Using AIDET® Education Simulations to Improve Patient Experience Scores

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Background

The acronym AIDET®, stands for Acknowledge, Introduce, Duration, Explanation, and Thank You. Created as a communication framework for healthcare professionals, it is aimed at enhancing communication with patients, thereby decreasing patient anxiety, increasing compliance, and improving clinical outcomes (1). Its use has also been shown to improve patients' satisfaction and perceptions of care (2).

Staff at UAB have been trained on the use of AIDET. However, patient engagement scores in the Heart and Vascular Center (HVC) remained low. Simulation based re-education is an effective strategy regarding retention of skills (3). Thus, we developed and implemented *in situ* AIDET simulations in HVC, hypothesizing that training of HVC staff using AIDET could positively impact patient engagement scores.

Setting/Participants

Setting: UAB Heart and Vascular Center

Participants (n=77):
- Staff Nurses
- Patient Care Techs
- Radiology Technicians
- Electrophysiology Technicians
- Secretaries

Description/Methods

- Simulations took place from June-August 2016
- Objectives included:
    1. Demonstrate effective communication using AIDET
    2. Describe strategies for applying AIDET with each patient encounter
- Staff were prebriefed, paired off, and asked to interact with a standardized patient in pre-op utilizing AIDET
- Debriefing points included how AIDET can be applied to different situations in patient care
- Learners completed surveys to finish the simulation
- Patient satisfaction survey data from CGCAHPS was collected and analyzed from February 2016-April 2017, spanning a period before, during, and after the AIDET simulation
- Data was summarized per month and averaged for data analysis

Procedure information is easy to understand

"Yes, definitely" responses:
Pre=89.5%
Post=92.9%
Chi square p=0.1598

— No
— Yes, somewhat
— Yes, definitely

2016   2017

Evaluation/Results

Overall there were 229 patients in the pre-intervention group and 313 patients in the post intervention group who responded to the CAHPS survey. Pre- and post-intervention differences in the number of respondents answering "yes, definitely" to pre-specified CAHPS questions in the Communication, Facility/Personal Treatment, and Discharge domains were assessed using chi square statistics. An alpha level of 0.05 was used to assess statistical significance.

There were no significant differences in the proportion of "Yes, definitely" responses for any CAHPS question between the two periods. In general, there were slight increases for all CAHPS questions of interest. The Communication domain question "Procedure info easy to understand" had the greatest increase in "Yes, definitely" responses from 89.5% pre-intervention to 92.9% post-intervention (p=0.1598). All other CAHPS questions of interest had an absolute increase in "Yes, definitely" responses of less than or equal to 1.4%.
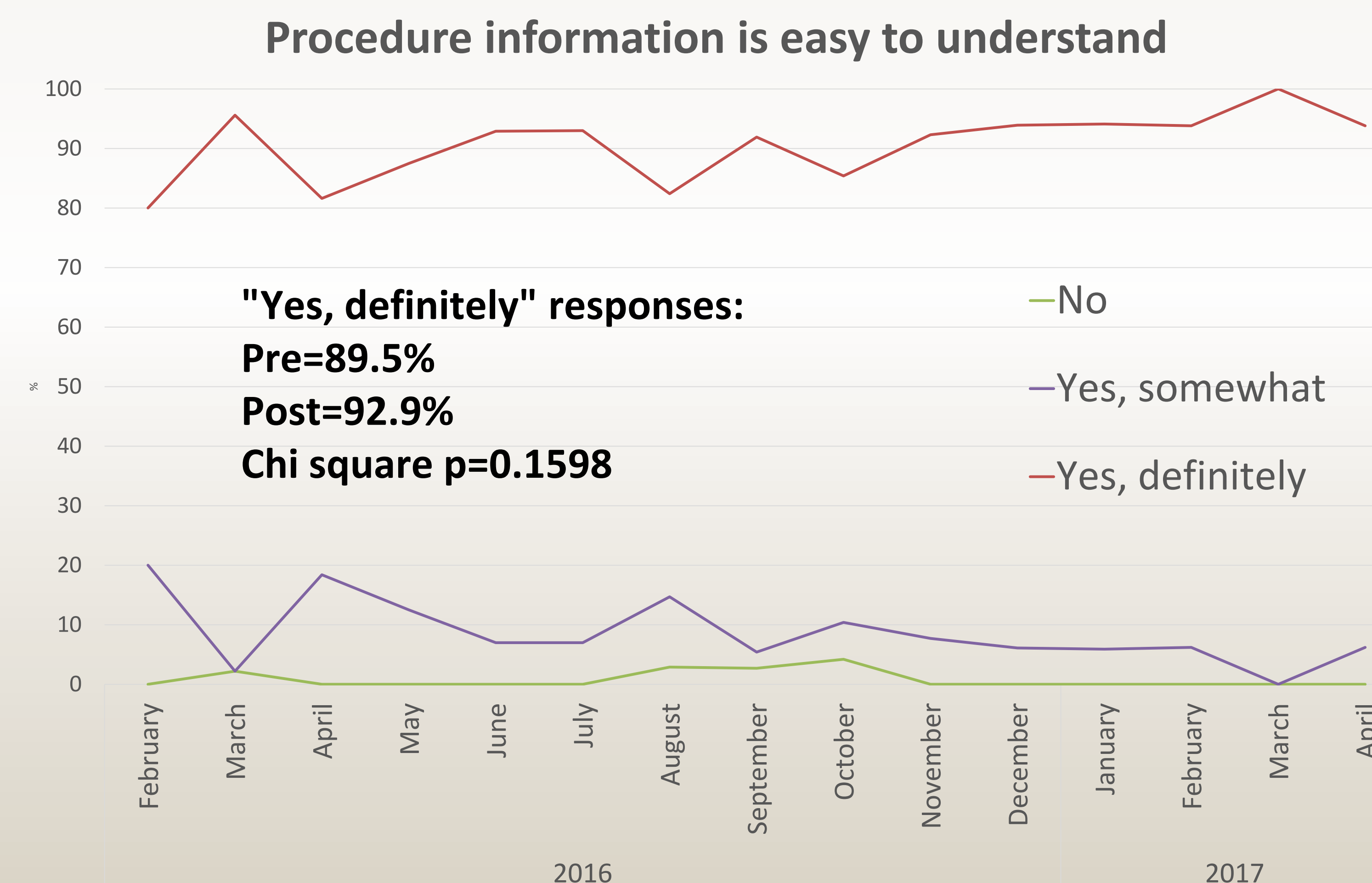
Conclusions/References

The use of simulation demonstrated increases for most communication objectives and no change for others. The results were sustainable for a minimum of 8 months post-simulation. It is likely that a single intervention was not adequate to demonstrate patient outcome changes. Future work might include more intense interventions.

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