Commentary

Maintaining quality while adapting to a virtual work environment during the COVID-19 pandemic

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During the first weeks of the COVID-19 pandemic, strategies were rapidly implemented to support the transition to a virtual work environment in healthcare. Information technology departments proposed and trialed different software solutions to allow collaboration to continue while permitting employees to physically distance. Meetings that were previously conducted face-to-face were converted to virtual meetings. Face-to-face discussions about patient care that previously took place among a multidisciplinary care team transitioned to electronic discussion and telephone calls. Once the technical issues were addressed and virtual meetings became more commonplace, working in the COVID-19 pandemic environment became a new normal in healthcare.

The radiation medicine program at a regional cancer centre transitioned quickly to a virtual work environment as the necessity to physically distance people and reduce the risk of spreading the virus was and continues to be a priority. Prior to COVID-19, team members from various disciplines worked together in an open concept communal work space designed to foster collaboration. However, as the COVID situation rapidly evolved the geography of the workstations changed considerably. To maintain physical distancing some staff worked from home while other staff elected to work from their offices as recommended in the COVID-19 preparedness report[1] necessitating a change in the method of communication among team members. The essential role of "unambiguous and efficient communication" in patient safety is recognized given the involvement of multiple disciplines and team members in treatment plan development and delivery.[2] To best ensure patient safety, the method of communication must ensure relevant information is conveyed accurately, at the appropriate time and received without misunderstanding by the intended recipient.[3] Consideration of communication in the virtual work environment is necessary to ensure patient safety and quality is maintained at or exceeds the pre-pandemic level.

Radiation Medicine frequently works in interprofessional teams. Before the COVID-19 pandemic, interprofessional collaboration and communication in treatment planning would have occurred verbally as treatment planners, physicists and radiation oncologists were co-located in a communal workspace. A team member that noted a discrepancy in a patient's treatment plan or setup documentation would go to their colleague's workstation and have a face-to-face discussion to review the issue. During the pandemic, this face-to-face exchange of information is no longer occurring due to changes in the work environment to support physical distancing. As a result, face-to-face communication has been largely replaced by email communication. Communication occurring predominantly by email may not convey the message in its entirety. Without a follow up email, the exchange of necessary information may not occur, potentially leaving action items incomplete and setting the wheels in motion for a patient safety incident or near miss.

Communication involves the sending and receiving of information between two or more parties.[4,5] The Project Management Institute (2013) outlines the importance of communication as it can influence overall project success. Effective communication requires the sender to ensure the information sent is clear and complete, and confirms that the message is understood by the receiver. The receiver in turn ensures that the information is received, understood, and acknowledged. Communication methods among a team can be classified into one of the following categories: 1. Interactive, 2. push, and 3. pull communication. Interactive communication involves the exchange of information among two or more parties and is the most efficient approach to ensure a shared understanding. Examples of interactive communication includes face-to-face discussions, meetings (in person

and virtual), and phone calls. Push communication involves distribution of the information, however, it does not ensure that the information is received or understood by the intended recipient. Examples of push communication include e-mails, memos, faxes, and voice mails. Pull communication involves information that can be accessed as needed. For example, information stored on intranet sites, e-learning, or any organizational database would be pull communication.[5]

As virtual communication has been implemented out of necessity during the COVID-19 pandemic, it is important to reflect on how the communication approach has changed. In treatment planning, communication has shifted from predominantly interactive, to push communication. Whereas interactive communication is considered the best approach to ensure information is understood as intended, push communication, such as e-mail, does not. Transitioning to other interactive forms such as a virtual meeting or phone call would better maintain the quality of that communication type. For situations where it makes sense to transition to an alternate communication category, it is important to have an awareness of how the communication has changed. For example, using e-mail instead of a face-to-face meeting would warrant additional follow up to ensure the message was received as intended.

References

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