

The Feasibility of a Linguistic Pedagogical Approach to Teaching Communication Skills to Advanced Practice Nurses

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Purpose

The primary aim is to examine the feasibility of an innovative, linguistic pedagogical approach to teaching APN communication skills.

A secondary aim is to explore student and faculty perceptions of the effectiveness of linguistic instruction on student communication skills, especially when delivering bad news.

Research Questions

Does CCT instruction improve:

- 1) APN student perceptions of their communication skills
- 2) 2) faculty assessments of student communication skills, as compared to the standard approach.

“Trial Run” – protocol development

- August 2018
- We had 6 participants
- All students received the SPIKES protocol
- Randomized to SPIKES only or the SPIKES and CCT model

Trial Run Post-Survey Results

- Training SPIKES and/ the CCT (all replied useful)
- Those with the additional training (CCT) reported more confidence
- 3 month follow up in (November 2018)
 - All Students felt DBN training was beneficial
 - 3 out of the 6 students had a DBN experience (2 of the 3 had the intervention)
 - We will include qualitative data with next questionnaire

Methods

Research setting:

- USC College of Nursing (CON) Simulation Center.
- Simulation with Standardized Patients using clinical scenario incorporating Delivering Bad News (DBN).
- The intervention will be administered during the APN on-campus immersion experience in their Advance Physical Assessment Course (NURS 704)
- Target date April 22 and 23 2019

Methods cont..

Sample:

Approximately 45 male and female APN students enrolled in NURS 704, Advanced Physical Assessment, as well as 4 to 6 SPs.

Design:

Mixed-methods approach, as integration of quantitative and qualitative data

Student participants were randomly assigned to intervention or control groups for the SP simulation scenario

Focus group with participants in the Study and SPs

Methods cont..

- Coordination with Dr. Shuangyu Li
- King's College London School of Medical Education
- Expert in Conversational Analysis and Linguistic methods in clinical communication

Intervention- On-campus Phase

- ½ receive SPIKES lecture by Dr. Mele
- ½ CCT group received one-hour workshop using conversation analysis techniques
 - Video
 - Transcript analysis

Intervention- Pre-immersion Phase

- SPIKES
- SPIKES and Clinical Communication Training (CCT)

Prior to on-campus immersion:

- All students will watch a video on the SPIKES
- ½ the group will and receive the SPIKES and the CCT completed modules

http://ehealth.kcl.ac.uk/tel/medicine/clinical_analysisv02/01-introduction.html

Intervention- On-campus Phase

- Knowledge
 - Institutional
 - Sociocultural
 - Linguistic
- Analysis:
 - Interactional analysis
 - Discourse analysis
 - Linguistic analysis

Focus Group Discussions

- Students with Training
- Standardized patients
- Faculty evaluating the students (SPIKES check list)

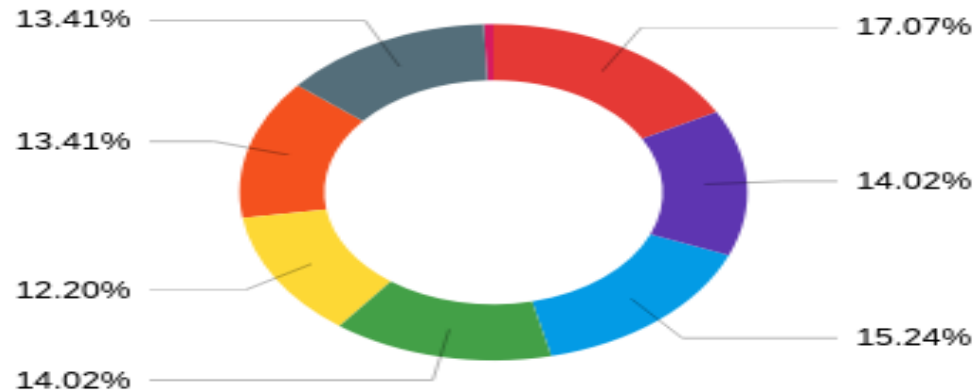
Amendments for the Study

- Amend IRB to allow for full implementation
- Anticipate need to create nursing-specific training modules
- Add qualitative data to final survey

