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Featured Article

Evaluating the Use of Teach-Back in Simulation Training to Improve Discharge Communication Practices of Undergraduate Nursing Students

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KEYWORDS
simulation;
teach-back;
discharge communication;
student nurses;
simulated patients

Abstract

Background: This study evaluates the effectiveness of information- and interaction-based training interventions to improve nurses' communication skills during the discharge of a patient.

Method: A quasi-experimental control group design was applied. Students demonstrated their discharge skills with simulated patients (SPs) in three randomly assigned groups namely control, information-, and interaction-based intervention. An independent group multivariate analyses of variance was used for analysis of both the quality of discharge content and delivery across groups using student, SP, and faculty assessor ratings.

Results: Significant incremental improvements in student communication skills were achieved in the interaction and information groups compared with the control group.

Conclusion: A structured curriculum including high-fidelity simulation, with SPs providing feedback and evaluating students' information- and interaction-based communication skills, is useful in improving student discharge practices and "patients'" understanding of discharge instructions.

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Enhancing patient self-management is increasingly important and has been a targeted initiative in recent quality-improvement projects to reduce hospital readmission rates (Agee, 2017; Hansen, Young, Hinami, Leung, & Williams, 2011). When discharged from a health care facility, patients need to understand the information they have received during the process for their ongoing care. After

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discharge, patients often have to manage complex or different medication regimes, recognize risk signs and respond to changes in their own health, follow dietician guidelines, and organize follow-up appointments (Frank-Bader, Beltran, & Dojlidko, 2011). Although the ability to discharge a patient with significant health needs is considered by some to be a nonclinical nursing skill (Piscotty, Grobbel, & Tzeng, 2011), the importance of effective communication during patient care transitions aligns with patient safety and quality standards (ACSQHC, 2015; Maclean, Kelly, Geddes, & Della, 2017).

Key Points

- The use of the *teach-back* technique in simulation training is an effective interactional strategy to improve student nurses' discharge communication skills.
- Simulated patients provide an effective means to evaluate student performance and to provide feedback to ensure nurses appreciate the importance of patients having a sound understanding of discharge information.
- To enhance patient safety through evidence-based communication training, simulation curriculum should include strategies to improve information content and patient-focused delivery style during clinical interactions—knowing what to say and how to say it.

To ensure compliance with accreditation requirements that reflect a growing awareness of health care consumer needs, tertiary education and hospital-based programs are increasingly using simulation to better prepare student nurses. Aspects of clinical practice, including strategies to improve communication, need implementation. One such strategy is the *teach-back* technique that provides nurses with skills to better facilitate two-way interactions with patients by encouraging patients to confirm knowledge and clarify any misunderstandings during discussions. The following are the suggested strategies when applying *teach-back*: (a) using simple language, (b) seeking confirmation of the patient's understanding by asking them to perform or repeat instructions/information back, (c) and encouraging to ask open-ended questions (Caplin & Saunders, 2015). The aim of this research is to examine the effectiveness of a simulation-based, *teach-back* educational intervention to improve nurses' communication skills during patient discharge.

Literature Review

It is widely accepted that communication failures are one of the leading causes of adverse patient events worldwide (Manias, Geddes, Watson, Jones, & Della, 2015). The Australian National Safety and Quality Health Service Standards, which govern clinical practice, offer detailed guidelines for health care providers to improve the safety and quality of patient care (ACSQHC, 2015). The importance of patient care transitions, including at discharge, falls within this framework. Preparing patients and their families for hospital discharge has become more complicated as patients are discharged earlier, with more comorbidities and higher acuity requiring more complex home care instructions (Kornnburger et al., 2013). Evidence shows that ineffective communication at discharge may account for poor patient outcomes including medication errors at home and hospital readmissions (Kornnburger, Gibson, Sadowski, Maletta, & Klingbeil 2013).

The impact of ineffective discharge practices has gained attention as penalties have started being imposed on health services when patients return to hospital. In the United States of America, the Medicare Hospital Readmissions Reduction Program financially penalizes hospitals with higher than expected patient readmission rates. The challenge for hospitals is to identify potential risk factors of unplanned return and decrease readmission rates (Mcintyre, Arbabi, Robinson, & Maier, 2016). However, a large number of patient readmissions are due to confounding issues. Patient complexity, mental health status, the presence of chronic disease, socioeconomic status, substance abuse, homelessness, English as a second language, and more intense discharge and postdischarge care are the leading factors (Kornnburger et al., 2013). Although research into communication processes and risk factors during care transitions has increased, there remains a growing demand for evidence regarding communication-based interventions which may be helpful to improve patient outcomes, particularly in vulnerable populations (Mcintyre et al., 2016). Despite evidence that communication skills training programs are effective (Berkhof, Schellart, Anema, & Van Der Beek, 2011), concerns remain regarding the extent of poor communication skills of health care professionals (Fidyk, Ventura, & Green, 2014).

A priority in providing effective quality and safety education for undergraduate nursing students is to prepare graduates for communicating effectively in the clinical setting. However, a recognized gap in graduate communication skills is the degree to which students apply the knowledge and information presented to them (Berkhof et al., 2011). A systematic review of the literature by Berkhof et al. (2011) suggests that for effective communication, a combination of didactic and practical components must be implemented. Furthermore, training that involves interactional strategies such as role-play with simulated or real patients provides an additional dimension of feedback and encompasses structured practitioner-patient discussion that improves communication techniques and patient satisfaction. A recent review by Williams and

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