

**AUSTRALIAN COMMISSION**  
**ON SAFETY AND QUALITY IN HEALTH CARE**

# Communicating for Safety: Improving clinical communication, collaboration and teamwork in Australian health services

**Scoping paper**  
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# Executive Summary

Effective clinical communication, collaboration and teamwork are widely recognised as key factors in providing safe, coordinated and comprehensive care. These factors are often associated with positive patient outcomes including reduced length of stay and decreased risk of healthcare complications.<sup>1-3</sup>

Significant work to support effective clinical communication, collaboration and teamwork in health care has been undertaken at a national, state and territory, and local level in Australia. However, poor communication, documentation and gaps or failures in collaborative planning between healthcare providers, and between providers and people receiving health care, remain key safety and quality issues.<sup>4-6</sup>

The second edition of the National Safety and Quality Health Service (NSQHS) Standards<sup>7</sup> require health service organisations to have systems and processes in place to support effective clinical communication, collaboration and teamwork, with the intent of ensuring healthcare delivery is continuous, coordinated and safe.

The NSQHS Standards are one of Australia's key drivers for safety and quality improvement. Their primary aim is to protect the public from harm and improve the quality of health care provision.<sup>7, 8</sup> The Australian Commission on Safety and Quality in Health Care (the Commission) developed the NSQHS Standards in collaboration with the Australian Government, state and territories, the private sector, clinical experts, patients and carers. The NSQHS Standards are mandatory for all Australian hospitals and day procedure services. Assessment to the NSQHS Standards (2nd ed.) commenced from 1 January 2019.

## Aims of this scoping study

As part of the Commission's Work Plan, and at the request of the Commission's Inter-Jurisdictional Committee (IJC), the Commission has undertaken a scoping study to improve understanding of how Australian health services support clinical communication, collaboration and teamwork. Objectives were to:

- Understand best practice in relation to healthcare provider training to acquire effective clinical communication, collaboration and teamwork skills
- Identify what currently exists within Australian health services and across states and territories to support clinical communication, collaboration and teamwork when healthcare providers enter the workforce (for example, education and training, programs, tools, guidance and other resources provided within health services)
- Identify areas to focus improvement strategies
- Identify opportunities to share best practice examples nationally to encourage inter-jurisdictional learning in this area and decrease duplication of effort (where possible).

The study involved a review of the literature, desktop review of relevant Commonwealth, state and territory government websites, targeted interviews and a targeted short survey distributed at the 2019 Australian Communication in Healthcare Networking Forum.

## Overview of findings

### **Best practice: improving and acquiring effective clinical communication, collaboration and teamwork skills**

Evidence suggests that to acquire and sustain effective clinical communication, collaboration and teamwork skills, healthcare providers require regular training and assessment focused on the core competencies of teamwork and effective communication. Core competencies include:

- Leadership, coordination, communication and collaboration skills, role clarity and situational monitoring (teamwork skills); and
- Knowledge and understanding of effective clinical communication, its purpose and importance; content skills (what is done and said in communication interactions); process skills (how to communicate); and perceptual skills (awareness of self and others and how this influences communication).

Training and assessment of core competencies should be relevant to the clinical setting the healthcare provider is practicing within.<sup>9</sup> This includes basic and more generalised skills and knowledge at the undergraduate level, to more comprehensive and context-specific skills and knowledge developed in the healthcare setting when providers enter the workforce.

Training should include a multi-modal approach based on human factors principles. Opportunities to learn, practise, reflect and gain direct feedback in the relevant clinical setting is also important, particularly when a healthcare provider first enters the workforce and may rotate between different clinical settings and teams. This could include simulation or experiential training.

### **Examples of state, territory and health service organisation training, programs and tools to support clinical communication, collaboration and teamwork**

A range of sectors, including Commonwealth and state and territory governments, universities and other tertiary education providers, registration and accreditation boards, and professional colleges, influence health education and training. However, this scoping study specifically focused on the supports available at the state, territory and health service level.

A broad range of programs, training, tools and guidance on communication, collaboration and teamwork were identified. These included:

- Programs focused on specific clinical situations, such as conducting open disclosure, end-of-life care communications, clinical handover, informed consent and escalation of care
- Programs targeted at improving teamwork
- Specific communication tools
- Training and education (online and face-to-face) focused on developing high-risk communication skills (e.g. open disclosure and how to break bad news), as well as more general clinical communication and/or teamwork skills, techniques and strategies
- Guidance materials, including policies, guidelines, and fact sheets.

Findings of the study indicate that availability and access to training, programs, tools and guidance by healthcare providers is variable across states, territories, and between health

services within the same jurisdiction. In relation to training, variation related to the content (what was being taught); the mode (how it is being taught, for example online or face-to-face); the target audience; and frequency of training.

It was difficult to assess whether there was consistency in relation to how core competencies for communication, collaboration and teamwork skills were being taught and assessed across health services. Training, tools and guidance also appeared to focus mainly on specific high-risk communication scenarios, rather than core communication skills;<sup>10</sup> and it was difficult to determine whether healthcare providers had opportunities to practice these skills, and receive real-time feedback and mentorship, within the healthcare setting (or clinical scenario) they were working in.

## **Sharing examples nationally**

Resources in the form of guidelines, fact sheets (or tip sheets), and policies were generally available online through state, territory or public websites, and therefore could be shared. Opportunities to share online training or training resources however was limited. This was because many of the training examples identified were not publically available, and restricted to health staff in the respective state, territory, local health network, or health service organisation. This included only being able to access resources through an organisation's intranet pages, through licensing agreements or membership to an institution, or for a fee.

For resources that were publically available, the majority have been shared on the Commission's online [Communicating for Safety resource portal](#) (see Appendix C). The resource portal aims to provide a searchable database of clinical communication resources, and an easily navigable repository of tools and guides. The resource portal supports implementation of the NSQHS Standards (2nd ed.) and provides opportunities to share resources, tools and guidance nationally.

## **Enablers and barriers**

Key enablers to effective clinical communication, collaboration and teamwork identified in the scoping study included:

- Leadership, prioritisation and clear direction from management
- A supportive learning culture and environment, which includes a culture of trust, respect, and reciprocity
- Regular training, support and supervision
- A focus on person-centred care where there is respect for the person, their families, carers and support people, and they are valued as members of the team
- Allocation of resources (costs and time) for the workforce to undertake training
- Availability of multi-modal training that is context specific
- Embedding communication, collaboration and teamwork into formal review processes.

Key barriers identified in the scoping study included:

- Perceived lack of access to refresher training for communication skills when healthcare providers entered the workforce
- Limited opportunity for healthcare providers to practice the skills they had learnt in their clinical environment
- Limited resources (i.e. funds, time and availability of different training modalities)

- An unsupportive culture and environment, and organisational and/or professional hierarchies.

## **Areas to focus improvement**

When considering improvement strategies, areas for the health system to focus on at national, state and territory, and local level include:

- Systems and structured processes that support, facilitate and integrate effective communication, collaboration and teamwork across all aspects of health care
- Multi-modal training and assessment for healthcare providers when they enter the clinical workforce, focused specifically on developing the core competencies for effective clinical communication, collaboration and teamwork skills relevant to their clinical setting and practice
- Monitoring, evaluation and quality improvement.

These areas are consistent with key areas of focus described in the NSQHS Standards (2nd ed.). In particular, linking actions within the Clinical Governance, Partnering with Consumers, Comprehensive Care, Communicating for Safety, Medication Safety, and Recognising and Responding to Clinical Deterioration Standards.

## **Suggested strategies**

At a national level, strategies include:

- Continue to support health service organisations and healthcare providers meet their responsibilities under the NSQHS Standards (2nd ed.) in relation to clinical communication, collaboration and teamwork
- Share available resources and best practice examples nationally on the Commission's Communicating for Safety resource portal, where available
- Where opportunities arise, collaborate with key players that influence clinical communication and teamwork skills development (e.g. training and education providers, registration and accreditation boards, and professional colleges).

At a state and territory level, strategies include:

- Monitor clinical communication, collaboration and teamwork issues through state and territory-wide incident, complaints data and experience surveys to determine areas for improvement. Feed this information back to health service organisations
- Support health service organisations by providing access to best practice training, programs and resources, in multiple modalities, focused on developing a supportive culture and integrating effective clinical communication, collaboration and teamwork skills into clinical practice (in line with the NSQHS Standards 2nd ed.).

At a health service level, strategies include:

- Prioritise at a leadership and organisational level, healthcare provider skill development in effective communication, collaboration and teamwork
- Foster a supportive culture and environment, focused on trust, respect, and reciprocity
- Monitor organisational effectiveness of clinical communication, collaboration and teamwork by assessing incident, complaints, workforce and patient experience data
- Improve processes, training, programs and tools, to support effective clinical communication, collaboration and teamwork.

## Conclusion

The importance of effective clinical communication, collaboration and teamwork in relation to the delivery of safe, high-quality health care is widely recognised in the literature and in national policy as part of the NSQHS Standards (2nd ed.).

Findings suggest that for healthcare providers to acquire and develop communication, collaboration and teamwork skills, training and assessment should focus on the core competencies of teamwork and effective communication, which are relevant to the clinical setting that the healthcare provider is practicing within. Areas to focus improvement were identified as including: ensuring there is a supportive culture and leadership; there are consistent, structured and well-defined systems, processes and tools to facilitate communication and teamwork; and systems to support monitoring, evaluation and improvement.

