

DNP Leadership to Impact
Nursing Education:
Teaching Nurses Skilled
Communication

Karen Kesten, DNP, APRN, CCRN,
PCCN, CCNS

Georgetown University School of
Nursing and Health Studies

Georgetown
UNIVERSITY



Objective

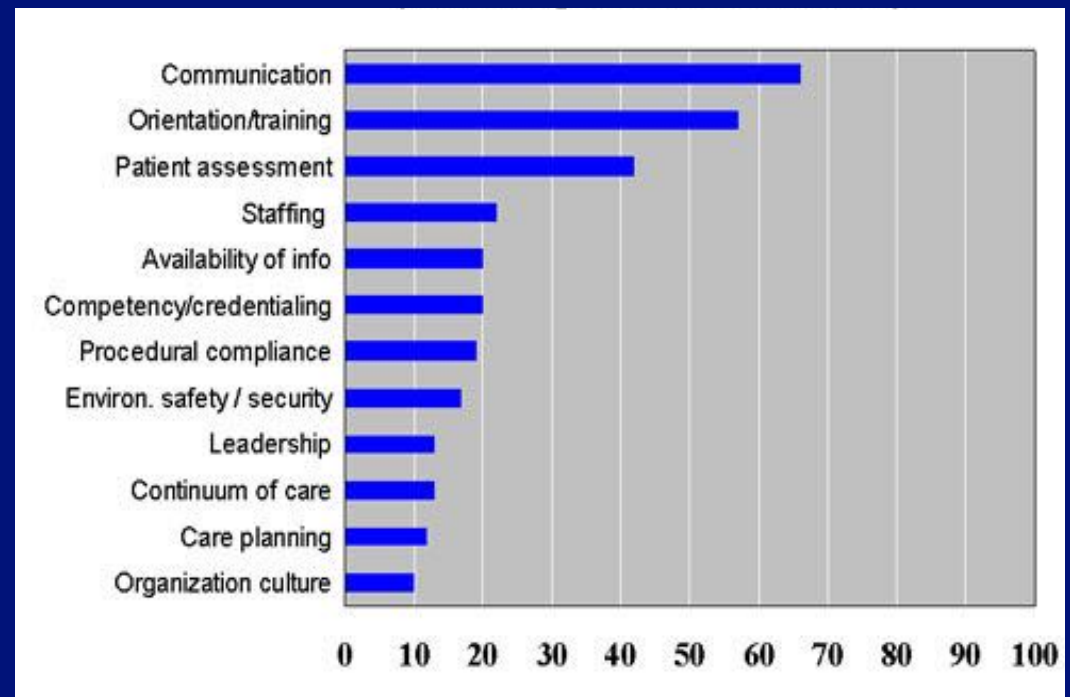
- **Demonstrate DNP leadership to impact nursing education by teaching nurses skilled communication.**

The frightening facts:

- The Institute of Medicine's (IOM) Report in 2001
- The Joint Commission on the Accreditation of Hospitals published data in 2006
- In more than 2900 sentinel events reported between 1995 and 2005, over two thirds report miscommunication as the root cause in their occurrence

Background for the Project

- **Institute of Medicine (IOM) Report, 2001**
- **Joint Commission, 2006**
- **Recommendations**
 - **Joint Commission Patient Safety Goal**
 - **Military, NASA and the FAA (Helmreich, 2000)**



Consider These Potential Hospital Examples:

- A night nurse chooses not to call a physician known to be verbally abusive. She uses her judgment to clarify a med order and administers a fatal dose of the wrong drug
- Isolated decision making in one department leads to tension and frustration
- Nurses are placed in leadership positions without preparation and support

Skilled Communication

- It is more than a one-way delivery of information.....it is a two-way dialogue in which people think and decide together
- Organizations must make a priority to develop communication skills among it's employees - including written, spoken, electronic and non-verbal skills (that are on par with expert clinical skills)

Skilled Communicators.....

