

Enhancing Communication Skills With High-Fidelity Patient Simulation

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Objectives

- **Examine the use of high-fidelity patient simulation in teaching effective communication with patients, families, peers, and colleagues.**
- **Explore the elements of Duldt's Humanistic Nursing Communication Theory and the Nursing Communication Observation Tool.**
- **Share the findings of recent simulation sessions during which the tool was used.**



Communication in the Clinical Setting

- **What is communication?**
 - **Process**
 - **Exchange of ideas or thoughts**
 - **Basic component of human relationships**



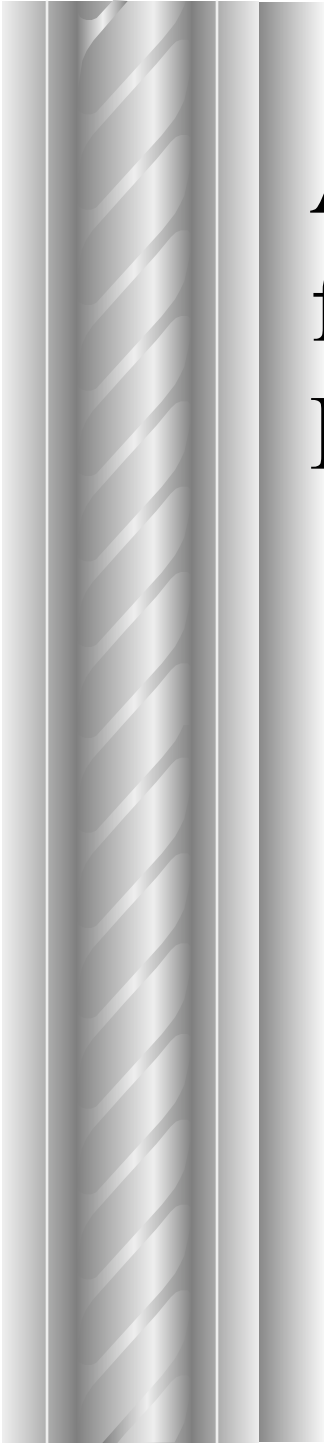
Communication in the Clinical Setting

- **Why do we communicate?**
 - **Collect data**
 - **Convey feelings**
 - **Initiate change**
 - **Prevent legal problems**



Communication in the Clinical Setting

- **How do we communicate?**
 - **Words**
 - **Gestures**
 - **Facial expression**
 - **Proximity**



AACN Communication Standard for Establishing and Sustaining Healthy Work Environments

Standard: Skilled Communication

**Nurses must be as proficient in
communication skills as they are in
clinical skills.**



Observations of Nursing Instructors

- **Student nurses are hesitant to...**
 - **identify themselves**
 - **face the patient**
 - **make eye contact**
 - **use touch**
 - **allow silence**
 - **allow patient a choice**



Education Venue

- **Patient Simulation Lab**
 - **Opened 8/2007**
 - **METI Adult ECS, Peds ECS, BabySim**
 - **PNCI**
- **PSON commitment to simulation**
 - **ASN, BSN, ABSN, MSN**
 - **At least 1 scenario or 1 day per nursing course**
 - **Open lab practice with Vital Sim**



Theoretical Framework

- **Humanistic Nursing Communication Theory**
 - 1985
 - Dr. Bonnie W. Duldt (aka B. W. Battey)
 - Introduce communication and human relations into nursing
 - Focus on interaction between nurses, patients, peers, colleagues
- **Nursing Communication Observation Tool**
 - Collect data on interpersonal communication in small groups
 - Fact or Feeling?
 - Humanizing or Dehumanizing?



Pre-Presentation Assessment

- **Communication observer**
 - Nurse educator
 - Simulation experience
- **Adapted NCOT**
 - Author's permission
- **Student Nurses**
 - 4 to 5 per group
 - ASN, BSN students
 - High-fidelity patient simulation scenario
 - No education video prior to scenario

DULDT'S HUMANISTIC NURSING COMMUNICATION OBSERVATION TOOL

Course #:

Scenario:

Date:

NCOT (adapted)

