



The outcome of interprofessional education: Integrating communication studies into a standardized patient experience for advanced practice nursing students



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ABSTRACT

The purpose of this qualitative study was to examine the impact of standardized patient experiences (SPE) in the education of the Advanced Practice Nurse (APN). The education of the APN requires educators to make every attempt to promote competency in the areas of communication and clinical-decision making. SPE programs have been found to improve the interpersonal, problem solving, and critical thinking skills of nursing students. For this research twenty-nine APN students participated in SPEs over the course of two semesters. Fifteen student volunteers of those 29 participants were then interviewed three months after the experience. Results revealed that having an expert in the field of communication studies increased awareness of communication skills and how to improve nurse-patient encounters in the clinical setting.

The interprofessional collaboration during the SPEs assisted in facilitating the application of learned communication skills into patient-centered care of the APN student.

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Introduction

For nearly fifty years standardized patient experiences (SPEs) have been utilized as a teaching tool in healthcare education. Students in various programs such as psychology (O'Connor et al., 1999; Shawler, 2008), geriatrics (Nagoshi et al., 2004), speech-language pathology (Hill et al., 2010), genetics (McGovern et al., 2006), trauma (Ali et al., 2009) and hematology-oncology (Ahmed et al., 2009) have incorporated SPEs into their program of study. Standardized patient experiences have also been used for evaluating students in specific areas of care: end-of-life (Smith-Stoner, 2009; Shawler, 2011), cultural competency (Rutledge et al., 2004), individuals with disabilities (Long-Bellil, 2007), and ethics (Haddad, 2010). More recently, SPE programs are being used to educate students for clinical examinations (May, 2008; Sadeghi et al., 2007; Hauer et al., 2009; McWilliam and Botwinski, 2010).

One aspect of utilizing SPEs in the education of healthcare providers is the evaluation of communication skills. Although many programs utilize the instructional strategy of SPE, no programs have

been found to integrate a communication expert. This research article discusses the use of SPEs in an Advanced Health Assessment course for advanced practice nursing students (nurse practitioner and nurse anesthesia) and how communication skills at the advanced level are learned and later applied to current and future clinical advanced practice. The article examines how those communication skills are further developed with a skilled Communication Studies scholar as one of the faculty developers and assessors in the SPE.

Background

In nursing the use of standardized patients has received extensive examination and continued attention because of its usefulness as an instructional strategy for improving learning outcomes (Seibert et al., 2004). Specific to the realm of nursing, standardized patients have been used in a variety of contexts: gerontology (Shawler, 2011), distance learning (Seibert et al., 2004), pediatrics (Lambdon, 2008), end-of-life care (Smith-Stoner, 2009), HIV prevention (Carney and Ward, 1998), psychiatric-mental health (Shawler, 2008), and issues relating to psychosocial behavior (O'Connor et al., 1999) and culture (Rutledge et al., 2004). Standardized patient experiences enable nursing faculty to assess specific competencies in an evaluative format.

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One competency in particular that has received notable attention in the last decade is communication. The popularity of SPEs and recognition of its measured benefits in the area of communication continues to rise. As a creative strategy employed by nearly 30% of faculty who teach Advanced Health Assessment (Kelley et al., 2007), the use of SPEs in teaching competencies to nursing students has numerous benefits, especially in improving communication skills. And although communication skills are taught at the undergraduate level, graduate nursing students entering into the realm of advanced practice (nurse practitioner, clinical nurse specialist, etc) need to have excellent communication skills to assist in the process of diagnostic reasoning.

Specific communication skills or subcategories have been identified as interpersonal, listening, critical thinking, and empathy. These communicative skills are of particular interest to evaluators in SPEs because of the need for nurses to effectively interact with their patients creating a positive, engaging, and supportive encounter. Rutledge et al. (2004) state the importance of using SPEs in nurse practitioner (NP) education is because the safe learning environment helps them “be prepared to be better communicators, and ultimately, better NPs” (2004, p. 3). Yet the following questions remain: What does it mean to be an effective communicator? What does it mean to possess “good” communication skills? And how are communication skills assessed without the use of a trained communication educator?

One way to assure that communication skills are being addressed within the instructional strategy of SPEs is to have a communication expert (scholar) involved, someone educated in the health communication field to assist in developing, implementing and evaluating the SPE process. This can be accomplished through interprofessional education of disciplines.