Demographics

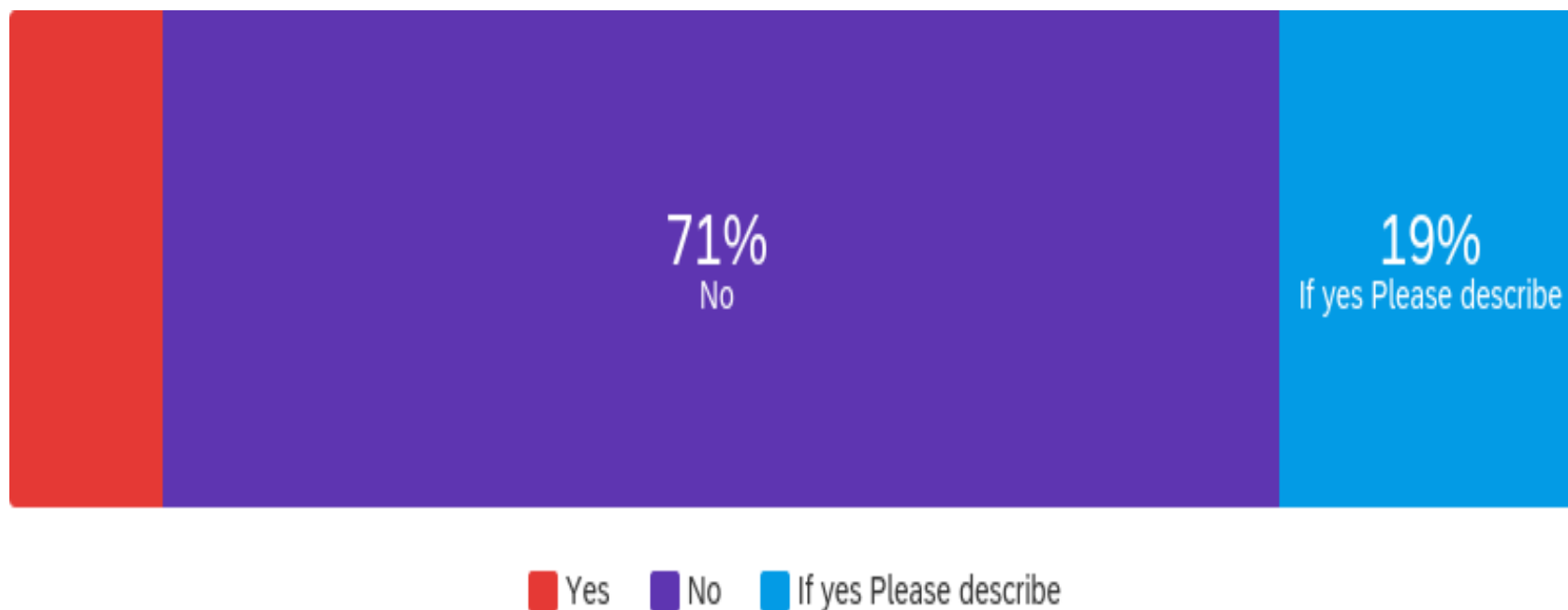
- N= 32 students/76 students
- Majority Traditional BSN.
- Second Accelerated RN-BSN
- Average RN experience years 12.5 years
- Age range 25- 50 yrs old
- Caucasian majority and female population

Pre-Survey



- Learn how to communicate with patients/families better (i.e. tips and suggestion)
- List the do's and don'ts of communicating with patients
- Identify the correct words to use when communicating with patients/families
- Practice appropriate responses when communicating with patients and/or families
- Learn more about how APNs can help patients/families during an emotional time
- Identify ways to incorporate patients/families more effectively in their patient plan of care
- Recognize what APNs can do to more effectively practice patient/family-centered care
- Other: (please describe)

Have you had any form of communication training that you believe has prepared you for emotion-focused or DBN conversations with patients/families?



