Patterns of Communicating with High Fidelity Patient Simulators

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Background

- Simulation based on premise of
- experiential learning
- Scenarios mostly medical-surgical
  - Focus: problem solving, psychomotor skills
- Communication
  - Focus: inter- or intra-professional aspects

- High-fidelity simulation- promoting empathetic and caring responses
  - Blum, Hickman, Parcells, & Locin, 2010
  - McMillan & Davidson, 2011
  - Panosky & Diaz, 2010
- Increased confidence / competence in communication skills
  - Bambini, Washburn, & Perkins, 2009
  - Kameg, Clochesy, Mitchell, & Suresky, 2010
  - Sleeper & Thompson, 2008

Research Question

What are the observed patterns of communication, used by students, in a high-fidelity medical-surgical simulation?

Scenario

- 64-year old; burns from house fire
- Emergency room / Day 2 settings
- Medical issues during scenario
  - Pain control
  - Oxygenation
  - Fluid resuscitation / Fluid overload
  - Compartment syndrome
- Pre-simulation preparation

Methods

- IRB, student consent for video-recording
- Review by both researchers
- Verbatim transcription salient interactions
- Thematic analysis
  - "Start list"
  - Iterative process – revisions / additions
  - Emerging categories & patterns

Sample

- Convenience sample
- *N* = 71 senior nursing students
- 2-4 students in each scenario (average = 3)
- 25 recordings – 20 minute simulation

Patterns

Focusing on Tasks

Communicating-in-action

Being therapeutic

Focusing on Tasks

Missing opportunities

P: "I feel so stupid…what I did at home…so stupid."
S: " Accidents happen…you can't blame yourself."

P: Oh, why does it hurt so much?
(Busy taking blood pressure and looking at computer)
P: "Are the burns bad? Why do they hurt so much."
(No response. Working monitor and oxygen)
P: "It's just really scary that anything that touches my skin really, really hurts."
S: Okay…ahh…I understand."

Focusing on Tasks

Viewing the "small picture"

P: "I feel like I'm going to die"

No reply--Students busy with assessing lungs, giving medication.

P: "What's going on?"

S: "Well we've been giving you a lot of fluids, maybe we gave you too many."

Communicating-in-Action

Relying on informing

P: "It hurts…how bad…what do they [the burns] look like…how bad is it?"

S: "You have full thickness burns on your arm, and some blistering areas on your chest and face. These are the ones giving you the pain."

Communicating-in-Action

Speaking in "medical tongues"

P: "Oh, all of those alarms…is everything okay?"
S: "Your oxygen saturation is better. That's what we were hoping for."

S: "We're going to give you a bolus of fluid."

Communicating-in-Action

Offering choices…okay?

S: "We're just going to put the blood pressure here so we can monitor you better…okay?"

S: "We're going to give you some medicine to take some fluid off your lungs…okay?"

Being Therapeutic

Feeling uncomfortable

P: " It's scary…"
S: "Yeah, your husband will be here soon."

S: "Has anyone been in to visit you?"
P: "Yes, my husband has been here most of the time."
S: "Okay."
P: "I don't really want my kids to come yet."
S: "Yeah…"

Being Therapeutic

Using therapeutic techniques

S: "I'm going to be right here. You can squeeze my hand if you need to."

P: "I hope you're going to have time to wash my hair soon. It smells smoky to me."
S: "It smells smoky…?"

P: "I was making lunch for him when it happened. It was so stupid."
S: "It must have been scary for you…."

Discussion

- Acknowledge novice status of students
  - Less “wholistic view”
  - Lower ability to “put it all together”
- Lack of comfort in situations of patient distress
  - Missed opportunities to explore feelings
  - Reliance on informing
  - Feeling like answer needed for every question
  - Discomfort with silence

- Complexity of scenario may limit opportunities for therapeutic communication

- Importance of communication skills suggests need for more time for “safe” practice

Limitations

- Spontaneous interaction by “live” simulation operator varied
- Inability to simulate non-verbal
- Performance anxiety

Conclusion / Recommendations

- Integrate communication aspects into all scenarios and debriefings
  - May involve shift in thinking for faculty
  - Use task trainers / skills blitzes for psychomotor skills and task proficiency
- Consider designing specific scenarios where communication skills are priority

? Questions ?

Comments

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