Expanding CERC beyond Public Health: Sharing Best Practices with Healthcare Managers via Virtual Learning

Anne M. Hewitt, PHD
Susan A. Spencer, PHD
Ramesh Ramloll, PHD
Heidi Trotta, M.A.

Abstract:

Developed by the Center for Disease Control and Prevention in 2002, the Crisis Emergency and Risk Communication (CERC) training module is a nationally and internationally recognized communication model. With the looming threat of a pandemic and the potential for a protracted ongoing siege, a valuable opportunity exists to introduce crisis and emergency preparedness communication best practices to a new population—health care managers and administrators. The CERC toolkit and resources, provide an easy, turn-key solution and a validated template for educators who are not directly involved in public health education but desire to share this content. In this example, graduate students enrolled in an Master of Health Administration program, used a Play2Train scenario, located in the virtual learning environment of SecondLife (2007), to incorporate concepts from the CERC model. By applying the CERC best practices in a real-time virtual learning scenario, students learned collaboration and the leadership competencies necessary to help implement Joint Commission on Accreditation of Health Organizations emergency communication protocols and community collaboration requirements. By expanding the impact of the CERC model and developing unified risk communication responses and information sharing, all health professionals can enhance the effectiveness of their emergency preparedness plans so that the public can be better served.

Key Words: CERC, emergency preparedness, health care managers, pandemic training, distance learning

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Corresponding Author: Anne M. Hewitt, PHD, Associate Professor, Director, Seton Center for Community Health

Introduction:

Developed by the CDC in 2002, the Crisis Emergency and Risk Communication (CERC) training module is a nationally and internationally recognized communication model available to all health professionals (Reynolds, B. & Seeger, M.W., 2005.) To meet the needs of health educators and prepare them for future environments, a new CERC: Pandemic Influenza course with tabletop exercises was recently developed and distributed. Public health educators will continue to be the primary agents for disseminating health information during a crisis or emergency. A recent CDC publication (CDC, CERC, 2006) confirms that at least 53% (fifty-three percent) of Americans also trust their hospital for health information. The looming threat of a pandemic and the potential for a protracted ongoing siege reinforces the immediate need for basic crisis and emergency risk communication training appropriate to other health professionals who also may be required to communicate and present health communications.

Health care administrators and managers would benefit from CERC training to enhance their information sharing efforts during a crisis situation as they are called on to deliver important health messages via the media. The CERC toolkit and resources, including a convenient CD-ROM option, provide an easy, turn-key solution and a validated template for educators who are not directly involved in public health education, but desire to share this content. A valuable opportunity exists to introduce crisis and emergency preparedness communication best practices to a new population – health care managers and administrators.

Professional Guidelines for Emergency Preparedness Communication

Recently, the national health organization accrediting body, the Joint Commission on Accreditation of Health Organizations (JCAHO), released revised emergency preparedness guidelines that require hospitals to develop detailed communication strategies and to provide for plans that include substantial linkages with community partners (JCAHO, 2008). The JCAHO planning and mitigation emergency plan phases emphasize community partners and coincides with the CERC pre-phase approach of community networking and engagement. The JCAHO requirements also highlight collaborative leadership and decision making in context with community partners and stakeholders.

In addition to JCAHO regulations that focus on institutional roles and responsibilities for emergency preparedness, many healthcare professionals receive training from accredited MHA programs that also encourage competency development in emergency planning and communication. The Commission on Accreditation of Healthcare Management and Education (CAHME), which accredits MHA degree programs, requires over-all competencies in a minimum of 19 content areas (CAHME, 2007). Three of the required content areas support development of skills necessary for emergency management competencies: population health and status assessment, written and verbal communication skills, and general leadership skills. Integrating and adapting the CERC model with its emphasis on formal channels and methods of communication and creating alliances with the medical community will enhance competency development for these health managers and administrators.

Adopting CERC Best Practices

Health administration professionals at all levels and locations seek to understand the impact of natural and man-made disasters on health status and to adopt best practices from the emerging management strategies. Overlap does exist between the public health emphasis on emergency and risk communication for the community and the health institutions' primary focus on acute care while maintaining confidentiality of the individual. Table 2. presents a comparison of both public health and health management communication perspectives and outlines potential areas for best practices common to the two health professions.

Table 2. Public Health and Health Management Communication Perspectives

Public Health Perspective	Best Practices	Health Management Perspective
Public as a priority audience	Optimal health for all is primary goal	Individual as a priority audience
Sophisticated national system (website, call centers, etc.)	Meeting the needs of priority audience	Single health organization/agency
Multiple messages and topics	Practicing successful communication strategies	Few general announcements
Established media relationships at local, regional and national levels	Using appropriate resources	Ad hoc relationship with local media
NIMS	Incident Command System	HEIC crisis format NDMS
Saturation messaging consistent with Freedom of Information Act	Solid communication plan (STARCC)	Confidentiality/Privacy focus/HIPAA considerations
Reliance on specifically trained health educators as spokespersons	Competency based training Information exchange	Use of single chief communications officer

The potential for building on these common best practices is warranted as current differences may be magnified during times of health emergencies, especially during a pandemic when potential access to acute care may be limited due to extreme demand and risk communications will be needed to augment traditional information exchange strategies. Integrating the CERC training modules into existing health management education would help ensure these best practices become appropriately disseminated.