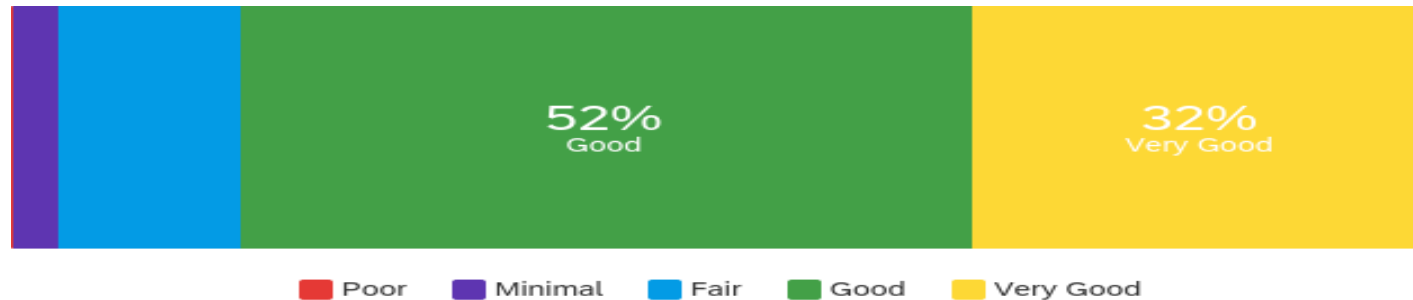
What training did you receive at the On-campus Immersion?

24%
CCT and SPIKES

76%
SPIKES ONLY

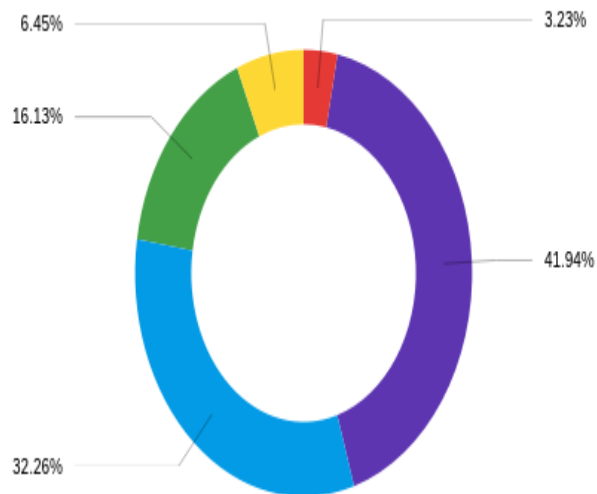
■ CCT and SPIKES ■ SPIKES ONLY

How would you assess your own ability to develop and maintain relationships with patients and/or families?

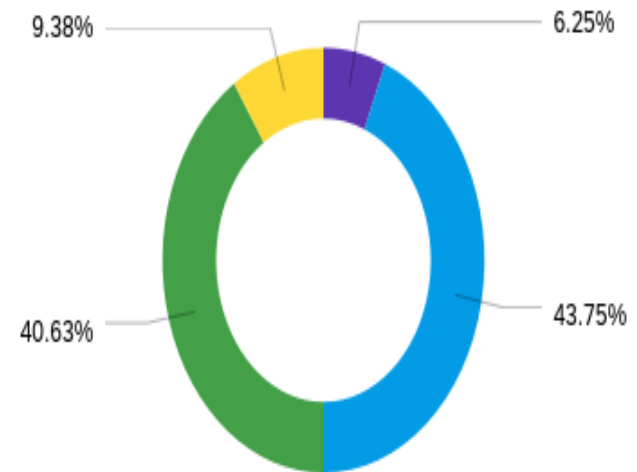


In general, how prepared do you now consider yourself to be to have emotion-focused or DBN conversations with patients/families?