- Focus on finding solutions and achieving desirable outcomes
- Seek to protect and advance collaborative relationships among colleagues
- Invite and hear all relevant perspectives
- Call upon goodwill and mutual respect to build consensus and arrive at common understanding

Skilled Communicators.....

- Demonstrate congruence between words and actions, holding others accountable for doing the same
- Have access to appropriate communication technologies and are proficient in their use

SBAR Communication in Healthcare

- **Situation:** What is going on with the patient?
- **Background:** What are the clinical facts surrounding the problem?
- **Assessment:** What do I think the problem is?
- **Recommendation:** What should be done to correct the problem? What do I need?

(Mahlmeister, 2005)

Research Questions

Reflect Purpose:

1. Does type of instruction for skilled communication utilizing the SBAR (Situation, Background, Assessment and Recommendation) technique influence communication **knowledge** of student nurses?
2. Does skilled communication education via didactic and role-play instructional methodologies utilizing the SBAR technique improve communication **performance** more than didactic instructional method alone?

Significance of the Project

- **Lack of evidence to support BEST practice for teaching communication skills to nurses**
- **Integration into nursing curriculum**
- **Serve to inform future education, in service training and research studies**
- **Future implications for interdisciplinary communication**
- **Enhanced communication can improve patient outcomes**
 - **Decreased sentinel events, medication errors, adverse events (Haig, Sutton & Whittington 2006)**



Pilot Study

- **Pilot study served to inform DNP project**
- **Self report knowledge of SBAR in senior students**
 - **Only 3% had used SBAR in clinical setting**
- **Observation of 42 senior student nurses**
 - **Only 12% compliance with the SBAR components**
 - **Refinement of tools**



Methodology: Research Design

- Experimental design, random assignment
- RQ #1: pretest posttest design
- RQ#2: posttest only control group design

Study Procedures

- **Recruitment and consent**
- **Simple randomization**
 - **Didactic group**
 - **Didactic plus role play group**

Sample and Power

- Convenience sample of 115 traditional and second degree senior student nurses
 - Simple randomization
- RQ#1: 104
- RQ#2: 109
- Large effect size, power = 0.80
 - need 47 in each group

Intervention

- **Didactic module on skilled communication**
- **Role play exercise**



The following is an example of a scenario script for role-play.

- Situation: Mrs. Jones is a 65 year old female with end stage renal disease and critical potassium of 6.9.
- Background: Mrs. Jones has a past medical history of hypertension and was admitted yesterday for Abdominal Aortic Aneurysm repair. She missed dialysis two days ago. She has no known allergies and is a full code status.

SBAR

- Assessment: Patient is presently in no apparent distress; vital signs are stable. The ECG shows tall tent like "T" waves.
- Recommendations: I recommend that we start STAT dialysis because the ECG shows signs of hyperkalemia. What medications would you like me to give to treat her hyperkalemia? The patient needs emergent dialysis.

Measures

- **Skilled Communication**
Knowledge Pretest & Posttest
- **SBAR Observed Behavior**
Checklist Tool
 - **5 item tool**
 - **Yes/No checklist**

