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**Improving Quality of Communication in Pediatric Perioperative Outpatient Setting Using
AIDET and Commit to Sit**

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NURS 653 Quality Improvement Internship

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Abstract

Problem: Effective and therapeutic communication in the health care setting is multidisciplinary, complex, and has unique challenges for each microsystem. The perioperative setting is an especially challenging environment for healthcare workers to provide therapeutic communication, as uniquely high-risk and time-sensitive information must be disseminated in a language that is understandable for the patient (Osborne-Smith & Kyle Hodgen, 2017). A microsystem assessment of an outpatient pediatric perioperative setting reflected some of the challenges the healthcare workers were facing when communicating with their patients and family members. Upon evaluation of the monthly NRC (National Research Corporation) score prior to implementation of two communication tools AIDET and Commit to Sit as a part of the quality improvement intervention, the perioperative outpatient setting needed improvement in several areas of communication. Patients reported low satisfaction scores regarding: trust providers with care, care providers listened, was told when could leave, got help as soon as wanted, care provider explained things, facility would recommend, and procedure began on time (Appendix J).

Context: The pediatric perioperative outpatient setting in which the interventions were carried out services pediatric population ranging from two to eighteen years of age. The racial and ethnic background of both the staff members and patient population were diverse, with Hispanic, Asian American, Caucasian, African American, and American Indians making up a vast majority of the setting. The main population the two communication tools utilized for communication quality improvement targeted was the healthcare staff members who interact with the pediatric population and their family members as a routine part of the work. These healthcare staff

members included nurses, anesthesiologists, surgeons, child life specialists, and surgical technicians.

Interventions: Two communication tools, AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank you) and Commit to Sit, were taught and encouraged to use for all staff members in the outpatient setting. Culturally competent care, the Acknowledge part of AIDET, was also highlighted and strongly encouraged to take note of and utilize when providing care. Information on how to utilize AIDET and Commit to Sit was disseminated through unit-wide email as well as a presentation on what the two communications are and some examples on how they can be used. Key points on the two communication tool utilization were emphasized through roleplay simulation involving one staff member and two project group members. Three roleplay scenarios, each with a different focus on culturally competent care and the two communication tools in general, helped the staff members understand how AIDET and Commit to Sit can become part of their patient communication going forward. Information on culturally competent care for different patient populations and resources to measure one's own biases were introduced and encouraged to use as well.

Measures: The effectiveness of the communication tools were measured via monthly National Research Corporation (NRC) patient satisfaction scores before and after implementation. These scores are based on unit-specific questions that allow the patient and/or family member to rate if specific parts of their care met their expectations. These survey answers are then collected and analyzed to see if unit goals for the NRC scores are being met every month. Knowledge on AIDET and Commit to Sit concepts were measured through pre and post-implementation survey written by the project group. The pre-implementation survey measured the level of knowledge the staff had on the two concepts, six months after they were introduced to them by the last

project group. A post-implementation survey was used to measure whether the roleplay-simulation and sufficient time between the first and second presentation by the current project group allowed increased understanding of AIDET and Commit to Sit.

Results: The goal of this project was to improve overall NRC scores in the pediatric perioperative outpatient setting. AIDET with an emphasis on cultural competence and Commit to Sit were two communication tools chosen to help the outpatient clinic staff improve certain areas of their communication. Problems the staff were facing were evaluated and staff input was encouraged throughout the process to better their learning experience. Staff pre vs. post-implementation survey data showed 100% of those who answered believed education and reinforcement on AIDET and Commit to Sit were useful in increasing patient satisfaction. Overall NRC score from before any education on AIDET and Commit to Sit was 80.7. After all education materials were disseminated, the overall NRC score was 83.3, an increase of 2.6 overall NRC score for the outpatient clinic.

Conclusion: AIDET, a communication framework, and Commit to Sit, a reminder for healthcare professionals to provide eye-level communication whenever possible, helped increase overall patient satisfaction NRC scores. AIDET allows for providers to remind themselves important pertinent information patients find most important such as duration. Commit to Sit reminders placed throughout the unit in the form of posters helps healthcare staff take a few extra seconds to get to eye-level with the patient and their family members, making them feel more appreciated and help them approach the healthcare professional more easily. These changes in the perception of therapeutic communication with patients for healthcare providers showed to be effective in increasing overall patient satisfaction.

Section II: Introduction

Communication has become more evident than ever before, to be a core skill of every healthcare professional (Leonard, 2017). Communication skills are not just add-ons that are nice to include in patient care, but a necessity in ensuring patient satisfaction as well as patient outcome after discharge. Research shows poor communication can “leave patients feeling dissatisfied, frustrated, anxious and so uncertain that it affects their ability to comply with recommended treatments” (Butow et al, 2002). Lack of or poor quality of communication between the healthcare professional and the patient is directly related to lower patient satisfaction scores and many aspects of the patient’s wellbeing (Leonard, 2017). The importance of communication is becoming more recognized as the healthcare industry is moving towards a performance-based payment system and more research is being conducted on how to best increase patient satisfaction. While patient satisfaction score is not a comprehensive indicator of the quality of care in a given facility, it does reflect patient perspective of care provided (Shirley & Sanders, 2016).

While patient satisfaction scores are not directly related to the quality of care, a core component of patient satisfaction, effective communication, does serve an important role in health outcome of patients upon discharge (Ackerman et al, 2016). Effective discharge communication has been shown to be a likely contributor to better outcomes as well as overall higher patient satisfaction, better adherence to medication, more adequate disease management, and reduced anxiety (Ackerman et al, 2016). There are not many industries in which people must participate in as an integral part of their lives, where the client (patient) and the provider of service (healthcare professionals) have such a wide information gap (Stiell et al, 2003). This wide information gap is why it is so critical for healthcare professionals to inform patients with

as many communication tools they can use to help increase understanding for the patient. It is also important to provide all information that is important to the patient and their family members in a manner that is easily digestible and possible to follow. This is especially true when it comes to the pediatric patient population (Desai & Pandya, 2013). AIDET, a communication framework that emphasizes the importance of including Acknowledge, Introduce, Duration, Explanation, and Thank you portions of patient-provider communication was chosen to help providers be mindful of whether they are truly including all necessary information when they are talking to their patients. Cultural competence, a key part of AIDET communication, was emphasized when providing education to staff about AIDET. Commit to Sit, a promise to patients that providers will take the time to sit with them and provide them information with undivided attention as much as possible, was also integrated into the project's quality improvement intervention.

Problem Description

The microsystem that the intervention was implemented in was a pediatric perioperative outpatient clinic located in the East Bay area of California. This clinic provides a myriad of services, with the most common conditions they treat being procedures for myringotomy, knee arthroscopy, and circumcision. Patients of this clinic range from two to eighteen years of age and they are always accompanied by family members and/or legal guardians to receive care.

The microsystem utilizes a patient satisfaction survey called the NRC survey which they send out to each patient and their family member(s) to answer regarding the care they received while at the facility. This survey asks questions such as "did the procedure begin on time," "would you recommend this facility" (Appendix J). Before any education on AIDET and Commit to Sit took place, the overall NRC score for the clinic was 80.7, with several problem

areas that needed improvement. Some areas of communication that fell below the clinic goal of 85th percentile compared to other clinics were: care providers listened, care provider explain things, facility would recommend, procedure began on time, trust providers with care, was told when could leave, and got help as soon as wanted (Appendix J).

Available Knowledge

A PICO question was written and utilized to provide a framework for the intervention in the outpatient setting. The PICO question asks: will the implementation of AIDET, Commit to Sit, and cultural competence in a diverse pediatric outpatient perioperative setting improve patient satisfaction over a six month period?

Based on this PICO question, various resources such as PubMed and CINAHL were utilized to collect and analyze available data on AIDET, Commit to Sit, and cultural competence. Upon analysis of available literature, it is apparent that AIDET and Commit to Sit, when implemented, change overall perception of care in the eyes of the patient and play a role in increasing patient satisfaction (see Appendix P: Literature Review). Culturally competent care has also been a topic of increasing research, as cultural difference has been becoming recognized as an integral part of care that needs to be addressed.

