Training in Communication, Teamwork and Leadership in Multi-Professional Healthcare Settings

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I. INTRODUCTION

The importance of attributes such as communication, teamwork and leadership in the delivery of healthcare is undisputed. Many a medical error has been attributed, world over, to the breakdown of these three vital attributes. In today's healthcare delivery system, however, it is not sufficient for professionals to practise these attributes only among the colleagues of the same profession. Contemporary healthcare involves numerous interfaces such as handing over of patients to and from multiple healthcare practitioners with varying levels of educational and occupational training. The ability to in general. Second, it explores how best such training could be achieved in multi-professional or inter-professional settings.

Training in communication, teamwork and leadership

It is common to consider communication, teamwork and leadership as 'soft skills', as opposed to 'hard skills'. Hard skills are thought to be subject-related technical content. Soft skills, however, are non-subject-related skills, which are required for optimum performance across many situations. This distinction is important as the approaches that should be taken to teach and learn hard skills and soft skills are diametrically different.

The approaches to teaching and learning of hard and soft skills are different due to the composition of the theory-practice proportions within these two skills is fundamentally different. Hard skills have a relatively large theory base and a small practice base. This fact could be readily ascertained if one counts the number of practical hours and theory hours within the timetable of a technical subject such as physiology or microbiology. In contrast to hard skills, soft skills have a relatively small theory base and a large practice base. So, for example, the theory base in communication skills is relatively small, and may be limited to the basics of the classical triad of message-messenger-recipient, and the importance of listening, eye contact, verbal and non-verbal expression, two-way interaction, etc. This is not only relatively small, but also perhaps less significant as the theory knowledge of these would be irrelevant if the practise these attributes in such a multi-professional setting will not dawn upon the professional without well-planned training and deliberate practice. Hence is the centrality of training in communication, teamwork and leadership in multi-professional settings.

This paper discusses multi-professional training in communication, teamwork and leadership in two parts. First, it discusses how best training in communication, teamwork and leadership could be achieved

trainee cannot put the theory into practice. To practise theory, there should be many practice opportunities. Hence, the practice base needs to be relatively larger than the theory base.

If soft skills and hard skills have diametrically opposite composition of practice and theory bases, it goes without saying that the teaching and learning (i.e. training) strategies used to teach, learn and assess the two skill sets need to be similarly different. In the case of soft skills, the small theory base could be taught in an isolated course. However, the large practice base should be learned through practice, throughout the training programme, with the use of multiple training opportunities.

On the one hand, organizing the small theory component of soft skills is relatively easy, as there are well-established theoretical models for this purpose. For example, in the case of communication skills, there are models such as Calgary-Cambridge Model for medical consultation, and SPIKES Model for breaking bad news. Similarly, theory related to teamwork and leadership has been modeled to impart that teamwork and leadership require: respect and trust between team members; optimization of the skill-mix within the team; agreed clinical governance structures; and agreed systems and protocols for communication and interaction between team members.

On the other hand, organizing the relatively large practice base of soft skills demands the trainer and the trainee to identify appropriate training opportunities, *throughout* the training, while training in hard skills. Hence, this essentially involves integrated teaching and learning, as opposed to the standalone sessions discussed above for imparting the theory base of soft skills. A good example of this would be putting theory of a soft skill such as communication skills into practice while training in history taking – considered predominantly a hard skill. Such opportunities should be threaded throughout the training programme – day-in and day-out. As a general rule, these learning opportunities usually can be offered if student-centred learning methods are adopted to teach and learn hard skills. The said student-centred learning could be achieved using teaching and learning methods such as practice-based learning, problem-based learning, group projects, assignments, oral presentations, etc. It is only then – and only then – that one can claim that soft skills such as communication, teamwork and leadership have been addressed appropriately in the training programme.

A. Training in multi-professional settings

The common method of teaching and learning in multi-professional settings is through inter- professional education (IPE). A widely used definition of IPE dictates that "inter-professional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (source: http://caipe.org.uk/). Simply, this definition covers three major concepts:

- Leaning *with* each other
- Learning *from* each other
- Learning *about* each other

The above three concepts give rise to three training models. 'Learning with each other' is the simplest model. It involves students or trainees of different professions being taught within the same classroom (or learning environment) on topics, which are mutually important, such as medical ethics. In this model, however, there is limited opportunity for the students of different professions to interact with each other. In that sense, 'learning with each other' is more rewarding as the students of different professions are involved in tackling a problem such as finding the literature evidence on a topic of mutual interest. Out of the three models, the best model would be 'learning about each other', where all disciplines take part in a common activity such as a simulated resuscitation exercise. As this training model is the closest approximation of real-life multi-professional practice, it promotes appreciation of the roles that different professions play. Thus, in turn, it would enhance respect for and understanding of each other's contribution to multi-professional patient care. Following such multi-professional training that promotes inter-professional practice-based interaction, the trainees should ideally be exposed to a debriefing session involving objective assessment, feedback and reflection on feedback. Reflection on feedback will naturally give rise to an action plan to improve practice, which in turn would improve patient care.

II. CONCLUSION

Multi-professional training in soft skills such as communication, teamwork and leadership can bring benefits to patients if two cardinal conditions are satisfied. First, an appropriate pedagogical approach should be followed. Such an approach should promote fortification of soft skills, inter-woven throughout the training programme. Ideally, theoretical component should be relatively small, but the practical component should be continuous and relatively large. The large practical component should be integrated with training in hard skills, using student-centred teaching and learning methods. Second, an appropriate multi-professional training model that promotes inter-professional understanding through inter-professional interaction should be adopted. Each multi-professional training event using the said student-centred methods, in addition, should entail assessment, feedback, and reflection on feedback.