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Clinical Staff Education Initiative Designed to Improve Communication and Collaboration Among Interdisciplinary Clinical Staff

Youlen Duffus
Walden University

Walden University

College of Nursing

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Youlen Duffus

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the review committee have been made.

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Dr. Corinne A. Wheeler, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Executive Summary: Staff Education Project

Clinical Staff Education Initiative Designed to Improve Communication and Collaboration Among Interdisciplinary Clinical Staff.

by

Youlen Duffus

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Summary

Gaps in team cohesion, role clarity, and communication effectiveness were observed at a community-based mental health clinic. This gap contributed to workflow inefficiencies and diminished staff morale. A staff education project on interdisciplinary communication and collaboration was developed and implemented to address this practice problem. The goal was to improve staff knowledge of structured communication strategies, increase the use of collaborative language and feedback techniques, and evaluate changes in staff confidence and perceived team cohesion**.**

The education program was delivered in an outpatient clinic located in the Mid-Atlantic area. The education program included a structured training curriculum, role play, communication handout, and an evaluative framework for self-reflection. Participants completed a 10 multiple-choice questionnaire to assess knowledge before and after the education program. Data were analyzed using the learning gain percentages formula. Among the 6 participants, the mean score increased from a mean of 2.17 to 4.33, resulting in a learning gain of 50.1%. Participants' knowledge improved and negative perspectives decreased slightly after the intervention.

Recommendations emphasize institutional adoption of continuous staff development, and integration into organizational culture. The project has implications for effective communication, nursing practice to improve care quality and foster patient trust. The project contributes to positive social change by reducing systematic obstacles, promoting trustworthy person-centered care, and ensuring interdisciplinary communication and collaboration in health care.

Background

Gap in Practice

In the clinic, stigma toward individuals who have a serious mental illness (SMI) remains pervasive, often appearing as negative attitudes, assumptions, and behaviors that compromise care quality and patient trust. Study shows that mental health disorders rose globally over the past three decades, contributing to increased disease burden and need to address and provide mental health services among affected individuals. This persistent gap in practice underscored the need for targeted provider education to promote more equitable and effective treatment approaches. Aarons (2022) emphasized that clinical staff who work with patients who have a SMI often face difficult challenges with schedules, support from colleagues and family, highlighting the depth of error in communication within professional environments and the need for education driven interventions. Institute for Healthcare Improvement (IHI) et al. (2020) conducted a global review, finding that healthcare workers to provide better interpersonal relationship with patients and staff to collectively advanced efforts, for patient-centered practices. In support of these trends, research demonstrated that structured education programs can significantly improve clinician attitudes, inform clinical practice, and foster policy updates, including the interpersonal relationship of stigma-reducing strategies across health care systems.

At the project site, staff lacked training in evidence-based, compassionate approaches to coworker need for better stress relief and cover when over work and support reduction in case load. Furthermore, the project site also showed evidence in staff

attitudes, self-perception, institutional policies, and provider behavior that significantly impaired staff need for breaks to provide optimal interdisciplinary communication and collaboration to achieve patient care goals. This gap led to inconsistent care, poor communication, and a decline in patient trust, highlighting an urgent need for targeted education to ensure equitable and effective treatment.

Project Purpose and Practice Question

The purpose of the project was to develop, implement, and evaluate a staff education program on interdisciplinary communication and collaboration. The practice-focused question that guided the project was "Will staff knowledge regarding effective communication strategies increase following a staff education program?"

Supporting Evidence

A literature search was conducted using the Walden University Library, specifically through PubMed, CINAHL, PsycINFO, ANA, AHRQ, clinical guidelines, internal policy reviews. Keywords: "interdisciplinary communication," "staff education," "team cohesion," "outpatient mental health," and "collaboration. "The search yielded over 80 peer-reviewed articles, of which 12 were selected based on relevance, recency, and alignment with the project's objectives. Studies found that brief, structured psychoeducation, particularly when emphasizing the neurobiological and medical basis of addiction, trauma-informed care, and effective communication, can significantly reduce provider stigma. Additionally, a global scoping review by Weaver et al, 2022 identified a range of comprehensive, evidence-based strategies, including stakeholder-driven educational interventions that effectively address mental health stigma across multiple

societal levels. Taken together, these findings provide strong Levels of Evidence shows Level I: Systematic reviews of RCTs (Weaver et al., 2022) Level II: Quasi-experimental studies and Level III: Descriptive/qualitative research evidence shows that staff education in communication strategies and feedback loops enhances clarity, teamwork, and reduces sentinel events.

