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Staff Education to Enhance Therapeutic Communication in Community Clinic Settings

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Walden University

College of Nursing

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Marian Allen

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Walden University
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Executive Summary: Staff Education Project

Staff Education to Enhance Therapeutic Communication in Community Clinic Settings

by

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Summary

This doctor of nursing practice (DNP) staff education project implemented and evaluated a structured communication training intervention to improve therapeutic communication among clinical staff in a community-based outpatient clinic. The practice problem was the inconsistent use of inclusive strategies with patients facing language, literacy, and cognitive barriers, impacting relational care and psychological safety. Addressing this gap supports person-centered care, equity, and regulatory standards.

The practice-focused question was: How can a structured staff education program enhance communication among healthcare professionals at the community clinic to improve teamwork, care coordination, and overall clinical efficiency? The project aimed to equip staff with trauma-informed, evidence-based strategies to strengthen communication and equity-focused care.

The issue was identified through stakeholder interviews, observational audits, and Press Ganey scores showing communication ratings 18–22 points below benchmarks. Analytical strategies included descriptive and comparative analysis of anonymous presurvey and postsurvey data. Supporting literature emphasizes structured education and communication as key drivers of team performance. Results showed a 46% increase in staff confidence and more consistent use of inclusive communication strategies. Implications included stronger care coordination and regulatory alignment. Conclusions support the ongoing integration of communication training, with future recommendations to expand sampling, including patient feedback, and to explore digital delivery. This project advances nursing practice and promotes social change through equity-focused, culturally responsive care.

Background

This DNP project was a staff education initiative focused on enhancing therapeutic communication among clinical staff. The project addressed a locally identified practice gap, which was the inconsistent use of inclusive, empathetic communication strategies during patient encounters. This gap was confirmed through a triangulated needs assessment involving stakeholder interviews, structured observational audits, and analysis of internal patient satisfaction metrics. The educational intervention was designed to equip staff with evidence-based communication techniques to improve relational care, foster psychological safety, and support the clinic's commitment to equity-focused, patient-centered practice.

Observational data further substantiated these findings. During routine patient encounters, staff communication practices varied widely, and opportunities for inclusive, patient-centered dialogue were frequently missed. In some cases, patients appear confused or disengaged, particularly when staff use medical jargon or fail to confirm understanding. These inconsistencies in communication not only compromise patient experience but may also contribute to disparities in care outcomes, especially among vulnerable populations.

The site's leadership expressed a desire to improve therapeutic communication practices to better serve its diverse population. This aligns with broader institutional goals related to equity, quality improvement, and regulatory compliance. The American Association of Colleges of Nursing (AACN) Essentials emphasize the importance of systems-based practice, clinical inquiry, and the integration of evidence to inform practice transformation. This DNP project responds directly to those priorities by

proposing a targeted staff education intervention designed to enhance therapeutic communication and foster inclusive, patient-centered care.

The practice-focused question for this project was: How can a structured staff education program enhance communication among healthcare professionals at the community clinic to improve teamwork, care coordination, and overall clinical efficiency? The purpose of this DNP project was to implement and evaluate an evidence-based staff education intervention designed to improve therapeutic communication among clinical staff. The intervention aimed to address a locally identified practice gap by equipping staff with inclusive, empathetic communication strategies tailored to patients with language, literacy, and cognitive barriers. By improving staff competency in relational communication, the project sought to enhance patient experience, foster psychological safety, and support the clinic's equity-focused mission.

The evidence that supported this project was derived from a triangulated needs assessment conducted at the DNP project site, a community-based clinic in New Mexico. The site's clinical preceptor, who oversees staff development, identified recurring communication challenges during patient interactions, particularly with individuals facing language, literacy, and cognitive barriers. To substantiate these concerns, internal Q2 2023 Press Ganey scores provided by the site's leadership revealed that patient ratings for "communication with nurses" and "respect shown by staff" averaged 64% and 61%, respectively, 18–22 percentage points below national benchmarks for similar outpatient settings.