Integrating CERC using an Innovative Technology

One of the primary challenges in teaching the CERC content and the accompanying management skills is to provide health management students with opportunities to simulate real life experiences. Meeting the JCAHO objectives of creating an emergency preparedness plan and coordinating all those involved, such as major health institutions, community responders and public health departments, normally requires participation in an extensive table top exercise or conducting an institutional drill. Although, table-top dioramas and accompanying exercises can be configured to portray the impact of a pandemic over time, additional activities would be needed to simulate community partner participation. Currently, very few opportunities exist to duplicate the "real life" practice of a TOPOFF type exercise which provides a mock regional experience and includes multiple community stakeholders.

To help the Master of Health Administration students at Seton Hall University learn the emergency and risk communication skills presented in CERC in a real-time scenario, an innovative learning option is needed. Play2Train, a virtual learning experience, has been developed by the Idaho Bioterrorism Awareness and Preparedness Project (IBAPP) which is funded by the Office of the Assistant Secretary for Preparedness and Response.(http://irhbt.typepad.com/play2train/). Play2Train is a virtual training space in SecondLife (http://secondlife.com/) designed to support the Strategic National Stockpile (SNS), Sim Transportation (START), and the Risk communication and Incident Command System (ICS) training (http://irbt.typepad.com/play2train/ . Currently being used by the Center for Disease Control, Emory University, University of

Illinois and Idaho State University, Play2Train replaces the typical traditional table-top scenario method of training, allowing students to participate in simulations at a distance or synchronously at one location. The Play2Train site currently has a town and virtual hospital with five established scenarios that enable health professionals to experience the emergency environment through a simulation in which they play an active leadership role.

As part of the MHA curriculum at Seton Hall University, students enrolled in two courses completed CERC learning modules. During an *Emergency Preparedness and Global Health Security* course, on-campus students participated in a single-week unit based on the CERC training materials (Train the Trainer tool-kit). On-line students enrolled in the *Managing Community Health Services* course, completed a virtual training exercise based on CERC training materials as part of a week-end, residency experience. Both classes used the CDC prepared materials with supplemental information linking the activity with specific health management roles and responsibilities. The CERC learning module was first pilot-tested with the on-campus students and the second phase of the initiative included integrating the CERC material into the Play2Train virtual learning experience with the online students.

The emergency preparedness communication module met one of the over-all course objectives and all of the unit objectives for both courses. Both classes completed the didactic part of the unit which included: lecture, powerpoint slides, a practice learning activity and an assignment. The assignment, adapted from the CERC training manual, required completion of two worksheets “Message Development for Emergency Communication” and the “Crisis Leader – First Message”. On-campus students completed a virtual tour of the Play2Train training space, while on-line students

participated in a Play2Train scenario that was enhanced to integrate the emergency and risk communication elements.

In this Play2Train virtual scenario, an emergency has occurred that has sent multiple persons to a local community hospital. At a moment's notice and without background information, hospital management must respond both clinically and publicly to address the current situation. The scenario involves several different scenes including the hospital, an incident command center, a triage station and a press communication room. Each of the participants are assigned a role and given a set of tasks to complete. Virtual roles include the following positions: Hospital Incident Commander, Chief Medical Officer, Emergency Department Director, Hospital Security Officer, Chief Communication Officer, Nurse Administrator/Supervisor, Facilities Manager, Communication Coordinator, Personnel Director and Registration Coordinator/Medical Records. Faculty and support personnel play the roles of the Public Health Director, EMS, Police and Fire personnel, and the local media. In their respective roles, students respond to the health emergency and work as a team to pool their information and complete the required communication messages following the principles outlined in the CERC training.

After the virtual learning scenario is completed, all participants participate in a debriefing session, similar to the type held after community drills. Students also complete two additional evaluation components with the first focusing on feedback and reflection using a discussion board, and a final assessment of the total experience, including a rating of pre, during and post-scenario training and implementation.

Discussion

For healthcare managers and administrators, emergency preparedness strategies appear to focus primarily on meeting JCAHO requirements and on management dilemmas such as meeting surge capacity needs (BERM, 2006), developing triage plans, and decontamination protocols for pandemic events. However, national experts conclude that getting out the appropriate messages to the public is one of the key components of managing surge response (Redefining the Readiness Project from the Center for Advancement of Collaborative Strategies and Health (http://www.cacsh.org). The role of crisis and risk communication impacts many of the identified emergency preparedness strategies for health managers.

MHA students given the opportunity to learn CERC principles and apply them in a Play2Train virtual learning environment expressed satisfaction with the learning experience and indicated the virtual practice provided them with CERC communication skills and decision making competencies that would be transferable to other situations. Participating students commented “It is a cost-effective way to create real life scenarios”, “It made me think, what I would do in this situation if it were in real life.” Other students stated “Virtual learning gave us the opportunity to experience the set up of a triage situation and we were able to interact and collaborate during the experience. You can instantly message one another to ensure smooth operations and communication protocols.”

Conclusions

Sharing the best practices inherent in the CERC model with other health professionals can encourage collaboration as community health leaders and other stakeholders adopt a validated model for risk communication. In this example, the use of the Play2Train scenarios which incorporated CERC principles, enabled healthcare managers to discover opportunities and develop competencies that can enhance the effectiveness of their emergency preparedness plan. By expanding CERC training to other health professionals, unified risk communication responses can be presented during a pandemic or other emergency scenarios, so that the public can be better served.

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