Pre -Education

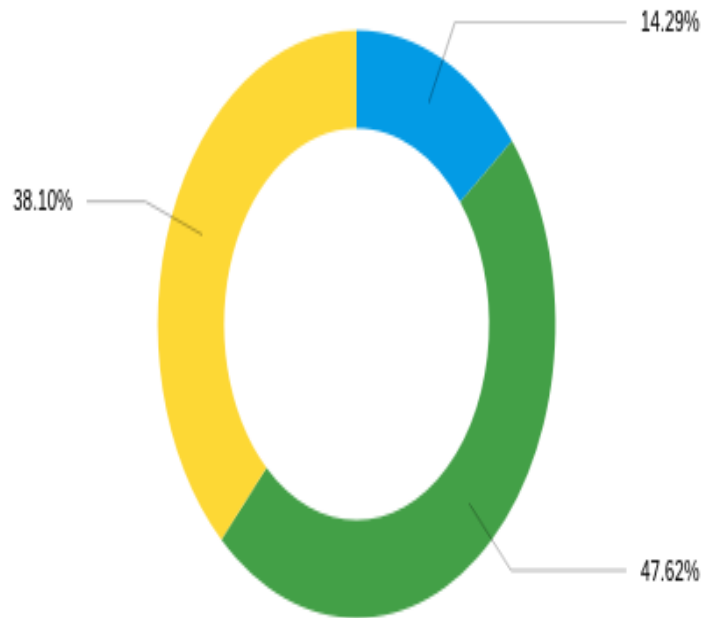


Post Education

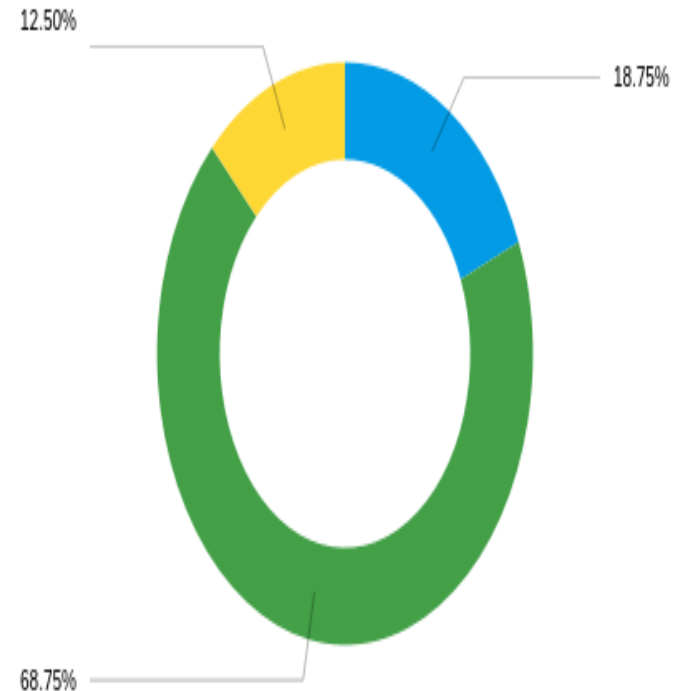


How would you now assess your own communication skills in having emotion-focused or DBN conversations with patients/families?

