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Featured Article

Evaluating Spanish Proficiency among Interprofessional Health care Students Using Simulation

Sandra Benavides-Vaello, PhD, RN[a,*], Kevin V. Stevens, MSN, RN, CHSE[b], Mary M. Vines, MN, RN, CMSRN, CHES[c]

[a]*Assistant Professor, Washington State University, College of Nursing, Spokane, WA 99210-1495, USA*
[b]*Director, Clinical Performance and Simulation, Washington State University, College of Nursing, Spokane, WA 99210-1495, USA*
[c]*Adjunct Nursing Instructor, Columbia Basin College, Pasco, WA 99301, USA*

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Abstract: The purpose of this work is to share findings from a novel application of clinical simulation: the assessment of Spanish proficiency among interdisciplinary health students. Students enrolled in a ''Spanish for Healthcare Professionals'' course participated in a final examination offered via clinical simulation. Students from nursing, speech and hearing, pharmacy, and medicine were divided into six multidisciplinary groups. Focus groups were used to capture student perceptions related to the use of simulation for assessing language proficiency. Findings indicated that simulation provided a ''real'' experience but also caused anxiety; students felt supported by the group; students gained confidence about recognizing limits when communicating with Spanish-speaking patients; and an increase in simulation use throughout the course was desired. Simulation has a role in language courses for the health professions and provides a safe environment in which students can practice communication with non-English speaking patients.

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Background

Simulation is becoming more prevalent in nursing education programs, often being used as a clinical learning tool, and repeatedly shown to be effective in improving cognitive skills and critical thinking. The technology of a life-like interactive manikin combined with the set up of a realistic clinical environment provides an excellent setting to promote skill and knowledge building as well as teamwork and leadership abilities (Wolfgram & O'Leary Quinn, 2012).

A simulation typically involves a group of students brought together to care for a specific patient with a particular disease process. The simulation scenario is tailored to meet specific objectives and elicit certain responses from the students, covering anything from skills to therapeutic communication, prioritization, and teamwork (Jeffries, 2012). The patient is usually represented by a Human

* Corresponding author: svaello@wsu.edu (S. Benavides-Vaello).

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Patient Simulator, which may be a manikin or a standardized patient (scripted person to act as the patient), or a hybrid of both. The intent is to create the most realistic situation to allow the students to suspend disbelief during the simulation. After a simulation training activity is conducted, an approximate 20-minute debriefing process occurs. Guided reflection occurs as well as spirited discussion on the events of the simulation. Further, debriefing provides students an opportunity to further elaborate on what the roles of the other disciplines entail.

Key Points

- Simulation was positively received by students in this ''Spanish for Healthcare Professionals'' course.
- Students felt the simulation exercise provided real world experience.
- Simulation can play a key role in exposing students to cultural interactions.

Interprofessional simulation scenarios enhance the realism of any simulation process in that most health science professionals collaborate on patient care in some aspect (Robertson & Bandali, 2008; Baker, et al., 2008). Simulation in interprofessional education (IPE) benefits students and all health care members by demonstrating the importance of teamwork and communication, and familiarizing learners with the roles of each other's professions, preparing them for real world situations. By using simulation and practicing in a controlled environment under supervision, IPE leads to improved patient care outcomes and increased safety, and reduces medical errors. Baker et al. (2008) examined participants' perceptions of interprofessional simulation training within the area of cardiac resuscitation. Participants were nursing students, medical students, and medical residents. Evaluation of the training was positive and outcomes included a clearer understanding of the various roles of team members during a resuscitation event and an enhanced appreciation of the mutually dependent relationship with one another as health care professionals.

Accordingly, interprofessional collaboration is becoming more prevalent in nursing schools and health science professions across the nation and is considered a necessary foundation for patient-centered care (Romannow, 2002; Oandasan & Reeves, 2005). Simulation is an effective way to foster such collaborative care among interprofessional students. Through simulation, it is possible to recreate an event that is as close to reality as possible (Baker, et al. 2008), thus allowing for joint learning by interprofessional students while caring for the same patient.

Language, Culture, and Multidisciplinary Simulation

Cultural competency is another necessary and critical part of most health professional educational programs. The concept is growing within the realm of simulation, with cultural competency being introduced or reinforced via various technology venues (Perron, et al., 2009; Rutledge et al., 2009; Fors, Muntean, Botezatu, & Zary, 2009). Panzarella (2009) noted that when developing curriculum, cultural competence is an essential and important element of coursework and ''…is an integral component of clinical competence and should be viewed as such by faculty'' (p. 1146). Yet, some faculty members are not comfortable with the complexity of cultural competence and changing course content to include the subject matter can seem formidable. A major step toward overcoming this issue might include incorporating fundamental cultural concepts into every course within the curriculum, thereby increasing faculty ''comfort, cohesion, and excitement'' (Panzarella, 2009, p. 1145) about cultural competence.

However, connecting culture and foreign language (such as Spanish) experiences is challenging. Foreign language competence is not necessarily synonymous with cultural competence. The former is related to syntax, or how words are organized within sentences, whereas culture is an accumulative collection of values, beliefs, meanings, and experiences shared by a population group (Helman, 1994). One major obstacle to connect culture and competence is the limited diversity of faculty within health professional higher education. Another obstacle is ethical access to limited or non-English speaking patients for the purposes of evaluating student language proficiency. To meet the growing diversity in the US population, the use of standardized patients (SPs) could be advantageous to educate medical professionals about the health care needs of these cultures. By creating scenarios that incorporate cultural values, as well as region specific illnesses, SPs can facilitate opportunities for gaining insight and identifying approaches for working with patients of varied sociocultural backgrounds (Fors, Muntean, Botezatu, & Zary, 2009). Nonetheless, before implementation, it is important to verify that the SPs and scenarios represent, and are adapted to, the local learning curriculum and medical culture.

There is considerable potential for using simulation to overcome the aforementioned barriers. Perron et al. (2009) incorporated sociocultural factors into an existing computer-based assessment tool for physicians and medical students to determine if these influences were accounted for when determining a diagnosis. Results demonstrated that medical students scored slightly higher on incorporating these factors into their assessment and diagnosis. There was no correlation between previous cultural competence training and performance. Overall, this simulation tool allowed sociocultural factors to be explored and integrated into the provider's diagnosis process and offered an achievable and organized approach for evaluating certain elements of clinical cultural competence at a broader level (Perron et al., 2009). Other cultural competency simulation applications include work by Rutledge et al. (2009) that describes a Human Resources Services Administration (HRSA) funded program in which simulations are used to