Nurse Education Today 34 (2014) 1201–1206

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Little people, big lessons: An innovative strategy to develop interpersonal skills in undergraduate nursing students

Kerry Reid Searl, Margaret McAllister *, Trudy Dwyer, Katrina Lane Krebs, Carina Anderson, Loretto Quinney, Sandy McLellan

School of Nursing and Midwifery, Higher Education Division, CQ University, Queensland, Australia

ARTICLE INFO

Article history:
Received 27 September 2013
Received in revised form 3 April 2014
Accepted 7 April 2014

Keywords:
Child
Compassion
Interpersonal nursing
Peplau
Puppet
Pup-Ed (KRS simulation)
Solution focused nursing

SUMMARY

Learning the skills of child health nursing requires more than technical skill development. Humanistic attributes such as being genuine, accepting and empathic are imperative in gaining the trust of a child and in helping them feel comforted and safe in a health care setting. Interpersonal theory has a long history in nursing and numerous contemporary theories have drawn on the seminal work of Peplau to advance nursing practice. However, rarely has this theory been applied to simulation learning. This paper reports on an innovative simulation technique that blends interpersonal theory with puppets. Qualitative evaluation using focus group method with fifteen undergraduate nursing students revealed that the pedagogy had a positive impact on characteristics of the learner, the learning process and on interpersonal communication skills development. The study deepened insights about the educative process and led to learning impacts that suggest that puppet-based learning is a powerful medium to bridge theory and practice, bringing the importance of interpersonal theory to life for students.

Introduction

The interpersonal relationship has long been described as the crux of nursing practice (Horsfall and Stuhlmiller, 2000; Peplau, 1962) and forms part of a range of nursing theories (Beeber et al., 2004; McAllister, 2003). In paediatric, child and youth health settings, skills to develop interpersonal relationships with children are central to practice. Thus, nursing students need to learn this applied theory in order to work effectively in this environment and to become competent graduates.

Peplau's interpersonal theory of nursing posits that, through the interpersonal relationship with a nurse, a patient or client undergoes three stages of healing in their journey from illness to well-being (Peterson, 2009). The three stages are identification, exploitation and resolution. Although implemented differently, these stages compare with the phases of Solution Focused Nursing (SFN) developed by McAllister: joining, building and extending (McAllister et al., 2013a, 2013b). SFN is a contemporary nursing theory that fits with current national and global agendas to shift health care professionals from a secondary prevention approach to health care towards a more holistic, comprehensive approach in which prevention and rehabilitation are equally emphasized (McAllister, 2010). In SFN, nurses work collaboratively with clients to emphasize their strengths, set goals and help restore and maintain well-being and resilience. Both interpersonal theory and SFN value the interpersonal relationship.

The first aim of this paper is to explore contemporary applications of interpersonal theory. The second is to describe a learning strategy that has been designed to innovatively convey interpersonal theory and to equip student nurses with the knowledge and skills to work with children in health-promoting ways. The learning strategies are designed for engagement to ensure the lessons are memorable and will transfer from the classroom into practice. This empowering approach builds student skills to confidently interact with children.

Interpersonal Theories Applied to the Nurse–Child Relationship

In the first phase of Peplau's interpersonal relationship, a patient begins the process of identification, that is, they identify problems to be worked on. This process occurs when the nurse cultivates a relationship with the patient within which the patient feels safe to acknowledge the problem and to share its weight. In SFN, this phase is called "joining." Joining can occur at any time in a relationship with a child when a nurse approaches the relationship with a conscious intent to be genuine, accepting and empathic. These are the humanistic attributes espoused by Peplau and others (Gamble and Brennan, 2000; Rogers,

* Corresponding author at: CQ University, 90 Goodchap Street, Noosaville, Queensland 4556, Australia. Tel.: +61 407280939.
E-mail address: m.mcallister@cqu.edu.au (M. McAllister).

http://dx.doi.org/10.1016/j.nedt.2014.04.004
0260-6917/

1975). However, joining has a further simple, yet profound, aspect: to be respectfully curious (McAllister et al., 2013a, 2013b).

Peplau's next phase is called "exploitation." In this phase, the patient's trust is fully developed. Thereby, the patient can make full use of the available nursing care. In SFN, the equivalent phase is called "building." In this phase, skills are learned and practiced within a safe space cultivated and maintained by the nurse to allow shared, purposeful time with the child. This purposeful approach involves more than the delivery of treatments, although treatments may be offered. With a solution-focused orientation, the nurse may use treatment encounters to build the child's knowledge, courage, resilience and optimism.

This building phase involves exploiting opportunities. This building phase involves finding opportunities to build the patient's trust and collaboratively find solutions to health issues. At every available opportunity, a solution-focused nurse should ask themselves questions:

1. What is happening here that could be changed?
2. How can we give *more* space to this imagined change, rather than to the present problem?
3. What steps being made towards change do we need to notice and reinforce?

Peplau's final phase is termed "resolution." In this phase, the relationship is ready to be terminated because the patient has become self-reliant. In SFN, the parallel phase is termed "extending" because the aim is for the patient to transfer skills learned in the building phase to other contexts, and for these skills to be practiced without the close support of the nurse.