Available research shows that Commit to Sit and AIDET have significantly increased overall patient satisfaction (Swayden et al, 2012; Skaggs et al, 2018; Appendix P). Just by the provider sitting instead of standing while providing information about the care the patient was receiving, the patient perceived the provider as having spent more time with them (Swayden et al, 2012). This change in the perception of the care provided is a simple and effective one to make and this significance is helpful as healthcare facilities continue to seek cost-effective ways to increase patient satisfaction.

AIDET puts an emphasis on its components and how if strained for time, at least mention all components of AIDET when having to communicate with a patient (Skaggs et al, 2018). These five components are what stand out and are the most pertinent to what the patient would like to know. It is often difficult for healthcare providers to keep track of what they are communicating with their patients and their family members, especially with time-sensitive tasks coming up throughout the shift. With the utilization of AIDET, the most critical information is being given to the patients and they feel they are being kept informed (Skaggs et al, 2018).

Cultural competence, a key part of AIDET's acknowledge portion, is an important part of therapeutic communication, especially in our outpatient setting with patients from various ethnic and cultural backgrounds. Cultural competence is the "ability to collaborate effectively with individuals from different cultures, and such competence can help improve healthcare experience and outcomes" (Nair & Adetayo, 2019). There are many ways to improve cultural competence and one such way is by recognizing and acknowledging one's own biases. Various methods to measure one's biases exist, such as Harvard implicit Bias Test. Once aware of one's biases, the individual can begin to research more about the culture they have biases on and build empathy and knowledge about that culture. Lack of cultural competence still play a role in health disparities and it is vital that healthcare professionals who have the ethical duty to provide care to all regardless of their cultural and ethical background as well as their sexual orientation, socioeconomic status, gender identity, and disabilities.

Rationale

Nurse theorist Jean Watson paved the way for this project's implementation. Watson's theory emphasizes the nurse's role in the society that provides values that determine how one

should behave and what goals one should strive toward. Watson's theory, when incorporated into a treatment plan, can "help patients and their families develop a sense of responsibility and control over illness-induced stress" (Aucoin-Gallant, 1990). In this quality improvement project, Watson's theory helped guide the project goal by highlighting the importance of nurses in increasing patient outcome and patient satisfaction, contributing to patients and their family members' overall wellbeing.

Lewin's model of change provided a framework for this quality improvement project. One of the biggest adversities to implementing any kind of change in a microsystem is staff unwillingness to change. In Lewin's model, there are three phases that address this staff pushback: unfreezing, changing, and refreezing. During the unfreezing of the model of change, the staff were informed about the state of the problem of the microsystem and how AIDET and Commit to Sit are two evidence-based interventions to improve overall patient satisfaction. In the changing phase, staff were encouraged to utilize the communication tools in their everyday work. In the last phase, the refreezing phase, any concerns and questions about the interventions were answered and addressed. More information about the communication tools along with the importance of cultural competence were presented.

Specific Aim Statement

Implementation of AIDET and Commit to Sit, by the pediatric perioperative outpatient clinic staff will increase NRC patient satisfaction scores over the course of six months.

Section III: Methods

Context

The quality improvement project implementation microsystem was analyzed utilizing the 5 P's method: purpose, professionals, patients, process, and patterns.

The purpose of the microsystem is to provide an outpatient setting where pediatric patients that require non-major surgical procedures can receive care. The outpatient clinic receives patients from all over California, as well as some out-of-state patients. Main procedures provided by this facility include, myringotomies, knee arthroscopies, gastrointestinal surgeries, ENT procedures, and circumcisions.

The professionals who work in this microsystem are nurses, surgical technicians, surgeons, anesthesiologists, child life specialists, and administrative staff.

Patients of this setting, as mentioned previously, range in age from two to eighteen years. They require non-emergent surgical procedures. Because they are pediatric patients, they require family members and/or legal guardians to accompany them and provide consent.

The processes of this unit relate to and differ based on the procedures being done at that time. The patient must be worked up prior to the procedure, with related labs needing to be drawn and evaluated as well as an overall physical check to see if they are suitable for the procedure. The patient must also consult with the care team and child life specialist about their stay and operation. The patient will then be prepared for surgery, where they will be medicated with necessary medication along with anesthesia. After the operation, the patient will recover in the PACU or the post-anesthesia care unit where the patient will be monitored while they recover from the anesthesia. Any discharge planning along with provision of post-discharge medication will be provided here.

The pattern of communication in this clinic is that communication is provided for the patient and their family member(s) based on the timing (e.g. pre-op, intra-op, post-op, etc.).

Quality of the communication is measured by NRC scores and this information is disseminated to the staff by the management team.

Another analysis of the microsystem was completed through a SWOT analysis (appendix D), which looks at how competitive the facility is in comparison to others. Some strengths that were identified in this facility were: expertise of staff, high patient satisfaction score, location, affiliation with a renowned research hospital. Weaknesses identified were: limited time, limited staffing, and unwillingness to change. Opportunities the facility has to improve are: communication, availability of transplanted material, and provision of more resources for discharge. Threats to the facility are other pediatric facilities in the area.

Overall implementation process was summarized in the PDSA cycle (Appendix B). During the Plan phase, NRC scores for patient satisfaction were collected and analyzed. Literature review was performed to find the best evidence-based practice to be implemented in the unit. AIDET and Commit to Sit, along with cultural competence were chosen to be the interventions to increase quality of communication in the microsystem (Appendix P). In the Do phase, the staff were asked about prior knowledge of the concepts and then reminded of what AIDET and Commit to Sit are and how they are evidence-based. These tools were encouraged and reminded to use by the project group as well as the management team. During the Study phase, a post-implementation survey was conducted to ask about the staff's perception of their knowledge on AIDET and Commit to Sit after all presentations and roleplay simulations were carried out. NRC scores after implementation were also analyzed. In the Act phase, further staff input was encouraged and a list of resources for culturally competent care were distributed through unit-wide email.

Overall timeline of the PDSA cycle can be seen in the Gantt chart (Appendix A). The Gantt chart summarizes in detail when each portion of the PDSA cycle took place. Majority of the Plan phase consisted of literature review, collecting necessary data prior to intervention implementation, and took place January 25, 2022 to February 27, 2022. The Do phase consisted of the two presentations given in February and March where the group introduced the concepts of AIDET and Commit to Sit as well as briefly introduce cultural competent care as a part of AIDET. The Study phase began after the second presentation and lasted through the end of April 2022, where other problems in the system and possible problems with the interventions were evaluated. The last phase, the Act phase, overlapped with the Study phase, as future action plans were synthesized along with evaluation of the effectiveness of the intervention.

Intervention

After analyzing and evaluating the NRC score report, the project group recognized a continued need to improve communication in the microsystem. After literature review, AIDET and Commit to Sit along with an emphasis on cultural competence became top candidates for implementation (Appendix P).

The project group had two presentation dates scheduled. The first was to be used to reintroduce the staff to the concepts of AIDET and Commit to Sit and to briefly introduce cultural competence. A pre-implementation survey was conducted on the first day of presentation/day of implementation. The survey asked about currently available resources for the staff as well as their knowledge on AIDET and Commit to Sit, since a previous group had done a presentation on the two topics. Most staff members answered they were not completely familiar with the concepts. Staff were encouraged to ask questions and engage with the presentation on

the topic of AIDET and Commit to Sit. Candidates for posters on AIDET and Commit to Sit to be posted throughout the unit were chosen by staff members.

After the first presentation day, the project group designed roleplay scenarios to engage the staff with situations that will utilize AIDET and Commit to Sit, with a basis on culturally competent care. These scenarios were presented to the staff members during their morning huddle, after a presentation on resources for improving cultural competence. One staff member participated in each of the three roleplay scenarios. The three scenarios had a different emphasis on cultural competence: first emphasized culture, second emphasized language barrier, and third emphasized the importance of education for all communication. Posters chosen by staff along with a new poster with resources for improving cultural competence were posted throughout the unit. A button with the statement “Ask me about Commit to Sit” were distributed to staff members as well.

Measures

The effectiveness of the interventions regarding patient satisfaction were measured by comparing NRC scores prior to introduction of AIDET and Commit to Sit with NRC scores after the concepts were reintroduced and taught through role play simulations. NRC data prior to the last group’s interventions best reflect the state of the microsystem without any intervention.

