Evaluating the Dynamic Combination of Simulation and Cognitive Rehearsal to Foster Civility and Transform Practice

CIVILITY

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- Examine rationale to promote civility, professionalism, and patient safety
- Relate how Kirkpatrick's Model of Evaluation was used to assess a simulated scenario to prepare students to recognize and address incivility and to effect positive change in the practice setting
- Illustrate how the combination of a simulated scenario and Cognitive Rehearsal was used to prepare students to recognize and address incivility and to effect positive change in the practice setting

Concepts and Rationale
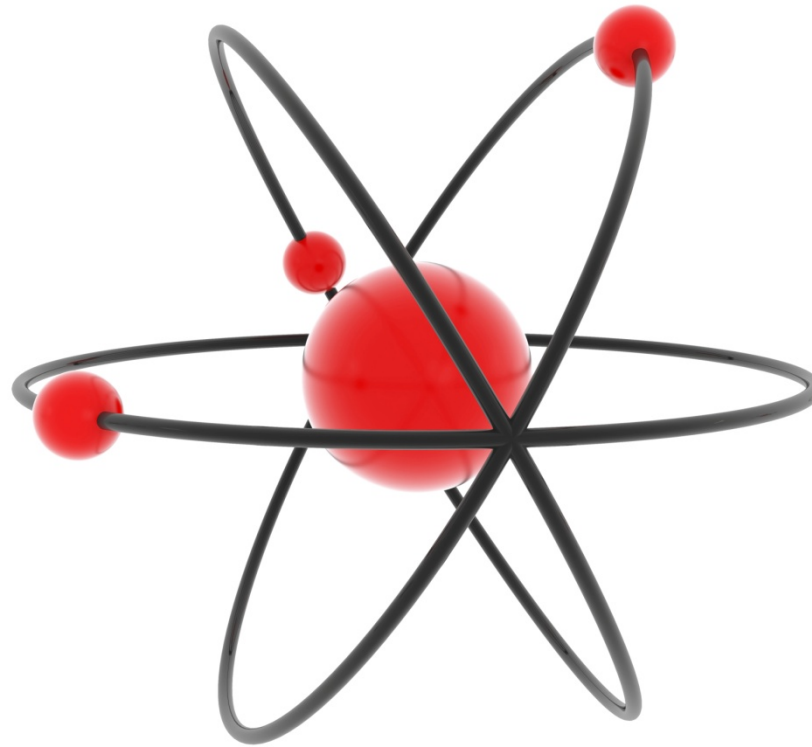
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What is Civility and Why Does it Matter?

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What is Incivility and Why Address It?

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Rationale for Fostering Civility

Creating a Culture of Safety
High Reliability Organizations (HROs)

An industry that does complex, high-stakes work where mistakes can equal <u>great harm</u>. HROs have systems in place that make them exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors.

Commitment to safety at all levels, from all workers, providers, managers, and executives.

www.ahrq.gov

ANA Code of Ethics (2015)

Provision 1.5: The nurse creates an ethical environment and <u>culture of civility and kindness</u>, treating colleagues, coworkers, employees, students, and patients with dignity and respect; any form of bullying, harassment, intimidation, manipulation, threats, or violence are <u>always morally unacceptable and will not be tolerated</u>

Provision 7.2: Academic educators must ensure that all graduates possess the knowledge, skills, and moral dispositions that are essential to nursing

ANA Position Statement:
Incivility, Bullying, and Workplace Violence

ANA, 2015

The Center for American Nurses (2008)

■ *Develop and implement teaching strategies and curricula* to educate nursing students on the incidence of disruptive behaviors and steps to take to eradicate uncivil behavior.

Incivility Negatively Impacts

- Patient Safety and Quality Care
- Clinical Judgment and Reasoning
- Recruitment and Retention
- Morale and Collegiality
- Job Satisfaction—Intent to Leave
- Relationships and Teamwork
  Quality of Services
- The *'Bottom Line'*

Addressing the Issue

Using Simulation and Cognitive Rehearsal
Multi-Year Initiative 2010-2014

Cognitive Rehearsal: Evidence-Based Strategy to address uncivil behavior: Consists of 3 parts:

1. Learning and didactic instruction
2. Rehearsing specific phrases to use during uncivil encounters (creating and preserving a personalized statement)
3. Practice sessions to reinforce instruction and rehearsal

Griffin 2004; Griffin & Clark, 2014

Preparatory Readings, Didactic Sessions
Civility, Incivility, and Cognitive Rehearsal

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Teaching Cognitive Rehearsal
Method for Addressing Conflict

TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

Evidence-based teamwork system to improve communication and teamwork skills among health care professionals.

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http://teamstepps.ahrq.gov/

CUS(sing): To get attention when you really need it: **CUS!**

    I am **C**oncerned

    I am **U**ncomfortable

This is a **S**afety issue

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Nurse-to-Nurse Uncivil Encounter
(Simulation)

EXEMPLAR: The Hurried Hand-Off

Geez, Sandy, where have you been? You're late as usual. It's been a really busy shift and I can't wait to get out of here. See if you can manage to get this information straight for once. You should know Mrs. Jones by now – you took care of her yesterday, so you should know what's going on. She has a bunch of treatments that need to be done. You need to check her vital signs too—I've been way too busy to do them. So, that's it—I'm out of here. If I forgot something, it's not my problem, just check the chart.