In each phase, knowing how to skilfully listen, empathize, communicate and teach is vital. Whilst Peplau's theory was not explicitly strengths focused, its emphasis on the psychosocial attributes of the nurse and mutual goal setting within the nurse–patient relationship are mirrored in the SFN approach.

Teaching Students To Apply Interpersonal Skills in Child Health

Teaching undergraduate nursing students interpersonal theories and giving them opportunities to apply the theory and practice the skills to develop confidence can be challenging in the context of Australian higher education. The curriculum is crowded (Ironside, 2004), and clinical placements, particularly in child health settings, are scarce (Health Workforce Australia, 2010). Students and educators are time poor (McAllister et al., 2011). In addition, today's learners are looking for excitement and innovation—something to hook their interest and capture their imagination (Morris and Faulk, 2012).

Simulation learning provides an exciting and relevant solution. Strong evidence that simulation can adequately replace clinical learning, especially in specialty fields, is not yet available (Brown et al., 2012). However, simulation learning can allow students to learn client-focused skills in a safe environment where mistakes can be made without causing harm to actual clients (Baxter et al., 2009; Warland, 2011). Learners can then make more effective use of their limited time on clinical placements. Pre-placement laboratory learning allows students to take as much time as they need to practice the skills required for competency in the clinical context.

Highly sophisticated simulation equipment is available, which may appeal to today's "tech-savvy" students and prove useful in developing technical proficiency (Oblinger, 2006). However, such equipment requires significant investment in infrastructure (Gant, 2007). In addition, whether these simulations are effective for developing interpersonal skills, particularly in the context of child health nursing, is unknown.

The Use of Play to Teach Communication Skills

A medium that captures the imagination of almost all children and learners is play, specifically puppetry (Friedman, 2006).

Play therapy has been widely studied and reported within the fields of counselling and occupational therapy and, to a lesser extent, nursing (Landreth, 2002; Saucier, 1989). Nurses can employ play for both therapy and learning. Role-play games feature heavily in the literature on computer simulation for teaching abstract concepts such as science (Foster, 2008), and their use is increasing within nursing simulation education (Muir-Cochrane et al., 2010). However, the use of puppets in simulation learning for nursing students in higher education has not been reported.

Puppets have been more widely used for learning than for therapy. Studies demonstrate that they can be effective in a variety of ways. Puppets have been used to teach children about the importance of caring for the environment, in family planning, and to transmit knowledge about HIV (Pradesh, 2011). Jacono and Jacono (2008) found that the use of puppets was an engaging way to raise awareness about mental health and to improve optimism amongst a group of North American aboriginal young people at risk of suicide and self-harm.

Burke Mackenzie (2012) used puppets to improve teaching skills in future educators. She explains that the visual power of the puppets assists student teachers to release inhibitions that may prevent them from engaging with classroom learners. The puppets are an indirect, yet effective, way to enhance the student teachers' communication skills.

Puppets may also improve learner engagement. Epstein et al. (2008) found that learners became so engaged with the puppets that they talked to and interacted directly with the puppets rather than with the puppet operator. Similarly, Hackling et al. (2011) found that puppets helped the educator interact more fully with learners and facilitate deeper discussion through which learners could clarify and consolidate their understanding.

The evidence on the effectiveness of puppets in learning suggests they might also be an effective tool to improve the communication skills of nursing students in a simulation learning context.

The Simulation Innovation

Within the School of Nursing and Midwifery programme at a regional Australian university, innovative, well-developed simulation strategies (Mask-Ed) using props and masks to hide the educator in the role of patient are being employed (McAllister et al., 2013b). However, this approach has been limited to learning about adult health care because the teacher-in-role is necessarily an adult. The portrayal of the needs of paediatric patients using scenarios to encourage nurse–child interaction had not been developed. This deficiency prompted the development of puppetry to mimic a child patient and thereby encourage nurse–child interaction. We named the technique "Pup-Ed (KRS Simulation)"; the acronym is based on the first letters of key aspects of the puppet simulation pedagogy (Table 1).

Two types of commercially available puppets were used to develop this technique. Character puppets are 65 cm hand-controlled puppets. These little puppets (Living Puppets™, Germany; www.living-puppets.de) are made of washable material. The opening in the back of the head gives the user full mouth control and the gloved hands allow the user to make hand movements, which bring the puppet to life (Fig. 1).

The second puppet type is procedure puppets. These puppets (Patient Puppets, Canada; www.patientpuppets.mb.ca) are also made from cloth and foam but have more complex components than the character puppets. They allow students to practice technical procedures such as insertion of catheters, naso-gastric tubes and cannulas and establishing a port access. In comparison with both computerized and non-computerized manikin simulations, the puppet simulation allows the learner to actually perform a procedure on the puppet, which moves and responds as a child would. The learner becomes immersed in the world of this "little person"; the puppet can express feelings (e.g., portray fear), ask questions and, most importantly, respond. The