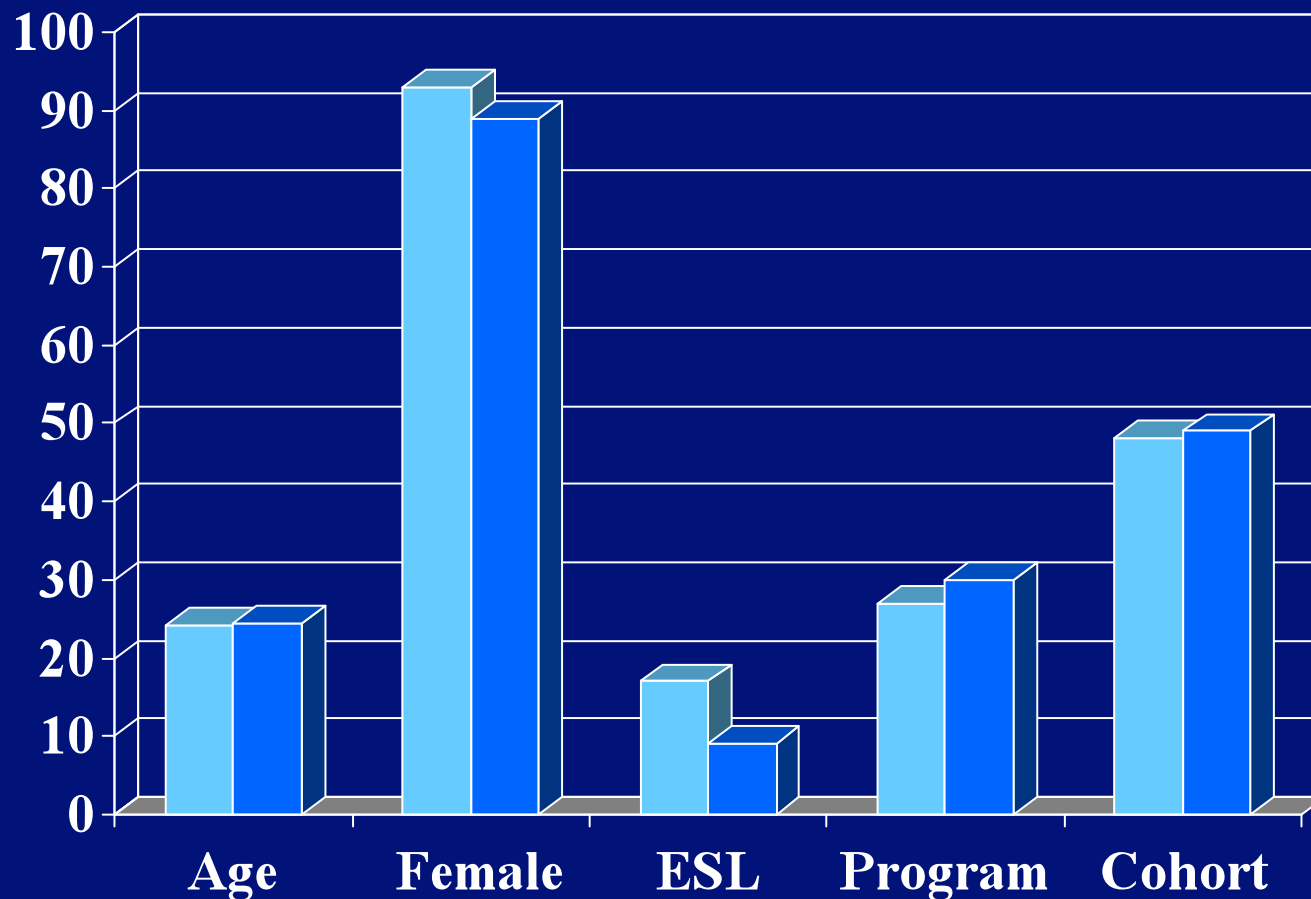
Data Analysis

- Exploration of the data
- Missing data
- Demographics
- Establish like groups
- SBAR Knowledge pretest & posttest scores
 - T test
- Observed SBAR behavior checklist
 - Chi-square, dichotomous data

Description of the Sample

- 49.6% second degree, 50.4% traditional nursing students
- 20-48 years of age, average 24 years
- 91% female
- 13% English as a second language
- 50% April cohort, 50% December cohort

Description of Sample: groups not statistically different



Results

RQ#1 Comparison of knowledge by instruction

| | Pretest N=104 | Post test N=104 | Change in Knowledge N =104 | Statistical Significance |
|---|------------------|--------------------|----------------------------------|-----------------------------|
| All students | 62.1 (14.5) | 85.2 (10.5) | 23.1 (16.1) | t = 14.5 (p<.001) |
| Didactic group (N=53) | 60.4 (15.9) | 84.7 (11.5) | 24.3 (17.2) | Independent T test |
| Didactic + role play group (N=51) | 63.9 (12.8) | 85.7 (9.4) | 21.8 (15.1) | t = 0.8 (p = 0.42) |