While a broad range of programs and training were identified, access to training and dedicated resources specific to supporting communication, collaboration and teamwork varied. Where resources are available publically, there is an opportunity to share them nationally on the Commission's Communicating for Safety resource portal.



# 1. Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) is a government agency created under the provisions of the *National Health Reform Act 2011*. The Commission leads and coordinates national improvements in safety and quality in health care across Australia. Key functions of the Commission include developing national safety and quality standards and clinical care standards to improve the implementation of evidence-based health care; coordinating work in specific areas to improve outcomes for patients; and providing information, publications and resources about safety and quality.

Effective clinical communication, collaboration and teamwork are critical in ensuring safe practices in complex and dynamic situations, such as health care. They are essential components in the delivery of continuous and coordinated health care.

The Commission plays a key role in supporting and advancing effective clinical communication, collaboration and teamwork in the Australian health system. In particular, the importance of clinical communication, collaboration and teamwork are recognised in the second edition of the National Safety and Quality Health Service (NSQHS) Standards.<sup>7</sup> The NSQHS Standards primary aims are to protect the public from harm and improve the quality of health service provision. The Commission developed the NSQHS Standards (2nd ed.) in collaboration with the Australian Government, state and territories, the private sector, clinical experts, patients and carers.

The Commission has undertaken a scoping study to improve understanding of what is currently available at state and territory level, and within health service organisations, to support effective clinical communication, collaboration and teamwork; and opportunities to nationally share best practice strategies and initiatives to promote learning and decrease duplication. This was at the request of the Inter-Jurisdictional Committee (IJC), and to support safe, high-quality health care through implementation of the NSQHS Standards.

The scoping study also sought to understand and identify best practice in relation to the education and training needs for healthcare providers to acquire effective clinical communication, collaboration and teamwork skills. Areas to focus improvement were also identified and suggested strategies at a national, state and territory and local level are outlined for consideration and discussion.

## **2. Context and rationale for effective clinical communication, collaboration and teamwork in health care**

### **2.1 What is effective clinical communication, collaboration and teamwork?**

Communication is a key safety and quality issue and plays a vital role in several aspects of care delivery. In the health care context, effective clinical communication can be described as two or multi-way communication that is coordinated, continuous and results in the timely, accurate and appropriate transfer of information about a person's care.<sup>7, 11</sup> It can be formal or informal and take on different forms, including:

- Face-to-face
- Via phone
- Through written notes or other documentation
- Electronic formats (e.g. electronic health records and mobile applications).

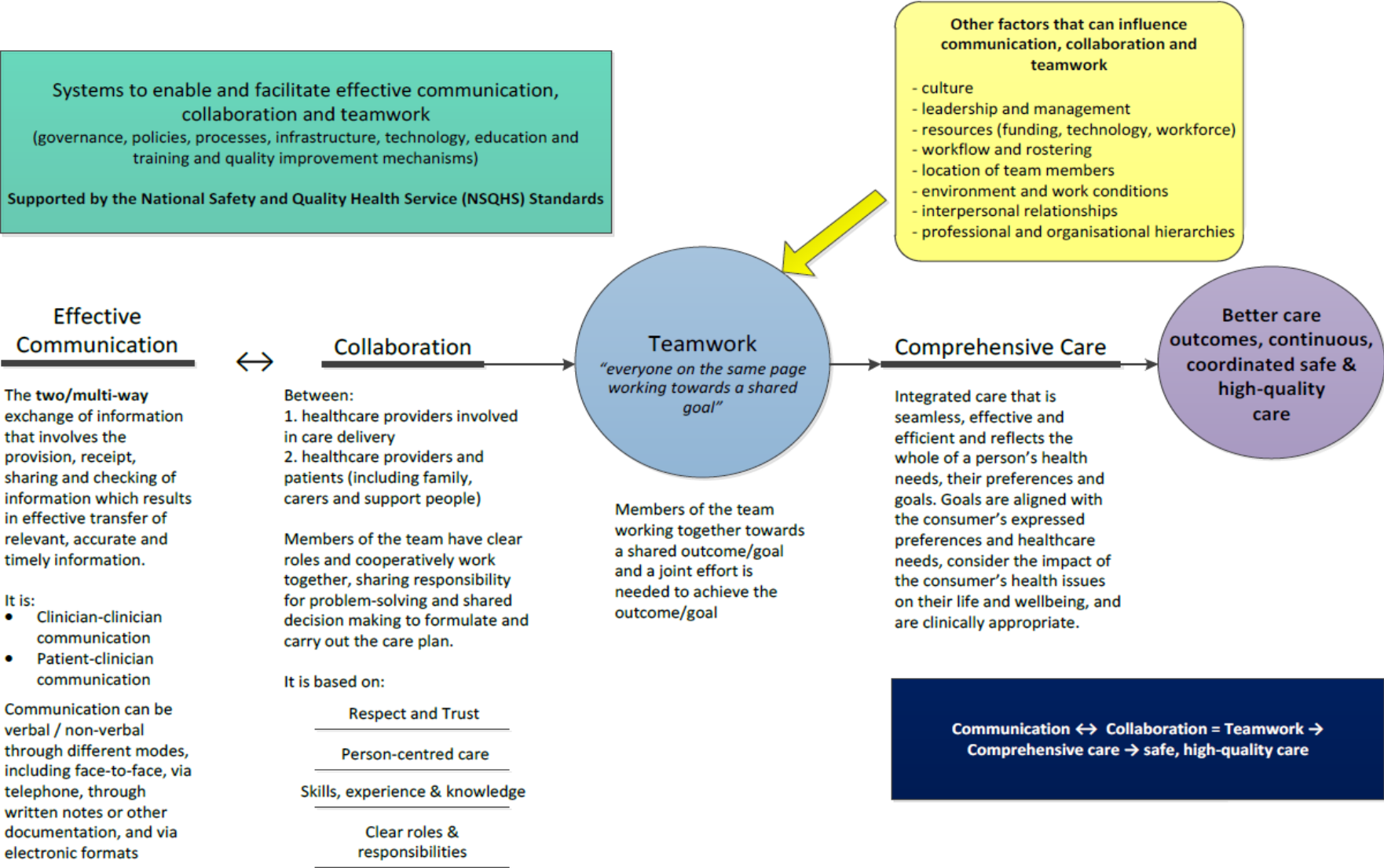
Collaboration is the processes by which different members of the care team, including the person themselves and/or their support people, work cooperatively to positively affect care. This often involves bringing together different expertise, coordinating care, and sharing responsibility for problem-solving and decision-making.<sup>12</sup>

Effective teamwork relates to the quality of collaboration and clinical communication. It is the interactions between members of the care team (including the person receiving care and their support people), collectively working together towards shared goals and/or tasks.<sup>13, 14</sup>

The relationship between effective clinical communication, collaboration and teamwork, and how they each contribute to safe, comprehensive care, is illustrated in Figure 1 below. Systems that support and facilitate communication, collaboration and teamwork, as well as other influencing factors are also outlined.

A more detailed description of the key concepts for effective clinical communication, collaboration, multidisciplinary teams and teamwork is at Appendix B.

Figure 1: An overview of how effective communication and collaboration contribute to teamwork and delivery of comprehensive care



## 2.2 Why focus on clinical communication, collaboration and teamwork?

Research shows that a substantial proportion of preventable adverse events are underpinned by failures in communication and teamwork;<sup>2, 15-17</sup> while effective communication and improvements in teamwork have been associated with positive outcomes such as reduced length of stay and reduced risk of healthcare complications.<sup>1, 3</sup> Research also indicates that in acute care settings, teamwork can have a positive effect on both outcomes and process measures, regardless of characteristics of the team or task.<sup>18</sup>

In Australia, poor communication has been identified as an underlying cause of health care complaints across all states and territories;<sup>4</sup> with communication and information related issues consistently raised in complaints received by state and territory Complaints Commissioners in 2017-18.<sup>19-24</sup>

In the 2017-18, the Patient Experience Survey conducted by the Australia Bureau of Statistics reported that for patients who saw three or more health professionals for the same condition, 13% reported that there were issues caused by a lack of communication between the healthcare professionals.<sup>6</sup>

Additionally, root cause analysis data reported by NSW from January 2014 – June 2018,<sup>5</sup> identified verbal and written forms of communication and gaps or failures in collaborative planning for people receiving care from more than one team, as the top two organisational system factors that caused or contributed to clinical incidents.

In Victoria, communication and coordination of care are consistently raised as key issues in case reports and lessons learned from Coroners' investigations into preventable deaths in acute hospital and community settings.<sup>25</sup>

Poor clinical communication and gaps in collaboration and teamwork therefore remain key safety and quality issues in the Australian health care system. Their value and importance to safety and quality should be the focus of improvement strategies within health service organisations, and the greater health system.

## 2.3 Context: communication, collaboration and teamwork in the healthcare setting

In Australia, health care delivery involves a large network of interacting organisations and providers, across multiple settings, structures and models of care. This includes public and private health; preventative services in the community; primary health care; hospital-based treatment; rehabilitation and palliative care.<sup>26</sup>

It is common for a person to access multiple services and have different healthcare providers involved in their care. These healthcare providers may provide care simultaneously, at different times, or care may be transferred back and forth between providers. There is a multitude of interacting factors that can influence how healthcare providers communicate and work with each other. These range from organisational and system factors to organisational culture and individual factors (see Figure 1 above).