MESSAGES	1	2	3	4	5
HUMANIZING FEELINGS					
1. COMMUNING: trustful, dialogue, praises, encourages, supportive, intimate, gentle touch, eye contact					
2. SHOWS TENSION RELEASE: equality, warm voice tone, coping, responsible, faces speaker, open posture, use of humor, frequent eye contact.					
3. AGREES: empathetic, warm, compliant, authentic, understanding, positive regard, smiles, nods, ignores inappropriate behaviors, accepting.					
HUMANIZING FACTS					
4. SUGGESTIONS, MADE OR REQUESTED: caring, initiates communication, coaches, makes requests calmly, allows choice.					
5. OPINIONS, GIVEN OR REQUESTED: authentic, self-discloses, uses appropriate names, confronting, positive, sincere feedback.					
6. INFORMATION, GIVEN OR REQUESTED: choice, clear directions, progress, individualizes, performs procedures with explanations, provides facts.					
DEHUMANIZING FACTS					
7. INFORMATION, GIVEN OR DEMANDED: directions, questions, demands, commands, categorizes, role-playing, performs procedures without explanations.					
8. OPINIONS, GIVEN OR DEMANDED OR WITHHELD: unauthentic self-disclosures, verbal outbursts, name-calling, commands, telling off, manipulates, negative feedback.					
9. SUGGESTIONS, MADE OR DEMANDED: careless, abusive language, belittles, ridicules, questions, tolerates, hits, kicks, carries out requests without speaking, gives directions.					
DEHUMANIZING FEELINGS					
10. DISAGREES: tolerance, disregard, cold, rejecting, noncompliant, critical, withholds support, judgmental					
11. SHOWS TENSION: degradation, cold voice, helplessness, anger, turns away from speaker, closed posture, pain, struggle, limited eye contact.					
12. ALIENATION, SEPARATION: distrustful, monologue, makes excuses, demanding, defensive, withdraws, isolating, avoids touching					

Student Self-evaluation

MESSAGES

1. I was trustful and supportive. I was encouraging. I used a gentle touch and made eye contact.	
2. I used a warm voice. I faced the person I was speaking to, used humor, frequent eye contact and an open posture.	
3. Used smiles and nods to show I understood. I was accepting and paid no attention to unpleasant behavior.	
4. I was caring, initiated communication allowed choices, and made requests calmly.	
5. I called individuals by appropriate names. I gave positive and sincere feedback.	
6. I gave clear instructions. Explained what I was doing. Gave individuals choice when appropriate.	
7. I did not explain what was happening. I did not share facts with individuals. I told individual what to do.	
8. I did not demonstrate a positive manner.	
9. I did not pay attention to what I said. I told individual what to do without explaining. I did what was asked without speaking.	
10. I did not support individual. I was critical.	
11. I used closed posture. I turned away from the individual. I got upset. I felt helpless.	
12. I did not use touch. I made excuses. I was not trustful. I talked without waiting for a response. I felt defensive.	

Notes:



Education Video Presentation

- **PowerPoint with audio**
 - **Approximately 10 minutes**
 - **Duldt's theory application**
 - **Copy of slides available**
 - **Viewed by students after pre-conference and immediately before simulation experience**

Enhancing Communication with Simulation



Importance of Communication

- November 1999
 - Institute of Medicine (IOM) released “To Err is Human: Building a Safer Health System”
 - Startling facts revealed in report
 - 44,000 upwards to 98,000 people die as a result of PREVENTABLE medical errors
 - Cost of medical errors: \$17 - \$29 BILLION each year
 - High percentage of loss of trust for medical system by public
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
 - 60% of medication errors are caused by mistakes in communication
 - Communication shortfalls are a major contributor to errors

L. Kohn, J. Corrigan, M. Donaldson, eds., *To Err is Human: Building a Safer Health System* (Washington, DC: National Academy Press, 2000).

Joint Commission on Accreditation of Healthcare Organizations, *Root Causes of Medication Errors 1995-2003*. <http://www.jcaho.org/accredited+organizations/ambulatory+care/sentinel+events/rc+of+medication+errors.htm>





Post-Presentation Assessment

- **Communication observer**
 - Nurse educator
 - Simulation experience
- **Adapted NCOT**
 - Author's permission
- **Student Nurses**
 - 4 to 5 per group
 - ASN, BSN students
 - High-fidelity patient simulation scenario