Pre- Education



Post Education

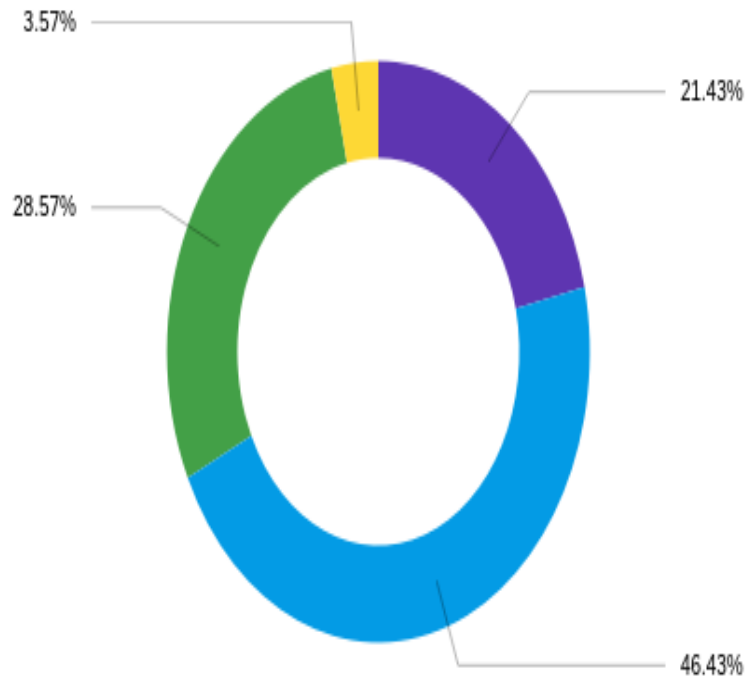


Poor Minimal Fair Good Very Good

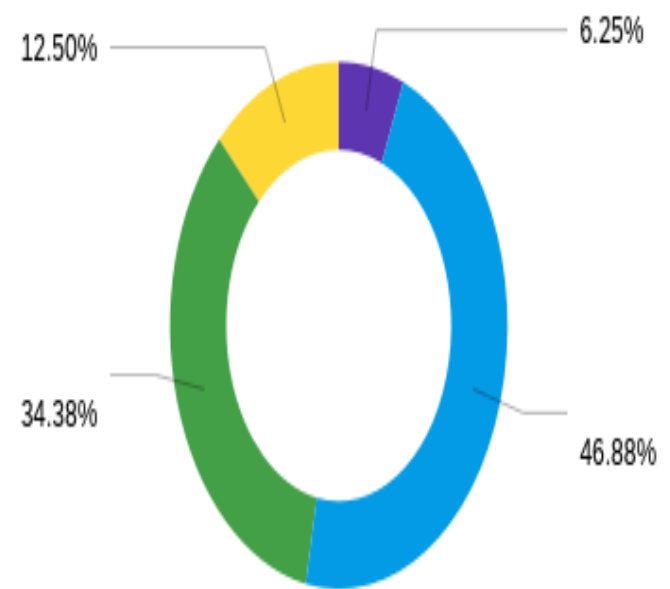
Poor Minimal Fair Good Very Good

In general, how confident are you now when having emotion-focused or DBN conversations with patients and /or families?

