

# Low Tech Simulations for High Yield Communication Skills

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# Transition to Practice

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- A solution for newly licensed nurses unable to find employment
- A collaboration between academia and service: 4 programs in San Francisco Bay area



# Program Structure

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- ❑ Funded by Gordon and Betty Moore Foundation
- ❑ Coordinated by California Institute for Nursing and Health Care
- ❑ Samuel Merritt University/Kaiser Permanente collaboration: participants enroll as students



# Program Participants

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- 2 Cohorts: January 2010, June 2010
- **Cohort 1:** 40 students enrolled
- Clinical placements at Northern California Kaiser Permanente, John Muir Medical Center in Walnut Creek
- **Cohort 2:** 60 students enrolled
- Additional placements: San Ramon Regional Medical Center, San Francisco General Hospital, North Bay Medical Center in Fairfield



# Program Structure

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- 15 weeks
- 40 hours clinical/two weeks
- 8 hours classroom or simulation/two weeks
- Initial Skill Assessment
- Final group project around QSEN competency
- Certificate and Stipend



# Curriculum

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- ❑ Based on AACN and NCSBN curriculum recommendations
- ❑ Includes classroom presentations on Professional Role; Leadership; Teamwork and Collaboration; Patient Outcomes
- ❑ Deliberate practice of clinical and communication skills in simulation: Changing patient condition, Communication with patient in pain, at end of life, colleagues.



# Competency

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- ❑ QSEN (Quality and Safety Education in Nursing)
- ❑ Patient centered care, Teamwork and collaboration, Safety, Quality, Evidence based care, Informatics
- ❑ Skills: physical assessment, medication administration, IV therapy, SBAR and Nurse Knowledge Exchange communication, sterile technique, cardio-pulmonary arrest



# Communication & Teamwork Simulations

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- Held at the Garfield Center for Simulation in 4 mock patient rooms
- 8am until 4:30pm lunch provided
- Lecture on Human Factors & Practice SBAR
- 4 low tech simulation scenarios on :
  - Code status and end of life care plan
  - Pain management & SBAR communication with MD, RN
  - Patient with dementia and agitation
  - Nurse to nurse communication challenges





# Goals of Simulation Scenarios

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- To apply the knowledge and skills necessary to establish and maintain communication with, and provide emotional support to, patients and their families.
- To function effectively within nursing and the inter-professional teams.



# Objectives of Simulation Scenarios

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- ❑ Demonstrate effective strategies for communicating and resolving conflicts
- ❑ Demonstrate effective SBAR communication
- ❑ Provide patient centered care with sensitivity, empathy, and respect for diversity
- ❑ Incorporate reflective practices into own repertoire

# Format for Simulations

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- ❑ 4 Stations set up with 2 faculty assigned to 10 students in 2 teams (participants in simulation in roles and observers with checklists)
- ❑ Each scenario takes 10 minutes with 2 faculty as actors then 20 minutes for focused debriefing with faculty using checklists
- ❑ Teams switch using same scenario (almost)
- ❑ Then move to next station

# Example of End of Life Scenarios Roles

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- Roles of 2 faculty: acting as patient and daughter interacting about code status
- Roles of 2 teams of nurse residents:
  - Participants in scenario: nurse resident, preceptor RN, MD, social worker, palliative RN
  - Team of observers: using checklist for feedback and observations during debriefing

# Example 10 minute scenario

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- **Station 2 – Patient at end of life**
- 85 year old female CHF and now renal failure who wants to talk about code status and daughter not ready
- **SCRIPT:** Patient initiates conversation with nurse resident: “I know you are busy, but here I am again for the 6<sup>th</sup> time in 5 months and I am tired of this. I don’t want any more, but my daughter made me come in.”

# Example Checklist for Observers for Debriefing

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- ❑ Introduces self
- ❑ Responds to patient comment: “ I’m very tired and don’t want to do this anymore.”
- ❑ Responds to patient comment about daughter making her come in again
- ❑ Suggests meeting with MD and patient about code status
- ❑ Asks for help from preceptor RN
- ❑ Calls the MD to talk @ code status
- ❑ Documents new code status
- ❑ Identifies other hospital resources for talking about code status – social worker, chaplain, palliative care RN



# Focused Debriefing about 20 minutes

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- Gather data: Listen to participants for emotions and content
- Analyze scenario: by reporting observations with clarification on thinking processes and objectives
- Summarize experience: list positives and teamwork needing changes
- Encourage reflective practice



# Questions for Debriefing

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- ❑ How did that go for you?
- ❑ When did you know what the patient wanted to talk about?
- ❑ I thought I observed some \_\_\_\_\_ (panic) in you was that accurate?
- ❑ Code status should be changed with the MD and the patient and needs documentation where?
- ❑ Can we recognize cues from patients wanting to talk about their code status and help them resolve the issues?
- ❑ Was there evidence of collaboration to solve this patient's code issue with resources available in our hospital?



# Evaluation

Statement		Neutral	Agree	Strongly Agree
The simulations were realistic representations of actual patient care experiences.	<b>Cohort 1</b>	5%	40%	55%
	<b>Cohort 2</b>	3%	21%	74%
I feel comfortable communicating with my team members	<b>Cohort 1</b>	0%	40%	60%
	<b>Cohort 2</b>	6%	29%	62%
My communication with colleagues will be improved because of simulation	<b>Cohort 1</b>	0%	35%	65%
	<b>Cohort 2</b>	6%	26%	65%

# Evaluation

Statement		Neutral	Agree	Strongly Agree
Simulating events was helpful to reinforce how to communicate in SBAR format	<b>Cohort 1</b>		25%	75%
	<b>Cohort 2</b>	3%	15%	79%
Simulating events was helpful in reinforcing how to manage patients at end of life	<b>Cohort 1</b>	5%	35%	60%
	<b>Cohort 2</b>	3%	18%	76%
I feel that this will help me provide a safer level of care for patients	<b>Cohort 1</b>	5%	21%	74%
	<b>Cohort 2</b>	6%	26%	65%



# Evaluation

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- What was most helpful?
  - Non-judgmental learning environment with room for feedback, errors
  - Constructive criticism
  - Feedback and Debriefing after each scenario
  - SBAR reinforcement and practice
  - Clarification of SBAR
  - Encouragement to keep practicing SBAR



# Evaluation

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- What could have been done differently?
  - Second scenario could have been different than the first. Doing the same thing twice isn't challenging to the next group's thinking skills.

# Evaluation: Casey-Fink Graduate Nurse Experience tool

Statement		Disagree	Agree	Strongly Agree
I feel confident communicating with physicians	<b>Cohort 1</b>	3	17	5
	<b>Cohort 2 (Initial)</b>	10	16	4
	<b>Cohort 2 (final)</b>	1	18	8
I am comfortable knowing what to do for a dying patient	<b>Cohort 1</b>	5	13	5
	<b>Cohort 2 (Initial)</b>	17	9	2
	<b>Cohort 2 (final)</b>	7	20	

## Contacts:

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