Staff Education Project Development

Project Setting and Participants

The project took place in a Mid-Atlantic community-based outpatient clinic catering to patients with intricate physical and mental health requirements. Six staff members participated in the project. Among the participants were a social worker, clinical supervisor, mental health nurse practitioners, case manager, and registered nurses.

Education Project Procedures

The program took place in-person at the project site over a 45-minute period. The educational content for this project was delivered using a blended, interactive approach that ensured staff engagement and reinforced learning before, during, and after the education session. Before the presentation, flyers were posted in staff areas and emails were sent out to notify participants of the training date, time, and learning objectives. The education session incorporated a PowerPoint presentation, role play, and group discussion. Topics included effective communication tools the Situation, Background, Assessment, and Recommendation (SBAR) framework, collaborative language approaches, and team feedback strategies (see Appendix A: Curricular Plan and

Appendix B: PowerPoint Presentation). The role play provided realistic clinical communication scenarios for use in interactive learning.

Collection and Analysis of Evidence

Participants anonymously completed a questionnaire before and after the education session to assess knowledge and confidence (see Appendix C: Pre- and Post-test). The knowledge questionnaire consisted of 10 multiple choice questions; and the confidence questionnaire included 5 questions using a 4-point Lickert scale. At the conclusion, participants also completed a program evaluation on its clarity and effectiveness (see Appendix D: Program Evaluation).

Descriptive statistics analyzed baseline and post-intervention data. Data from the pre-test and post-test questionnaires were analyzed using the normalized learning gain of averages. The normalized learning gain of averages is the standard measure for reporting the effectiveness of an educational course in promoting conceptual understanding (McKagan et al., 2022). The formula used to calculate the learning gain of averages was (post-test score – pre-test score) / (10 – pre-test score) x 100.

Results

Among the 6 participants, an overall increase was found in the scores after the educational intervention. The mean test score increased from M =2.17 before the intervention to M = 4.33 after the intervention. The calculated percentage learning gain of averages indicated a 50.1% improvement in participants' knowledge of effective communication and collaboration (see Table 1).

Table 1

Participant ID	Pretest score	Pretest %	Posttest score	Posttest %	Learning Gain %
#1	2	20%	5	50%	37.50%
#2	3	30%	4	40%	14.29%
#3	1	10%	3	30%	22.22%
#4	2	40%	4	40%	25.00%
#5	3	60%	5	50%	28.57%
#6	2	40%	5	50%	37.50%
M	2.17		4.33		50.12%

The participants also reported greater confidence in communicating effectively, awareness of communication protocols, and increased comfort with team collaboration (see Table 2).