Moreover, the healthcare environment in which healthcare providers interact and communicate within is often high-paced, high-pressured and complex. This complexity can result in errors, miscommunication, and fragmented care. In order to negotiate this complexity, healthcare providers require highly developed communication, collaboration and

teamwork skills; and need support from systems and processes that facilitate effective communication, collaboration and teamwork.

Additionally, while teams are ubiquitous in health care, the concept of “teams” in the traditional sense may not always exist in the delivery of care. This is because a person’s healthcare needs can change and be unpredictable. Members of a person’s healthcare team may change at any point in time, depending on the expertise needed, or provider availability. This is particularly evident when considering the different contexts of health care delivery. For example, in a surgical or intensive care unit, more structured teams exist, where roles and responsibilities are clearer and often the shared goal and relationships between team members are articulated and known. A general ward however faces different challenges. This may include more frequent transitions of care, and teams geographically dispersed.<sup>27, 28</sup>

Healthcare providers across different sectors also work within their own clinical context, which may have different processes, professional routines, language attitudes and norms.<sup>29</sup> This complexity and fluidity of teams can present challenges and barriers to effective clinical communication, collaboration and teamwork.

In relation to acquisition and development of clinical communication and intra/inter-professional teamwork skills, healthcare providers will at any point of their career, have varying levels of communication and teamwork skills. This ranges from novice through to expert. Development of these skills are supported across the continuum of a healthcare provider’s career, and includes:

- At the undergraduate level through to vocational education and tertiary sectors, where they may learn basic/intermediate skills;
- When they enter the workforce and receive training through the health service or respective state or territory health departments; and
- When they start specialising through postgraduate studies or continuing professional development through their professional colleges, where they may refine and advance their skills.

Health education and training is therefore influenced by a range of sectors, including Commonwealth and state and territory governments, universities and other tertiary education providers, registration and accreditation boards, and professional colleges.<sup>30</sup>

A number of professional colleges such as the Royal Australasian College of Physicians and the Royal Australasian College of Surgeons offer a range of educational resources and programs to support the development of members, doctors, trainees and International Medical Graduates clinical communication, collaboration and teamwork skills (see Appendix C). While the scope of this paper is focused on understanding what is currently available at state and territory level, and within health service organisations, the interrelationships between education and training across the continuum of a healthcare provider’s career and their skill development is recognised.

## **2.4 The Commission’s work**

The Commission has dedicated programs aimed at supporting improvement of clinical communications in health care; the delivery of comprehensive care, which involves collaboration and teamwork; and partnering with consumers.

In particular, the Communicating for Safety program has focused on communications at transitions of care in acute care settings, where there is a known safety and quality risk.<sup>31, 32</sup>

Work of the program has included the development of resources to improve clinical handover processes and patient-clinician communication at transitions of care, improving documentation at transitions of care, and integrating clinical communication actions in the NSQHS Standards (2nd ed.).

As the program has evolved, there has been an increased focus on clinical communication more broadly, and in the context of collaboration and teamwork. This has been reflected in actions in the NSQHS Standards (2nd ed.) where health service organisations are required to have systems and processes in place to support communication, collaboration and teamwork between healthcare providers and multidisciplinary teams, and to partner with people in their own care.

This includes specific actions in the Partnering with Consumers, Communicating for Safety, Comprehensive Care and Recognising and Responding to Acute Deterioration Standards that explicitly refer to teamwork, collaboration and ensuring effective communication processes are in place. The Clinical Governance and Communicating for Safety Standards also require health service organisations to ensure their workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients. This includes identifying training requirements for effective and coordinated clinical communication and the provision of safety and quality training.

Figure 3 in Appendix A provides an overview of the actions that support effective clinical communication, coordination and safe patient care across the NSQHS Standards (2nd ed.).

Additionally, the Commission has developed an online [Communicating for Safety resource portal](#), which aims to provide a searchable database of clinical communication resources, and an easily navigable repository of tools and guides. The resource portal supports implementation of the NSQHS Standards (2nd ed.) and provides opportunities to share resources, tools and guidance nationally.

### 3. Aim of scoping study

Objectives of the scoping study were to:

- Understand best practice in relation to healthcare provider training to acquire effective clinical communication, collaboration and teamwork skills
- Identify what currently exists within Australian health services and across states and territories to support clinical communication, collaboration and teamwork when healthcare providers enter the workforce (for example, education and training, programs, tools, guidance and other resources provided within health services)
- Identify areas to focus improvements strategies
- Identify opportunities to share best practice examples nationally to encourage inter-jurisdictional learning in this area and decrease duplication of effort (where possible).

### 4. Purpose of this paper

The purpose of this paper is to present the scoping study findings, and suggested next steps and priority areas to support improvement in clinical communication, collaboration and teamwork in health care. This paper will be presented to members of the Commission's sub-Committees and Board.

## 5. Methodology

The scoping review included a:

- Summary of the literature to identify best practice in relation to healthcare provider training to acquire effective clinical communication, collaboration and teamwork skills.
- Desktop review of Commonwealth, state and territory health websites, and equivalent safety and quality websites (e.g. NSW Clinical Excellence Commission and Clinical Excellence Queensland), and other websites relevant to healthcare communication and teamwork, including guidance and resources available through the International Association for Communication in Healthcare. This was to identify what currently exists and publically available to support clinical communication and teamwork.
- Series of targeted interviews with state and territory representatives nominated by the Commission's IJC to identify what exists at a state and territory level to support clinical communication and teamwork; and explore enablers and barriers to clinical communication and teamwork.
- Short survey distributed at the Australian Communication in Healthcare Networking Forum in March 2019 to identify core competencies of clinical communication skills, identify training and programs available in health service organisations to support clinical communication and key enablers and barriers to acquiring clinical communication skills.

Desktop reviews of websites were undertaken using the following search terms:

*'clinical communication', 'communication', 'collaboration', 'coordinated care', 'multidisciplinary', 'interdisciplinary', 'team/s', 'teamwork', 'communication' 'training/education', 'intra/inter-professional training/education', 'communication skills', 'teamwork skills', 'collaboration skills'.*

Target interviews were conducted with representatives nominated by members of the Commission's IJC. Interviewees were people who had responsibility for improving clinical communication and teamwork in their respective state or territory.

The short survey was conducted at the Australian Communication in Healthcare Networking Forum in March 2019, hosted by the Academy of Clinical Educators, International Association for Communication in Healthcare, and University of Newcastle. Twelve participants completed the survey, who ranged from clinicians, clinical educators, policy-makers and academic/researchers in Victoria, New South Wales and Queensland.

## 6. Findings

### 6.1 Best practice in improving and acquiring clinical communication, collaboration and teamwork skills

As described in Section 2.1, clinical communication, collaboration and teamwork are interlinked, and the quality or effectiveness of teamwork often relies on the quality of collaboration and clinical communication. This scoping study found that there was extensive literature focused specifically on improving clinical communication processes and skills; as

well as research addressing collaboration and teamwork more broadly, in which clinical communication was an element.

In reporting the findings, clinical communication, collaboration and teamwork are reported separately. It is acknowledged however, that in practice these concepts go hand in hand.

### 6.1.1. Improving and acquiring clinical communication skills

A review of the literature showed that communication is a core clinical skill that can be developed and improved with practice, experience, continuous learning, mentorship and support. This skill needs to be maintained throughout a healthcare provider's profession and translated into various clinical settings and situations.<sup>9</sup>

Communication skills research and teaching has grown in health care over the past two decades,<sup>33</sup> with effective communication being a well-recognised essential skill for all healthcare providers. Evidence also suggests that communication skills training is likely to help healthcare providers empathise more with their patients.<sup>34</sup>

A systematic literature review,<sup>9</sup> identified learning outcomes or competencies for communication skills were categorised into the following four domains:

- **Knowledge:** The understanding of information through which incoming data and experiences are processed and recorded. This includes an understanding of the purpose and importance of healthcare communication, and knowledge of the different aspects of effective communication in health care.
- **Content skills:** What is communicated, for example, what is done and said in communication interactions. This refers to the structure and framework for communication including opening and introductions, exploring concerns and shared decision-making, identifying roles and expectations with the team, and articulating information to other members of the team that is relevant to their respective roles.
- **Process skills:** How to communicate, for example, how communication interactions occur. This includes building relationships, demonstrating empathy, verbal and non-verbal behaviour, active listening skills, closed-loop communication and communication in different modes.
- **Perceptual skills:** An awareness of oneself and others, and how this may influence communication. For example the impact of thoughts, feelings, bias and attitudes. This includes reflection, self-evaluation and external evaluation. This could also include situational awareness skills, and an ability to understand the information within the task environment, understand what it means, what is likely to occur and what needs to be done.<sup>35</sup>

It was identified that these four domains could provide a framework for educators from across all healthcare professions to develop competencies, learning outcomes and programs that are relevant to their setting.<sup>9</sup> While there are different models for teaching communication skills, many cover the domains described above.<sup>11, 36</sup>

While healthcare providers may develop and learn these skills throughout their undergraduate studies and clinical experience; communication skills seem to be content and context bound,<sup>37</sup> and learned in a developmental and longitudinal way.<sup>38</sup> Acquisition and improvement of communication skills is therefore likely to require continuous, regular



targeted practice, experiential learning, observation and real-time, direct feedback in the clinical setting the healthcare provider is practicing in.<sup>9</sup>

It is also important to recognise and address the context in which communication occurs in clinical practice. This includes managing communication with time pressures, documentation realities, workflow issues, different communication styles and professional relationships.<sup>39</sup> This highlights the significance of customised training to suit the local context.

