



MEDICAL EDUCATION
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An examination of communication barriers between rural family physicians and urban consultants in Newfoundland and Labrador

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Purpose: Communication is a core component of the Physician Competency Framework. Poor communication is a common cause of frustration and medical error. Communication between rural physicians and urban consultants is challenging because of the different contexts in which each physician operates and the often ambiguous sharing of professional responsibilities. Our purpose is to examine the barriers to effective communication between rural physicians and urban consultants in Newfoundland and Labrador (NL). **Methods:** In this mixed-methods study we distributed and collected open-ended and Likert-type questions using survey methodology, to rural and urban physicians in NL. Quantitative: Descriptive and comparative statistical analyses were computed using Microsoft Excel and MedCalc, respectively. **Qualitative:** Major themes associated with communication barriers identified by research team and using NVivo software. **Results:** Pilot data confirmed that both groups experienced communication difficulties; 23.1% rural and 27.8% urban rating the difficulties as frequent ($p=0.935$), 71.2% rural and 72.2% urban as sometimes ($p=0.825$) and only 5.8% rural and 0% urban acknowledged having never experienced communication difficulties ($p=0.714$). Overall, 87.1% of participants indicated that the communication difficulties impacted patient care and 59.7% identified a role for simulation in helping to solve communication barriers. 40% of participant's classified peer-to-peer role-playing as the preferred type of simulation for both rural and urban contexts. The primary thematic trends that emerged as barriers for the rural physicians were lack of time and understanding of rural site limitations. Conversely, the urban consultants expressed inadequate patient information and language skills as major barriers to effective communication with rural physicians. **Conclusions:** Communication barriers exist between rural physicians and urban consultants in NL. Simulation – role-playing in particular – addressing time constraints, contextual misunderstanding, clinical documentation and language deficiencies, may help to mitigate barriers to effective communication and to subsequently improve patient care. **Disclosure Statement:** Supported by a grant from the Dean's Innovation Fund.