Table 2

Self-Report in Confidence, Awareness, and Collaboration

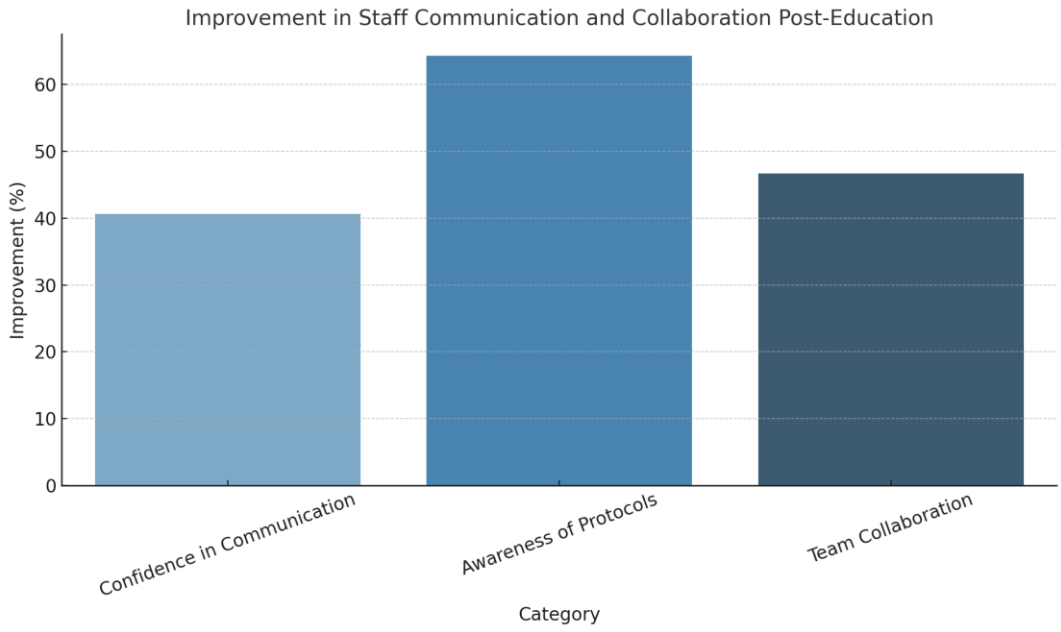
Category	Pre-Intervention%	Post-Intervention%	Improvement%
Confidence in Communication	3.2	4.5	40.6%
Awareness of Protocols	2.8	4.6	64.3%
Team Collaboration	3.0	4.4	46.7%

Additionally, Figure 1 visually reinforces the data from the table, illustrating a substantial increase in post-training scores across participants as a group. These findings

highlight the effectiveness of brief, structured educational workshops in enhanced awareness of structured communication, and a reported improvement in team collaboration.

Figure 1

Improvement in Staff Communication and Collaboration Post-Education



Note: Visualization of improvement in self-reported perceptions in communication, awareness of protocols and team collaboration.

Relevance of Findings

The findings support national and international data that brief, focused teaching interventions on interpersonal communication are effective. This education model's planned methodology, pragmatic content, and quick effectiveness make it suited for use in similar clinical settings to improve cultural competency, minimize bias, and promote healthcare equity. Which suggests a team culture shift toward collective accountability

and collaborative care planning, which affects team dynamics and patient outcomes beyond individual learning. Participants' knowledge, attitudes, and perceived competence in peer communication improved after the one-day program.

Limitations

Although promising, the small sample size and lack of long-term follow-up to assess behavior change are drawbacks. The assessment relied on self-reported attitudes and confidence, which may not have accurately reflected actual practice changes. Without environmental change, the outcomes from a single community-based outpatient clinic may not apply to all healthcare facilities.

Implications for Practice

This project addresses the need for ongoing staff development in communication to enhance quality and safety and quality in mental healthcare. Implications for practice include reduced communication errors, enhanced team collaboration, and improved patient safety. The implementation of this staff education quality improvement initiative had a meaningful and measurable impact on communication practices in the outpatient mental health clinic. Enhanced staff confidence, improved awareness of protocols, and stronger collaboration were observed post-training, confirming the value of structured communication strategies in clinical settings. Post training results showed an improvement in knowledge, in addition to self-reported gains in knowledge, communication, collaboration and provider confidence. Informal feedback also suggested improved teamwork and more inclusive clinical dialogue, indicating early shifts toward a more supportive care environment.

Conclusion

It is important to note that improving interdisciplinary communication through structured education has a measurable positive impact on staff collaboration and clinical workflow in outpatient mental health settings. Moreover, embedding communication practices into orientation and ongoing training supports sustainability.

This initiative has positively influenced the organization by strengthening interdisciplinary teamwork and contributing to a culture of safety and mutual respect. For nursing practice, the project reinforces the importance of continued professional development, particularly in communication. Nurses equipped with effective communication skills are better able to coordinate care, support patients with complex needs, and engage meaningfully with colleagues across disciplines. The project also advances goals related to positive social change by emphasizing inclusive and culturally competent communication practices, which promote equitable care and reduce disparities for patients from diverse backgrounds. The ongoing integration of structured communication education into standard curricula will maintain these advancements and promote a more collaborative and patient-centered clinical environment.

