

Baccalaureate Teaching Innovation to Strengthen Interdisciplinary Teamwork & Communication Skills for Patient Safety

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Communication Challenges

- Limited clinical interaction between nursing students and prescribers
 - Physicians
 - Nurse Practitioners
 - Residents
 - PAs
 - Medical, NP and PA Students

Communication Challenges

- Fear
 - Nursing Student
 - Cannot take orders alone
 - Power differential
 - Lack of experience
 - New Graduates
 - Power differential
 - Lack of experience
 - High performance expectations



Nurse Communication

- There's a story to be told
- Background and context is important
- Justifying the call/question



Physician Communication

- Just the facts
- Recommendations
- Organization and flow of information is crucial

*Just the facts, mam.
Just the facts.*



Can Simulation Help?

- Traditional simulations only go so far...
 - Rarely are multidisciplinary
 - Scheduling conflicts
 - Different objectives
 - Limited time and resources
 - Often physician roles “played” by nursing faculty
 - Primarily female faculty

Let's Focus on Communication

- Communication Simulation
 - Traditional BSN Students
 - MSN-CNL Students
 - During semester of first clinical exposure
 - Formative versus evaluative



Building Partnerships



- Medical Students (volunteers)
- Residents in Teaching Rotation
- Faculty
- Faculty

Goals

- Provide an opportunity to interact in a supportive setting
- Observe and provide feedback on communication skills
- Exposure to deliberative practice
- Provide a mutual learning experience for nursing and medical students

The Magic Behind the Scenes



- Scheduled the simulation toward the end of the semester
- Requested at least one hour blocks of time for physician roles, most were present for 4 hours
- Nursing students signed up every 15 minutes for a 30 minute block (staggered start times)

Location and Props

- 3 rooms with phones
 - 2 for students
 - 1 for physician
- SBAR Communication Tools (student handouts)
- 2 Different Scenarios per day
 - IHI SBAR Training Scenarios
 - METI Simulations

- Scenarios required assertive communication
 - Acute GI bleed
 - Acute MI
 - Acute Renal Failure
 - Post-Op DVT
 - Chronic Heart Failure Exacerbation
 - Respiratory Distress

I'm calling about my patient...

- Students given report by off-going nurse
- After 5 minutes for prep, they were given an updated assessment
- Students reviewed new findings for 5-10 minutes, then called the physician



What Did you Say???

- Physicians often provided challenges for the student
 - “I just started the admission work-up for this patient in the ED. I’ll be up in about an hour to see Mr. Smith.”
 - I haven’t eaten all day. I just got through the cafeteria line and sat down to eat. I’ll be there in about 45 minutes or so. Just keep an eye on her until then.”
 - “Go ahead and give ASA 325mg, 1 tab now for pain since they’re used to it, until I can get there.”
(possible GI bleed from aspirin abuse)
 - “Let’s give them LR and some morphine.”
(incomplete orders)

Initial Feedback

- The first set of labs, the resident/students gave the lead faculty feedback. Then this was given to the student by the nursing faculty member.
- An interactive opportunity between disciplines was slipping away.

Better Feedback

- The resident/student discusses the interaction with the lead faculty, then the prescriber goes in to meet the student and give direct 1:1 feedback.
 - One resident even brought chocolate for the students after their phone calls.



What we learned...

- Some students were very comfortable asking the physician to come right away
- Some students had no idea that they could or should question the physician's decision to delay assessment
- Physician feedback here was invaluable



Learning Goes Both Ways



- Teaching residents often have their faculty come observe them for a couple of hours and receive peer feedback on their coaching skills.
- Nursing faculty have the opportunity to educate physicians about SBAR and what nurses know

Was it Worth it?

- Nursing students reported that it was a great opportunity to practice with “real” physicians
- Teaching residents appreciated being involved in nursing education and learning about nursing



Looking Toward the Future

- Including more prescribers
- Beginning and end of the students' first clinical semester
- Evaluative component for seniors
Changing the process so students receive report, assess simulated patient, then call the prescriber
- Including part-time & retired physicians



Want to Read More?

- Leonard, M., Graham, S., & Bonacum, D. (2004). The human factor: the critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Health Care*, 13(Suppl 1), i85-i90. doi: 10.1136/qshc.2004.010033
- Mascioli, S., Laskowski-Jones, L., Urban, S. & Moran, S. (2009). Improving handoff communication. *Nursing 2009*. 39(2), 52-55.

Resources

- IHI - SBAR Communication Tools
<http://www.ihl.org/knowledge/Pages/Tools/SampleSBARCommunicationTool.aspx>
- IHI – SBAR Guidelines and Worksheet
<http://www.ihl.org/knowledge/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx>

Scenario Resources

- IHI - SBAR Training Scenarios and Competency Assessment
<http://www.ihl.org/knowledge/Pages/Tools/SBARTrainingScenariosandCompetencyAssessment.aspx>
- METI Learning Modules
Listing of available modules for purchase
http://www.meti.com/mymeti/data_files/education/METIlearningmodules.pdf

Questions

