USE OF COLLABORATIVE REFLECTIVE TEAMS FOR PRACTICE: DISCUSSING SEXUAL ISSUES WITH PATIENTS

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ABSTRACT

Few nursing education forums offer reflective, experiential opportunities in which to learn specialized communication competencies. Collaborative Reflective Training (CRT) offers a non-threatening forum to practice these skills in simulation. An interdisciplinary team affirms observed strengths and offers reflections, speculations, and commentary about the interpersonal dynamics observed during the simulation. Learners have the opportunity to discuss the impact and relevance of these multiple perspectives on their growing skill base. This method widens the range of acceptable approaches to these communication skills which are largely determined by professional development and personal interactive styles of nursing students. Evaluations from pilot CRT simulation discussing bad news and discussing sexual side effects of illness demonstrated a decrease in anxiety, increase in confidence and an improved language repertoire when holding similar sensitive conversations with patients.

1 The simulation is conducted. Nursing students approach a post-hemicolectomy “patient” to practice applying the PLISSIT model of sexual assessment at James Madison University (left) (Meyer-Ruppel, A. 1999, Journal of Gynecological Oncologic Nursing, 9(2), 29-31). A reflecting team at Loma Linda University observes a simulation through a one-way mirror. The reflecting team records (a) strengths, (b) curiosity, (c) speculations, and (d) their personal response to the interactions in the simulation.

2 Reflecting team members at James Madison University (above left) share their observations while nursing students (middle) listen in without responding. A reflecting team at Loma Linda University (right) discusses the emotional impact of a simulation. The reflecting team may be sequestered behind a one-way mirror in a “protected listening space” or seated away from the simulation learners. Reflections are directed to each other and not to the student learners.

3 Learners debrief and discuss the reflections, observations and relevant perspectives of the reflecting team, while the reflecting team listens. Loma Linda University emergency department staff discuss the emotional impact of the simulation (above).

4 Content expert discusses necessary skills for successful interaction with patients around end of life concerns. Information is offered using “I” statements via personal narratives to enhance ability of students to note specific skills that are needed with minimum defensiveness.

5 The learning group and reflection team debriefs as a whole. Each individual identifies learning points based on both simulation and content expert remarks, and indicate how they plan to incorporate these into future clinical practice.

This method was developed for residents to learn how to deliver death notices and has been adapted for nursing education. The reflecting team’s practice of musing, speculating, and affirming strengths is non-evaluative in nature and thus, diminishes defensiveness, protects personal vulnerability of learners, and encourages introspection regarding student attitudes, feelings, and behaviors. Multiple perspectives offered by the reflecting team validates learner strengths and provides multiple lenses for understanding patient experience during sensitive conversations.