Patterns of Communicating with High Fidelity Patient Simulators

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Background

• Simulation based on premise of experiential learning

• Scenarios mostly medical-surgical
  – Focus: problem solving, psychomotor skills

• Communication
  – Focus: inter- or intra-professional aspects
• High-fidelity simulation- promoting empathetic and caring responses
  – Blum, Hickman, Parcells, & Locin, 2010
  – McMillan & Davidson, 2011
  – Panosky & Diaz, 2010

• Increased confidence / competence in communication skills
  – Bambini, Washburn, & Perkins, 2009
  – Kameg, Clochesy, Mitchell, & Suresky, 2010
  – Sleeper & Thompson, 2008
Research Question

What are the observed patterns of communication, used by students, in a high-fidelity medical-surgical simulation?
Scenario

• 64-year old; burns from house fire
• Emergency room / Day 2 settings
• Medical issues during scenario
  – Pain control
  – Oxygenation
  – Fluid resuscitation / Fluid overload
  – Compartment syndrome
• Pre-simulation preparation
Methods

• IRB, student consent for video-recording
• Review by both researchers
• Verbatim transcription salient interactions
• Thematic analysis
  – “Start list”
  – Iterative process – revisions / additions
  – Emerging categories & patterns
Sample

- Convenience sample
- $N = 71$ senior nursing students
- 2-4 students in each scenario (average = 3)
- 25 recordings – 20 minute simulation
Patterns

Focusing on Tasks

Communicating-in-action

Being therapeutic
Focusing on Tasks

Missing opportunities

P: “I feel so stupid...what I did at home...so stupid.”
S: “Accidents happen...you can’t blame yourself.”

P: Oh, why does it hurt so much?
(Busy taking blood pressure and looking at computer)

P: “Are the burns bad? Why do they hurt so much.”
(No response. Working monitor and oxygen)
P: “It’s just really scary that anything that touches my skin really, really hurts.”
S: Okay...ahh...I understand.”
Focusing on Tasks

Viewing the “small picture”

P: “I feel like I’m going to die”
    No reply--Students busy with assessing lungs, giving medication.
P: “What’s going on?”
S: “Well we’ve been giving you a lot of fluids, maybe we gave you too many.”
Communicating-in-Action

Relying on informing

P: “It hurts...how bad...what do they [the burns] look like...how bad is it?”
S: “You have full thickness burns on your arm, and some blistering areas on your chest and face. These are the ones giving you the pain.”
Communicating-in-Action

Speaking in “medical tongues”

P: “Oh, all of those alarms...is everything okay?”
S: “Your oxygen saturation is better. That’s what we were hoping for.”

S: “We’re going to give you a bolus of fluid.”
Communicating-in-Action

Offering choices...okay?

S: “We’re just going to put the blood pressure here so we can monitor you better...okay?”

S: ”We’re going to give you some medicine to take some fluid off your lungs...okay?”
Being Therapeutic

Feeling uncomfortable

P: “It’s scary...”
S: “Yeah, your husband will be here soon.”

S: “Has anyone been in to visit you?”
P: “Yes, my husband has been here most of the time.”
S: “Okay.”
P: “I don’t really want my kids to come yet.”
S: “Yeah...”
Being Therapeutic

Using therapeutic techniques

S: “I’m going to be right here. You can squeeze my hand if you need to.”

P: “I hope you’re going to have time to wash my hair soon. It smells smoky to me.”

S: “It smells smoky...?”

P: “I was making lunch for him when it happened. It was so stupid.”

S: “It must have been scary for you....”
Discussion

• Acknowledge novice status of students
  – Less “wholistic view”
  – Lower ability to “put it all together”

• Lack of comfort in situations of patient distress
  – Missed opportunities to explore feelings
  – Reliance on informing
  – Feeling like answer needed for every question
  – Discomfort with silence
• Complexity of scenario may limit opportunities for therapeutic communication

• Importance of communication skills suggests need for more time for “safe” practice
Limitations

• Spontaneous interaction by “live” simulation operator varied

• Inability to simulate non-verbal

• Performance anxiety
Conclusion / Recommendations

• Integrate communication aspects into all scenarios and debriefings
  – May involve shift in thinking for faculty
  – Use task trainers / skills blitzes for psychomotor skills and task proficiency

• Consider designing specific scenarios where communication skills are priority
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