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Featured Article

We Have to Talk: Results of an Interprofessional Clinical Simulation for Delivering Bad Health News in Palliative Care

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KEYWORDS

interprofessional;
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nurse practitioner;
graduate social work
students

Abstract

Background: Primary care providers, including nurse practitioners and social workers, are often the first point of contact in communicating difficult health news to their clients.

Method: This article reports an innovative interprofessional simulation created by faculty to pair graduate nurse practitioner and social work students to deliver bad health news in a simulated primary care setting.

Results: Students improved in their readiness to work together in delivering bad news and reported that they gained proficiency in completing this task.

Conclusions: This project promoted improved communication and interprofessional practice skills in graduate nursing and social work students.

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Background

Content about evidence-based strategies for delivering bad health news is often absent in nursing and social work curricula in the United States. As primary care providers,

nurse practitioners are often the first point of contact in delivering results of laboratory and screening tests, new and potentially life-altering diagnoses, and poor prognoses to patients and their families. Special communication skills and use of evidence-based knowledge allow clinicians to keep patients and families at the center of care (Rosenzweig, 2012). Nurses who must break bad news to patients understand that they must have knowledge, skills, and insight to

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work with their own team and other professionals (Royal College of Nursing, 2013). Jurkovich, Pierce, Pananen, and Rivara (2000), a trauma physician in Seattle, WA, broadly defines “bad news” as any piece of information that changes ones’ view of the future in a negative way.

Key Points

- Graduate nurse practitioner and social work students gained competency in delivery of bad health news using evidence-based strategies from professional literature.
- Graduate nurse practitioner and social work students were paired to deliver bad health news in a primary care setting and their readiness to work together improved after simulation.
- Students gained proficiency in working as a team with interprofessional goal setting and communication.

The perception of bad news lies in the eyes of the beholder, and in this setting, it means a new life-altering health or life-limiting diagnosis. Patients want accurate information to make important quality of life decisions. Health care curricula often do not include techniques for giving information in a way that meets patient needs (Baile et al., 2000).

Primary care clinicians are ideally suited to incorporate palliative care and health communication techniques into their practice (McCormick, Chai, & Meier, 2012). Social workers are present or next in line to assist someone who has just received bad health news. They work with patients and families to assist them in

preparing to have conversations about health with providers. Their role includes coordinating care meetings, providing for interpretation, or offering emotional support (Barclay, Blackhall, & Tulsky, 2007; Lord & Pockett, 1998). The social work literature has a limited knowledge base of best practices in delivering bad news. With a growing aging population, future health care providers need preparation and practice about interprofessional collaboration and delivering bad news before they are in practice. Communication skills can be taught and retained (Harvard Medical School, 2014).

Recognizing an absence of available information for nursing and social work students around delivering bad news, four faculty members at a medium-size southeastern public university’s schools of nursing and social work designed a joint project to enhance students’ knowledge and skills in this area. Faculty formed an interprofessional team to work collaboratively to create, develop, implement, and evaluate a new project to offer graduate family nurse practitioner (FNP) and social work students an opportunity to learn how to deliver bad health news using simulation and working in interprofessional pairs.

Patient care is enhanced in settings where interprofessional staff members interact and collaborate with one another (Thylefors, Persson, & Hellstrom, 2005; Zwarenstein & Reeves, 2006). Early in professional identity development is an ideal time for students in health-related disciplines to gain knowledge about how to best interact with one another to meet patient care needs. As health care and social services have continued to evolve, educators are designing and implementing activities in classrooms that reflect interprofessional teamwork to mirror what is happening in practice settings. Higher education provides ample opportunity for health-related disciplines to learn about one another’s values, mission, and goals in patient care. Students can be challenged regarding their own assumptions about other disciplines and communicate within a safe environment.

There are a number of barriers to interprofessional learning. Interprofessional education requires flexibility in schedules, flexibility in faculty styles, and institutional support (Kolomer, Quinn, & Steele, 2010). There is also the challenge of differing philosophies, structures, language, and values of professional groups (Fowler, Hannigan, & Northway, 2000). Pollard and Miers (2008) performed a longitudinal evaluation of health and social science students concerning communication, teamwork skills, and interprofessional learning and practice. Data were collected over the course of students’ progression through the curricula. Experience of interprofessional education appears to produce and sustain positive attitudes toward collaborative working and improved students’ perceptions of their own educational experiences and the paradigms of their colleague students. Despite the obstacles with interprofessional education, it is vital for health-related disciplines to work collaboratively and interdependently.

Self-directed learning allows individuals to take initiative and responsibility for learning. Learners identify learning needs and resources for learning and assess their learning activities, whereas teachers provide scaffolding, mentoring, and advising. Peers provide collaboration. Gureckis and Markant (2012) reviewed self-directed learning from cognition theory and found that it allows individuals to focus their effort on useful information they do not yet possess, to enhance encoding and retention of materials. Faculty planned this project so that graduate nursing and social work students would direct their own pathways to accomplish the required interactions in clinical simulation.

Research Questions

The aim of the project was to create an innovative pilot study of a student-driven interprofessional simulation educational experience. It focused on pairing five (5) dyads of FNP and master of social work (MSW) students to

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