The effectiveness of educating the staff further were measured by comparing pre- and post-surveys given to staff members.

Section IV: Results

After utilizing role play scenarios to address concerns and engage staff with the learning aspect of the intervention, staff reported an increase from most staff being not familiar with the concept to most being very familiar with the concept. When looking at the data in Appendix H,

in the pre-implementation survey, 11.9% of staff said they were somewhat familiar with the concept and 88.9% said they were not familiar with the concept at all. Post-implementation, 90.9% of staff stated they were very familiar with the concept and 9.1% said somewhat familiar. No staff member reported they were not familiar with the concept after the second presentation.

Overall NRC score increased from 80.7 to 83.3, an increase of 2.6. This difference may not seem too significant but with the NRC scores being measured on a competitive 85th percentile basis, this overall increase does show implementation of AIDET, Commit to Sit, and cultural competency lessons may have had a role in improving a clinic that was already efficient in its processes.

Unintended consequences of the implementation of AIDET, Commit to Sit, and the concept of cultural competence in healthcare are: decreased time for communication on other aspects of care, decreased flexibility in communication method, and decrease in time spent for direct patient care. With the three communication tools emphasized throughout the educational presentations, staff felt they were strongly encouraged to leave behind their old methods of communication with patients, although some or most parts of the communication method may already have been working very well for the staff and their patients. This decreased flexibility of communication due to implementation of a formal framework, AIDET, may have also allowed for the healthcare staff utilizing the communication tools to ignore or dismiss other aspects of care that are not part of the intervention. An emphasis on the importance of communication may have also increased time spent communicating with the patient, which in turn could decrease time available to provide direct patient care.

Section V: Discussion

In the planning portion of this project in the PDSA cycle, the project group worked with limited knowledge about the setting of the intervention. It was challenging to gauge information that was relevant versus irrelevant to the setting because the first time of visitation to the setting was on the actual day of implementation. Despite the limitations, the project group utilized available research on perioperative settings to design a lesson on the site-specific communication improvement methods. Another challenge for the group was improving a setting that was already quite set in the way its staff members communicate with their patients and trying to show that their already high NRC score still needed improvement. During implementation, the staff members were still receptive to change and showed high participation in the survey process.

Conclusion

Based on staff feedback and input along with the NRC score after implementation of the communication tools, there was success in improving communication in the pediatric perioperative outpatient setting. Based on the survey data, the presentation of topics and roleplay simulation utilized as a method of educating the staff was effective in highlighting the importance of continually increasing patient satisfaction and how AIDET and Commit to Sit can be useful communication tools.

Implementation of AIDET, the concept of cultural competence, and Commit to Sit allowed for healthcare professionals, many with years of experience in the field, to break away from their routine communication methods and think about communication in the perception of the patient and their family member(s). With almost no cost to the healthcare facility, healthcare professionals were able to remind themselves of what is most important for the patient to know and how communication can both be therapeutic and time-efficient, especially if the three

communication tools introduced are utilized. The concepts taught and encouraged to use for the outpatient clinic healthcare workers are simple and easily incorporable to everyday care and can take a myriad of forms because they are simply addendums and a skeletal framework able to be customized to each user.

More data and continuous reminders on what is AIDET and Commit to Sit and their significance will need to be pursued by the management staff in order to sustain the changes made. Cultural competence is an ever growing field of research and the resources available to staff should be updated regularly.

If future communication quality improvement projects are to be implemented in the outpatient setting, more staff input on preferred teaching methods as well as the resources they would like provided may be incorporated. Role play simulation, while it may have been quite effective in this project, may be supplemented by or replaced with other forms of education based on staff preference. More data in culture quality improvement projects will be useful in gauging the true effectiveness of the interventions; to increase available data, the survey process may have to become easier to access. QR codes are not as intuitive as some other methods of survey distribution. Going forward, other evidence-based practice to improve the quality of communication in a healthcare facility may come about, but AIDET, Commit to Sit, and culturally competent care can continue to be in these healthcare staff's arsenal.

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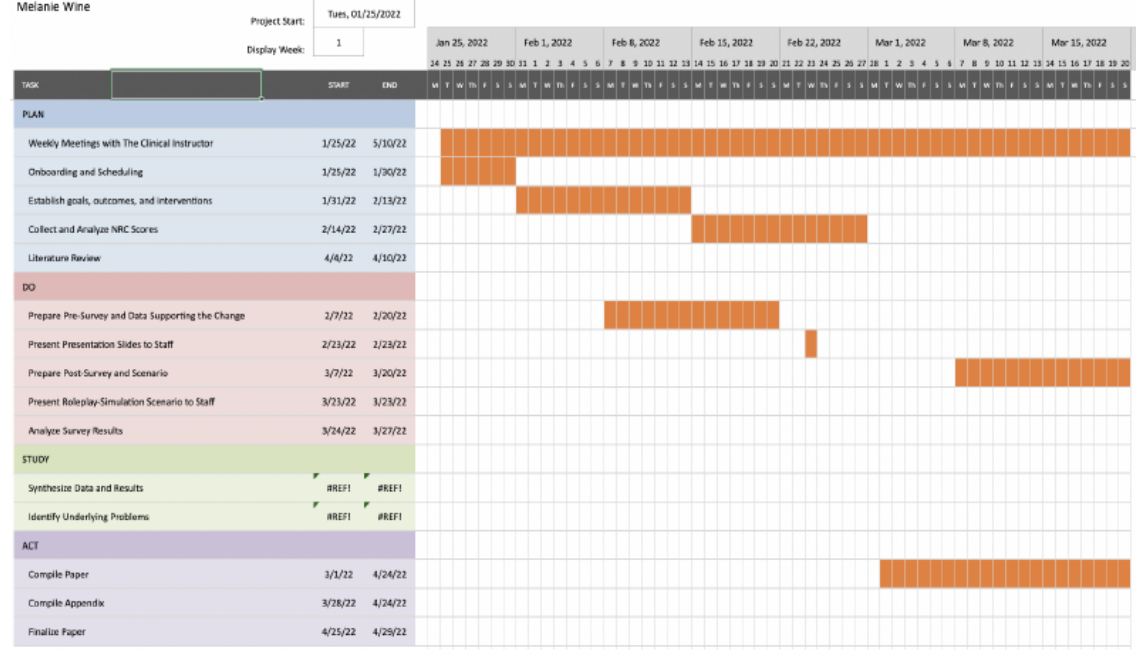
Section VII Appendices

Appendix A: Gantt Chart

Visual representation of the timeline of completion for the quality improvement project

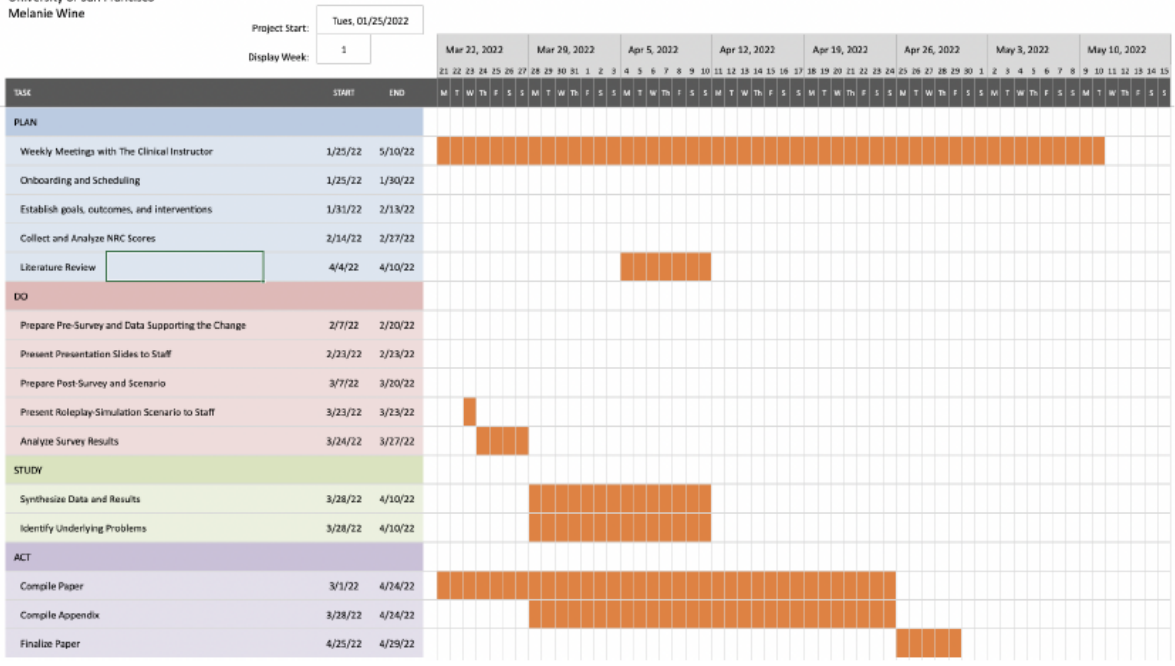
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Implementation of AIDET and Commit to Sit in Pediatric Outpatient Setting