Results

RQ#1: Change in knowledge by demographics

- Students >25 years ($t = 2.8, p < .001$)
- Males > females ($t = 14.0, p < .001$)
- English as a second language ($t = 14.6, p < .001$)
- Second degree > traditional students ($t = 14.3, p < .001$)
- April Cohort > December cohort ($t = 14.2, p < .001$)

Results

RQ #2 First observation total SBAR performance score by type of instruction

| | First Observation N = 109 | Statistical Significance |
|-------------------------------------|------------------------------|-----------------------------|
| | Mean (SD) | 1 tailed t test (p) |
| All students | 3.8 (1.0) | |
| Didactic group (N=55) | 3.6 (1.1) | t = -2.6 (p = 0.005) |
| Didactic + role play group (N = 54) | 4.1 (0.9) | |

Results

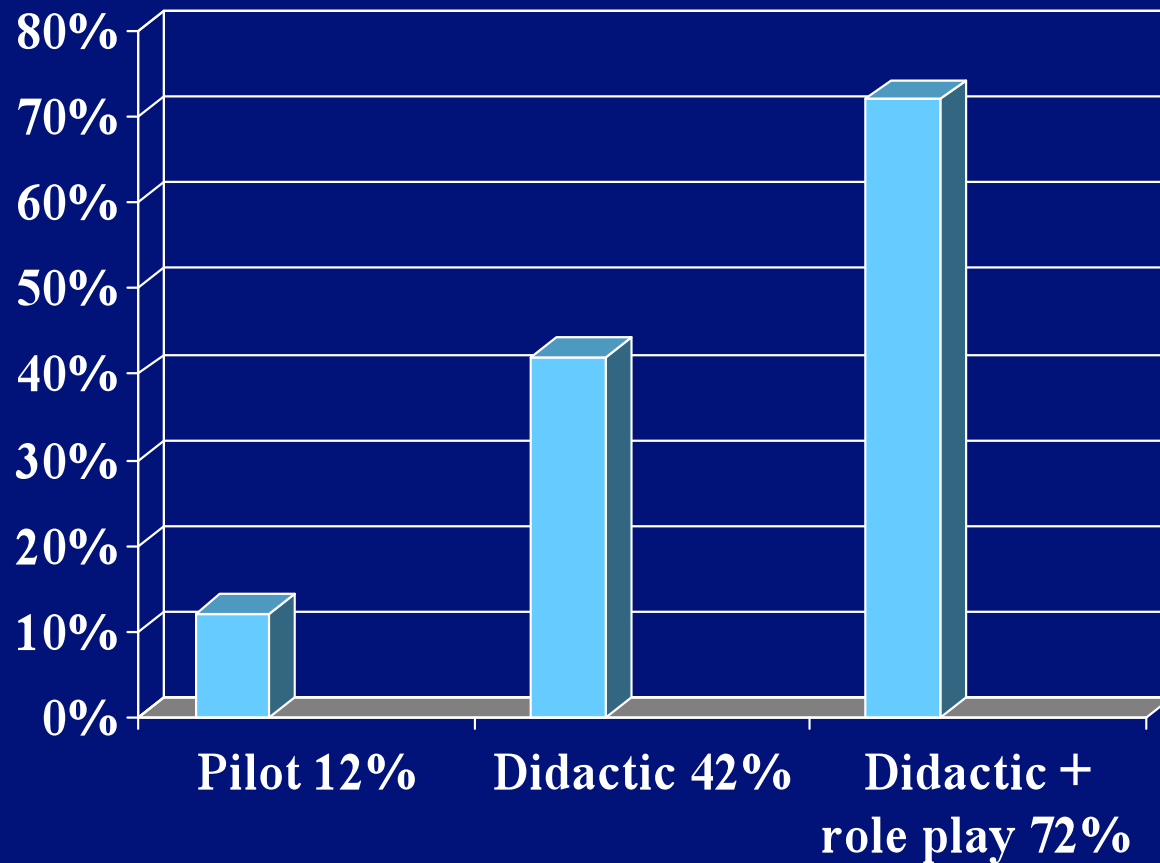
RQ #2 First observation total SBAR performance score by demographics

