreu no segundo semestre de 2018, em 26 sessões distribuídas nos três turnos, alcançando a participação de 361 profissionais. **Resultados:** Para executar a atividade, foi construída uma apresentação em slides, incluindo uma abordagem teórica e prática sobre o assunto. Em tais sessões foram abordado o conceito da comunicação segura, as formas de linguagem e comunicação, a importância da comunicação, assim como os eventos adversos que podem ser ocasionados. Foram utilizadas dinâmicas e atividades lúdicas, como a realização do telefone sem fio e a demonstração da ferramenta Situação, Breve Histórico, Avaliação e Recomendação, buscando a sensibilização dos profissionais para a problemática e para a necessidade de se utilizar instrumentos que favoreçam o processo de comunicação. **Conclusão:** As atividades contribuíram para instigar os profissionais a refletirem sobre como suas atitudes interferem no processo de comunicação bem como a influência no resultado da assistência.

**Palavras-chave:** Segurança do Paciente. Educação Continuada. Capacitação Profissional. Assistência à Saúde. Comunicação em Saúde.

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## ESTRATEGIAS EDUCATIVAS EN EL FOMENTO DE LA COMUNICACIÓN SEGURA: RELATO DE EXPERIENCIA

### RESUMEN

**Objetivo:** relatar la experiencia de un ciclo de actividades educativas sobre la comunicación segura en un servicio de salud. **Método:** estudio cualitativo, del tipo relato de experiencia, sobre el desarrollo del segundo ciclo educativo sobre

seguridad del paciente, cuyo tema trató de la comunicación segura. Tuvo como público objetivo profesionales que actúan en un hospital de Santa Catarina. Este ciclo educativo ocurrió en el segundo semestre de 2018, en 26 sesiones distribuidas en los tres turnos, alcanzando la participación de 361 profesionales. **Resultados:** para realizar la actividad, fue construida una presentación con diapositivas, incluyendo un abordaje teórico y práctico sobre el asunto. En tales sesiones fueron tratados: el concepto de la comunicación segura; las formas de lenguaje y comunicación; la importancia de la comunicación; así como los eventos adversos que pueden surgir. Fueron utilizadas dinámicas y actividades lúdicas, como la realización del juego *telefoneo* y la demostración de la herramienta Situación, Breve Histórico, Evaluación y Recomendación, buscando la sensibilización de los profesionales para la problemática y para la necesidad de utilizarse instrumentos que fomentan el proceso de comunicación. **Conclusión:** las actividades contribuyeron para instigar a los profesionales a reflexionar sobre cómo sus actitudes interfieren en el proceso de comunicación, así como la influencia en el resultado de la atención.

**Palabras clave:** Seguridad del Paciente. Educación Continuada. Capacitación Profesional. Atención a la Salud. Comunicación en Salud.

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