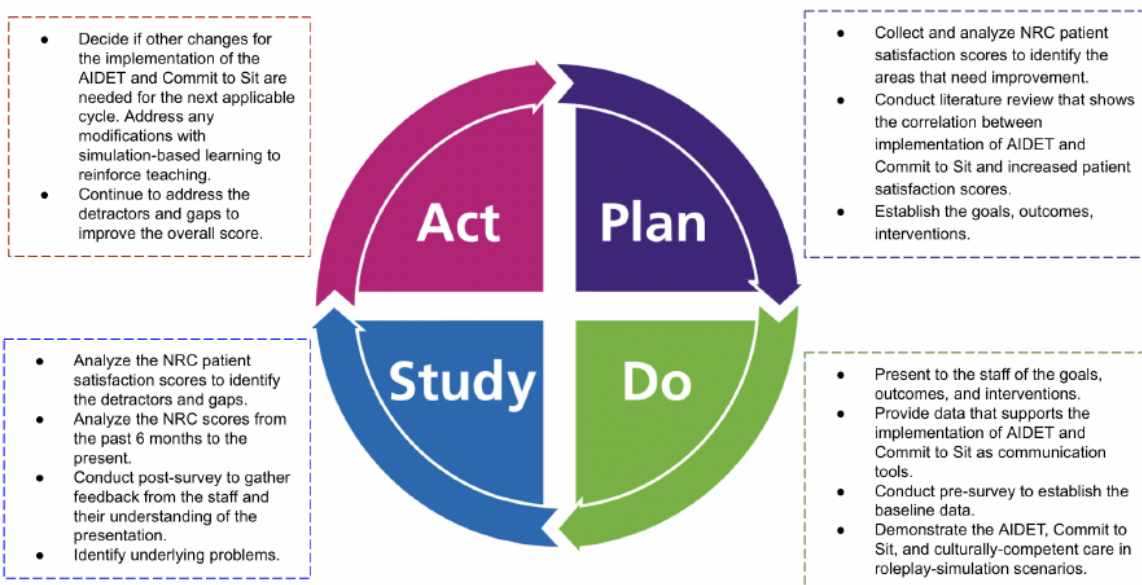
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Appendix B: PDSA Cycle II

PDSA (Plan, Do, Study, Act) cycle is a screenshot of the quality improvement intervention implementation in the outpatient setting. Each part of the PDSA cycle is labeled with what was done for the specific step.

PROJECT OVERVIEW



Appendix C: PICO Question

PICO Question: Will the implementation of AIDET, Commit to Sit, and culturally-competent care in a diverse pediatric outpatient perioperative setting improve patient satisfaction over a six month period?

P	Patient, population, problem	Culturally diverse pediatric patients in the outpatient perioperative setting.
I	Intervention, prognostic factor, or exposure	Implementation of AIDET, Commit to Sit, and culturally-competent care.
C	Comparison to pre-intervention	NRC scores of one year from September to September, prior to implementation and March 2022 NRC score after most recent implementation.
O	Outcome	Improved patient satisfaction scores over the course of six months.

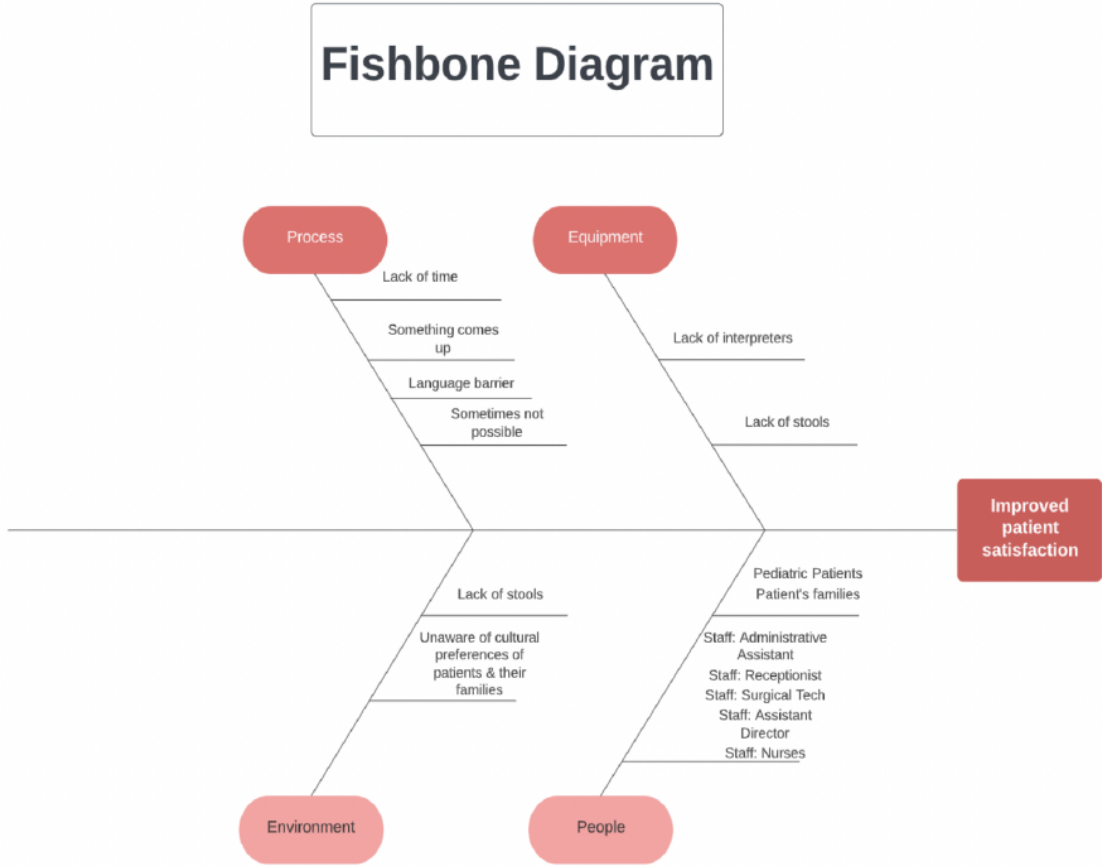
Appendix D: SWOT Analysis

SWOT (Strength, Weakness, Opportunities, Threats) Analysis is used to analyze the system and quickly show the system's competitive advantage or disadvantage in the context of other systems.

Strengths	This microsystem is a branch of a larger hospital system with two children's hospitals in the Bay Area and various outpatient locations throughout California. It has a good reputation and ranks among Nation's Best Children's Hospitals. Staff members are highly competent and have many years of expertise in pediatric units.
Weaknesses	There are areas of NRC scores that are below the 65th percentile. Lack of time, language barrier, and greater distractions are obstacles to utilizing AIDET and Commit to Sit. Resistance and reluctance to change based on the staff's years of experience.
Opportunities	Reinforcing and refreshing the training. Better communication between staff members. Increased understanding of preventative measures. Effective communication methods with the patients regarding wait times and beginning procedures on time.
Threats	Patients and families will opt for other pediatric outpatient surgery settings over UCSF pediatric outpatient surgery settings.

Appendix E: Fishbone Diagram

A fishbone diagram is a tool utilized to show cause and effect of problems in a microsystem.