Using the CUS Model

*(Use name)_____, I'm **C**oncerned about Mrs. Jones and **U**ncomfortable rushing through report. For her **S**afety, please provide a complete report before you go.*

Evaluating Student Learning
Using Simulation and Cognitive Rehearsal

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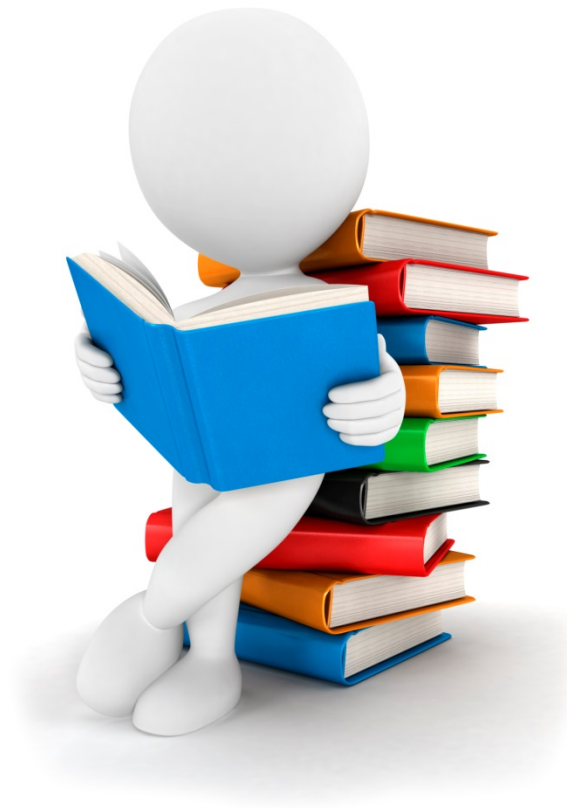
Kirkpatrick's Model for Evaluation
4 Levels

Level 1: Measures learner satisfaction
Level 2: Measures learning during the activity
Level 3: Measures ability to apply what's been learned
Level 4: Measures impact on the organization

Kirkpatrick & Kirkpatrick, 2006

Initial Study—2011

64 (100%) BS senior nursing students

Purpose: Evaluate the level of learning acquired after a simulated nurse-to-nurse uncivil encounter and the use of CR

Based on Kirkpatrick's Level 2

Clark, Ahten, & Macy (2012)

Key Findings: Learners Reported…

Uncivil behavior is common, offensive, and rude; one uncivil person can change an entire workplace

Allowed learners to reflect on own behaviors and how they might handle the situation if faced with a similar event

Encounter was realistic, bringing learning 'alive,' and heightening awareness of incivility and its impact

Reinforced the importance of teamwork, effective communication (CR), and the need for ongoing education to address incivility

Key Findings (continued): Learners Requested…

Deeper debriefing and lengthier class discussion

More scenarios with varying outcomes

Civility addressed earlier and threaded throughout curriculum

Key Findings: How do you think this experience might affect your nursing practice?

Helped learners recognize and address incivility

To be cognizant of their own behavior and how they treat others (be supportive, respectful, and use effective communication)

Important to learn to successfully manage conflict

10-Month Follow-up Study—2012

Follow-up qualitative study with newly graduated nurses who had participated in the previous study

Based on Kirkpatrick's Level 3
Has behavior changed as a result of participating in the scenario using CR?

Participants: 18 of 30 newly graduated nurses

Clark, Ahten, & Macy (2014)

Key Findings:

61% (11) reported experiencing/observing incivility in the practice setting

Themes
- Rude remarks, gossiping, complaining
- Inter-professional incivility
- Yelling and berating

"Nurses make negative remarks about 'gay people', knowing two of the nurses on our unit are gay."

Key Findings:

61% (11) reported using the information learned in class to address incivility in the practice setting

Themes

- Enhanced ability to depersonalize and address the behavior
- Helped nurses to think before acting

"I have applied the information to build respectful and professional communication and relationships with my patients and co-workers."

Key Findings:

77.7% (14) reported changes in their behavior

Themes:
- Raised awareness
- Able to address incivility immediately
- Communicate more clearly

*"I have more courage to stand up for myself because I know I don't have to take [uncivil] treatment,
even if I am the new person."*

Key Findings:

57% (8) reported factors that discouraged/prevented them from applying what they had learned in class

Themes:
- Being new to the profession
- Facing reality—maybe incivility is *"just the way it is"* in nursing

"Being new to the area where I am working has made me feel as though it isn't my place to say anything regarding the incivility."

Key Findings:

56% (10) reported specific benefits/rewards stemming from learning activity and impacting their practice setting

Themes:
- Role modeling and collegiality
- Communicating more effectively

"I realize that I have the power to change a situation for the better by treating everyone with genuine civility. Through the scenario I saw the power and the possibilities this affords co-workers. It is truly what got me through those difficult weeks of orientation."

Study Summary

The simulation with CR was an effective teaching strategy for preparing students to recognize and address incivility in practice

Graduates with limited experience and familiarity with the professional nursing role were able to identify uncivil behavior, and in some cases, effectively address the behaviors

Thank You!
Questions, Comments, Ideas

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