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/
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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.
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</td>
<td>All participants</td>
<td>All participants</td>
<td>All participants</td>
<td>0.5 hour</td>
</tr>
<tr>
<td>questionnaires</td>
<td></td>
<td></td>
<td></td>
<td></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:
    - \( t = -0.2609; \ df=17; \ p = 0.018; \ CI \ 95\% \).
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.