- No statistically significant findings
 - Age
 - Gender
 - English as a second language
 - Program of study
 - Cohort

Results

Comparison of overall compliance with SBAR communication performance during first observation

Compliance $\geq 4/5$ total observation score



Results

Comparison of 5 components of SBAR performance on first observation

| | Didactic N = 55 | Didactic + Role play N = 54 | Statistical Significance |
|--|--------------------|--------------------------------|-----------------------------|
| | # (%) | # (%) | Chi Square |
| Total Score of ≥ 4 = compliance | 23 (42%) | 39 (72%) | $\chi^2 = 12.8$ p = 0.01 |
| Before calling the provider, the student assessed the patient, reviewed the most recent progress note or received report on the patient. | 53(96.4%) | 54 (100%) | $\chi^2 = 2.00$ p = 0.16 |
| While speaking with the provider, the student identified himself/herself, the patient and the problem. | 42 (76.4%) | 47 (78%) | $\chi^2 = 2.07$ p = 0.15 |
| While speaking with the provider, the student identified the treatment to date regarding the patient he/she was calling about. | 23 (41.8%) | 35 (64.8%) | $\chi^2 = 5.79$ p = 0.02 |
| While speaking with the provider, the student related the most recent vital signs and any changes from prior assessments. | 37 (67.3%) | 42 (77.8%) | $\chi^2 = 1.51$ p = 0.22 |
| While speaking with the provider, the student made a recommendation or a request. | 39 (70.9%) | 42 (77.8%) | $\chi^2 = 0.67$ p = 0.41 |

Summary of Findings

- **Nurses' knowledge of skilled communication increased following didactic instruction**
- **Older students, second degree students, male students and English as a second language students demonstrated a significant gain in communication knowledge**
- **Role play + didactic students performed significantly better on first observation using SBAR**
- **Role play + didactic group performed significantly better on identifying background information regarding treatment to date in the SBAR communication than the didactic group**

Limitations

- Sample of nursing students, sample size, setting
- Possible prior exposure to SBAR
- Limited scenarios
- Tools used
- One time post test measure

Recommendations for Future Studies

- **Interdisciplinary communication training**
- **Evaluation of link between effective communication and improved patient outcomes**
- **Replication of study**
 - larger sample size**
 - assess long term retention**
 - international nurses**
 - variety of settings**

Implications for Practice

- **Evidence of best practice to teach skilled communication using role play instruction**
- **Inform educators in healthcare facilities**
 - **In-service education, training, orientation**
 - **Schools of nursing**
 - **Interdisciplinary education**

Implications for Practice

- **Improved**
 - **Communication**
 - **Collaboration**
 - **Patient advocacy**
- **Improved quality of patient care**
 - **Reduced errors**
 - **Improved patient outcomes**

Dissemination

- **Publication: *Journal of Nursing Education*, in press
Role Play utilizing SBAR Technique improves Observed
Communication Skills in Senior Nursing Students**
- **National presentation: AACN, *NTI*, New Orleans,
May 2009**
- **Podium presentation, DNP conference, San Diego,
CA, September 2010**
- **Abstract presentation: regional AACN, *Spotlight on
Critical Care*, 2010**
- **Abstract submission: AACN *NTI*, Chicago, IL 2011**

Leadership Skills

- **Conducting clinical inquiry**
- **Advance role of educator**
- **Mentoring, visioning**
- **Collaboration**



Conclusion

Evaluation of Evidence Based Outcomes

- **Building the evidence**
- **Inform future education, training and research studies**
- **Disciplines within and outside of nursing**
- **Behavioral changes**
- **Positive outcomes for patients**

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Questions??