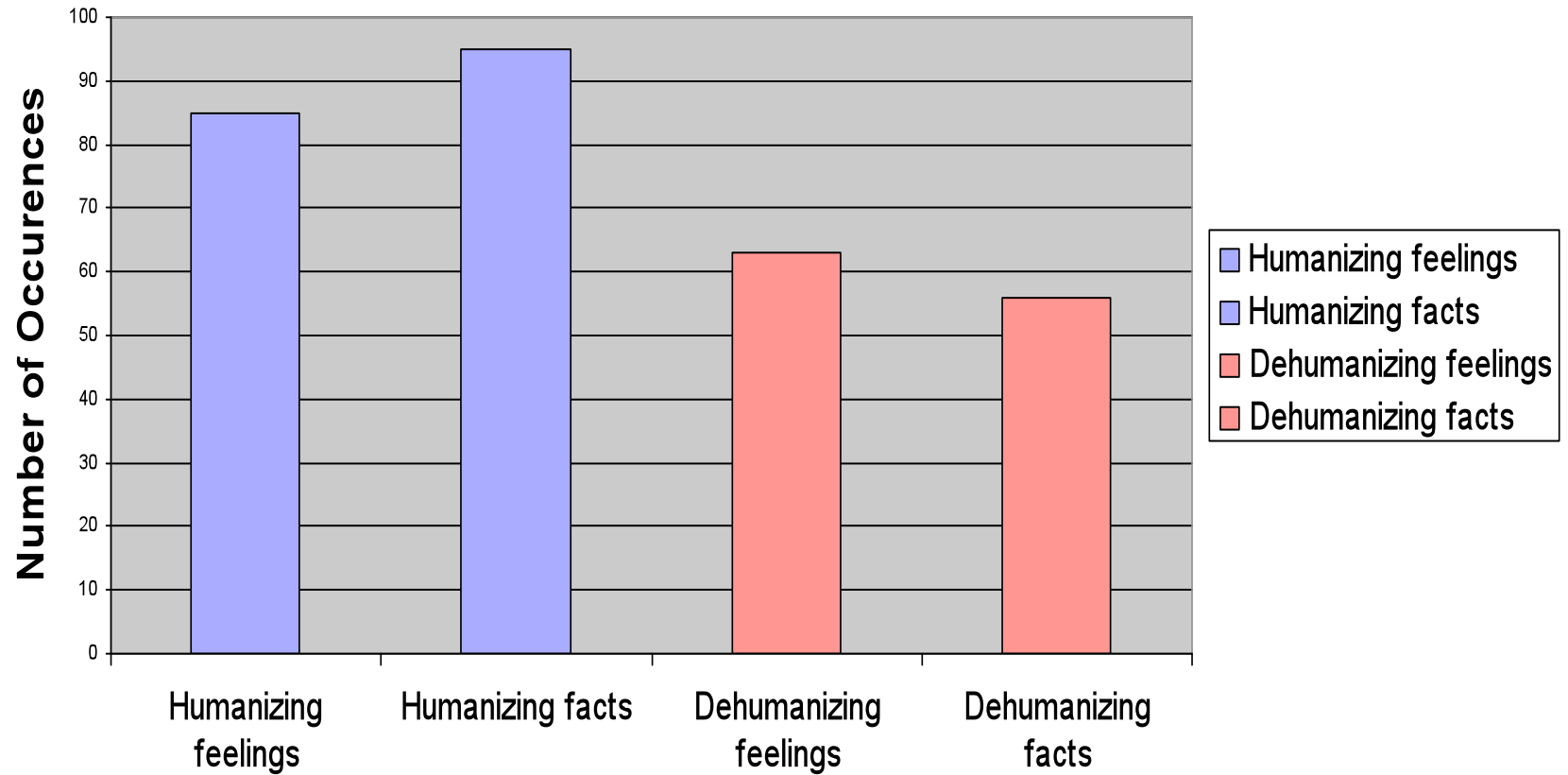


Findings

- **Communication observers rated pre-video communication skills lower than post-video skills**
 - Lack of eye contact (dehumanizing)
 - Lack of touch (dehumanizing)
- **Students consistently rated themselves as always using humanizing facts and feelings**