The importance of ensuring that teachers or facilitators of communication skills training are equipped with sufficient and appropriate training and experience to effectively teach and model effective communication skills, and undertake experiential learning, was also highlighted in the literature.<sup>36</sup>

While there is limited evidence on the optimum length of training to be effective, the literature suggests that a training course of at least three days may be necessary to ensure there is a transfer of skills into clinical practice.<sup>36</sup>

### **6.1.2 Improving and acquiring collaboration and teamwork skills**

There are many different types of team training cited in the literature. Common competencies focus on skills for effective communication, leadership, coordination, situational awareness and monitoring, reflective practice, and role clarity.<sup>14, 40-42</sup>

Research into the effectiveness of team training in health care varies in quality of evidence, study design and sample size. Therefore, it is difficult to associate training interventions directly with improvements in clinical outcomes. However, there is evidence that teamwork and team training can have a positive influence on team behaviours, processes and clinical performance across various clinical settings.<sup>18, 43</sup> This can subsequently affect patient outcomes through improved clinical processes.<sup>44</sup>

Research suggests that a multi-modal approach to training is highly effective in improving teamwork skills. This includes learning activities, practice and use of supportive tools, such as structured communication tools. The evidence indicates that simulation training by recreating real life scenarios, and training based on human factors principles (such as Crew Resource Management (CRM) training), can result in improved team behaviour, attitudes and perceptions of institutional support.<sup>41, 42, 44-46</sup> However, there was limited evidence on the optimum length of training for it to be effective and the frequency of retraining for skills maintenance.

Team reflexivity is an approach defined as ‘the ability to pay critical attention to individual and team practices with reference to social and contextual information’.<sup>47</sup> A recent systematic review,<sup>47</sup> which focused on the use of team reflexivity to improve teamwork and communication, found that while it was difficult to draw conclusive evidence about the impact of reflexivity alone, the use of video-reflexive ethnography (VRE) could be well placed to provide locally appropriate solutions. VRE involves filming specific interactions or practices in-situ and replaying appropriate clips to the teams. In particular, VRE was able to make routine practices explicit, allowing teams ‘to identify commonly occurring features in their working practices, and to develop a common ground on how to organise and manage these practices collectively’.<sup>47, 48</sup>

The Commission emphasises the need for flexible standardisation, and the importance of understanding local needs, risks, and relationships to ensure effective translation of teamwork and clinical communication skills into practice. In line with this, as with communication skills development, the literature identified the importance of team training that is customisable for local implementation. The research also suggests that team training

should focus on both non-routine (e.g. emergencies) and routine (e.g. routine surgery) situations, as teamwork is equally important for patient safety in both situations.<sup>43</sup>

## **6.2 Examples of state, territory and health service programs, resources and training**

Through the desktop reviews, series of interviews and short survey, the study identified a broad range of programs, training, tools and guidance that aim to support a range of healthcare providers in communication, collaboration and teamwork across multiple settings. These included:

- Programs focused on specific clinical situations, such as conducting open disclosure, end-of-life care communications, clinical handover, informed consent and escalation of care
- Programs specifically targeted at improving teamwork. These involved utilising a framework that had multiple components or competencies that could be applied to multiple scenarios
- Specific communication tools, for example using the mnemonic ISOBAR to guide structured communication and electronic patient journey boards
- Training and education (online and face-to-face) focused on developing high-risk communication skills (e.g. open disclosure and how to break bad news); as well as more general clinical communication and/or teamwork and collaboration skills and techniques, such as checking understanding (closed-loop communication), undertaking structured communication, use of critical language, leadership, conflict resolution and developing situational awareness
- Guidance materials, which included policies, guidelines and factsheets.

While not all programs, resources and training were captured in this scoping exercise, examples across all state and territories were identified. A list of the examples identified are in Appendix C.

An outline of the programs, training and resources identified to support clinical communication and collaboration and teamwork are reported below.

### **6.2.1 Clinical communication programs, training and resources**

Programs, resources and training identified through the desktop review and feedback from targeted interviews focused mostly on improving effective communication for particular clinical situations or clinical interactions; rather than development of core communication skills generally. Programs and training focused on open disclosure, breaking bad news, end of life communication, structured tools for clinical handover, patient identification and procedure matching, and tools and techniques for communicating about patient deterioration and escalating concern. This finding is supported by a project conducted by Macquarie University, which also found that training, tools and guidance appeared to focus mainly on specific high-risk communication scenarios, rather than core communication skills.<sup>10</sup>

In relation to clinical communication skills training within a health service organisation, this appeared to vary between jurisdictions, health service organisations and professions. Variation related to the content of training (what is being taught); the mode of training (how it is being taught, for example online or face-to-face); the target audience; and the frequency of training. For example, state or territory-wide training is available through some relevant health departments; while in other state and territories, training may depend on the Local

Hospital Network, or rely on the health service organisation to provide training through external providers (for example, training through the Cognitive Institute or through medical indemnity insurers).

Internal training identified within a health service organisation ranged from online modules, continuing professional development (which may be one-off courses), and via clinical ground rounds. This finding was supported by feedback from the short survey conducted at the Australian Communication in Healthcare Networking Forum, which noted that training and education in communication skills could be highly variable between states, territories and health services.

Box 1 provides examples of different training programs that have components of clinical communication, identified as part of this scoping review.

### **Box 1: Examples of programs and training to improve clinical communication**

#### **My Health Learning (NSW)**

[My Health Learning](#) is an eLearning system available to NSW Health staff, and delivered by the NSW Health Education & Training Institute. It provides access to online and face-to-face education and has a number of modules that have components focused on improving communication. This includes clinical handover, continuity of medication management, building effective teams and working in culturally diverse contexts.

#### **Effective and efficient consultation skills workshop (VIC)**

The [Effective and efficient consultation skills workshop](#) is co-hosted by Safer Care Victoria and the Centre for Organisational Change in Person-Centred Health Care (Deakin University) and provides small group experiential learning to improve communication skills. This includes skills to identify a shared agenda early in a consultation, how to spot and respond to patient cues more effectively, skills to check understanding, and building confidence in discussing difficult or sensitive topics. Bookings are required to attend the workshop, and there are costs associated.

#### **MyLearning (NT)**

[MyLearning](#) is available to Northern Territory Department of Health staff and offers a range of face-to-face and online courses. Courses on improving communication include after-hours communication for remote nurses and Aboriginal health practitioners and simulation training on the program ARTEMIS: Approach for Recognition, Teamwork, and Management of Infants and Sick Children.

#### **Learn2Lead program (QLD)**

[Learn2Lead](#) is a Junior Doctors Leadership Development Program available to junior doctors in Queensland. It is a state-wide initiative provided by Clinical Excellence Queensland. The program includes themes related to communication, teamwork and effective conflict resolution. It is available to Queensland Health junior house officers (PGY2), senior house officers (PGY3) and principal house officers (PGY4).

## **6.2.2 Collaboration and teamwork programs, training and resources**

Through the desktop reviews and series of interviews with state and territory representatives, it was identified that some jurisdictions and health services had programs that had components of teamwork and collaboration; and others had training and/or programs specifically targeted at improving teamwork and building high-performing teams.

For programs that specifically targeted teamwork, multiple competencies were addressed and a multi-modal/strategy approach taken. Programs focus on developing and improving effective communication skills through teaching multiple communication techniques, and the use of structured communication tools.

Box 2 provides examples of programs and training to improve collaboration and teamwork, identified as part of this scoping review.

## **Box 2: Examples of programs and training to improve teamwork**

### **TeamSTEPPS 2.0 (SA)**

**TeamSTEPPS®** is an evidence-based program which stands for Team Strategies and Tools to Enhance Performance and Patient Safety. It was developed in the USA and is delivered in South Australia under a license. The program is designed to improve teamwork and communication by practicing four teamwork competencies:

- Leadership
- Situational monitoring
- Mutual support
- Communication.

It is an integrated model for high-performing teams and focuses on training staff to work effectively within multidisciplinary teams and use tools and techniques to problem solve and improve safety and quality in patient care in everyday situations. The program is delivered in a blended learning model that combines e-learning courses with local face-to-face activities supported by a Facilitation Guide.

Resources on TeamSTEPPS is available to SA Health only, as there are license requirements.

### **NEXUS – Human Performance Training, Royal Perth Hospital (WA)**

**NEXUS** is a course aimed at educating the entire healthcare teamwork, with a primary focus to improve patient safety by minimising human error, promoting teamwork, develop leadership and creating a culture of continuous improvement across the workplace. There are three levels, which must be completed in order:

- Level 1 - A foundation in non-technical skills involves: awareness; communication; and teamwork. This includes training in closed loop, read-back and assertive communication techniques
- Level 2 – Skills development involves; leadership/fellowship; workload management; and error management
- Level 3 – Non-technical skills practitioner involves: fatigue management/human performance; situational awareness; and decision-making.

