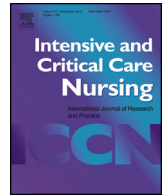




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Original article

Ensuring relational competency in critical care: Importance of nursing students' communication skills

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ABSTRACT

Objectives: The aim of this study was to analyse the communication skills of students in interactions with simulated critically-ill patients using a new assessment tool to study the relationships between communication skills, teamwork and clinical skills and to analyse the psychometric properties of the tool.

Methods: A cross-sectional study was conducted to assess the communications skills of 52 students with critically-ill patients through the use of a new measurement tool to score video recordings of simulated clinical scenarios.

Results: The 52 students obtained low scores on their skills in communicating with patients. The reliability of the measuring instrument showed good inter-observer agreement (ICC between 0.71 and 0.90) and the validity yielded a positive correlation ($p < 0.01$).

Conclusions: The results provide evidence that nursing students lack skills when communicating with critically ill patients in simulated scenarios. The measuring instrument used is therefore deemed valid and reliable for assessing nursing students through a clinical simulation.

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Implications for clinical practice

- Trainee nurses prioritise advanced clinical care and technical skills over emotional or communicative aspects when dealing with simulated critically-ill patients.
- The nursing students' communication skills with critically-ill patients must be improved.
- High-fidelity clinical simulation is an adequate learning and assessment methodology, promoting the acquisition of clinical and non-clinical skills.

Introduction

Being hospitalised is a strange and even stressful situation for patients in a critical care unit. Among other reasons, such an environment is usually highly technological, the care received by the patients is complex and they are isolated from their families. There-

fore, all care activities are solely focused on keeping the patient alive, relegating emotional or non-technical aspects to the background (Leal et al., 2010; Llenore and Ogle, 1999; Llubiá, 2008). However, ignoring the emotional state of the patient could be detrimental to their health and recovery and thus, attempts should be made to humanise the critical care unit to make it as comfortable as possible for patients and their families (Aslakson et al., 2014; Llenore and Ogle, 1999; Santana et al., 2009).

Communication is more complex with critically-ill patients, as many of them are sedated and intubated and have life threatening conditions. However, some feelings and emotions such as pain, fear, anguish, discomfort, and sadness, are intensified and are better expressed through nonverbal language, such as gaze, gestures and expressions, than through words (Arif-Rahu and Grap, 2010; Llubiá, 2008; Santana et al., 2009). To this effect,

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adequate communication skills of the health workers are essential.

In the European Higher Education Area (EHEA), the importance of training university students in transversal skills such as communication, implementation of aptitudes, personality traits, acquired knowledge and values in their professional development activities is highlighted. Communication skills are necessary for the effective practice of any profession and teaching them requires significant changes in the curriculum and in the learning and assessment methodologies (Bauchat et al., 2016; Wick, 2012).

Therefore, teaching and learning models used in the health sciences have changed from traditional models that were centred on knowledge transfer, to active student learning methods (Díaz et al., 2016). Among the innovative teaching methods, clinical simulation should be emphasised as a methodology for learning and training in techniques and non-technical aspects in a simulated environment that is a substitute for a real-life situation (Ballangrud et al., 2014; Bauchat et al., 2016; Kowitlawakul et al., 2015).

During clinical simulation, teachers create simulated scenarios based on the learning objectives and competencies that students should acquire. These objectives include knowledge, skills and human factors that are similar to those found in clinical practice and that can later be extrapolated to real-life clinical situations (Oh et al., 2015; Pike and O'Donnell, 2010). Hence, numerous types of simulated scenarios with simulated critically-ill patients can be created to represent complex clinical situations that include high levels of stress and difficult communication. The use of high-fidelity simulations allows students to develop cognitive and emotional skills through learning from their own mistakes, allowing them to engage in reflection, increase their security and confidence, learn to manage stress and promote teamwork (Ballangrud et al., 2014; Garbee et al., 2011; Hsu et al., 2014; Krimshstein et al., 2011; Liaw et al., 2014; Yuksel and Unver, 2016).