A structured observational audit of 25 patient encounters conducted in July 2023 showed that inclusive communication strategies such as teach-back, active listening, and

culturally sensitive language were used in only 36% of interactions. This information was obtained from a deidentified, aggregate report shared by the community clinic's quality improvement team. The structured observational audit of 25 patient encounters conducted in July 2023 was performed by clinic staff as part of routine internal evaluation.

Additionally, 12% of encounters involved communication breakdowns that led to patient confusion or disengagement. A preintervention staff survey further revealed that while 80% of respondents felt "moderately confident" in general communication, only 27% felt "very confident" when communicating with patients who had limited English proficiency or low health literacy. These findings confirmed a measurable and locally relevant gap in therapeutic communication practices.

The evidence in the literature that supports this change in practice was drawn from a comprehensive review of 25 full-text, peer-reviewed articles. Of these, 11 articles were selected for inclusion in the project based on relevance to the identified practice gap, methodological quality, and applicability to the staff education intervention. Using the Johns Hopkins Levels of Evidence, the selected articles were appraised and categorized as follows: three Level 1 (systematic reviews and randomized controlled trials), two Level II (quasi-experimental studies), five Level III (qualitative and descriptive studies), and one Level IV (expert opinion). This distribution reflects a strong and diverse evidence base, with high-level studies supporting the effectiveness of structured staff education in improving therapeutic communication. Collectively, these findings provide strong support for the proposed intervention and validate the need for change at the DNP project site.

Extensive literature supports the need for structured communication training to improve patient outcomes and staff effectiveness. Preis et al. (2022) conducted a mixed-methods evaluation of a program designed to enhance healthcare team communication. Their findings demonstrate that targeted communication training improves staff confidence, empathy, and patient engagement outcomes directly relevant to the goals of this DNP project. Marlow et al. (2018) reviewed performance measures for healthcare teams and emphasized that communication is a key determinant of team effectiveness. Their work supports the integration of communication metrics into staff education programs and quality improvement efforts.

Literature supports the use of structured staff education to address such gaps. Preis et al. (2022) demonstrated that targeted communication training improved empathy and clarity among healthcare teams, while Lenssen et al. (2025) emphasized that inclusive communication strengthens resilience and leadership. Lubasch et al. (2025) and Meneses-La-Riva et al. (2025) further reinforced the importance of professional health literacy and teamwork in improving communication outcomes in diverse clinical settings.

Staff Education Project Development

The staff participants in this project included two medical office specialists, five medical assistants, two nurse practitioners, one licensed practical nurse (LPN), and one assistant office manager, totaling 11 participants. This multidisciplinary team was selected for their direct involvement in documentation and patient care. The procedures used to develop this staff education project on therapeutic communication were aligned with regulatory standards for pain assessment and trauma-informed care. A nurse educator specializing in compliance served as the subject matter expert reviewer. As the

DNP student, I created scenario-based learning materials, teach-back guides, and interactive slide decks, supplemented by resources from professional organizations such as the Joint Commission (Ominyi et al., 2025; Valimaki et al., 2024). Pre- and post-confidence assessments were designed using validated formats and delivered anonymously via SurveyMonkey® to ensure confidentiality and unbiased feedback (Preis et al., 2022).

Staff education was implemented through in-person sessions conducted at the clinic during scheduled team meetings. The sessions included interactive components such as scenario-based discussions, teach-back demonstrations, and reflective dialogue to reinforce learning. This format supported engagement and allowed for immediate feedback and clarification, consistent with adult learning principles and the project's implementation plan. Anonymous pre- and post-assessments were administered electronically, supporting psychological safety and data integrity (Lenssen et al., 2025; Marr et al., 2025). Pre- and post-knowledge assessments were administered electronically using SurveyMonkey®. Each staff member received a survey link before and after the educational session, allowing for secure data collection without identifying information. Responses were submitted anonymously and analyzed in aggregate, allowing for group-level comparison of pre- and post-education knowledge without linking individual responses. Participants did not select identifiers, and no identifying information was collected. Instead, aggregate analysis of pre- and post-assessment scores was used to evaluate overall knowledge gains and intervention effectiveness, consistent with best practices in implementation science and ethical data handling (McGuier et al., 2024; Preis et al., 2022). The analysis of this evidence included both descriptive and comparative

methods. Descriptive analysis was used to summarize the participants' responses and identify trends in baseline knowledge and assess overall engagement. Comparative analysis examined changes in scores between pre- and post-assessments to evaluate the effectiveness of the educational intervention. This approach supports evidence-informed decision-making and aligns with best practices in implementation science for evaluating staff development outcomes.

