



The simulation method in learning interpersonal communication competence—Experiences of masters' degree students of health sciences



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SUMMARY

Background: This article describes the experiences of master students of nursing science in learning interpersonal communication competence through the simulation method. The exercises reflected challenging interactive situations in the field of health care. Few studies have been published on using the simulation method in the communication education of teachers, managers, and experts in this field.

Objectives: The aim of this study is to produce information which can be utilised in developing the simulation method to promote the interpersonal communication competence of master-level students of health sciences.

Design: This study used the qualitative, descriptive research method.

Settings: At the Department of Nursing Science, the University of Eastern Finland, students major in nursing science specialise in nursing leadership and management, preventive nursing science, or nurse teacher education.

Participants: Students from all three specialties taking the Challenging Situations in Speech Communication course participated ($n = 47$).

Methods: Essays on meaningful learning experiences collected using the critical incident technique, underwent content analysis.

Results: Planning of teaching, carrying out different stages of the simulation exercise, participant roles, and students' personal factors were central to learning interpersonal communication competence.

Conclusion: Simulation is a valuable method in developing the interpersonal communication competence of students of health sciences at the masters' level. The methods used in the simulation teaching of emergency care are not necessarily applicable as such to communication education. The role of teacher is essential to supervising students' learning in simulation exercises. In the future, it is important to construct questions that help students to reflect specifically on communication.

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Introduction

Expectations are high regarding the interpersonal communication competence of health care professionals. They are expected to be able to adapt themselves to constantly changing situations and interactive relationships, e.g., in different negotiation, group, and conflict situations (Myers et al., 2011). Such competence is a central component of the expertise of health care personnel (Ministry of Education, 2006; Finnish Patient Safety Strategy, 2009–2013, 2009; Health Care Act, 1326/2010, 2010). It has been indicated that, e.g., well-functioning interpersonal communication promotes collaboration within and between work groups (Brindley and Reynolds, 2011). Therefore, masters' level education in this field must prepare students for challenging interpersonal situations and

provide them with interactive skills required by their future work positions.

Interpersonal communication occurs in relationships between individuals as a result of cooperation between different parties (Spitzberg and Cupach, 2011). Competence in it is formed by cognitive, skill-related and affective aspects. The cognitive aspect contains the idea that the communicator knows and understands what effective interpersonal communication requires and what is expected from it. The skill-related aspect refers to displaying appropriate, effective and functional behaviour in any given situation and interpersonal communication relationship. The affective aspect includes the motivation, feelings and attitudes of participants. Interpersonal communication competence is constructed by the cooperation of the different participants in interaction and it is closely related to the topics of respecting others, tolerating differences and being ready for personal development (Spitzberg and Cupach, 2011).

In the development of interpersonal communication competence, the simulation has been found to be an effective and useful method

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that fosters reflective learning (Brindley and Reynolds, 2011). Simulation imitates real-life situations and makes genuine phenomena and processes visible in fictional conditions (see Bambini et al., 2009). In the field of health care, simulation learning has proved to be an effective pedagogical method which develops not only clinical abilities but also interactive competence in different “real” health care settings (see e.g., Berragan, 2011). However, research on the topic has thus far concentrated either on examining the use of this method in clinical training (e.g., Bambini et al., 2009) or applying simulations in expert–client interactions (Koponen et al., 2012). Few studies have been published on the use of simulation in the context of interpersonal communication training of health care teachers, managers and experts, which is the focus of this study.

Background

Literature

Research has indicated that simulation exercises improve students' interpersonal communication skills (Moule et al., 2008; Zaverchnik et al., 2010; Pearson and Mc Lafferty, 2011), cooperative skills, and interaction occurring between different professional groups (Berg et al., 2010; Reese et al., 2010; Brindley and Reynolds, 2011; Pearson and Mc Lafferty, 2011; Reising et al., 2011; Wagner et al., 2011). There is also evidence that simulations enable increasing students' interest in the topic of interpersonal communication competence (Berg et al., 2010; Bosse et al., 2010; Koponen et al., 2012) and increase their professional confidence and trust in their own skills (Rosenzweig et al., 2008; Bambini et al., 2009; Kameg et al., 2010; Pike and O'Donnell, 2010). Students consider simulation to be an interesting, enjoyable and useful learning method (Kameg et al., 2010; Pearson and Mc Lafferty, 2011).