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Appendix A: Curricular Plan

Staff Education Project: Teaching Materials

Curriculum Plan

This curriculum is designed to educate interdisciplinary clinical staff at a community-based outpatient mental health clinic on effective communication and collaboration strategies. The goal is to improve patient care, reduce communication errors, and enhance team functioning.

Duration: (45 minutes instruction, 15 minutes wrap-up)
Target Audience: Nurse Practitioners, RNs, Social Workers, Medical Assistants, Support Staff
Delivery Method: Interactive PowerPoint presentation, case-based discussions, role-playing, handouts, and a post-session survey

Learning Objectives

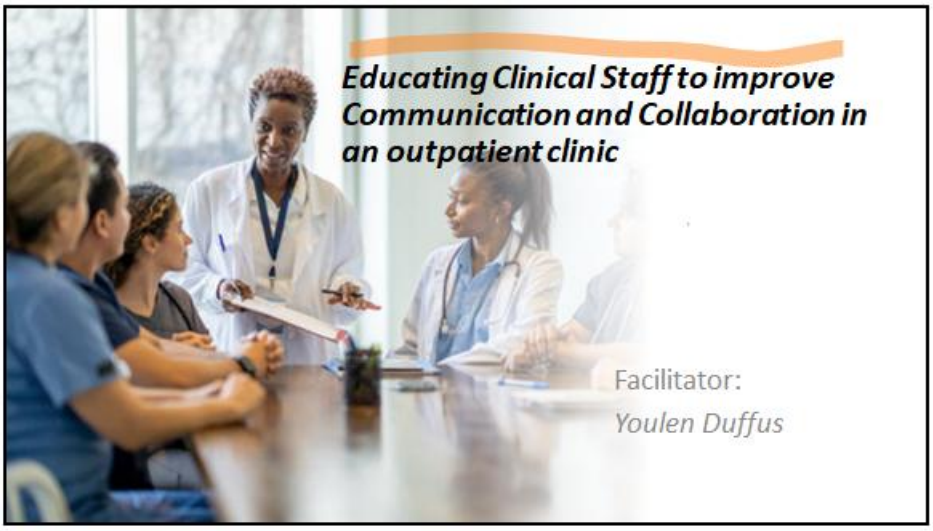
By the end of the training, participants will be able to:

1. Describe the importance of structured communication in mental health settings.
2. Identify at least two ways to improve communication.
3. Demonstrate collaborative strategies during clinical scenarios.
4. Reflect on their communication styles and identify areas for improvement.
5. Develop an action plan for applying learned communication strategies in practice.

Instructional Resources and Materials

- PowerPoint Presentation
- Case Scenario Handouts
- Role Play Skits
- Communication and Collaboration Resource Guide
- Pre- and Post-Session Knowledge Checks
- End of training survey Form

Appendix B: PowerPoint Presentation



1

2

Learning Objectives

- The objective of a staff education initiative is to enhance knowledge, confidence, and skills to facilitate communication and collaboration among clinical personnel.
- Apply evidence-based strategies for improving communication
- Reflect on current communication challenges and explore practical solutions
- Understand the importance of structured communication in mental health settings
- Enhance collaboration among interdisciplinary team members

3

Education Design Process

1.Needs Assessment
Identify gaps in practice, knowledge, or behavior through data, observation, or feedback.
2.Define Learning Objectives
Clearly define what the learner should know or be able to do after the session.
3.Design the Curriculum
Choose content, instructional strategies, and materials based on adult learning principles.
4.Develop Materials
Create handouts, PPT, skills training and assessments aligned with objectives.
5.Implement Education Session
Deliver interactive, evidence-based education (e.g., lecture, role-play, discussion).
6.Evaluate Outcomes
Use pre-/post-tests, surveys, and feedback to assess knowledge gain and satisfaction.
7.Revise and Sustain
Make improvements and plan for ongoing or refresher training.

