

# The Use of Standardized Patient Simulation for Interprofessional Teaching of Palliative Care Communication Skills

Ksenia Zukowsky, PhD, NNP-BC  
Kathleen Black, PhD, RNC  
Laura Roettger, MSN, PNP-BC  
Michael Spear, MD, MEdL

- **Concurrent Session #1 on Saturday, October 11<sup>th</sup> from 9:45 AM-11:15 AM in Hamilton 505.**

## Jefferson School of Nursing - Seed Money

- Acknowledge:
- School of Nursing-Palliative Care Cases/ Scenarios

Ksenia Zukowsky, PhD, NNP-BC

Kathleen Black, PhD, RNC

Laura Roettger, MSN, PNP-BC

Michael Spear, MD, MEdL

# The Use of Standardized Patient Simulation for Interprofessional Teaching of Palliative Care Communication Skills

- Children who receive palliative care services are affected by illnesses that are different in nature and number from those that typically affect adult recipients.
- **Interdisciplinary/Interprofessional teams are the norm:**
  - Special knowledge of *pediatric developmental, psychological, social and spiritual dimensions* round out the comprehensive palliative care of pediatric patients.
  - Even symptom management requires unique assessment tools.
- <http://www2.aap.org/sections/palliative/>

# The Use of Standardized Patient Simulation for Interprofessional Teaching of Palliative Care Communication Skills

- Little documented literature on teaching inter-professional teams:
  - Nursing/medical/radiology/OT/PT students or providers as members of the same interprofessional team in the area of palliative care.
- Advances in pediatric care, increasing survival of children with chronic medical illness and terminal illnesses:
  - Urgency for training in palliative care,
  - Ideally, providers-specific training in the communication skills provide optimal care to children/families with chronic and/or terminal illness.
- Hall P, M. D. (2011). A method to enhance student teams in palliative care: piloting the McMaster-Ottawa Team Observed Structured Clinical Encounter. *Journal of Palliative Medicine*, 744-750.

## Interprofessional education

- Recognized as critical for improved functioning of teams of health professionals.
- Nursing education, the concepts of interprofessional teamwork/ collaboration are widely recognized and integrated into nursing curriculum nationwide through adoption of:
  - “Essentials” of nursing education documents (AACN, 2008) and the Quality and Safety Education for Nurses (QSEN) report.



Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., & Warren, J. (2007). *Quality and safety education for nurses*. *Nursing Outlook*, 55(3), 122-131.

## Interprofessional education

- Medical education through the adoption of the Accreditation Council on Graduate Medical Education (ACGME) competencies of collaboration within health care teams to enhance patient safety and care quality.



- Accreditation Council for Graduate Medical Education (ACGME), (2012). Common program requirements. Retrieved May 6, 2012 from <http://www.acgme-nas.org/assets/pdf/CPR-Categorization-TCC.pdf>

## Need:

- Increased need, formal palliative care training in pediatric settings is lacking;
- Interprofessional teams may find themselves largely unprepared in highly stressful maternal child palliative care clinical situations.
- Well-documented need for sophisticated and practical tools to teach medical students and residents about pediatric palliative care.
  - Knapp C, M. V. (2009). Paediatric nurses' knowledge of palliative care in Florida: a quantitative study. *International Journal of Palliative Nursing*, 432-439.
  - Jackson VA, B. A. (2011). Teaching communication skills using role play: an experience-based guide for educators. *Journal of Palliative Medicine*, 775-780.
  - Sahler O, F. G. (2000). Medical education about end-of-life care in the pediatric setting: principles, challenges, and opportunities. *Pediatrics*, 575-584



# The Use of Standardized Patient Simulation for Interprofessional Teaching of Palliative Care Communication Skills

- **Primary hypothesis:**
  - Interprofessional simulation training within palliative care will *increase* the novice or expert clinician's ability to communicate and to collaborate in maternal /child palliative situations.
  - Interprofessional simulation training within palliative care will *enhance* the novice or expert clinician's sense of empathy.
  - Interprofessional simulation training within palliative care will *increase* the novice or expert clinician's perceived ability to assist families to cope in maternal /child palliative situations.