Data evaluation included analysis of pre- and post-assessment responses, using descriptive statistics to identify baseline knowledge levels and overall engagement. Comparative analysis was then applied to measure changes in knowledge following the educational intervention. This approach allowed for the identification of learning gains and areas requiring reinforcement. Response accuracy and confidence patterns were examined to assess the effectiveness of content delivery and instructional strategies.

Evaluating educational outcomes through descriptive and comparative methods supports continuous improvement and aligns with best practices in implementation science and healthcare team performance evaluation (Marlow et al., 2018; McGuier et al., 2024). Additionally, anonymous digital tools enhanced data integrity and psychological safety, which are essential for valid evaluation in clinical education settings (Preis et al., 2022).

Results

The results of this project demonstrate meaningful improvement in staff communication practices following a structured education intervention. As illustrated in Figure 1, staff reporting "very confident" communication with patients facing language

or literacy barriers rose from 27% pre-intervention to 73% post-intervention, a 46-point increase.

Table 1

Staff Confidence in Therapeutic Communication Before and After Intervention

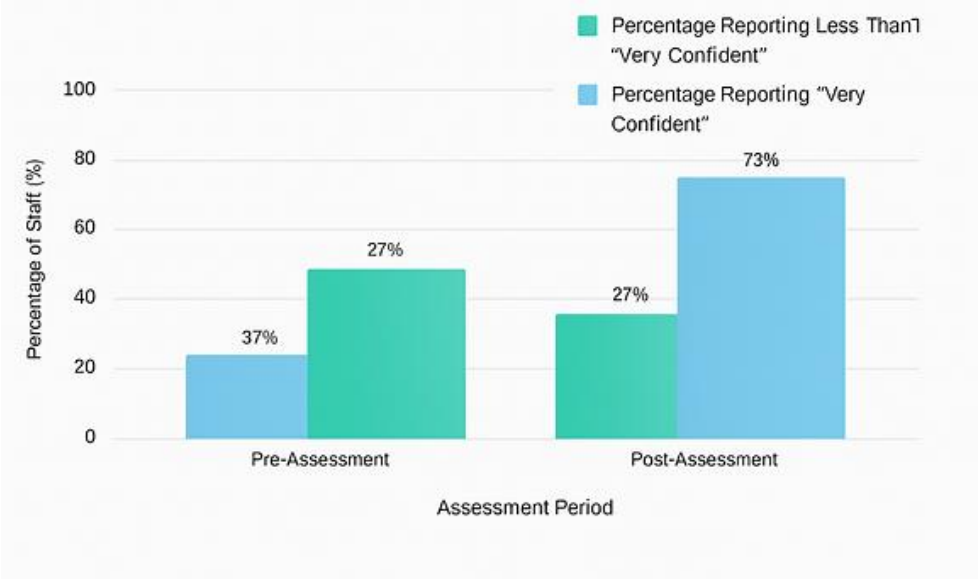
Assessment Period, Percentage Reporting "Very Confident"

Assessment period	Pre-assessment	Post-assessment	Percentage reporting "very confident	Percentage reporting less than "very confident"
Staff education	Yes	Yes		
Pre-			27%	73%
Post-			73%	27%

Self-assessed confidence level	Pre-assessment	Post-assessment
Low (not at all confident)	18%	5%
Moderate (somewhat confident)	55%	22%
High (very confident)	27%	73%

