



Improving Chinese nursing students' communication skills by utilizing video-stimulated recall and role-play case scenarios to introduce them to the SBAR technique



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SUMMARY

Purpose: Effective communication among healthcare workers is critically important for patient safety and quality care. The purpose of this pilot study was to evaluate outcomes of a workshop designed to teach Chinese nursing students to use the Situation–Background–Assessment–Recommendation (SBAR) communication tool and examine their attitudes toward utilizing SBAR as a communication tool.

Method: A convenience sample of 18 master's degree nursing students at a Chinese university was introduced to SBAR through a workshop. The workshop combined the SBAR tool, video-stimulated recall and role-play case scenarios to illustrate potential positive and negative communication-related patient outcomes. Students completed a 12-item questionnaire before and after participating in the workshop. Four of the items examined the four elements of the SBAR tool (situation, background, assessment, recommendation, score range 0–20), and eight of the items evaluated students' self-perceived attitudes towards utilizing the SBAR tool in their clinical practice (score range 0–40).

Results: Pre- and post-workshop scores on the four elements of the SBAR tool demonstrate significant improvement in knowledge of SBAR (14.0 ± 2.9 vs. 16.6 ± 2.2 , respectively; $p = 0.009$). Pre- and post-workshop scores on the items testing students' self-perceived abilities also demonstrate significant improvement (26.9 ± 3.5 vs. 32.6 ± 4.5 , respectively; $p < 0.01$) in using SBAR. Total scores increased significantly from 40.9 ± 5.0 to 49.2 ± 5.9 ($p < 0.01$). Moreover, 93.8% of the students agreed and strongly agreed that they would use SBAR during clinical practice.

Conclusion: Participating in the SBAR workshop in combination with video-stimulated recall and role-play case scenarios significantly improved the Chinese nursing students' knowledge of SBAR and their self-perceived attitudes towards using SBAR tool. Future studies using a larger sample size and longer post-workshop follow-up are needed to confirm the long-term benefits of the workshop.

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Introduction

Effective communication among healthcare professionals is critically important for patient safety and quality care (Gausvik et al., 2015; Weaver et al., 2013). Communication is especially important for nurses, as they are the healthcare professionals who have the most direct care time with patients (Ascano-Martín, 2008). Being a frontline healthcare worker, nurses need to be adept at not only understanding the instructions for care to be given to a patient, but also working as an intermediate to convey information about the patient to other healthcare professionals, including other nurses, physicians, and members of other healthcare teams (Kameg, Mitchell, Clochesy, Howard, &

Suresky, 2009). Opportunities to process, practice, and perfect communication with patients and other healthcare providers using common language is a crucial component of the curriculum for all nursing students (Boyle & Kochinda, 2004). Therefore, it is crucial that nursing students have opportunities to learn and practice communication strategies to accurately understand medical instructions, effectively communicate with patients, and efficiently provide shift reports to other staff nurses. Moreover, it is also important for nursing students to learn how to communicate and report critical situations clearly and correctly, and in a standardized manner, to physicians and/or other healthcare providers (Velji et al., 2008).

Literature review

Medical errors most commonly occur after breakdowns in handover communications (Institute of Medicine, 2005). An analysis of evaluation notes conducted by the Joint Commission indicates that communication

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breakdown caused over two thirds of sentinel events, with at least 50% of those occurring during handover (Joint Commission Resources, 2006). To prevent communication breakdown, the SBAR (Situation, Background, Assessment, and Recommendation) technique provides a standardized communication framework for conveying information for healthcare professionals, especially in critical situations that demand immediate attention. Both the Institute for Healthcare Improvement and the Joint Commission recommend the SBAR tool as one of the ways to improve patient and worker safety through its standardized and easy-to-use format for organizing and exchanging clinical data between clinicians (Joint Commission, 2012). Before the implementation of SBAR and other nursing communication tools in nursing education in the United States, new nursing graduates often lacked familiarity and fluency with inter-professional communication skills (Thomas et al., 2009). In addressing the inter-professional communication challenges inherent to nursing, the evidence in favor of SBAR tool is well documented, and studies have examined the positive effect of SBAR among nursing students (Thomas et al., 2009; Kesten, 2011; Ascano-Martin, 2008). In addition, U.S. hospital systems currently use SBAR as part of their core initiatives for patient safety (De Meester et al., 2013). Moreover, the Joint Commission endorses the use of SBAR in care handoffs and physician reports (Thomas et al., 2009).