Pre- Education



Post Education

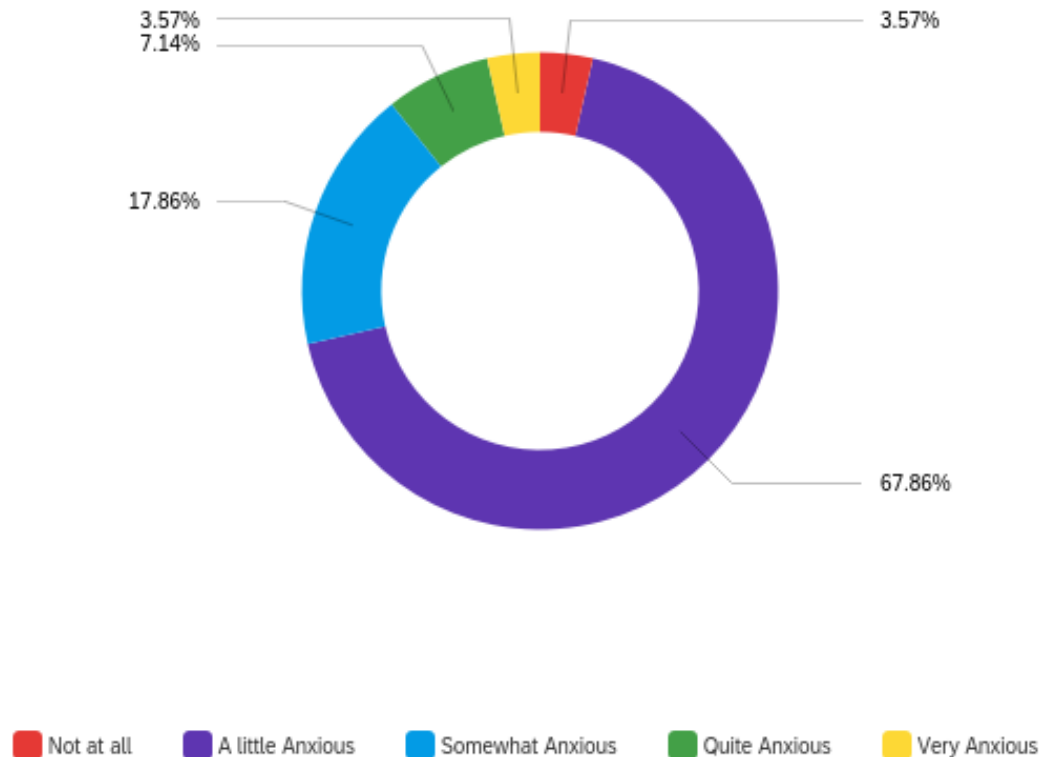


Not at all A little Somewhat Quite confident Very confident

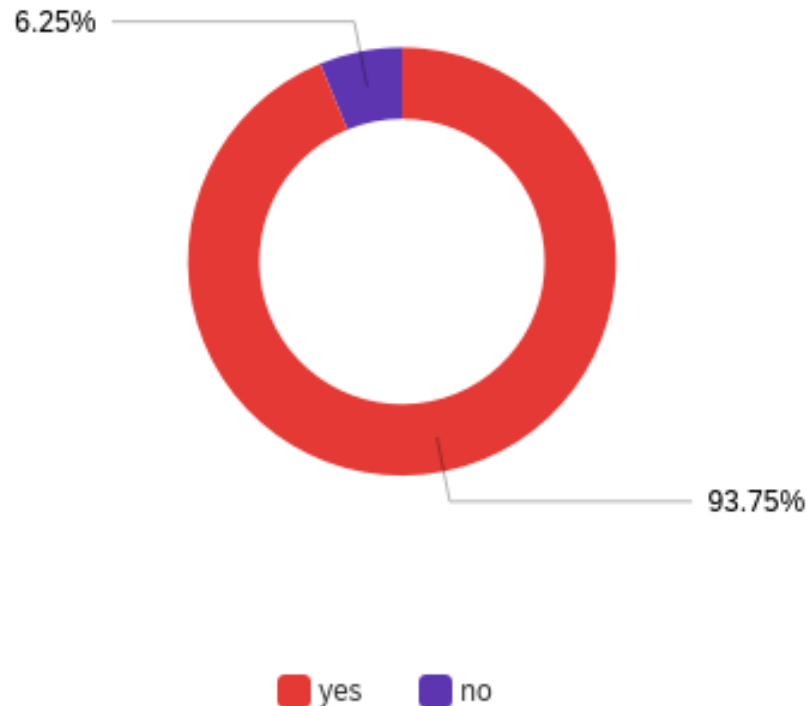
Not at all confident A little confident Somewhat confident Quite confident

Very confident

Do you find yourself anxious about having emotion-focused or DBN conversations with patients and /or families? (Pre- education)



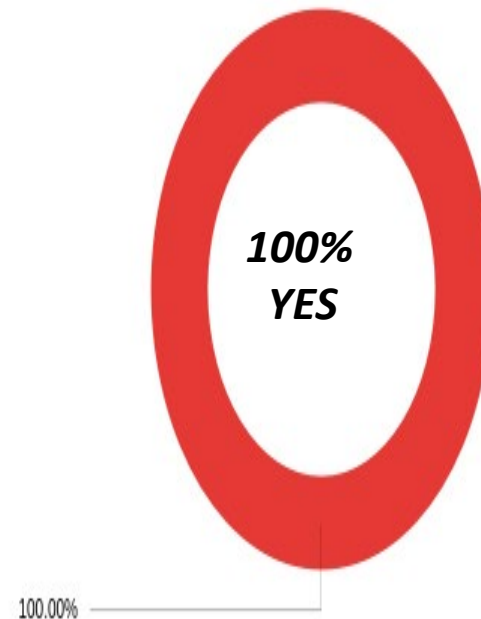
Has the training program reduced your sense of anxiety when engaging in emotion- focused or DBN conversations with patients/and families? (Post education)