Figure 1

Staff Confidence in Therapeutic Communication



This gain reflects the effectiveness of scenario-based learning, teach-back techniques, and trauma-informed role-play integrated into routine meetings, consistent with findings from Preis et al. (2022) and Yun et al. (2023), who emphasized the value of experiential and simulation-based training in enhancing healthcare communication. Organizationally, staff expressed greater ease in navigating communication challenges, and observational audits confirmed an increased use of inclusive strategies such as active listening and confirmation of understanding. These outcomes support the clinic's equity-focused mission and align with AACN Essentials related to systems-based practice and evidence integration (Ominyi et al., 2025; Valimaki et al., 2024). Improvements in relational care and psychological safety also reflect broader themes in leadership and resilience identified by Lenssen et al. (2025) and Marr et al. (2025).

The limitations of this project included a small sample size (n = 11), reliance on self-reported confidence measures, and a brief follow-up period that constrained evaluation of sustained behavior change and patient outcomes. These factors may limit generalizability and introduce potential response bias. Nonetheless, the impact of this project on the organization is substantial. Staff demonstrated marked improvement in therapeutic communication confidence and applied inclusive strategies more consistently during patient encounters. These outcomes directly support the clinic's regulatory goals and quality benchmarks, while also aligning with implementation science principles outlined by McGuier et al. (2024) and performance metrics described by Marlow et al. (2018).

This project has importance beyond the local project site as it offers a scalable, evidence-based framework for improving therapeutic communication in outpatient

settings serving diverse populations. By integrating trauma-informed strategies, teach-back methods, and inclusive language practices, the intervention addresses systemic barriers to relational care and supports broader goals in health equity, regulatory compliance, and team-based performance (Lubasch et al., 2025; Menesses-La-Riva et al., 2025). The inclusion of art-mediated and culturally responsive educational strategies, as explored by Chou et al. (2025), further reinforces the potential for adaptable, interdisciplinary approaches to staff development.

Conclusions

The impact of this DNP project on the project site is significant. Staff confidence in therapeutic communication improved by 46 percentage points, and inclusive strategies were used more consistently during staff–patient encounters. These outcomes support the clinic's equity-focused mission, enhance regulatory compliance, and align with AACN Essentials. Despite limitations in sample size and follow-up duration, the project offers a scalable framework for improving relational care in diverse outpatient settings. Future recommendations for this organization include integrating therapeutic communication education into ongoing staff development cycles to reinforce learning and sustain behavior change. Periodic refresher sessions, peer-led role-play, and real-time coaching could help embed inclusive strategies into daily practice. Future recommendations for modifications of this project are to expand the sample size, include longitudinal follow-up to assess sustained impact, and incorporate patient-reported experience measures to triangulate outcomes. Leveraging digital platforms for asynchronous learning may also enhance accessibility and scalability across similar outpatient settings.

This project strengthens therapeutic communication across interdisciplinary teams, enhances care coordination, and fosters psychological safety. Equipping staff with inclusive, trauma-informed strategies advances person-centered care and regulatory excellence. Staff education's potential to reduce disparities and promote health equity supports systemic transformation in outpatient settings through scalable, culturally responsive education.

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Appendix

This project included several deliverables developed to support the implementation and evaluation of a structured staff education intervention focused on therapeutic communication. The pre/post anonymous questionnaire was designed to assess staff confidence and use of inclusive, trauma-informed communication strategies. It included questions from SurveyMonkey® and open-ended prompts, administered before and after the intervention. The staff education PowerPoint presentation consisted of 12 slides aligned with Bloom's Taxonomy and AACN Essentials, covering topics such as teach-back techniques, active listening, trauma-informed care, and culturally responsive communication. Supporting materials provided to participants included a teach-back demonstration guide, a scenario-based learning worksheet, and a quick-reference sheet outlining inclusive communication strategies for patients with language, literacy, or cognitive barriers. An implementation timeline and session outline were also developed to guide delivery, detailing session dates, learning objectives, instructional methods, and evaluation checkpoints. All materials adhere to APA formatting and the DNP Doctoral Project Ethics Pledge.