The literature on teaching the SBAR technique among nursing students reveals a variety of instructional methods. Methods such as standardized patient videotaping and feedback, role-play, and computer instruction have been used to teach communication skills (Kameg et al., 2009). Several studies have used a combination of didactic and interactive instructional methods (such as role-play) to teach the SBAR technique and reveal positive effects on nurses' communication knowledge, attitudes, and ability (Ascano-Martin, 2008; Boyle & Kochinda, 2004; Velji et al., 2008; Kesten, 2011). For example, Kesten (2011) evaluated the communicative performance scores of undergraduate nursing students ($n = 115$) using a standardized SBAR tool. The didactic plus role-play students scored significantly higher than those who had didactic instruction alone ($p = 0.005$) (Kesten, 2011). Using a method similar to standardized patient videotaping, called *video-stimulated recall*, Powell (2005) found that video stimulated recall, which included reflective dialogues, enabled instructors and students to articulate their thinking and feelings by defining a focus and context for inquiry into their professional practice. However, video stimulated recall methods of this type have not been tested in teaching the SBAR technique. Moreover, no studies have addressed the use of SBAR technique in combination with video-stimulated recall and role-play case scenarios.

The SBAR technique, evidenced as an effective and standardized communication tool in United States, has not been introduced or implemented in Chinese nursing education. Several studies in China have examined clinical communication skills either between Chinese nursing students and patients or between staff nurses and patients, yet few of these studies have examined the inter-professional communication skills between the nursing students and other healthcare professionals (Liu et al., 2009; Lei et al., 2007; Luo and Cao, 2009; Zeng and Hu, 2011; Wu et al., 2011). Therefore, the purpose of this study was to evaluate the effectiveness in using the SBAR communication tool in combination with role-play and video-stimulated recall among Chinese nursing students, which is a pedagogical method that could be adapted for use among other international nursing students for whom English is not a first language (Gass and Selinker, 2008; Richards and Renandya, 2002).

Methods

Design

The study used a quasi-experimental design to (1) evaluate Chinese nursing students' knowledge of using the SBAR technique as a

communication tool and (2) assess their attitudes toward utilizing the SBAR technique as a communication tool in clinical settings after a 5-hour workshop, which featured an SBAR tool, video-stimulated recall, and role-play case scenarios.

Sample and setting

Initially, 19 Chinese master's degree students in nursing were recruited from a university-affiliated, Chinese school of nursing in Shanghai, China. A convenience sampling procedure was used to recruit these participants. These students were selected by the school and made available to the research interventionist (i.e., first author) because of their clinical experience and English competency level—undergraduate nursing students in China tend to have little clinical experience (i.e., clinical opportunities in the curriculum typically occur in senior year) and lower English competency. One student was unable to attend the workshop; the remaining 18 students attended the workshop and completed the pre- and post-workshop questionnaires. Institutional research board (IRB) approval from a university-affiliated school of nursing in the northeastern United States was granted prior to the participants' providing their informed consent at the beginning of the workshop.

Conceptual framework

The conceptual framework of this study combined three interventions (i.e., SBAR tool, video-stimulated recall, and role-play case scenarios) to improve Chinese nursing students' inter-professional communication skills and potentially its effect on patient health outcomes (see Fig. 1).

Intervention protocol overview

Several days before the workshop, the research interventionist was granted permission to visit a hospital in Shanghai, China, where she reviewed patients' medical records. Upon review of the medical records, the records of three patients were selected. The nursing student participants were divided into three groups, and each group was given an SBAR tool form (see Appendix 1) and assigned to one of the selected patients. The three groups then went to the same hospital the research interventionist visited and collected their respective patient's chart information and recorded it on their group's SBAR tool form. After the students collected the requisite information to complete the SBAR tool form, they attended the workshop, which took place the following day. During the workshop, the students first completed the pre-workshop questionnaire (see Appendix 2). Next, the students participated in a PowerPoint lecture introducing SBAR as a communication method in conjunction with their completed SBAR tool form. The lecture, delivered by the research interventionist, highlighted the use of SBAR techniques in a clinical setting. Next, the students watched a video (i.e., video-simulated recall), which was scripted and filmed by the research interventionist at the same university that granted IRB approval for this project. The video depicts a communicative exchange between nurse and physician first with and then without the SBAR technique. Next, each group was asked to role-play a similar scenario using their previously completed SBAR tool form. Finally, the students completed the post-workshop questionnaire (see Appendix 2).

SBAR tool form

The SBAR tool form (see Appendix 1) is a patient assessment tool and was created by the research interventionist according to the SBAR communication process. The research interventionist not only has extensive experience as a clinical instructor, but also an intimate knowledge of clinical practice both in China and the United States. In creating the SBAR tool form, in addition to drawing from this background, the

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