Available at Royal Perth Hospital, Eastern Metropolitan Health Service. There are course fees to attend NEXUS, these are determined by the individual participants physical work location at the time of the course date.

### **Team Stripes – Point of Care Teamwork (NSW)**

**Team Stripes** is a framework that is used to enhance teamwork and communication for clinicians working at the point of care. It is designed to ensure an individualised unit-specific approach to safety and quality improvement; and has been informed by an extensive literature review, and builds on the work of the NSW Clinical Excellence Commission's [In Safe Hands program](#). The framework involves four Stripes, which teams work through, before starting again:

- **Stripe 1** – Diagnostics to gain an understanding of the current state of their clinical unit. This includes measuring the unit's safety climate and looking at other relevant available data
- **Stripe 2** – Team Safety Fundamentals which focuses on practical improvement tools
- **Stripe 3** – Improvement Priorities where an area of need or risk is identified to provide focus on the improvement initiative
- **Stripe 4** – Sustainability which involves the team reviewing preceding work to ensure all issues were addressed and no unintended consequences of the improvement have occurred. Evaluation is completed and any outstanding issues are identified. Improvement and safety become business as usual which will bring the team back to Stripe 1.

Figure 2 below provides an overview of the practical improvement tools focused on in Stripe 2. Resources for Team Stripes is publically available through the NSW Clinical Excellence Commission.

**Figure 2: Practical tools as part of the NSW Team Stripes program**

Source: <http://www.cec.health.nsw.gov.au/improve-quality/team-stripes>





### 6.2.3 Availability of programs, training and resources

Resources in the form of guidelines, fact sheets (or tip sheets), and policies were generally available online through public websites, and therefore could be shared. Opportunities to share online training or training resources however was limited. This is because many of the training examples identified were not publically available, and restricted to health staff in the respective state, territory or health service organisation. This included availability limited to an organisation's intranet pages, through licensing agreements or membership to an institution, or for a fee. An overview of the availability of the programs, training, and resources that were identified is at Appendix C.

For resources that are publically available, the majority have been shared on the Commission's online [Communicating for Safety resource portal](#) (see Appendix C). This includes tools and strategies to support clinical communication and teamwork, fact sheets, and guidance materials to support implementation.

The resource portal aims to provide a searchable database of clinical communication resources, and an easily navigable repository of tools and guides. The resource portal supports implementation of the NSQHS Standards (2nd ed.) and provides opportunities to share resources, tools and guidance nationally. Since its release, the portal has seen an increase in the number of users over time; with approximately 13,490 users having accessed the portal (from December 2018 to 30 April 2020). From 1 January 2020 to 30 April 2020, the portal has had an average of 35 users a day.

## 6.3 Enablers and barriers

Feedback from the short survey conducted at the Australian Communication in Healthcare Networking Forum, identified a number of enablers that can improve clinical communication skills acquisition. This included allocating sufficient resources (costs and time) for the workforce to undertake training, particularly blended learning (i.e. e-learning courses with local face-to-face activities) for refresher training; specifically targeting training in the clinical environment with assessments conducted in practice; involving senior clinicians; and, embedding communication and teamwork in formal review processes (for example, supervision and performance reviews).

Key enablers to effective communication, collaboration and teamwork identified in the literature, and through interviews with state and territory representatives included: leadership; a supportive learning culture; and, a focus on person-centred care.<sup>49, 50</sup> This includes having a clear direction and management, shared power, support, supervision, a culture of trust and respect, reciprocity, respect for the person receiving care and their goals, preferences and cultural beliefs, and valuing the person and/or their support people as a member of the team. This aligns with key principles of teamwork, described in Appendix B.

In relation to barriers, one of the main barriers identified in the short survey was a perceived lack of access to refresher training for communication skills, and lack of opportunity for healthcare providers to practice the skills they had learnt in their clinical environment. This was reflected in the following response:

One of the major barriers is a lack of refresher training and opportunities to continually learn new skills. Skill acquisition occurs immediately following a program, but trainees reported to us that some skills have been forgotten since the training (hence not used in clinical practice)...having refresher courses or having the training embedded in supervision would be useful.

Additionally, survey responses noted that there remains a perception amongst healthcare providers and health service organisations that communication and teamwork skills are soft skills; and therefore have a lower priority in training than biomedical knowledge and clinical skills. This can result in lack of formal training, or communication and teamwork skills not adequately covered in existing training.

Limited resources, including cost, time and availability of different training modalities were also key barriers identified in both the short survey and interview responses. For example, training may only be provided through online learning modules, without the opportunity for healthcare providers to interact and learn through practice; or if there is an opportunity, healthcare providers may not have the time (or be provided with dedicated time) to undertake the training.

The literature review identified specific barriers to scaling (i.e. widely adopting) simulation-based teamwork training and the limited availability of facilitators/trainers.<sup>51</sup> Approaches to overcoming these barriers include using screen-based simulation, tele-simulation, observed simulations, scripted facilitation and within-team debriefing.<sup>51</sup>

Other key barriers to effective communication, collaboration and teamwork identified in the literature included working conditions/environment: including organisational hierarchy, where communication failures can arise from differences in power and authority<sup>1</sup>; interruptions or distractions that can affect workflow; and lack of coordination or follow-up. This can also include introduction of new technology.<sup>52</sup>

Interpersonal barriers were also identified. This included intimidating or inapproachable behaviour that can hinder communication and collaboration (including feeling unable to speak-up); varying communication styles, differing ideologies about how care should be delivered, and relationships between team members.<sup>29, 52</sup>

## 7. Discussion

The scoping study findings show that there are multiple factors that influence and support effective clinical communication, collaboration and teamwork in health care. This includes ensuring there is a culture and environment that supports communication and teamwork; and that systems and structured processes are in place to facilitate effective and consistent clinical communication and collaboration between teams. It also relies on ensuring healthcare providers receive appropriate and regular training, and are equipped with the skills to communicate and collaborate effectively.

### **What is best practice for clinical communication, collaboration and teamwork skills training?**

Best practice evidence suggests that for healthcare providers to acquire and maintain effective communication and teamwork skills, training and assessment should focus on the core competencies of teamwork and effective communication, relevant to the clinical setting that the healthcare provider is practicing within. For communication, this involves knowledge and skills related to content (what is communicated), process (how it is communicated), and an awareness of self and others and how this can influence their communication. For collaboration and teamwork, core skills relate to effective communication, leadership, coordination, situational awareness, role clarity, and situational monitoring.

These skills should be taught in the clinical setting alongside other clinical (biomedical) skills, and include a multi-modal approach based on human factors principles, experiential learning, with opportunities to reflect, learn and gain direct feedback.

### **What programs, training and resources are available within health services and at the state and territory level to support clinical communication, collaboration and teamwork?**

The scoping study identified a broad range of available programs, guidance materials and training within Australian health services, which either focused on, or had components of, improving communication, collaboration and teamwork. They ranged from specific program interventions, training and tools, to more general guidance on communication, collaboration and teamwork.

Findings of the study indicated that availability and access to training, and dedicated resources, specific to supporting clinical communication, collaboration and teamwork was variable across states, territories and between health services within the same jurisdiction.

While programs and training were identified across all states and territories, it was difficult to assess whether there was consistency in relation to how core competencies for communication, collaboration and teamwork skills were taught and assessed. Similarly, it was difficult to determine if implementation of supportive tools or programs (for example, structured clinical handover tools) were accompanied with the appropriate training to ensure the healthcare workforce were equipped with the appropriate communication and collaboration skills needed to use and implement the tools/programs into practice, and relevant to their clinical setting.

Training, tools and guidance also appeared to focus mainly on specific high-risk communication scenarios, rather than core communication skills; and it was difficult to determine whether healthcare providers had the opportunity to practice these skills, and receive real-time feedback and mentorship, within the healthcare setting (or clinical scenario) they are working in.

It is acknowledged that professional colleges have their own continuing professional development activities for their members, and that effective clinical communication forms part of professional Codes of Conduct.<sup>53</sup> As noted above, this was not the focus of the scoping study, which aimed to improve understanding about what currently exists within health services and across states and territories to support clinical communication, collaboration and teamwork when healthcare providers enter the workforce and identify opportunities to share best practice examples nationally.

### **Sharing examples nationally**

Availability of programs, resources and training varied. Resources in the form of guidelines, fact sheets (or tip sheets), and policies were generally available through state, territory and public websites, however access to online training or training resources was limited.

For resources that are publically available, the majority have been shared on the Commission's online [Communicating for Safety resource portal](#) (see Appendix C). This includes tools and strategies to support clinical communication and teamwork, fact sheets, and guidance materials to support implementation. The resource portal supports implementation of the NSQHS Standards (2nd ed.) and provides opportunities to share resources, tools and guidance nationally.



## Areas to focus improvement

There are multiple factors that support, influence and determine effective communication, collaboration and teamwork. When considering improvement strategies, priority areas for the health system to focus on at national, state and territory, and local level include:

- A culture and environment that supports and fosters effective communication, collaboration and teamwork
- Systems and structured processes that support, facilitate and integrate effective communication, collaboration and teamwork across all aspects of health care
- Multi-modal training and assessment for healthcare providers when they enter the clinical workforce, focused specifically on developing the core competencies for effective clinical communication, collaboration and teamwork skills relevant to their clinical setting and practice
- Monitoring, evaluation and quality improvement.

