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

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Concurrent Session #1 on Saturday, October 11th from 9:45 AM-11:15 AM in Hamilton 505.
Jefferson School of Nursing - Seed Money

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

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- 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/](http://www2.aap.org/sections/palliative/)
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• 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.

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.

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.

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.

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• **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.
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• **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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Group 1 (participants 3)</th>
<th>Group 2 (participants 3)</th>
<th>Group 3 (participants 3)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Completing pre-scenario questionnaires</td>
<td>All participants</td>
<td>All participants</td>
<td>All participants</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>First scenario</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>Second half scenario</td>
<td>C</td>
<td>A</td>
<td>B</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>Third scenario</td>
<td>B</td>
<td>C</td>
<td>A</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>Debriefing and completing questionnaires</td>
<td>All participants</td>
<td>All participants</td>
<td>All participants</td>
<td>1.0 hour</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.0 hour total</td>
</tr>
</tbody>
</table>
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 - straightforward, 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:
    • \( (t = -.2609; \text{df}=17; p = .018; \ CI \ 95\%) \).
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.