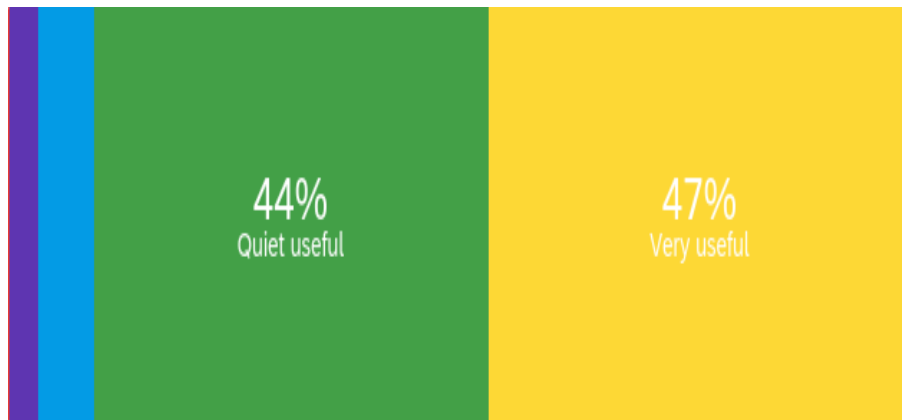
Post Survey Immediately

1. Has the training program improved your sense of preparation to engage in emotion- focused conversations with patients and /or families?
2. - Has the training program improved your communication skills to engage in emotion- focused or DBN conversations with patients/families?

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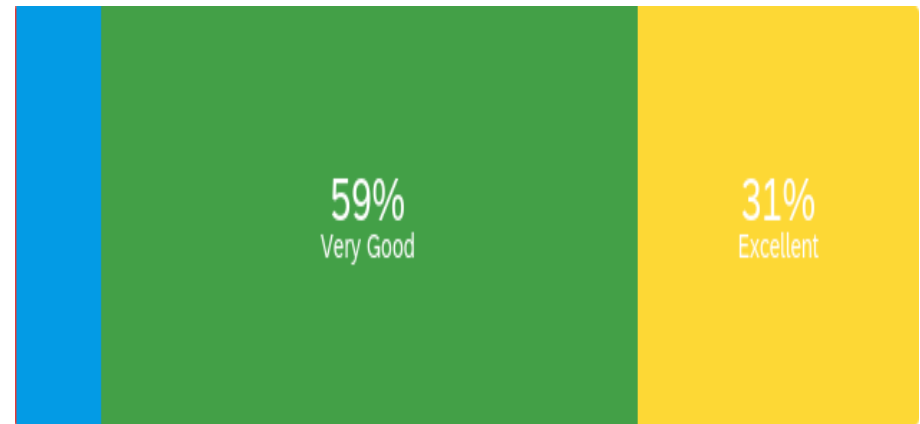


Overall, how useful did you find the training program?



Not at all useful A little useful Somewhat useful Quiet useful Very useful

Overall, how training program? would you rank the quality of the



Poor Fair Good Very Good Excellent

Comments Good Bad and Ugly

- *“Dr Estrada CCT specific ways to improve communication “*
- *“SPIKES protocol and video examples.”*
- *“ Ability to practice in simulation”*
- *“CCT modules at Kingston University London confusing and wish Dr Estrada developed her own”*

3 months post survey

- N 5/76
- 3 CCT Training and SPIKES/ 2 SPIKES only
- Little anxious with DBN
- 100% Training reduced anxiety
- Majority More confident in the ability
- 5/11 had a DBN conversation
- 4 of the used the training

3- month post survey

- PEARLS they learned 3 months post :
- “ *how address patients' emotions*”
- “ *allow patients to process the information given and conscious of the conversation .*”
- “ being honest”

Focus Groups with Clinical Adjunct Faculty

- “ Felt students were nervous”
- “ Used some of the skills presented in SPIKE protocol”
- “Important skill to practice.”
- “Empathetic”
- “Overall students performed well”

Focus Group with Standardized Patients

- “Empathetic”
- “Really cared and listened to their concerns.”
- “Sat down, prepared them for bad news.”
- “ Explained in simple terms for them to understand”
- “Needed training for Health professionals”

Conclusion

- The majority of the students valued the didactic and simulation training provided in the curriculum and gained proficiency in completing the task.
- There was no significant difference in student's perception with the additional CCT training.
- However, the DBN training for APN students was beneficial especially with their patient encounters with subsequent clinical courses.