These areas are consistent with key areas of focus described in the NSQHS Standards (2nd ed.). In particular, linking actions within the Clinical Governance, Partnering with Consumers, Comprehensive Care, Communicating for Safety, Medication Safety, and Recognising and Responding to Clinical Deterioration Standards.

Additionally, health service organisations will have differing requirements, needs and resources in relation to training their workforce. Health service organisations will therefore need to assess their training gaps and needs, relevant to their local context, to determine solutions that are fit for purpose. This may involve undertaking innovative approaches and multiple strategies. It will also be important for health services to assess and understand their own specific organisational and interpersonal enablers and barriers in relation to communication, collaboration and teamwork, to identify opportunities for improvement.

## 8. Limitations

This scoping study does not provide a complete overview of what currently exists within Australian health services to support and improve clinical communication and teamwork. This is because some programs, resources and training are not publically available, and access is restricted to health staff in the respective state, territory or health service organisation. While not all programs, resources and training were captured, examples across all state and territories were identified. Information was also available through interviews with state and territory representatives.

For the programs, resources and training that were identified it was difficult to assess how they were being implemented, and if their effectiveness was evaluated. It is noted that this information may be available at a state, territory or health service level, and that some states and territories may have information available on their intranet, or information shared through internal communication channels.

In relation to the short survey, only 12 responses were received. This was due to distribution of the survey targeted to attendees on the first day of the Australian Communication in Healthcare Networking Forum. The Forum brought together approximately 100 healthcare professionals across Australia that were interested or involved in improving healthcare communication. Participation in the survey was voluntary. Respondents ranged from clinicians, clinical educators, policy-makers and academic/researchers in Victoria, New South Wales and Queensland. Results from the survey were therefore not comprehensive and may not reflect the views held by the broader healthcare workforce.

Target interviews were conducted with representatives nominated by members of the Commission's IJC, and represented state and territory health departments. Information provided by interviewees varied in detail and quantity. Interviews were not conducted with private health sector representatives; therefore, the scoping study was limited in its findings in relation to what currently exists to support clinical communication and teamwork in the private healthcare setting.

Limitations in relation to the literature included, research into the effectiveness of team training in health care varying in quality of evidence, study design and sample size. It was therefore difficult to associate training interventions directly with improvements in clinical outcomes. Additionally, there was limited evidence on the optimum length of training for it to be effective and the frequency of retraining for skills maintenance.

## 9. Suggested strategies

Findings of the review suggest that while considerable work has been undertaken to improve effective clinical communication, collaboration and teamwork in Australian health services; further work to embed healthcare provider communication and teamwork skills could be undertaken.

At a national level, strategies include:

- Continue to support health service organisations and healthcare providers meet their responsibilities under the NSQHS Standards (2nd ed.) in relation to clinical communication, collaboration and teamwork
- Share available resources and best practice examples nationally on the Commission's Communicating for Safety resource portal, where available
- Where opportunities arise, collaborate with key players that influence clinical communication and teamwork skills development (e.g. training and education providers, registration and accreditation boards, and professional colleges).

At a state and territory level, strategies include:

- Monitor clinical communication, collaboration and teamwork issues through state and territory-wide incident, complaints data and experience surveys to determine areas for improvement. Feed this information back to health service organisations
- Support health service organisations by providing access to best practice training, programs and resources, in multiple modalities, focused on developing a supportive culture and integrating effective clinical communication, collaboration and teamwork skills into clinical practice (in line with the NSQHS Standards 2nd ed.).

At a health service level, strategies include:

- Prioritise at a leadership and organisational level, healthcare provider skill development in effective communication, collaboration and teamwork
- Foster a supportive culture and environment, focused on trust, respect, and reciprocity
- Monitor organisational effectiveness of clinical communication, collaboration and teamwork by assessing incident, complaints, workforce and patient experience data
- Improve processes, training, programs and tools, to support effective clinical communication, collaboration and teamwork.

## 10. Conclusion

The importance of effective clinical communication, collaboration and teamwork in relation to the delivery of safe, high-quality health care is widely recognised in the literature and in national policy as part of the NSQHS Standards (2nd ed.).

While significant work has been undertaken to support effective clinical communication, collaboration and teamwork in health care, it is acknowledged that given the complexity of the healthcare environment, translation of effective communication and collaboration skills into practice is often difficult.

Findings suggest that for healthcare providers to acquire and develop communication, collaboration and teamwork skills, training and assessment should focus on the core competencies of teamwork and effective communication, which are relevant to the clinical setting that the healthcare provider is practicing within. These skills should be taught alongside other clinical (biomedical) skills, and include a multi-modal approach based on human factors principles, with opportunities to reflect on learning and gain direct feedback in the clinical setting.

Areas to focus improvement were also identified as: ensuring there is a support culture and leadership; there are consistent, structured and well-defined systems, processes and tools to facilitate communication and teamwork; and systems to support monitoring, evaluation and improvement. Suggested strategies are outlined for different levels of the health system for discussion and consideration.

While a broad range of programs and training were identified, access to training and dedicated resources specific to supporting communication, collaboration and teamwork appeared to vary. Where resources are available publically, there is an opportunity to share them nationally on the Commission's Communicating for Safety resource portal.

## APPENDIX A:

Figure 3: Actions that support effective clinical communication and safe patient care across the NSQHS Standards (2nd ed.)

### Clinical governance and partnering with consumers

Overarching actions that support integrated clinical governance, quality improvement and organisational systems to support effective clinical communications

- Clinical Governance Standard: 1.16, 1.17, 1.18 – Healthcare records; and 1.12 – Open disclosure
- Partnering with Consumers Standard: 2.3, 2.4, 2.5 – Healthcare rights and informed consent; 2.6, 2.7 – Sharing decisions and planning care; and 2.8, 2.9, 2.10 – Communication that supports effective partnerships
- Communicating for Safety Standard: 6.1, 6.2, 6.3, 6.4 – Clinical governance and quality improvement to support effective communication



Effective communication is critical at all stages of care

Clinicians should have the skills and knowledge to effectively communicate with patients, carers, families and other members of the care team

### Consider documentation requirements at all stages

Relevant, accurate, complete and timely information is documented in the healthcare record to support patient care (3.7, 4.5, 4.6, 4.8, 4.10(c), 4.12, 5.4(a), 5.9, 5.12, 5.13, 5.17(b), 6.6, 6.11, 7.5, 8.4(a), 8.5(e))

### Patient's journey

A patient enters a health service organisation

FLOW OF INFORMATION – All relevant information should follow the patient

A patient exits a health service organisation

A patient is in their home/community/ other service

#### Communicating at registration and admission

Actions to gather administrative information; information about a patient's goals and preferences; and information to inform the plan of care

- Correct identification and procedure matching (6.5, 6.6)
- Sharing decisions and planning care (2.6, 2.7)
- Communication to support effective partnerships (2.8, 2.9, 2.10)
- Informed consent and decision-making capacity (2.4, 2.5)
- Medication history (including adverse drug reactions) and reconciliation (4.5, 4.6, 4.7, 4.8)
- Routinely asking patients if they identify as Aboriginal or Torres Strait Islander (5.8)
- Planning for comprehensive care, screening of risk and clinical assessment (5.7, 5.9, 5.10, 5.11)
- Preventing delirium and managing cognitive impairment (5.29, 5.30)

#### Communicating to plan care and when care, therapy or medication is provided

Actions to support effective communication to support decision-making about care, including between clinicians and multidisciplinary teams; and between clinicians and patients, families and carers

- Correct identification and procedure matching (6.5, 6.6)
- Sharing decisions and planning care (2.6, 2.7)
- Communication to support effective partnerships (2.8, 2.9, 2.10)
- Providing information to patients on their medicine needs and risk (4.11)
- Systems to deliver comprehensive care, developing and using comprehensive care plan (5.4(a), 5.13, 5.14)
- Identifying at all times the clinician with overall accountability for patient care (5.4(d))
- Collaboration and teamwork (5.5, 5.6)
- Comprehensive care planning, including end-of-life care where appropriate (5.9, 5.13, 5.15, 5.20)
- Preventing delirium and managing cognitive impairment (5.29, 5.30)

#### Communicating acute deterioration and escalating care

Actions where acute deterioration occurs and care needs to be escalated

- Clinicians recognise acute deterioration (in physiological and mental state) and escalate care (8.5(e), 8.6, 8.8, 8.9)
- Escalation by patients, carers or families (8.7)

#### Communicating at transitions of care

Actions when all or part of a patient's care is transferred on a temporary or permanent basis

- Correct identification and procedure matching (6.5, 6.6)
- Structured clinical handover (6.7, 6.8)
- Sharing decisions and planning care (2.6, 2.7)
- Communication to support effective partnerships (2.8, 2.9, 2.10)
- Ensuring timely and appropriate referral (5.4(c))
- Communicating infectious state (3.7)
- Reviewing current medicine order, reconciling any discrepancies at transitions of care (4.6)
- Providing medicines list to receiving clinicians at transitions of care (4.12(b))

#### Communicating at discharge

Actions relevant on discharge, noting that discharge is one type of transition of care

- Correct identification and procedure matching (6.5, 6.6)
- Structured clinical handover (6.7, 6.8)
- Sharing decisions and planning care (2.6, 2.7)
- Communication to support effective partnerships (2.8, 2.9, 2.10)
- Aligns with comprehensive care plan (5.13)
- Provision of medicines list to receiving clinicians at transitions of care (4.12(b))

#### Follow-up communication

Actions that support closed-loop communication

- Communicating critical information to clinicians and patients (6.9)
- Transferring responsibility and accountability for care (6.8(f))
- Predicting, preventing and managing self-harm and suicide (5.31, 5.32)

#### Communicating when critical information emerges or changes

Critical information may arise throughout the course of care, and may require changes to the plan of care

- Communicate critical information and risks to clinicians and patients (6.9)
- Patients, carers and families able to communicate critical information (6.10)
- Review and adapt plan, reassess patients needs (5.14(c)-(d))
- Communicate adverse drug reactions during an episode of care or ineffective management of medication (4.8)

## APPENDIX B: Key concepts

### Effective communication

Clinical communication is the exchange of information about a person's care that occurs between treating clinicians, patients, carers and families, and other members of a multidisciplinary team. Communication can be through several different channels, including face-to-face meetings, telephone, written notes, electronic, digital applications or other documentation.

