

Title:

Using Storytelling to Teach SBAR as a Crucial Conversation Skill to Improve Patient Safety

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Session Title:

Enhancing Education Through Storytelling

Slot:

P 09: Sunday, 30 July 2017: 2:30 PM-3:15 PM

Scheduled Time:

2:50 PM

Keywords:

Crucial communication, ISBAR and Story

References:

Atherton, J. S. (2013). Learning and Teaching: Stories Tales and Myths in Teaching (online: UK) retrieved 1 March 2016 from <http://www.learningandteaching.info/teaching/narrative.htm>

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D. T., & Warren, J. (2007). Quality and Safety Education for Nurses. *Nursing Outlook*, 55(3), 122-131.

Foronda, C. L., Alhusen, J., Budhathoki, C., Lamb, M., Tinsley, K., MacWilliams, B., Daniels, J., Baptiste, D. L., Reese, K. K., & Bauman, E. (2015). A mixed-methods, international, multisite study to develop and validate a measure of nurse-to-physician communication in simulation. *Nursing Education Perspectives*, 36(6), 383-388. doi: 10.5480/15-1644

Foronda, C. & Bauman, E. (unpublished). *ISBAR Interprofessional Communication Rubric*. Unpublished rubric.

Institute of Medicine (2003, April). *Health professions education: A bridge to quality*. Retrieved from <http://www.iom.edu/Reports/2003/health-professions-education-a-bridge-to-quality.aspx>

Ironside, P., & Cerbie, E. (2012). Narrative teaching strategies to foster quality and safety. In G. Sherwood & J. Barnsteiner (Eds.), *Quality and safety in nursing: A competency approach to improving outcomes*. Hoboken, NJ: Wiley-Blackwell.

Abstract Summary:

Health professionals must use critical language in communicating across the healthcare team to improve outcomes. This session will report learner outcomes from developing ISBAR communication from a clinical story to simulate a real-time communication with another provider, assess their effectiveness using a rubric, and complete a short survey.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
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Describe innovative online learning activity to teach crucial communication using ISBAR derived from a clinical story.	Crucial communication role in patient safety outcomes. Describe ISBAR as a standardized communication device. Link to QSEN competencies for teamwork and collaboration. Describe method used for the project, sample, setting, data collection, data analysis, and outcomes.
Analyze outcomes to develop recommendations for both academic and clinical educators for effective, efficient online skill development	Discuss project outcomes, challenges. Describe benefits of online skill development. Link to deliberate practice. Recommendations for application for efficient and effective skill development with high learner satisfaction.

Abstract Text:

Purpose:

The Quality and Safety Education for Nurses (QSEN) project (Cronenwett et al., 2007) has defined six competencies 1) patient-centered care, 2) teamwork and collaboration, 3) evidence-based practice, 4) quality improvement, 5) safety, and 6) informatics to have collaborative ready practitioners. Effective team communication is an essential attribute of the teamwork and collaboration competency to coordinate care amidst the complexity of care environments, yet most health care curricula fail to provide effective teaching strategies. In part this is because we have insufficient evidence as to what and how to teach these competencies to promote safe quality care (Cronenwett et al., 2007).

Story, as narrative pedagogy, is reported as a powerful change agent in developing a new mindset for healthcare quality and safety. Narrative pedagogy applies experiential learning theory in helping learners work within concrete situations (story) to apply what they know from previous situations and providing a context for applying new knowledge. Knowing how to speak up is a critical communication skill. The study evaluated use of a story based education intervention to help learners know how to observe, identify and analyze practice situations for gaps in care, and then compose a standardized communication to another health professional using I-SBAR (Foronda et al., 2015). The aims of the study were to better understand the use of story in teaching effective crucial communication about a critical event using I-SBAR from the learner's perspective, assess effective team communication about a critical event using I-SBAR, and examine the link between team communications using I-SBAR and previous work experience. Participants were recruited from students enrolled in a Health Services Improvement course in a school of nursing.

Methods:

The study was determined exempt following IRB review. Participants in a senior level Health Services Improvement Practicum watched a 15 minute video theory burst on crucial team communication, had a brief review of I-SBAR (Identity-Situation, Background, Assessment, Recommendation) (Foronda et al, 2015), listened to a 4 minute recorded story from the StoryCare® online collection of a critical clinical incident requiring physician communication, and completed a three part online exercise: 1) composed an I-SBAR communication to another team member, 2) completed an online self-assessment 15-item checklist to rate how well their I-SBAR met stated criteria, 3) completed four reflective questions using a Likert scale about story as an instructional strategy and four demographic questions. Data analysis was done by descriptive statistics.

Results:

Participants (N=43) self-assessed their own I-SBAR with the 15 items. Four items were correctly completed by all participants: caller identity, reason for the call, patient interventions, and potential reason for patient current condition. The four lowest scored items (less than 30% of participants correctly included) were admission date, vital signs, level of consciousness, and repeat back physician orders/responses. On the Likert survey, 85% of participants rated the use of story as satisfactory/very satisfactory, reported they would be able to apply the concepts of crucial conversation to respond to other professionals, they could transfer the I-SBAR skill to other situations, and rated use of story as an effective teaching strategy compared to other methods. Participants' health related work experience ranged from 0 – 12 years but did not have a statistically significant link to their I-SBAR scores.

Conclusion:

Much attention has been given over the past decade to the demand to improve quality and safety outcomes in health care. Communication is a leading cause of health care errors that contribute to adverse events. Education is a key strategy increase awareness, knowledge, and skills of health care providers to improve patient outcomes. By examining the results of this study, we can begin to develop more strategic learning activities to prepare learners for the dynamics of real world practice in a low stakes learning environment. This study also offers an efficient and effective online approach for teaching skills.