Appendix F: Pre-Survey of Staff on February 23, 2022

AIDET and Commit to Sit Pre-Survey Questions

* Required

1. What is your job position? *

Check all that apply:

- Nurse
 Administrative Assistant
 Receptionist
 Surgical Tech
 Assistant Director

Other: _____

2. How comfortable are you with AIDET (Acknowledge, Introduce, Duration, Explanation, Thank you)? *

Mark only one oval.

- Comfortable
 Somewhat comfortable
 Not comfortable

3. If comfortable/somewhat comfortable with AIDET: *

Mark only one oval.

- Always implement AIDET in my practice
 I try to implement AIDET
 I know about AIDET but don't always implement it
 I still need more education to utilize AIDET in my practice

4. How comfortable are you with Commit to Sit? *

Mark only one oval.

- Comfortable
 Somewhat comfortable
 Not comfortable

5. If comfortable with Commit to Sit do you: *

Mark only one oval.

- Always implement Commit to Sit in my practice
 I try to implement Commit to Sit
 I know about Commit to Sit but don't always implement it
 I still need more education to utilize Commit to Sit in my practice

6. If you chose any answer other than "Always implement..." in questions 3 & 5, what are common obstacles to implementing AIDET and Commit to Sit? *

Check all that apply:

- Lack of time
 Language barrier
 Lack of interpreter services/ translation devices
 Cultural differences; patient is unresponsive
 Something else comes up that is more important
 Simply forgetting
 Lack of knowledge on how to implement
 Sometimes it's not possible to get to that level

Other: _____

7. Since you were given the tools of AIDET and Commit to Sit last fall, do you feel it is effective? *

Mark only one oval.

- Yes, it is effective
 No, it is not effective
 I don't know

8. What teaching style do you prefer when learning about concepts like AIDET and Commit to Sit? *

Mark only one oval.

- Simulation & Role Playing based learning
 Powerpoint presentation
 Discussion in combined presentation & role playing
 Other: _____

9. How does the Walnut Creek UCSF outpatient center provide culturally-competent care to their patients? How effective do you think the culturally-competent care you give is for the patient and family? *

Mark only one oval per row.

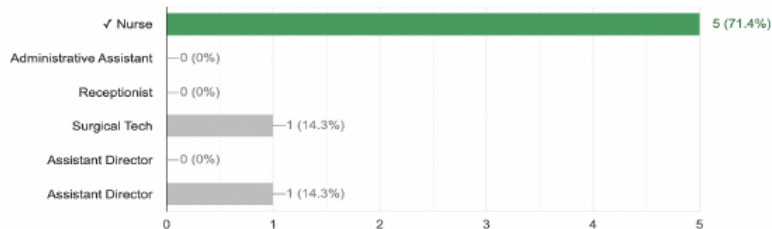
	Not effective at all	2	3	4	Very effective
After-visit summary translation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. What do YOU think is most important when communicating with a pediatric patient & family?

Appendix G: Pre-Survey Response Data

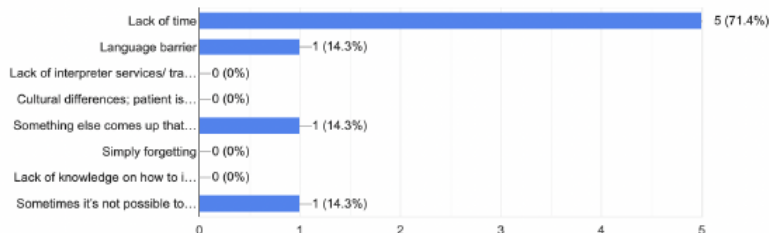
1. What is your job position?

5 / 7 correct responses

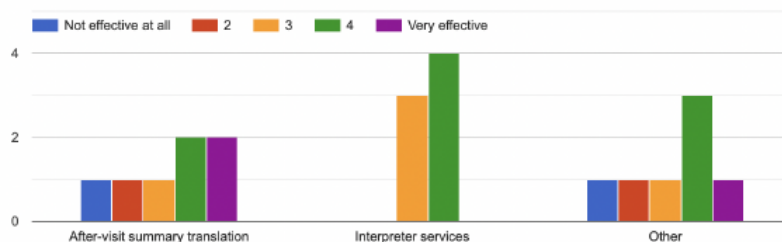


6. If you chose any answer other than "Always implement..." in questions 3 & 5, what are common obstacles to implementing AIDET and Commit to Sit?

7 responses



9. How does the Walnut Creek UCSF outpatient center provide culturally-competent care to their patients? How effective do you think the culturally-competent care you give is for the patient and family?



10. What do YOU think is most important when communicating with a pediatric patient & family?

6 responses

- Providing them with clear correct understandable information
- Make sure they feel heard and have a say in the care of their child
- Explaining, asking questions and provide visual clues
- Letting them know we care
- Time of procedure and expectations
- Ask how to pronounce name correctly; be respectful

Appendix H: Post-Survey for Staff on March 23, 2022

AIDET and Commit to Sit Post-Survey Questions

1. What is your job position?

Mark only one oval.

- Nurse
 Administrative Assistant
 Receptionist
 Surgical Tech
 Other: _____

2. How effective was roleplay-simulation in making you more comfortable implementing AIDET (Acknowledge, introduce, Duration, Explanation, Thank you) and culturally competent care?

Mark only one oval.

- Effective
 Somewhat Effective
 Not Effective
 Other: _____

3. How effective was roleplay-simulation in making you more comfortable implementing Commit to Sit and culturally competent care?

Mark only one oval.

- Effective
 Somewhat Effective
 Not Effective
 Other: _____

4. Do you feel the information presented was useful in increasing patient satisfaction? How or Why (explain in "other" option)?

Check all that apply.

- Yes
 No

Other: _____

5. What did you take away from the presentation and roleplay-simulation that will help you in your practice?

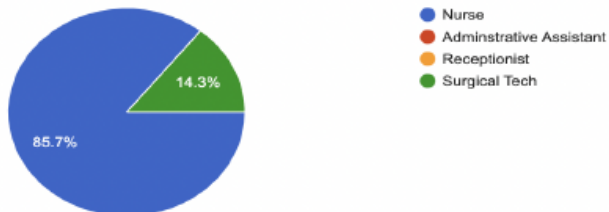
6. What challenges did you encounter while implementing AIDET and Commit to Sit?

7. How could this roleplay-simulation be improved?

Appendix I: Post-Survey Response Data

What is your job position?

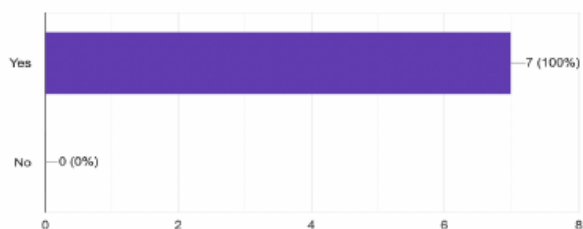
7 responses



Do you feel the information presented was useful in increasing patient satisfaction?
How or Why (explain in "other" option)?



7 responses



What did you take away from the presentation and roleplay-simulation that will help you in your practice?

6 responses

- Language barriers and how to better use it
- Commit to sit!
- Be more aware of your own biases before interacting with patients and families
- Tactful Inquiry about cultural differences
- ask questions
- To be more sensitive to the cultural needs of our families and patients

What challenges did you encounter while implementing AIDET and Commit to Sit?

5 responses

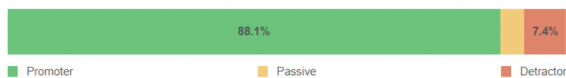
- Role play difficulties..
- Not enough stools
- None it's great
- none
- All families were very open to the process

Appendix J: NRC Patient Satisfaction Data

A) Data analyzed from the last 12 months (September to September), based on the macrosystem goal of 65th percentile for patient satisfaction scores.