## The Use of Standardized Patient Simulation for Interprofessional Teaching of Palliative Care Communication Skills

- **Specific Aims:**

- To describe the experience, benefits, and challenges of a simulated, family communication in palliative care teaching strategy.
- To determine the effectiveness of an interprofessional simulated family communication in palliative care teaching strategy to:
  - 1. Increase students' perceived emotional comfort and ability for emotional self-care in counseling families regarding end of life situations.
  - 2. Increase students' perceived ability to assist families to cope.
  - 3. Improve student's perceived ability to collaborate interprofessionally in addressing palliative care issues.
  - 4. Generate student interest in palliative care communication in end of life issues.

## The Use of Standardized Patient Simulation for Interprofessional Teaching of Palliative Care Communication Skills : **Recruit**

- Participants will consist of triads of health care professionals in maternal-child health settings which may include any of the following:
  - Pediatric /Obstetrical /Gynecology Residents,
  - Neonatal and/or Maternal Fetal Fellows,
  - Neonatal Nurse Practitioner, Perinatal /Nurse Practitioner or Clinical Nurse Specialist
  - Neonatal/ Delivery Room Nurse,
  - Neonatal/ Woman's Health/ Family Individual Across the Life Span/ Pediatric Nurse Practitioner Graduate Students
  - Undergraduate nursing students in Maternal/Child/ Infant rotations,
  - Third year medical students in OB/neonatal rotations,
  - Second/third year Pediatric, Obstetrical and/or Family practice students.

# The Use of Standardized Patient Simulation for Interprofessional Teaching of Palliative Care Communication Skills : Recruit

- IRB:
  - Consent participant will be scheduled for participation in three case scenarios over a three hour session in the simulation center of Thomas Jefferson University.
  - Prior to participation in the three simulated case scenarios, the participants will be asked to complete the pre-session open-ended questions.

## Mixed methods:

- Qualitative open-ended questions analyzed by the constant comparative method.
- Quantitative analysis:
  - Pre-test post test design

## Describe the study / Method:

- **Qualitative analysis:**
  - Narrative data obtained through open-ended questions will be analyzed through a constant comparative method.
- **Quantitative analysis:**
  - Demographic data will be analyzed through the use of descriptive statistic measures.
  - The participant/learner completes:
    - Jefferson Scale of Attitudes Toward Physician Nurse Collaboration (Hojat, et al.1999)
    - Jefferson Scale of Empathy (Hojat,2009)
      - Prior to the Palliative Case Standardized Patient teaching strategy and again within a six month time frame after the Palliative Care exercise.
      - A pre-test post test design will be used.

## Methods- Call out for three sessions

- Call for three sessions.
- Sent out email for the call at the Jefferson Community.
- We obtained participants only for two:
  - One session in the Fall 2013.
  - One session in the Spring 2014.
  - No response of participants in the Summer 2014 session.

## Utilization of Standardized Patients:

- Three case scenarios per semester will be presented by three standardized patients (one standardized patient per physician/nurse team).
- Within each case scenario, the standardized patient will represent either the mother, father of an infant and or child; mother and grandmother of the child, infant, and or maternal patient with a problem and husband and or significant other.



## Cases:

- Neonatal chronic life devastating issues:
  - Pulmonary / Neurologic/Gastrointestinal
- Older child:
  - Cancer / Neurological issues.
- Trained the Standardized patients

## Methods

- Participants worked collaboratively in 3 patient care scenarios interacting with standardized patients to develop therapeutic communication skills to:
  - “break bad news” ,
  - discuss treatment options and plan the direction of care with the family member (standardized patient),
  - provide emotional support.
- After each interaction there was a debriefing period, where the learners discussed their perception of the exercise, improvements for future interactions. and received feedback regarding their performance

## Participants/ Sessions:

- Participants consisted of triads of health care professionals in maternal-child health settings: **Data:**
  - 6 Pediatric Residents/Fellows,
  - 1 Clinical Nurse Specialist,
  - 1 Neonatal Staff Nurse,
  - 5 Graduate NP Students,
  - 6 Undergraduate Nursing Students.

