Developing and Testing of the Global Interprofessional Therapeutic Communication Scale (GITCS©)

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BACKGROUND

➢ Simulation is a valuable tool to educate, assess, and evaluate effective communication.
➢ Creation, evaluation, & testing of instruments for assessment can be done using simulation.
➢ Communication is a key component:
  ▶ For safe, effective health care delivery.
  ▶ Communication has the potential to enhance patients’ experiences in the health care system.
  ▶ It empowers patients to be active partners in the process, as well as impacting patient outcomes.
➢ Researchers have identified a connection between miscommunication and adverse events/errors in clinical practice, that can affect the quality of care (Fay-Hillier, Regan, & Gallagher Gordon, 2012).
➢ In order to minimize miscommunication, a variety of strategies and tools have been utilized to measure and assess health communication between practitioners, patients, and families.
➢ The Global Interprofessional Therapeutic Communication Scale (GITCS©) was developed for health educators to facilitate formative and summative evaluation of students’ communication skills in simulated and clinical settings.

PURPOSE

To describe the development and initial reliability/validity testing of the GITCS©

METHOD

GITCS© developed: modified Delphi technique: expert panel of 16 nurse and allied health simulation educators. GITCS© rating sheet, operational definitions and examples were provided online. Experts rated communication skills of the nurse in three professionally-produced videos that depicted good, bad and “mixed” therapeutic communication. The revised 43 item instrument was tested with 887 crowd-source viewers 1/3 to each video. Ten experts assessed all 3 videos for intra-class correlations (ICC).

RESULTS

Initial item generation included those related to active listening, empathy, empowerment, verbal and non-verbal communication, rapport and trust building, barriers, and cultural boundaries. The two rounds of expert reviews pared the scale to 43 items, identifying 4 corresponding constructs: education, empathy, power sharing and rapport/trust building. Confirmatory factor analyses (CFA) indicated that a second-order factor model of general Therapeutic Relationship containing three sub-factors (Empathy, Trust and Rapport, and Power Sharing) provided a good fit to the data [Chi-square (776 DF) = 2798.978, p<.01; RMSEA = 0.054 (90% CI: 0.052-0.056); CFI = 0.913; SRMR = 0.048]. Cronbach’s Alpha for the GITCS scale was excellent (0.95). **

Concepts, expert panel ICCs and CFA results were used to trim items for a scale for the next phase of international and interprofessional testing. **(Special thanks to Dr. Chris G. Richardson for assistance with the analysis).

CONCLUSION

CFA provided a second order-factor model of Therapeutic Relationship containing three sub-factors with a strong Cronbach’s Alpha (0.95). Testing GITCS© with an anonymous group of crowd-sourcers using an online portal provided initial data on the reliability and validity of the scale to allow item trimming for ongoing testing. Input from expert panels in the development and testing of the scale as well as crowd-source reviewers point to its being easy to use and relevant for education.

REFERENCES