Over twenty years ago the World Health Organization (WHO) called for a need for collaboration across medical professions and wrote *Learning Together to Work Together for Health Report* in 1988 (Lapkin et al., 2013). Interprofessional education (IPE) was listed by WHO “as a way to enhance collaboration and interprofessional teamwork” (Lapkin et al., 2013, p. 91). It is defined as “different professions working together as a team toward a common goal of providing optimal patient care using the skills/expertise of other professions” (Wu et al., 2012, p. 4). Interprofessional education seeks to join individuals from various professions—within the field of healthcare—to share their unique skills, knowledge, and talents with the unified vision of improving patient care. In so doing, collaborative work has the potential to revolutionize patient care.

Complementary medicine (Steel and Adams, 2012), nursing, respiratory therapy (King et al., 2013), and mental health (Kinnair et al., 2012), are just a few of the many health professional programs that have incorporated IPE in their curriculum. With an increase in preventable medical errors (King et al., 2013) and growing need for improved communication skills and teamwork (Lapkin et al., 2013), collaborative efforts in healthcare have become more important than ever. Through IPE, learners have the potential to increase their collaboration, teamwork, and communication skills. A study evaluating the importance of interprofessional simulation, for example, reported 44% of the students' answers related to the importance or need to improve communication (King et al., 2013). Incorporating collaboration in IPE has shown to positively effect teamwork, patient-centered care, and communication.

Research design

Sample

The course in which the SPE was performed was an Advanced Health Assessment (AHA) course. All students in the advanced practice clinical specialties (nurse practitioner, clinical nurse

specialist, and nurse anesthesia options) of the Master of Science program at the university where the study was conducted are required to take the AHA. This course is designed to teach advanced history taking and physical assessment to the student who will be making medical diagnostic decisions as an Advanced Practice Nurse (APN). There were a total of 29 APN students (20 nurse practitioners and 9 nurse anesthetist students) in the AHA course, which was offered in both the fall and spring semesters. All APN students were Registered Nurses licensed in the state of which they reside and had various years of experience (2–25 years) in the acute care setting. Of the 29 students (27 female and 2 males) who participated in the SPE sessions, 15 students (all female) volunteered to participate in the study. Of those 15 female participants 11 of the participants were nurse practitioner students and four were nurse anesthetist students. Fourteen respondents were Caucasian and one respondent was African American, with the mean age of the participants being 30 years (range 24–43) and a mean of six years in practice as a registered nurse. None of the participants had been exposed to a standardized patient experience before.

Procedure

The SPE sessions took place in the health assessment laboratory of a northeastern university. The cases and sessions were developed and proctored by the authors of this study, a senior graduate nursing professor and a senior health communication professor/communication studies scholar at the university where the SPE took place.

The two primary roles of the Communication Studies (CS) scholar were to examine the nursing students' use of nonverbal and verbal communication skills and provide feedback regarding the application of these skills in the patient encounter. The CS scholar had experience in assessing SP sessions at a local health care network. The CS scholar worked alongside the Nursing faculty as an observer and facilitator of the SPE sessions. The scenarios were evenly divided so that both the CS and Nursing faculty were able to observe and watch each student at least once to provide a dual perspective. The use of a CS scholar allowed for a richer, more in-depth discussion about effective communication practices in obtaining a detailed history for the purpose of diagnostic reasoning.

All of the standardized patient (SPs) actors were recruited through a local theater company and had prior experience as trained professional actors in the health care industry. Since the hired SPs had significant prior professional training as health care actors, minimal training was required. For this experience SPs were contacted by the author and given the script/scenario one month prior to the session. Actors were then asked to solicit any questions or concerns about the script. Questions of clarification about the script (e.g., patient background) were the primary focus. On the day of the session, actors were asked to meet in advance to have any further questions answered, review the format/structure of the sessions (e.g., length of time for each nurse encounter and group debrief), be introduced to the physical space of the scenarios (e.g., patient beds, curtains/dividers) and assist as co-facilitators of the sessions.

Utilizing four SPs actors, four different cases were utilized. These cases included breaking bad news, cessation of smoking, request for assistance with weight loss, and chronic headaches (domestic abuse issue). Over a two-week time frame each student had the opportunity to rotate through all four cases. The students were provided with information on the patient they would be interviewing and examining prior to the experience. The student was then given 20 min to complete the history and physical examination related to the patient's concern, and develop a plan with the patient for treatment and management. During this time the

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