As a learning process, the simulation method combines several different learning theories. It may include features of cognitive, social, realistic, constructive and experiential learning. According to cognitive learning theory, students utilise their previously acquired knowledge in a simulation learning situation and actively reflect on what happened in the situation, what was learned from it and what could have been done differently. From the perspective of social learning theory, simulation learning occurs in social interactive situations among students by observing others' working, their competence and behaviour (Rutherford-Hemming, 2012). According to realistic learning theory, students' perceptions related to their knowledge, skills and attitudes based on reality are highlighted in simulation learning.

Moreover, constructive learning theory emphasises that learning occurs through active, experiential and social collaboration (Rutherford-Hemming, 2012). Simulation learning is also strongly connected to Kolb's (1984) experiential learning theory. The experiential learning cycle can be divided into four separate stages in which all steps are closely interconnected, forming a learning cycle. Learning is founded on a learners' subjective and personal experience related to an encountered topic or experience and connected activities. The learner simultaneously reviews and reflects on different aspects of the subject and thus builds new understanding of applications or changes in operations. During the subsequent conceptualisation stage, the learners' aim at modifying their previously acquired knowledge and creating new operational models and theories, after which the newly learned subject can be applied as a practical solution. (Dieckmann et al., 2009).

In order to facilitate a successful and effective learning process, the teachers' ability to give instructions, guide the simulation and give feedback is significant (Wotton et al., 2010; Shinnick et al., 2011; Kable et al., 2013). Accordingly, debriefings, in which students have the opportunity to process the topics learned, combine topics with previously acquired knowledge and consider how this could be utilised in the future, form a particularly crucial stage. In sum, a simulation is an event in which interactive learning occurs through doing, experiencing, feeling and reflecting (Bambini et al., 2009; Dreifuerst, 2012).

Aim

In this study, the simulation method was applied in the communication training of teachers, managers, and experts in the field of health care. The aim was to examine what factors are important in students' learning of interpersonal communication competence using the simulation method.

Methods

Setting

The Challenging Situations in Speech Communication course (1 credit point) was held in 2012, including simulation exercises that lasted two days. The simulation exercises were chosen to support the learning objectives of the course, viz., to strengthen students' understanding of the importance of interpersonal communication competence and the core skills needed in health care professions. Before the simulation exercises, there were lectures on communication, and simulation as a learning method. The simulation method was adapted from emergency care simulation training which is well known and widely used in health care. All students had two scenarios in simulation exercises founded on real-life events: a challenging negotiation at a hospital ward (scenario 1) and evaluation discussion between a student, teacher, and staff, towards the end of the practical training period (scenario 2).

The simulation exercises were conducted in a simulation room, guided by both the speech communication and nursing science teachers working as pairs. The simulation exercises were performed in three different groups. Each group had approximately 20 students. From these students four to six were actors in each scenario, and the rest ($n = 15$) were observers.

The simulation exercises involved three phases: the prebriefing, the simulated practice scenario, and the debriefing (Rhodes and Curran, 2005; see also Page-Cuttrara, 2014). At first, teachers carried out a prebriefing, i.e., an orientation for the entire group. Next, volunteer students were asked to act in predetermined roles in the scenario, not as themselves. One of the teachers instructed the actors before the beginning of the scenario. Simultaneously, another teacher gave instructions to the rest of the students on making observations of the scenario. They were asked to observe what kinds of actions should be repeated and what should not.

In summary, the simulation exercise included a prebriefing (60 min) and the scenario itself (15 min), during which teachers instructed the students functioning in the roles via a microphone. After the scenario, the entire student group gathered to participate in a shared debriefing guided by the teachers (45–60 min). The scenario was documented on video and the recording was utilised in the debriefing.

Data Collection

This study used the qualitative research method. The data were collected using the critical incident technique in the form of essays, which made it possible to acquire multifaceted and profound information on the phenomenon studied (Schluter et al., 2008; Vachon and LeBlanc, 2011). In these essays, students were instructed to describe one positive and one negative learning experience from the simulation exercises. Subsequently, students were asked to select one of the experiences for further analysis; to scrutinise how the positive or negative learning experience that they had chosen had attained significance. Furthermore, the students were instructed to reflect their experience on their reading of literature and to consider how they could exploit what they had learned in their future work as preventive nursing experts, nursing managers or health science teachers. The students were encouraged to write about their learning experiences immediately or within two weeks after the latest simulation exercise.

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