

## **Sigma's 30th International Nursing Research Congress**

### **Exploring Palliative Care Team Communication: An Interprofessional Simulation Study**

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Background: It is vital for health care providers to have knowledge and competency in palliative care, which focuses on caring for and communicating with patients diagnosed with serious, terminal illnesses. However, many new graduates in health care fields feel uncomfortable and under-prepared to care for patients with life-limiting illnesses, much less provide end-of-life (EOL) care. In order to provide competent care, providers must manage physical, social, psychological, and spiritual needs of patients and families through “person-centered, family-oriented, and evidence-based” care (Institute of Medicine, 2014). It is imperative that health care students be taught critical competencies, such as communication and interprofessional teamwork, so that all patients may receive competent care. Simulations have been shown to be an effective mechanism to teach EOL care, particularly for nursing students.

**Purpose:** The purpose of the study was to evaluate how an interprofessional simulation experience would affect nursing, medical, and social work students’ communication skills when caring for a seriously ill patient and his family.

**Methods:** An interprofessional simulation was created with three phases. Phase One focused on the interprofessional team’s communication with the patient and family members. Phase Two focused on the communication between the team members regarding a sudden change in the patient’s condition. Phase Three focused on family communication during the withdrawal of life-sustaining measures. Each phase included a pre-briefing and debriefing with all students. In each simulation, the team was comprised of nursing (n=7-8) and social work (n=1-2) students, and medical residents (n=1-2). Participants not actively participating in the simulation observed on a live video feed. During the first and third phase of the simulation, participants interacted with actors portraying family members of the patient.

The simulation was conducted throughout three semesters (Fall 2017, Spring 2018, and Fall 2018), and modifications were made each semester in response to student feedback. Modifications included the actor roles (spouse versus child) or the length of the simulation (1.5 hours versus 1 hour).

Following the simulation, trained research assistants viewed video recordings of the simulations. Communication was assessed using the Gap Kalamazoo Communication Skills Assessment Form, which assesses team communication on several attributes from poor to excellent (Peterson, Calhoun, & Rider, 2014). The research assistants independently evaluated the simulations, evaluated communication skills, and discussed discrepancies in evaluations until an agreement was reached.

**Results:** With regard to communication, most simulation teams scored “good” through “excellent” in the categories of sharing information and communicating accurate information. These skills were explored in the pre-briefing and debriefing. Teams varied in their incorporation of empathy, which could be due to variations in team dynamics or actor performance. Longer simulations (1.5 hours) tended to foster more empathy and the provision of closure than shorter simulations (1 hour). Additionally, participants that

had previous experiences with simulations appeared more willing to participate than participants who had not been in a simulation before. The nursing students and medical residents were typically more engaged in the simulation than many of the social work students who lacked previous exposure to simulated learning experiences.

**Conclusion:** The simulation had a positive impact on the interprofessional team's communication skills. In the future, other interprofessional team members that are closely involved with care of seriously ill patients should be included, such as chaplains. Future simulations will incorporate modifications to foster more opportunities to demonstrate empathy or provide closure.

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**Title:**

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**Keywords:**

Palliative care, interprofessional education and simulation

**References:**

American Nurses Association, & Hospice and Palliative Nurses Association. (2014). *Palliative Nursing: Scope and Standards of Practice — An Essential Resource for Hospice and Palliative Nurses*. (C. M. Dahlin & D. J. Sutermaster, Eds.). Silver Spring, MD: Nursingbooks.org.

Ferrell, B., Malloy, P., Mazanec, P., & Virani, R. (2016). CARES: AACN's new competencies and recommendations for educating undergraduate nursing students to improve palliative care. *Journal of Professional Nursing*, 47(6), 252–256.

<https://doi.org/10.1016/j.profnurs.2016.07.002>

Gillan, P. C., van der Riet, P. J., & Jeong, S. (2014). End of life care education, past and present: A review of the literature. *Nurse Education Today*, 34(3), 331–342.

<https://doi.org/10.1016/j.nedt.2013.06.009>

Institute of Medicine. (2014). *Dying in America: Improving quality and honoring individual preferences near the end of life* (Brief). Washington, D.C.: The National Academies Press. Retrieved from /catalog/18748/dying-in-america-improving-quality-and-honoring-individual-preferences-near

Lippe, M., Johnson, B., Mohr, S., & Kraemer, K. (2018). Palliative care educational interventions for pre-licensure healthcare students: An integrative review. *American Journal of Hospice and Palliative Medicine*, 35(9), 1235–1244.

<https://doi.org/10.1177/1049909118754494>

Lippe, M. P., & Carter, P. (2015). End-of-life care teaching strategies in prelicensure nursing education: An integrative review. *Journal of Hospice & Palliative Nursing*, 17(1), 31–39. <https://doi.org/10.1097/NJH.000000000000118>

National Consensus Project for Quality Palliative Care. (2018). *Clinical Practice Guidelines for Quality Palliative Care* (4th ed.). Richmond, VA: National Coalition for Hospice and Palliative Care. Retrieved from <https://www.nationalcoalitionhpc.org/ncp>

Peterson, E. B., Calhoun, A. W., & Rider, E. A. (2014). The reliability of a modified Kalamazoo Consensus Statement Checklist for assessing the communication skills of multidisciplinary clinicians in the simulated environment. *Patient Education and Counseling, 96*(3), 411–418. <https://doi.org/10.1016/j.pec.2014.07.013>

### **Abstract Summary:**

An interprofessional palliative care simulation was conducted with students from medicine, nursing, and social work to develop team communication skills. Team communication was evaluated using

### **Content Outline:**

#### I. Introduction

A. Increased demands to provide palliative care to patients with serious, life-limiting illness (American Nurses Association & Hospice and Palliative Nurses Association, 2014).

B. Need for interprofessional collaboration and communication (National Consensus Project for Quality Palliative Care, 2018).

C. Overview of interprofessional simulations (Gillan, van der Riet, & Jeong, 2014; Lippe, Johnson, Mohr, & Kraemer, 2018; Lippe & Carter, 2015).

#### II. Body

A. Purpose: Impact of interprofessional simulation on team communication.

##### 1. Simulation Design

a) The simulation contained three phases:

b) Some students observed live-video feeds of the simulation while others actively engaged in a specific phase.

c) All students engaged in pre-briefing and debriefing of each phase.

##### 2. Simulation Implementation and Modification

a) Implemented over three semesters

b) Modifications made with each installment

B. Team communication was evaluated using the Gap Kalamazoo Communication Skills Assessment Form (Peterson, Calhoun, & Rider, 2014).

a) Recorded simulations were analyzed by two trained research assistants

C. The interprofessional simulation attained various communication-focused outcomes.

a) Simulation fostered sharing information and communicating accurate information

b) Teams varied in the incorporation of empathy and providing closure

c) Students' past experiences with simulation seemed to influence their participation

#### III. Conclusion

A. Preliminary analysis supports the positive impact of the interprofessional simulation.

B. Implications and future research

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**Author Summary:** Dr. Megan Pfitzinger Lippe has been a registered nurse since 2009, and earned three degrees from the University of Texas at Austin. She has taught nursing students since 2011. Dr. Lippe's research focuses on palliative and end-of-life care education. She also has developed and tested multiple high-fidelity simulations, including a withdrawal of care simulation. Dr. Lippe currently has multiple published works in areas related to end-of-life care education and simulation.

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