NET PROMOTER SCORE

80.7 n-size: 135



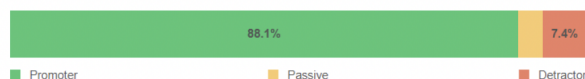
QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench-mark	Gap
Anesthesia process explained	91.9	93.9	90.0	33	93.9	86.5	7.4
Staff cared about as person	92.9	88.2	90.0	52	92.3	75.0	17.3
Staff worked together to meet needs	91.1	88.2	90.0	52	92.3	85.7	6.6
Trust providers w/ care	89.3	93.9	100.0	120	88.3	86.1	2.2
Received consistent info	87.4	87.9	80.0	120	87.5	70.1	17.4
Care providers listened	86.5	87.9	90.0	121	86.0	86.5	-0.5
Was told when could leave	83.5	84.8	90.0	119	84.0	79.9	4.1
Got help as soon as wanted	84.5			78	83.3	77.7	5.6
Care providers explain things	85.7	88.2	90.0	123	82.9	86.0	-3.1
Family involved in visit	78.8			86	81.4	63.2	18.2
NPS: Facility would recommend	82.8	71.4	90.0	135	80.7	84.5	-3.8
Procedure began on time	62.3	64.7	60.0	124	58.9	62.9	-4.0

Data analyzed from the last 12 months (September to September), based on the microsystem goal of 85th percentile for patient satisfaction scores.

NET PROMOTER SCORE

80.7 n-size: 135



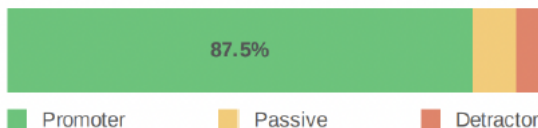
QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench-mark	Gap
Anesthesia process explained	91.9	93.9	90.0	33	93.9	91.5	2.4
Staff cared about as person	92.9	88.2	90.0	52	92.3	86.5	5.8
Staff worked together to meet needs	91.1	88.2	90.0	52	92.3	90.3	2.0
Trust providers w/ care	89.3	93.9	100.0	120	88.3	90.7	-2.4
Received consistent info	87.4	87.9	80.0	120	87.5	78.6	8.9
Care providers listened	86.5	87.9	90.0	121	86.0	91.3	-5.3
Was told when could leave	83.5	84.8	90.0	119	84.0	85.4	-1.4
Got help as soon as wanted	84.5			78	83.3	84.0	-0.7
Care providers explain things	85.7	88.2	90.0	123	82.9	91.0	-8.1
Family involved in visit	78.8			86	81.4	77.5	3.9
NPS: Facility would recommend	82.8	71.4	90.0	135	80.7	89.1	-8.4
Procedure began on time	62.3	64.7	60.0	124	58.9	71.7	-12.8

B) Data analyzed from March 2022 after the most recent implementation.

NET PROMOTER SCORE

83.3 n-size: 24



ALERT PERFORMANCE

OPEN ALERTS CLOSED ALERTS

0 0

QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Nurses courtesy/respect	93.3	92.3	95.2	21	95.2	81.7	13.5	■
Nurses listened carefully	95.6	94.9	95.2	21	95.2	79.2	16.0	■
Comfort talking with nurses	93.3	92.3	90.5	21	90.5	77.5	13.0	■
Confidence and trust in nurses	93.3	92.3	90.5	21	90.5	77.7	12.8	■
Did everything for pain	93.3	92.3	90.5	21	90.5	73.6	16.9	■
Nurses explained things	93.3	92.3	90.5	21	90.5	78.1	12.4	■
Staff cared about as person	87.5	87.8	87.0	23	87.0	66.3	20.7	■
NPS: Facility would recommend	92.3	90.9	83.3	24	83.3	75.9	7.4	■
Care providers listened	89.1	87.5	81.8	22	81.8	81.5	0.3	
Anesthesia process explained	88.9	87.2	81.0	21	81.0	82.2	-1.2	
Staff worked together to meet needs	87.8	85.7	79.2	24	79.2	78.5	0.7	
Trust providers w/ care	84.8	82.5	77.3	22	77.3	79.4	-2.1	
Good communication b/w staff	86.7	84.6	76.2	21	76.2	72.9	3.3	
Had enough input/say in care	82.2	82.1	76.2	21	76.2	75.8	0.4	
Received consistent info	82.2	79.5	76.2	21	76.2	60.6	15.6	■

QUALITATIVE SUMMARY

Promoter

- System/Organization - Friends/Family... ●
- General - Recognition ●
- General - Emotional Support ●
- General - Info/Education ●
- Provider - Emotional Support ●

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Care providers explain things	82.6	80.0	72.7	22	72.7	77.4	-4.7	■
Was told when could leave	82.2	79.5	71.4	21	71.4	79.0	-7.6	■
Procedure began on time	67.4	62.5	68.2	22	68.2	58.6	9.6	■

Appendix K: Commit to Sit Poster

IMPROVING PATIENT SATISFACTION THROUGH

COMMIT TO SIT

Patients rate the quality of nursing higher when nurses sit down at the bedside to talk with them.
-The Patient Experience Journal

**1**

"Do you mind if I sit and talk with you?"

2

Lower yourself to patient's eye-level

3

Make eye contact during conversation

4

Engage in clear and undistracted communication

5

Demonstrate active listening to show understanding of patient concerns

6

Spend adequate time to ensure patient understanding

Appendix L: AIDET Poster

WHAT IS AIDET?



A

ACKNOWLEDGE

Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room. Does the patient need a translator?

I

INTRODUCE

Introduce yourself with your name, profession, experience, and how you will provide care.

D

DURATION

Give a time expectation for tests, physician arrival, updates, and identify next steps.

E

EXPLANATION

Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you.

T

THANK YOU

Thank the patient and/or family. Express gratitude to them for choosing your hospital or for their communication and cooperation. Lastly, ask if they need further assistance or resources.

Appendix M: Cultural Competence in Healthcare Poster



WHAT IS CULTURAL COMPETENCE IN HEALTHCARE?

Cultural competence in health care means delivering effective, quality care to patients who have diverse beliefs, attitudes, values, and behaviors. This practice requires systems that can personalize health care according to cultural and linguistic differences. It also requires understanding the potential impact that cultural differences can have on healthcare delivery.

RESOURCES TO GET YOU STARTED

- Harvard Implicit Bias Test
- "Conscious & Unconscious Biases in Health Care" Online Course
- "Implicit bias in healthcare professionals: A systemic review"
- "Implicit Bias and Social Categorization in Medicine" Webinar
- "Bias, Black Lives and Academic Medicine" Your Health Radio recording
- "Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology" Article
- "Cultural Competency the Key to Latino Health Policy: A Commentary"
- "Cultural and Ethical Issues in Working with Culturally Diverse Patients and Their Families"
- "Cultural Religious Competence in Clinical Practice" Summary of commonly encountered religious and spiritual groups
- Cornell University "Implicit Bias Resources"

For more resources to improve cultural competence, please visit:
<https://guides.lib.unc.edu/implicit-bias/health-medicine>

"CULTURAL DIFFERENCES SHOULD NOT SEPARATE US FROM EACH OTHER, BUT RATHER CULTURAL DIVERSITY BRINGS A COLLECTIVE STRENGTH THAT CAN BENEFIT ALL OF HUMANITY."

-ROBERT ALAN (AMERICAN WRITER, ARTIST AND SOCIAL ACTIVIST; 1922-1978)

Appendix N: Button Provided for Outpatient Clinic Staff Members



Appendix O: Roleplay Simulation Scenarios

A) Roleplay Simulation I: Culture

Roles:

Patient family member (Patient is five year old Holly Martinez): UCSF Employee

Nurse: Julie

Patient (Holly Martinez): Ailen



Patient is five year-old Holly Martinez in pre-op for myringotomy. Patient is with a family who looks a little anxious. Nurse enters the scene and introduces herself for the first time.

Explanation of the "Evil Eye"

Nurse: *Knock on door to patient's room*

"Hi Holly, I'm Julie. will be your nurse for today. Who do we have with you here today?"

Take a seat next to patient and family member

Patient (Holly Martinez): Hi, this is my mom/dad.

Patient family member: " Hi, I am _____, Holly's mom/dad. I am relieved that Holly is getting this procedure done and that she won't be in pain.

Nurse: "Hi _____, nice to meet you both. I am glad Holly is here today as well, it must have been hard for you and Holly to see her in so much pain. I am now going to go over some of the details of the operation for today and answer any questions you might have. Does that sound okay to you? Do you have any concerns you would like me to address first, such as any cultural practices or the need for an interpreter if a language other than English is preferred?"