Effective communication is two or multi-way communication that is coordinated, continuous and results in the timely, accurate and appropriate transfer of information.<sup>7</sup> Effective communication relies on a complex set of skills, including how well a person is able to interact with others, the ability to gather and synthesise relevant information, clinical reasoning, dealing with conflict or challenging conversations, and communication of information in a structured and meaningful way.<sup>13</sup>

### Collaboration

Multidisciplinary collaboration, which is increasingly referred to as interdisciplinary collaboration in the literature, is defined as:

“The process by which different health and social care professional groups work together to positively impact care... (and) involves regular negotiation and interaction between professionals, which values the expertise and contributions that various healthcare professionals bring to patient care.”<sup>54</sup>

The concept of collaboration is inherent in strong governance structures and leadership that builds positive workplace culture and environment that supports the delivery of multidisciplinary comprehensive care.

Collaboration strengthens working relationships through mutual respect and trust, and is dependent on the competence, confidence and commitment of all parties.<sup>14, 55</sup> Other factors that contribute to successful collaboration include shared vision, cooperative endeavour, willing participation, non-hierarchical relationships, and shared power, planning, responsibility and decision-making.<sup>14</sup>

### Multidisciplinary teams

A multidisciplinary team includes clinicians from multiple disciplines who work together to deliver comprehensive care that deals with as many of the patient's health and other needs as possible. The team may operate under one organisational umbrella or may be from several organisations brought together as a unique team.<sup>7</sup>

As a patient's condition changes, the composition of the team may change to reflect the changing clinical and psychosocial needs of the patient. Multidisciplinary teams can vary greatly in size, complexity, mix of skills, and disciplines involved.<sup>31, 56</sup> The team includes the person receiving care, and where appropriate their family, carer or support person. Multidisciplinary care includes interdisciplinary care.<sup>7</sup>

## Teamwork

Teamwork is a process that describes the interactions between team members who are working collectively towards shared goals or tasks. It relates to the quality of collaboration and communication between members of the healthcare team and is influenced by a number of factors. Factors include the experience of team members, familiarity, team size, trust between team members, professional beliefs, roles and responsibilities.<sup>43, 57, 58</sup>

Organisational systems and processes can also influence teamwork and collaboration. These can include governance, infrastructure, resources, availability and quality of workforce training and quality improvement processes. The extent to which these factors impact on the quality of collaboration between team members will vary from setting to setting and over time.<sup>59</sup>

Teams that are high-performing are found to 'share a common vision, have a strong sense of trust and confidence, optimise collaboration, communication and coordination and understand one another's roles and responsibilities.'<sup>14, 55, 56, 60</sup> Table 1 outlines the key principles of teamwork.

**Table 1: Key principles of teamwork**

Principle	Description
Shared understanding of who is part of the team	It is important for all team members to have a shared understanding of who is part of the team at any given time. The team will always include the person receiving care and if they choose, and their support people (if they choose). Other members however may change depending on the care needs of a person and/or the availability of a healthcare provider.
Shared goals	The team - which includes the patient and, where appropriate, their support people – works to establish shared goals that reflect the patient's expressed preferences and healthcare needs, considers the impact of the patient's health issues on their life and wellbeing, and are clinically appropriate. The process of shared decision-making is important to arriving at shared goals, which can be clearly articulated, understood and supported by all team members.
Clear roles and responsibilities	Clear and known expectations for each team member's functions, responsibilities and accountabilities that will optimise efficiency and maximise the ability to achieve the team's shared goals.
Mutual trust and respect	Team members earn each other's trust, creating strong norms of greater reciprocity and greater opportunities for shared achievements. Mutual trust and respect will support an environment that is non-punitive, where individuals can speak up, express concerns and there is continuous learning and ability to manage conflicts. It also encompasses respect for the person receiving care, including their goals, preferences and cultural beliefs.

Principle	Description
Effective communication	<p>Effective communication is a two/multi-way process that conveys accurate information that is tailored, open, honest and respectful. It includes communications between healthcare professionals and with consumers, families and carers.</p> <p>Strategies to effectively communicate include structured communication, using agreed and common language, using check-back and closed loop communication, and contemporaneous and accurate documentation.</p> <p>Communication is prioritised and the team continuously works to improve and refine its communication skills. There are consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.</p>
Situational awareness and decision making	<p>Situational awareness refers to the care team maintain an awareness of the 'big picture' and thinking ahead to plan and discuss contingencies. There is ongoing dialogue between team members, which keeps members up to date of the current situation, shared awareness of the best path to follow, and how they will respond if the situation changes.</p>
Quality improvement: measuring processes and outcomes	<p>The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.</p>



## APPENDIX C:

**Table 2: Examples of programs, training and guidance to address clinical communication, collaboration and teamwork (as at October 2019)**

Program / Resource	Description	Type	State/ Territory	Availability	Link on the Communicating for Safety resource portal  (N/A: when resource is not publically available)
<a href="#">ISBAR app</a>	A mobile application of the ISBAR mnemonic that can be used as a prompt to guide clinical handover in a structured way. ISBAR, ISOBAR, SBAR are used as structured clinical handover tools in multiple states and territories.	Tool	NSW / SA	Publically available.	Yes
<a href="#">My Health Learning</a>	An eLearning system for NSW Health staff delivered by the NSW Health Education & Training Institute). It provides access to online and face-to-face education and has a number of modules that have components focused on improving communication. This includes clinical handover, continuity of medication management, building effective teams and working in culturally diverse contexts.	Education / training	NSW	Available to NSW Health staff only.	N/A
<a href="#">DETECT</a>	A program to recognise and manage a deteriorating patient. DETECT stands for Detecting, Deterioration, Evaluation, Treatment, Escalation and Communicating in Teams and is part of the <a href="#">Between the Flags</a> program. Include a range of e-learning modules, including ISBAR communication, and face-to-face training.	Program / training	NSW	Available to NSW Health staff, requires sign-in to access e-learning modules. Between the Flags resource are available on the Clinical Excellence Commission (CEC) website.	N/A for e-learning modules  A link to information on the Between the Flags program is available on the portal.
<a href="#">Team Stripes</a>	A framework to enhance teamwork and communication for clinicians working at the point of care. It is designed to ensure an individualised unit-specific approach to	Program / framework	NSW	Publically available Information available on CEC website.	N/A for facilitation of program



Program / Resource	Description	Type	State/ Territory	Availability	Link on the Communicating for Safety resource portal  (N/A: when resource is not publically available)
	safety and quality improvement. The Framework has been informed by an extensive literature review and builds on the work of the NSW Clinical Excellence Commission's In Safe Hands program.			Facilitation of program available to NSW Health only.	Information on the Team Stripes program is available on the portal.
<a href="#">ComPsych communication skills training program</a>	Program designed to prepare psychiatry trainees to effectively communicate diagnostic, prognostic and treatment information about schizophrenia with patients, families and carers. It includes a module booklet, hand-outs containing best evidence practice regarding prognosis and treatment, as well as facilitated small group role-play sessions where trainees can practice their skills experientially with a specially trained simulated patient and receive feedback from the facilitator and peers using video playback technique.	Education / training	NSW	Available to psychiatry trainees in Hunter New England Psychiatry (part of HNE Local Health District).	N/A
<a href="#">Effective and efficient consultation skills workshop</a>	Co-hosted by Safer Care Victoria and the Centre for Organisational Change in Person-Centred Health Care (Deakin University), the workshop provides small group experiential learning to improve communication skills. This includes skills to identify a shared agenda early in a consultation, how to spot and respond to patient cues more effectively, skills to check understanding, and build confidence in discussing difficult or sensitive topics.	Education / training	VIC	Bookings required for a small fee (limited spaces).	N/A
<a href="#">Older persons in hospitals resources</a>	Includes resources on teamwork and communication for older persons in hospitals.	Guidance / resources	VIC	Publically available on the Victorian Department of Health.	Yes