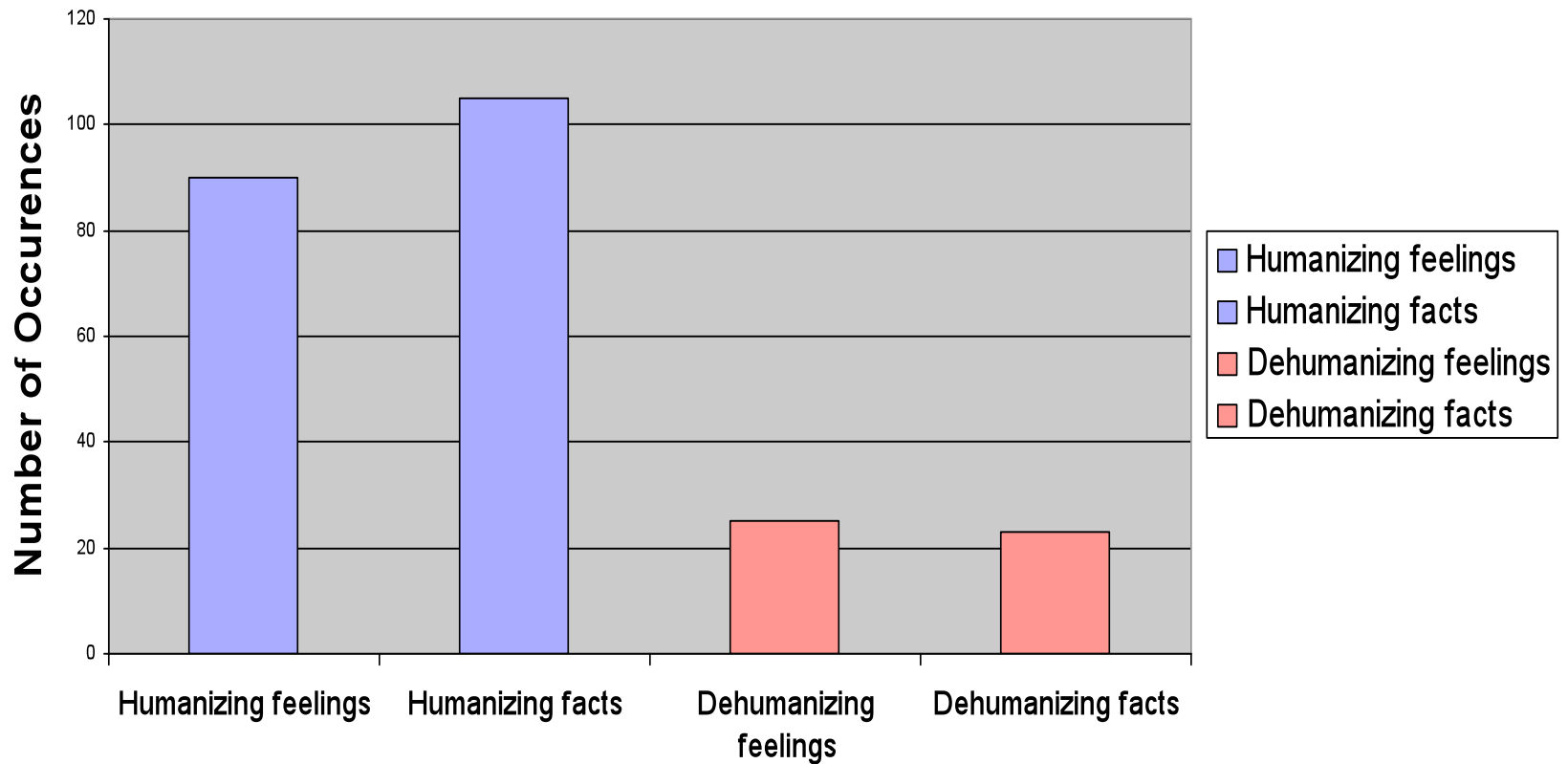
Pre-Presentation

Pre Presentation Totals



Post Presentation

Post Presentation Totals





Implications

- **Student nurses communicate with human patients and high-fidelity patient simulators similarly.**
- **Theoretical information presented to nursing students before simulation can translate into behavioral changes.**
- **If given examples of “humanizing” communication, student nurses will attempt to incorporate those skills into the simulation experience.**



Implications

- **Problems identified**

- **Time restriction resulted in fewer groups observed**
- **2 different observers**
- **Individual students observed multiple times**
- **Bedside instructor varied**
- **Students viewed activity as “test”**



Goals for Next Time

- **Increase number of observations**
- **Observe same group both pre-presentation and post-presentation for comparison**
- **Eliminate student self-evaluation**
- **Use 1 observer**
- **Continue to use Duldts theory and adapted NCOT**

References

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