Patient family member: Hi Nurse Julie, yes it has been a difficult time for us but we are glad she is in good hands. I appreciate you taking the time to ask about interpreter needs, I am comfortable with English. Holly has this bracelet that I would like for her to keep on if possible.

Patient (Holly Martinez): I want to keep it on.

Nurse: Usually for any operation, we prefer removing valuable items from the patient just because they may get lost in the process but I understand that the bracelet is important to you and Holly. I will go ahead and ask the doctor if it is safe for Holly to have it on as long as it does not interfere with any IV tubing. May I ask what the significance of the bracelet is? I always appreciate learning about my patient's culture, if you feel comfortable sharing with me.

Patient family member: The bracelet protects against "Mal de Ojo" also known as an "Evil Eye." The evil eye is a curse that is given to someone when they are not aware of it.

For many Latinx/Hispanics it is a custom to have our child wear this amulet for protection from malicious harm or injury. I really appreciate you taking the time to ask and also asking the doctor if Holly can keep it on.

Nurse: Thank you so much for explaining the "Evil Eye" for me. I was not aware of this practice and I am grateful you taught me about its importance in the Latinx/Hispanic culture. Do you or Holly have any other questions or concerns before I give you a brief explanation of the procedure?

Patient family member: Just how long the procedure will take and if Holly will be in pain after.

Nurse: "Of course, I would be glad to go over the duration of each part of the procedure. Because myringotomy requires sedation, the anesthesiologist will put Holly under and it should take less than 30 seconds for her to fall asleep. The operation will only take about 15-20 minutes but if anything should change, one of the staff members will be able to notify you about it. Holly will then recover in the Post-Anesthesia Care Unit (PACU) where the nurse will monitor her and stay with her until her anesthesia wears off. Anesthesia usually wears off in about an hour but she may feel groggy afterwards for up to 24 hours. The nurse and doctor will assess Holly and if everything goes as planned, she should be able to go home on the same day. Holly should not be in pain while the anesthesia is in effect and she will receive additional pain medication while she is in the recovery room. You will also receive a prescription for pain medication for Holly when she is discharged."

Patient family member: Thank you for taking the time to sit down and explain to me how long each step of the procedure will take. I really appreciate it.

Nurse: "My pleasure. I would like to explain what the surgery is briefly before the surgeon comes in and explains it to you in more detail before getting your consent. Myringotomy is a procedure where a small incision is made in the eardrum in order to drain the fluid trapped in the middle ear. This fluid may be blood, pus, and/or water resulting from an infection. A small tube is then inserted into the incision site to help drain the remaining fluid. After the procedure, it may take a few days for Holly's hearing to return to normal."

Patient family member: Thank you for explaining the procedure. I like knowing what is going to happen to my daughter as much as possible and what to expect of the process and you have covered everything, Nurse Julie.

Nurse: I am glad to help you feel more comfortable by providing you with information about the procedure. If you have any other questions later on, please feel free to ask me or any other staff and we will be happy to help you. I would like to thank you for choosing Benioff Children's Hospital to provide care for Holly and for having a conversation with me about your culture. If you and Holly don't have any other questions or concerns at this moment, I will call the surgeon and anesthesiologist to come talk to both of you.

End Scenario

B) Roleplay Simulation II: Language Barrier

Roles:

Parent (Tiffany): Hong Vuong

Child (Thy): Thu Vuong

Translator: USF student

Preoperative education: Staff

Thu is a 7 y/o female who reports injuring her right leg while playing in her soccer game yesterday afternoon. She states that she was trying to steal the ball from an opponent when she collided with the other player and twisted her leg. She reports 7/10 pain around her right knee and difficulty extending her right leg. Thu is brought in by her mother, Hong. Patient was seen in the ER last night and an MRI was performed. Results showed a medial meniscus tear to the R knee. She presents today for a R knee arthroscopy.

Please provide patient education on a R knee arthroscopy.

Remember to utilize AIDET and Commit to Sit.

RN for pre-op explanations/ education: R knee arthroscopic surgical procedure

Parent: *Parent pacing in room with patient, noticeably anxious*

RN enters room

Parent: *Parent rambles in Vietnamese*

Child: "My mom is nervous and doesn't know what's going on....I don't know how to explain it to her"

Parent: *Continues with Vietnamese rambling until either the staff realizes to get a translator or

Child: "I think my mom may need a translator"

What we would LIKE the RN to do

Acknowledge: ask how to pronounce name; ask kid what happened but kinda confused, asking help; ask preferred language;

Translator Lines (Melanie):

Introduce: Who are you? Are you the doctor?

Duration: How long will the procedure take? When will my child go home?

Explanation: What are you doing to my child? Cutting the knee open??
Any medications my child should be taking? Is it going to hurt them?
Can my child walk after the procedure?

Thank you: Thank you for the explanation. I feel better about the safety of my child now and appreciate all of your help.

C) Roleplay III: Discharge Instructions

Father: Melanie

Mother: UCSF Employee

Nurse: Shibani

AIDET

COMMIT TO SIT

Patient is a 2 days old infant, John, and is getting ready for discharged. First-time parents decided for circumcision for their infant son.

This scenario focuses on teach-back method.

Nurse: *Enter patient's room*

"Hi my name is Shibani and I am the nurse [D] for John. Can I ask how you are related to the patient?"

Father & Mother: "We are the parents of John. My name is Melanie and my wife's name is _____."

Nurse: "Perfect, it's so nice to meet you Melanie and _____! I hear that John is being discharged today, YAY! [D] says here in the chart that he had a circumcision procedure done here with us at UCSF. [A] I will be going over the discharge instructions regarding that and the discharge teaching process will take about 30 minutes. [D] from our end to make sure you are confidently going home with your son. Do you have any questions?"

Father: "Yes, I do. My wife and I are actually curious about what we can expect after the procedure?"

Nurse: "Yeah totally, let's go over that, [D] I'm going to take this seat next to you. You can expect for the end of the penis to be red and swollen. It may ooze a little blood for the first several hours, and may be tender and swollen for a few days, however it should heal in about a week. John has stitches and these will dissolve on their own within 1-3 weeks."

Mother: "How can we care for the incision?"

Nurse: "Make sure John is being checked for bleeding, drainage for every diaper change and you just want to make sure that you are keeping the area clean as you normally do. You can also apply a glob of the ointment recommended by the doctor to the incision so you want to make sure you let it melt around the area and not spread it. This would be done during each diaper change as well. You can expect the dressing to fall off on its own in the next few days and if it does fall to the base of the penis, you want to remove it so there is not an area of constriction. Can you explain back to me what I have discussed with you?"

Father: "Yes, so it's important to know that the end of the penis may be red and swollen and ooze a little blood for the first few hours but it should heal in a week. We both also need to check for bleeding and drainage every time we change the diaper and clean as normally. I can also apply ointment as recommended by the doctor and to let it melt and not spread it during diaper changes. Incision and dressing will fall off on its own in the next few days."

Nurse: "Perfect, in addition you can bathe John after 24 hours but it is important that you don't rub the area but you can wet a washcloth and squeeze water over the site."

"You definitely don't want to wash off the white or yellow colored drainage because this is a normal part of the healing process and it will go away as the circumcision heals. After the third day, during baths gently pull back the remaining foreskin, to keep it clean and keep it from sticking. If bleeding occurs, apply gentle pressure to the incision for 5 minutes. If bleeding does not stop or starts again, call the doctor. Can you repeat the bathing instructions I just explained? This will help me ensure you feel confident in John's care."

Mother: "Of course. We can bathe John after 24 hours but don't rub the area and only use a washcloth or squeeze water over the site. There may be yellow or white colored drainage but we don't have to wash them off because it's part of the healing process. After the 3rd day, I can pull back the remaining foreskin gently. If bleeding occurs, apply gentle pressure for 5 mins and if it doesn't stop after, I will need to call the doctor."

Father: "What are the signs and symptoms that indicate the need for us to call the doctor?"

Nurse: "Things to look out for:

- o Bleeding from the incision that does not stop after 5 minutes of gentle pressure
- o Not urinating at least every 8 hours
- o Pain that is not relieved with the medicine that was prescribed
- o Temperature higher than 102F
- o Increasing swelling, pain, or redness around the area after the first 48 hours
- o Cloudy drainage coming from the incision
- o The circumcision is not healing with the given time frame of one week.
- o This sheet is not specific to your son, but provides general information. If you have any questions about your child's condition, please call the clinic."