Program / Resource	Description	Type	State/ Territory	Availability	Link on the Communicating for Safety resource portal  (N/A: when resource is not publically available)
<a href="#">Teamwork and Communication guide - Trauma Victoria</a>	Provides guidance on the importance of teamwork and communication, provides information on different communication and teamwork techniques, including situational awareness, closed-loop communication, ISBAR and graded assertiveness.	Guidance	VIC	Publically available on the Trauma Victoria website.	Yes
<a href="#">Learn2Lead-Junior Doctors Leadership Development Program</a>	A state-wide initiative provided by Clinical Excellence Queensland. The program includes topics on communication, teamwork and effective conflict resolution. It is available to Queensland Health junior house officers (PGY2), senior house officers (PGY3) and principal house officers (PGY4).	Education / training	QLD	Available to Queensland Health junior doctors only. Clinical Excellence Queensland covers cost of program, however additional costs need to be met by local funding.	N/A
<a href="#">Electronic Patient Journey Board</a>	A communication tool that displays information on a large screen about every patient on a ward. It is designed to ensure all members of the healthcare team are aware of a patient's status at any given time on any given day and that the team is proactively planning for an agreed treatment plan and discharge date for each patient.	Tool	QLD	Case study on improvement project available on the Clinical Excellence Queensland website.	No
<a href="#">End of Life Conversation Simulation Based Education</a>	A local simulation based education course with a short face-to-face commitment to enhance the capacity of clinicians to conduct end-of-life conversations.	Education / training	QLD	Improvement project available on the Clinical Excellence Queensland website.  Available to staff working in Townsville Hospital and Health Service.	N/A

Program / Resource	Description	Type	State/ Territory	Availability	Link on the Communicating for Safety resource portal  (N/A: when resource is not publically available)
<a href="#">COMPASS®</a> and <a href="#">CARE</a> training	Resources to improve the early recognition and timely manage of deteriorating patients (CARE is for family escalation), including early warning scopes, physiology, communication, teamwork and management plans. Training includes online learning, face-to-face and train the trainer resources.  CARE is also available on WA.	Program / training	ACT / WA	Education materials including case studies are available on the ACT and WA Health website.  Training to support health services rollout the program is provided for a fee.	N/A for training  Information on CARE is available on the portal.
Interprofessional Graduate Program – ACT Health	Two sessions held per year, attended by graduate allied health, medicine, nursing and midwifery. Topics and learning outcomes based on interprofessional competencies, including communication, patient-centred care and role clarification.	Program / training	ACT	Available for ACT Health graduates.	N/A
Allied Health Graduate Program – ACT Health	5-6 modules based on Canadian Interprofessional Framework for graduate allied health.	Program / training	ACT	Available for ACT Health allied health graduates.	N/A
<a href="#">MyLearning – NT Health</a>	Offers a range of face-to-face and online courses. Courses on improving communication include after-hours communication for remote nurses and Aboriginal health practitioners and simulation training on the program ARTEMIS: Approach for Recognition, Teamwork, and Management of Infants and Sick Children.	Education / training	NT	Available to NT Health staff only.	N/A
<a href="#">Health Literacy Workplace Toolkit</a>	Broad range of resources and practical tools to support healthcare staff to respond to health literacy needs. Includes resources on spoken and written information,	Tools / guidance	TAS	Publically available on Tasmanian Department of	Yes

Program / Resource	Description	Type	State/ Territory	Availability	Link on the Communicating for Safety resource portal  (N/A: when resource is not publically available)
	and communicating with people with additional communication needs.			Health and Human Services.	
<a href="#">NEXUS</a>	A course aimed at educating the entire healthcare team, with a primary focus to improve patient safety by minimising human error, promoting teamwork, develop leadership and creating a culture of continuous improvement across the workplace.	Education / training	WA	Available at Royal Perth Hospital, Eastern Metropolitan Health Service WA.	N/A
<a href="#">Tracs WA</a>	Through the WA Department of Health, TRACS WA deliver multidisciplinary education programs on person-centred care, Aboriginal person-centred care, goal setting, interprofessional team building, emotional wellbeing and motivational interviewing.	Education / training	WA	Available to WA Health.	N/A
In Time 2019 – Interdisciplinary training in the Management of Obstetric Emergencies	A course that focuses on practical management of obstetric emergencies and essential teamwork aspects of communication, leadership and situational awareness. Involves small group workshops and simulation activities.	Education / training	WA	Available to all doctors, anaesthetists and midwives working at King Edward Memorial Hospital, WA. Information provided by WA Department of Health.	N/A
<a href="#">TeamSTEPPS 2.0</a>	A program designed to improve teamwork and communication by practicing four teamwork competencies: Leadership; situational monitoring; mutual support and communication. It is an integrated model for high-performing teams. It focuses on training staff to work effectively within multidisciplinary teams and use tools and techniques to problem solve and improve safety and quality in patient care in everyday situations. The program is delivered in a blended	Program / training	SA	Available to SA Health only (licensed).	N/A  Information on the TeamSTEPPS program is available on the portal.

Program / Resource	Description	Type	State/ Territory	Availability	Link on the Communicating for Safety resource portal  (N/A: when resource is not publically available)
	learning model that combines e-learning courses with local face-to-face activities supported by a Facilitation Guide.				
<a href="#">Clinical Handover tool "Know the Plan, Share the Plan, Review the Risk"</a>	An educational film developed by SA Health in partnership with NSW Health for the purpose of training clinical staff in best practice clinical handover.	Tool / training	SA	Publically available on SA Health website.	Yes
<a href="#">Clinical Communication and Patient Identification toolkit</a>	Includes tools on clinical communication and teamwork, using My Health Record in clinical communication and patient identification and matching to intended care.	Tool	SA	Publically available on SA Health website.	Yes
<a href="#">AIDET®</a>	Tool to support structured communication with patients and families and carers. The mnemonic stands for Acknowledge the patient; Introduce yourself; Duration of procedure/test/interaction; Explanation of procedure/test/interaction; Thank the patient for their cooperation.	Tool	Used in various states and territories (e.g. NSW, VIC, WA, QLD)	Description of the tool is available on the NSW Agency for Clinical Innovation.	Yes
<a href="#">Communication skills and communication at End-of-Life</a>	Includes tools and guidance materials on communication skills in the context of palliative care and end-of-life care.	Tools / guidance	Funded by Department of Health (Cth)	Publically available.	Yes
<a href="#">End-of-Life Essentials – education for acute hospitals</a>	Education modules designed to assist doctors, nurses and allied health professional working in acute hospitals in delivering end-of-life care. Includes modules on patient-centred communication and shared	Education / training	Funded by Department of Health (Cth)	Publically available.	Yes

Program / Resource	Description	Type	State/ Territory	Availability	Link on the Communicating for Safety resource portal  (N/A: when resource is not publically available)
	decision-making and teams and continuity for the patient.				
Open disclosure training	All states and territories have some form of open disclosure training. The format varies between jurisdictions and includes online learning, face-to-face, simulation or a combination of these formats.	Education / training	Across all states	Information available varies. Online training is usually only available for the relevant staff of the state or territory.	N/A  Information and resources on the Australian Open Disclosure Framework is on the portal.  Links to other state/territory open disclosure resources are on the portal, where available.
<a href="#">Communication in Remote and Rural Practice Learning Package</a>	Services for Australian Rural and Remote Allied Health has created an eLearning module to develop understanding of communications skills and increase competence in the management of these issues. The module will take between 30-45 minutes to complete.	Education / Training	Across all states	Publically available on Services for Australian Rural and Remote Allied Health website.	Yes
<a href="#">Cognitive Institute - Communication skills training</a>	Provides a range of communication skills training including, Speaking Up for Safety (raising concerns); Open Disclosure; and Patient-clinician communication.	Education / training	Across all states	External training provider within services; costs are associated with training.	N/A
<a href="#">Sydney Clinical Skills and Simulation Centre</a>	Provides a range of training that includes communication and interprofessional communication training. For example conversations in clinical and medical supervisions and speaking up.	Education / training	External provider (NSW)	Appears to be available for Northern Sydney Local Health District staff.	N/A

<b>Program / Resource</b>	<b>Description</b>	<b>Type</b>	<b>State/ Territory</b>	<b>Availability</b>	<b>Link on the Communicating for Safety resource portal</b>  <b>(N/A: when resource is not publically available)</b>
<a href="#">Australian Centre for Health Innovation</a>	Hosts clinical education, workshops, simulation training on clinical communication skills.	Education / training	External provider (VIC)	External provider. Partners include Alfred Health, Monash University and La Trobe University.	N/A
<a href="#">Cancer Australia</a>	Modules include a summary of the relevant research and guidelines about how best to address issues when communicating with patient with cancer, including breaking bad news, eliciting and responding to emotional cues and communicating prognosis.	Training / guidance	External	Publically available on Cancer Australia website	Yes
<a href="#">Avant Insurers</a>	Provides a range of fact sheets, webinars and e-learning modules on communication, consent, managing difficult patients and documentation and medical records.	Training/ guidance	External	Available to medical officers who are members.	N/A
<a href="#">Royal Australasian College of Physicians (RACP)</a>	Online Learning Resources @ RACP provides access to educational resources on clinical communication skills which are either developed by the RACP, or shared by other Medical Colleges.	Education / training	External	Available to College members and non-members who register their details.	N/A
<a href="#">Royal Australasian College of Surgeons</a>	Provides a variety of face-to-face short courses for doctors to upskill in a range of skills. For example, TIPS: Training in Professional Skills uses simulation to teach patient-centred communication and team-oriented non-technical skills in a clinical context.	Education / training	External	Available to College members.	N/A

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