Some studies have shown that in real-world clinical practice most of the complaints received from patients in intensive care units on health professionals are related to ineffective communication and not to the lack of clinical skills (Arnold et al., 2015; Carlsson et al., 2015).

Given the methodological and ethical difficulties associated with implementing these studies in real clinical settings through videotape or direct observation, the high-fidelity clinical simulation emerges as an effective teaching methodology in which different health sciences students can develop cognitive and emotional skills in a safe environment that encourages learning and competency-based assessment. Such simulations can use validated tools that assess clinical and non-technical skills, such as communication and teamwork, from a holistic perspective.

The students who participated in the study took part in a simulated scenario in three person teams. Before entering in the simulation room, students were given some patient information, a description of the clinical situation contextualised in space and time and a brief nursing process with some interventions to be conducted (Leal et al., 2014).

An expert in clinical simulation assessed their performance through observation with a Clinical Simulation in Nursing Assessment Questionnaire (CLISINAQ) (Díaz et al., 2016; Leal et al., 2014). As the tool used in the questionnaire had not been previously validated, its reliability and validity were assessed in this study.

Aim

The aims of this study were: (1) to analyse the communication skills of students enrolled in their final year of a nursing graduate

programme with simulated critically-ill patients; (2) to study the relationships among communication skills, teamwork and clinical skills; and (3) to analyse the psychometric properties of the Clinical Simulation in Nursing Assessment Questionnaire (CLISINAQ) based on evidence of validity and reliability.

Methods

Participants and settings

We performed a cross-sectional study using non-probabilistic sampling of a target population of 60 students who were in their fourth year of a nursing degree programme and were enrolled in the Critical Care Practicum course in May and June of 2015 at the Catholic University of Murcia (UCAM), Spain.

The inclusion criteria were as follows: 1) students needed to be in the final year of a nursing degree programme and be enrolled in the Critical Care Practicum course from May to June 2015, 2) students had to have previous experience in simulations and not missed any sessions, 3) students correctly answered all the questionnaires and 4) students signed an informed consent form.

A total of 52 students (participation rate of 86.7%) were assessed through clinical scenarios with a high-fidelity simulation device acting as critically-ill patients in a room mirroring a critical care area. The simulated critical patient had intact cognitive abilities. The scenarios were recorded and displayed in real-time for the students' peers during the clinical simulation sessions (Leal et al., 2014).

After a clinical simulated session, the students reflected upon their actions, thought processes and emotional states to improve their performance in hypothetical situations. Each simulation session was structured to include briefing, simulation and debriefing phases (a reaction phase, an understanding phase and a summary phase) (Eppich and Cheng, 2015; Palaganas et al., 2016). The scenarios included in this study are described in Table 1.

The video recordings were assessed using the Clinical Simulation in Nursing Assessment Questionnaire by an expert in clinical simulation and five reviewers who were trained in the use of that tool. The assessments were used to obtain evidence of the instrument's reliability. Only one expert performed the assessment of communication skills using the Connect Identify-Understand Agree-Help (Spanish acronym: CICAA) questionnaire, as this measurement was employed to obtain evidence of construct validity (Fig. 1).

Data collection

Socio-demographic characteristics including age, gender and marital status were assessed using a closed-ended response format.

Clinical simulation in nursing assessment questionnaire (CLISINAQ)

This instrument was designed to assess students through observation (Leal et al., 2014). The items in each of the dimensions of the instrument are the result of expert consensus by six simulation facilitators with clinical experience and training in the health sciences. This instrument is based on a model of competency assessment using the Nursing Interventions Classifications (NIC nursing taxonomy) (Butcher et al., 2013). Nursing taxonomy is used because it's an international simulated language which makes possible assessment in competency-based learning (general, specific and transversal competences). Students were assessed in terms of skills and human factors similar to what they would develop in real clinical practice within a safe environment for the patient and themselves (Díaz et al., 2016; Leal et al., 2014). The first dimension assessed is non-technical skills, which consists of

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