4

Curricular Plan

Component	Details
Title of Session	Enhancing Communication and Collaboration in Mental Health Settings
Target Audience	Interdisciplinary clinical staff (RNs, NPs, social workers, etc.)
Duration	45-minute training a5-minute wrap-up/Q&A
Learning Objectives	(1) Identify effective communication skills (2) Demonstrate team collaboration
Teaching Methods	case study, role-play, discussion
Materials Needed	PPT, handouts, pre/post questionnares, surveys
Evaluation Methods	Pre/post-test comparison, qualitative feedback, staff observation

5

Material Used

- Materials developed and used in the staff education project included:
- PowerPoint presentation on communication principles.
- Handouts summarizing communication strategies (e.g., active listening).
- Pre- and post-education surveys to evaluate knowledge and confidence.
- Case scenarios and role-play prompts for experiential learning.
- Evaluation forms for qualitative feedback.
- Communication techniques for ongoing staff use.

6

Evidence-Based Interventions

- Education and training
- Communication-based strategies (testimonials and)
- Reflective practices and behaviors reduction
- Organizational policy changes

7

Reflection

1. How has today's training changed the way you view communication within your interdisciplinary team?
2. What did you learned about your own attitudes and believes
3. How might this knowledge impact your care approach?

8

Applying Skills and Building Confidence

- Role-Playing Scenarios and Feedback
- Recognizing and Managing behaviors and Bias
- Building Confidence through Skill Practice
- Personal Action Planning
- Post-training Knowledge Assessment
- Wrap-Up and Next Steps

9

Effective Communication Strategies

- Always use active Listening
- Clarifying and Summarizing
- Mindful Use of Electronic Communication
- Be aware of Nonverbal Communication Awareness
- Take time for Briefings and Debriefings

10

Recognizing Bias, Behavior, and Self-Reflection for better communication

- Recognizing unconscious attitudes and behaviors
- How attitudes influences behavior and patient care.
- Simple skills for ongoing self-assessment of the way we communicate.

11

Developing Personal Action Plans

- Set one goal for behavior change
- Identify supports/resources needed
- Accountability strategies
- Timeline for implementation

12

Evaluation & Feedback

1. What did you find most helpful?
2. Suggestions for improvement
3. Would you recommend this training?
4. How has this training changed your perspective on communication skills?
5. What specific communication strategies from the training do you plan to apply in your work setting?

13

Thank You!

Everyone working together to improve communication and collaboration

Remember: Small actions create big change.

For resources or follow-up, contact Youlen Duffus

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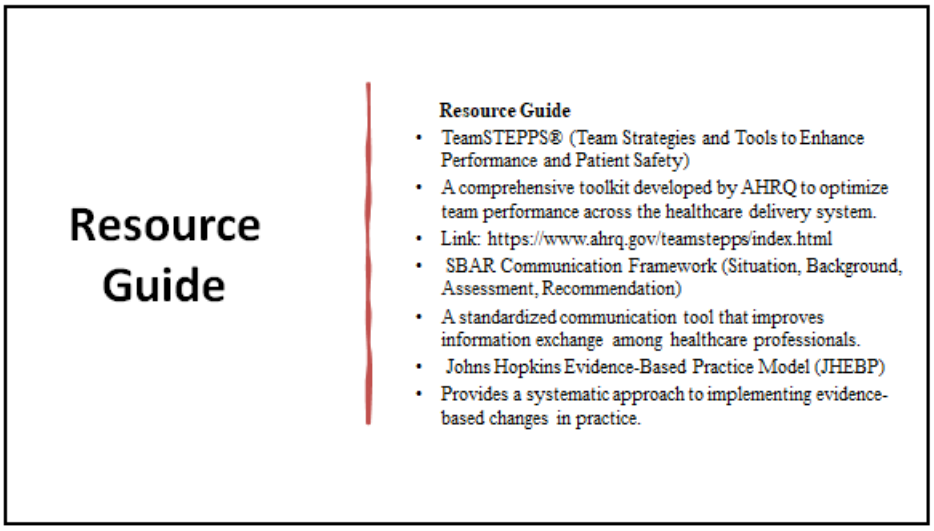
Resource Guide
Resource Guide
• TeamSTEPPS® (Team Strategies and Tools to Enhance Performance and Patient Safety)
• A comprehensive toolkit developed by AHRQ to optimize team performance across the healthcare delivery system.
• Link: https://www.ahrq.gov/teamstepps/index.html
• SBAR Communication Framework (Situation, Background, Assessment, Recommendation)
• A standardized communication tool that improves information exchange among healthcare professionals.
• Johns Hopkins Evidence-Based Practice Model (JHEBP)
• Provides a systematic approach to implementing evidence-based changes in practice.