Show pamphlet

[Thank you for your time! D]

End Scenario

Appendix P: Literature Review

AIDET, Commit to Sit, and Cultural Competence: References

1. Braverman, A. M., Kunkel, E. J., Katz, L., Katona, A., Heavens, T., Miller, A., & Arfaa, J. (2015). *Do I Buy It? How AIDET™ Training Changes Residents' Values about Patient Care. Journal of patient experience, 2(1), 13–20.*
<https://doi.org/10.1177/237437431500200104>

Kunkel et al (2015) study whether residents' own values regarding patient communication can be influenced by training. A three-hour communication skills training in AIDET was presented to the first and second Post-Graduate Year residents. In addition a pre/post communication skills training survey was administered to measure the value of patient communication. In result, the residents' scores about communication values improved significantly for all areas pre and post-training for patient communication skills. These areas included valuing requesting permission, sitting down, and introducing themselves. In conclusion, the residents found the training and communication tool valuable as it aided in fostering interpersonal skills and enhancing service excellence (Kunkel et al, 2015). This study conveys the importance of teaching communication skills to healthcare providers as they are correlated with patient care and safety.

2. Fu, K., Li, S., & Lu, S. (2020). *Application and effect evaluation on Acknowledge-Introduce-Duration-Explanation-Thank you (AIDET) communication mode in cataract daytime operation nursing. 5(0), 12–12.*
<https://doi.org/10.21037/aes.2020.03.01>

According to Fu et.al., AIDET communication mode significantly improved the patient satisfaction of nurses' responsibility and the effect of communication across surgery settings. The study analyzed the application of AIDET in cataract daytime operations centers showed that more medical disputes increased because the length of stay (LOS) of inpatients and the time of communication between medical staff and patients decreased during the daytime operation. In addition, the AIDET also increased the patient's trust in the medical team, established good relationships between providers-patients, and decreased patient's anxiety. The study also shows

that as the nurses took more time to go over the procedure in detail, patients were more perceptive and assured to accept surgical treatment, cooperated with the nurses to complete the nursing work before and after the operation, and were conducive to faster recovery (Fu et al., 2020).

3. George, S., Rahmatinick, S., & Ramos, J. (2018). Commit to sit to improve nurse communication. *Critical Care Nurse*, 38(2), 83–85. <https://doi.org/10.4037/ccn2018846>

George et. al (2018) discuss how the leadership and shared governance council board members (Community of Practice) of unit 4B improved communication with patients. Topics covered include the "Commit to Sit" favored by the Community of Practice board members as the new initiative to improve nurse-patient communication, the implementation of the initiative which included participation from all levels of nursing employed in the unit, and how the success of the Commit to Sit program was measured. The success of the project was measured by analyzing the monthly Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) score received from discharged patients. Consistent positive feedback was received when unit management interviewed the patients to assess nurse communication. A year after the implementation of the Commit to Sit program, patient satisfaction ratings of nurse communication steadily improved, achieving a score of 87 (90th percentile rank) in the third quarter of 2016. Apart from the improved results of nurse-patient communication, there was an overall improvement in other aspects of patient satisfaction.

4. Zamora, R., Patel, M., Doherty, B., Alperstein, A., & Devito, P. (2015). *Influence of AIDET in the improving quality metrics in a small community hospital - before and after analysis*. 4. <https://doi.org/10.5430/jha.v4n3p35>

According to Zamora et. al (2015), the US healthcare system is becoming more outcome based. Healthcare facilities are attempting to improve various aspects of care in order to increase patient satisfaction scores. This study conducted in a small community hospital implemented AIDET education with medical residents in order to see effects on patient satisfaction scores. Patient satisfaction scores were measured via HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) and results did show significant impact of AIDET utilization on provider-patient communication in the facility. This framework for communication was especially useful in allowing patients to perceive the explanations they received to be

understandable.

5. Pullen, R. L. (2014). Communicating with patients from different cultures. *Nursing Made Incredibly Easy!*, 12(6), 6–8. <https://doi.org/10.1097/01.nme.0000454772.77545.13>

Pullen (2014) covers four themes when communicating with patients from different cultural backgrounds including more trust and less stress, language barriers, respect, and silence as communication. The topic more trust, less stress goes into detail to becoming self aware of your own cultural beliefs and how that can aid in identifying prejudices or attitudes that can be a potential barrier to good communication. Bringing down language barriers discusses the need for a trained medical interpreter, ensuring the patient feels comfortable with the family being present, and making time for the patient. Pullen emphasizes here to not rush the session with your patient, sit down in a chair next to the patient, not look at the clock, or have a hurried attitude. A matter of respect section conveys how essential it is to be empathetic and show respect. In order to do this it is important to not stereotype patients to help build your experiences as a health care provider and be more effective when communicating cross-culturally. Lastly Pullen dives into how silence is a part of communication. When we see patients are silent, it is important for us healthcare providers to not make assumptions as to why they might be silent. Therefore, it is vital to analyze why the patient may be silent because it can be due to some religious reasons as they are communicating with God. Just as important verbal communication is, nonverbal communication is just as important such as analyzing a patient's posture, eye contact, and facial expressions.

6. Register, S. J., Blanchard, E., Belle, A., Viles, A., Moore, S., P., MacLennan, P., & White, M. L. (2020). Using AIDET education simulations to improve patient experience scores. *Clinical Simulation in Nursing*, 38, 14-17. <https://doi.org/10.1016/j.ecns.2019.09.005>

AIDET is a communication framework that enhances communication with patients and their families, which in turn decreases patient anxiety, increases patient compliance, and increases

patient outcomes overall. In a large suburban medical center, staff were trained to utilize AIDET when providing patient care. However, it was found that the Heart and Vascular Center (HVC) had lower patient satisfaction scores than the rest of the medical center (Register et al., 2020). In a study by Register et. al (2020), simulation-based learning was utilized to re-educate and reinforce AIDET to 77 staff participants on the unit. The two primary objectives for the staff were: 1) To demonstrate effective communication using AIDET, and 2) To demonstrate strategies for applying AIDET with each patient encounter (Register et al., 2020). To supplement simulation-based learning, the HVC staff participated in pre-briefing, in-situ simulations that included diverse patient populations they encountered, and debriefing. Following the reinforcement of AIDET, there was an increase in 1.4% in patient satisfaction scores at the HVC unit. Additionally, approximately 73% of staff strongly agreed that simulation training would improve clinical performance. Thus, simulation-based training can be implemented across different units to promote retention of skills related to AIDET (Register et al., 2020).

7. *Improving cultural competence to reduce health disparities for priority populations.*

Improving Cultural Competence to Reduce Health Disparities for Priority Populations | Effective Health Care (EHC) Program. (n.d.). Retrieved February 22, 2022, from <https://effectivehealthcare.ahrq.gov/products/cultural-competence/research-proto>

A systematic review by Butler et. al (2016) examined various levels of interventions put in place in order to improve culturally competent care for vulnerable populations such as people with disabilities, the LGBTQIA+ populations, and those belonging to racial or ethnic minority groups. Randomized control trials, prospective cohort trials, and observational studies were examined for interventions aimed at reducing health disparities that were implemented at the clinic, provider, system, and individual levels. The Interventions fell into four broad categories: (1) provider trainings and education; (2) interventions providing alteration of an established protocol, or the delivery of an established protocol, to meet the needs of a target population; (3) interventions promoting patients to interact with the formal health care system or health care providers; and (4) interventions aimed at providing culturally competent care at the point of service. For the majority of included studies, the risk of bias was high. The most common methodological problems were lack of randomization to treatment, lack of attention control, little or no followup, and failure to report unintended consequences. Large segments of vulnerable or disadvantaged

populations—such as children with disabilities; people who are gender nonconforming or transgender; or numerous racial or ethnic groups, including Native Americans or Alaskan Natives—remain essentially invisible in the cultural competence literature. Butler et. al (2016) concluded that the studies examined did not measure the effect of cultural competence on health care disparities, but rather they measured changes in professional attitudes toward the population in question.