## Logistics- Three sections:

Activity	Group 1 (participants 3)	Group 2 (participants 3)	Group 3 (participants 3)	Total
Introduction and Completing pre-scenario questionnaires	All participants	All participants	All participants	0.5 hour
First scenario	A	B	C	0.5 hour
Second half scenario	C	A	B	0.5 hour
Third scenario	B	C	A	0.5 hour
Debriefing and completing questionnaires	All participants	All participants	All participants	1.0 hour
				3.0 hour total

## Proposed

- Qualitative analysis:
  - Interprofessional teams debriefing pre and post case/scenario to determine the emergent themes that described the experience and process.
  - Debriefing, the use of reviewing the videos from each Scenario/Case and participant/learners an focus on educational value, the impact on the comfort level of each participant, and the perspective on the value of having several present.
- **\*Incentives:**

## Instrumentation

- The participants completed the pre-session and post-session:
  - Open-ended questions,
  - Jefferson Scale of Attitudes Toward Physician Nurse Collaboration,
  - Jefferson Scale of Empathy

## Qualitative Results: Pretest:

- **Comfort with end of life conversations:**
  - Comfortable - 55.5%;
  - Not comfortable - 44.4%;
  - Never experienced - 11%
- **Communication ability in assisting patients/ families to cope:**
  - Strengths: *Good listener* - 44.4 %;
  - Calm, caring, empathetic, respectful - 16.5%;
  - Weakness : *Emotional* - 27.7%;
  - Lack of knowledge, experience, confidence-16.5%.

## Qualitative Results: Pretest:

- Communication ability in assisting patients/ families to cope:
  - Strengths:
    - *Good listener* - 44.4 %;
    - Calm, caring, empathetic, respectful - 16.5%;
  - Weakness :
    - *Emotional* - 27.7%;
    - Lack of knowledge, experience, confidence-16.5%.



## Qualitative Results: Pretest:

- **Ability to collaborate with healthcare professionals with end of life issues:**
  - **Strengths:**
    - Happy, enjoy, competent, comfortable and able to collaborate, respect, efficient - 72.2%.
  - **Weakness:**
    - Patient may be overwhelmed -too many people - 5.5%;
    - Too many questions - 5.5%.
- **Dealing with your own emotions:**
  - Detached, distanced - 44.4 %;
  - Emotional-16.6%;
  - Limited experience - 16.5%
  - Nervous; 5.5%.

## Qualitative Results: Posttest:

- **What did you learn?**
  - Good communication techniques, open ended questions - 27 %
  - Teams are important - 27%
  - Importance of silence - 11.1%.
- **What did you learn about palliative care communication?**
  - Body language - 11%;
  - Silence acceptable 11%.

## Qualitative Results: Posttest:

- **What changes in your practice?**
  - Communication - straight forward, provide structure, read & practice - 38.8%.
- **Strengths of this educational experience?**
  - Learn from each other, work with multiple disciplines, teamwork - 27.7%;
  - Silence is acceptable 11%
  - Practice communication 11%
  - Standardized patients were outstanding 11%.

## Quantitative Results

- Students scored on the high end of the range for both physician nurse collaboration and empathy.
- There was no significance difference:
  - Total physician nurse collaboration scores as a result of the palliative care communication teaching strategy.
- Total empathy scores:
  - Were significantly higher after the palliative care communication teaching strategy:
    - (t = -.2609; df=17; p =.018; CI 95%).

## Conclusion/Discussion

- All of the participants identified knowledge and skills gained through this experiential teaching strategy:
  - Importance of practicing communication,
  - Importance of interprofessional teams,
  - The importance of body language,
  - Improved ability to communicate,
  - Silence is acceptable

## Conclusion/Discussion

- No increase in physician nurse collaboration was found.
- It may be that those who have positive attitudes towards collaboration may have been drawn to participate.
- Using this palliative care teaching strategy with students and practitioners increases their empathy in patient interactions.
- Students rated this workshop very highly and asked for more opportunities