Limitations

- Did not know if the addition of the CCT improved communication
- Post survey 3 months poor response- does the education impact future encounter
- No debriefing with the students after encounter- could have given insight

Implications

- Communication is a competency and should be included in APN training
- Combining a didactic and opportunities for application via simulation avenue is beneficial
- Where in the curriculum or threaded throughout the curriculum?
- Include other difficult conversations such as medical error, death etc....
- Interdisciplinary training with communication scenarios

References

- Bowyer, M., Hanson, J. E. A. Pimental, EA. Flanagan, AK. Rawn, LM., Rizzo, AG et al. (2010). Teaching, breaking bad news using mixed reality simulation. *Journal of Surgical Residency*, 159(1), 462-467. doi: 10.1016/j.jss.2009.04.032
- Buckman, RA., (2005). Breaking bad news: the S-P-I-K-E-S strategy. *Community Oncology*, 2(2), 138-142.
- Crawford D1, Corkin D, Coad J, & Hollis R. (2013). Educating children's nurses for communicating bad news. *Nursing of Children and Young People*, 25 (8), 28-33. doi: 10.7748/ncyp2013.10.25.8.28. e365.
- Dahm MR, Yates L, Ogden K, Rooney K, Sheldon B. 2015. Enhancing international medical graduates' communication: the contribution of applied linguistics. *Medical Education*.49, 828-837. <http://dx.doi.org/10.1111/medu.12776>.
- Estrada, R. D., Reynolds, J., & Messias, D. K. M. (2015). A conversation analysis of verbal interactions and social processes in interpreter-mediated primary care encounters. *Research in Nursing and Health*.
-
- Fisher, M., Broome, M., Friesth, M., Magee, T., & Frankel, R. (2014). The effectiveness of a brief intervention for emotion-focused nurse–parent - communication. *Parent Education and Counseling*, 96, 72-78. doi: 10.1016/j.pec.2014.04.004
- Li S, Said F, O'Neill B, Ancarno C, & Niksic M. (2016). Using linguistic methods in clinical communication education. *MedEdPublish* <http://dx.doi.org/10.15694/mep.2016.000119>
- Meyer, EC., Sellers, DE., Browning, DM., McGuffie, K., Solomon,MZ., & Truo, R. (2009). Difficult conversations: Improving communication skills and relational abilities in health care. *Pediatric Critical Care Medicine*. 10(3), 352-359. doi: 10.1097/PCC.0b013e3181a3183a.
- Mishelmovich, N. Arber, A & Odelius, A. (2016). Breaking significant news: The experience of clinical nurse specialists in cancer and palliative care. *European Journal of Oncology Nursing*, 21, 153e159. doi.org/10.1016/j.ejon.2015.09.006.
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References

- Monden, KR., Gentry, L., & Cox, TR. (2016). Delivering bad news to patients *Baylor University Medical Center Proceedings*, 29(1): 101–102.
- National Organization of Nurse Practitioner Faculties (NONPF) (2012), Nurse practitioners core competencies. Retrieved from: <http://www.nonpf.org/page=14>.
-
- Park, I. Gupta, A., Mandani, K., Haubner, L., & Peckler, B. (2010). Breaking bad news education for emergency medicine residents: A novel training module using simulation with the SPIKES protocol. *Journal of Emergency & Trauma Shock*, 3(4): 385–388. doi: 10.4103/0974-2700.70760.
- Peterson, EB. Porter, MB, & Calhoun, A. (2012) A Simulation-Based Curriculum To Address Relational Crises in Medicine. *Journal of Graduate Medical Education*, 4, (3), 351-356. doi: 10.4300/JGME-D-11-00204.
- Rosenzweig, MQ (2012) Breaking bad news: a guide for effective and empathetic communication. *Nurse Practitioner*, 12;37(2):1-4. doi: 10.1097/01.NPR.0000408626.24599.9e.
- Rutherford- Hemming, T. & Jennrich, J. (2013). Using standardized patients to strengthen nurse practitioner competency in the clinical setting. *Nursing Education Perspectives*, 44 (2), 118-122.
- Tobler, K. Grant, E., & Marczinski, C. (2014). Evaluation of the Impact of a Simulation-enhanced Breaking Bad News Workshop in Pediatrics. *Society for Simulation in Healthcare*, 9, (4), 214-217. doi: 10.3928/01484834-20140107-01.
-
- Watson, M., & Lucas, C., 2010. European Certificate in Essential Palliative Care, ninth ed. The Princess Alice Hospice, Esher, UK. 