15

Appendix C : Pre- and Post-Test Questionnaire

Pre- and Post-Education Survey: Clinical Staff Communication & Collaboration

Instructions: Please select the best answer for each question. For Questions 11–15, choose your level of confidence.

Knowledge-Based Questions

1. Which of the following is a primary benefit of using structured communication tools in clinical settings?
   A. Reduces the need for documentation
   B. Increases administrative burden
   C. Enhances clarity and reduces errors
   D. Replaces interdisciplinary meetings

2. What does the 'S' in AIDET stand for?
   A. Summary
   B. Safety
   C. Situation
   D. Acknowledge

3. The AIDET framework is primarily used to:
   A. Diagnose patient conditions
   B. Explain discharge medications
   C. Structure nurse-to-nurse communication
   D. Guide patient-provider interactions

4. Which of the following is a key component of effective team huddles?
   A. Reviewing long-term staffing concerns
   B. Discussing non-work-related stressors
   C. Sharing daily goals and concerns
   D. Analyzing organizational finances
5. Scenario-based education helps improve communication by:
   A. Increasing test scores only
   B. Offering theoretical lectures
   C. Allowing practice in simulated environments
   D. Reducing the need for continuing education

6. Failure in clinical communication is most closely associated with:
   A. High productivity
   B. Increased staff morale
   C. Sentinel events and patient harm
   D. Improved satisfaction

7. When should a clinical staff member initiate a structured team huddle?
   A. Only after an incident report
   B. At the end of every month
   C. Before shifts or during workflow changes
   D. Only if a manager is present

8. 8. Which communication tool is best used during handoff reports?
   A. SOAP note
   B. TeamSTEPPS
   C. Structured verbal updates
   D. SMART goal

9. Interdisciplinary collaboration promotes:
   A. Isolated decision-making
   B. Role confusion
   C. Coordinated, patient-centered care
   D. Hierarchical breakdowns

10. Role-playing in staff education is effective because it:
    A. Tests memory
    B. Teaches compliance policies
    C. Engages staff in active learning
    D. Measures medication errors

Confidence-Based Questions

For each question below, choose the level that best describes your confidence.
A. Not at all confident B. Somewhat confident C. Confident D. Very confident

1. How confident are you in using clear, respectful, and professional communication when interacting with team members in the clinic setting?
2. How confident are you in leading or participating in a structured team huddle?
3. How confident are you in recognizing and addressing communication breakdowns during patient care?

4. How confident are you in applying AIDET when interacting with patients?
5. How confident are you in collaborating effectively with interdisciplinary team members?

Appendix D: Program Evaluation Survey

Staff Education Presentation Evaluation Survey

Instructions: Please answer the following questions based on your experience during the presentation. Your responses are anonymous and will be used to improve future training efforts.

Likert-Scale Questions (1–7)

Please rate the following statements on a scale from 1 to 5:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

1. The purpose and goals of the presentation were clearly stated.
2. The content of the presentation was relevant to my clinical practice.
3. The presenter communicated the information effectively.
4. The visuals (slides, handouts) helped me understand the material.
5. The presentation maintained my attention and engagement throughout.
6. I feel more confident in my communication and collaboration skills after this training.
7. The training provided actionable strategies I can use in my daily work.

Open-Ended Questions (8–10)

8. What part of the presentation was most useful to you, and why?

9. What suggestions do you have for improving this training session?

10. Do you have any additional comments or feedback?