

# The Benefit of a Blended Education Approach in Patient Access Representative (PAR) Training: Didactic and Simulation

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## BACKGROUND

The role of Patient Access Representative (PAR) in a healthcare system cannot be underestimated. The PAR is the patient or provider's first point of contact where the intake and registration process, insurance information, first appointment are being established. PARs are expected to deliver excellent patient experience in every phone call. Orientation and refresher course for the new and seasoned PAR is a crucial component to ensure that they are prepared to fulfill these expectations. Traditionally our institution uses purely didactic sessions in PAR training. We developed a blended learning education experience utilizing face-to-face didactic and simulation to augment the existing PAR training. Blended learning incorporates face-to-face instruction with some sort of learner centric technology such as medical simulation. Simulation as an education modality supports learner immersion in a top and utilizes reflective learning to support knowledge transfer and self-efficacy. Blended learning promotes improvement in skills such as communication, creativity, and collaboration.

## AIM



To provide blended-education approach to improve knowledge and confidence of PAR. To evaluate the perception of confidence before and after the simulation training.

## Design/Method

Sixty-one learners participated in the training conducted from July 2019 to February 2020. Two four-hour high fidelity simulation followed the didactic part of the training. Traditional simulation technique followed by reflective debriefing was used. Psychological safety and teamwork were included in the design. Simulation-based education focused on telephonic skills, empathy, clear communication, and accurate documentation. A validated tool was used to measure perceived confidence before and after simulation-based training

## Results

Sixty-one (N=61) learners participated in the training conducted between July 2019 and February 2020. There was a statistically significant increase in confidence level pre-simulation (M=5.66, SD= 2.27) and post-simulation (M=8.92, SD=0.95),  $t(60) = -12.25$ ,  $p < .0005$  (two-tailed).

## Conclusion

PAR plays a significant part in any healthcare institution. Blended learning can increase confidence of PAR and should be an integral component of a robust training program.

## References

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