Interprofessional, Simulation-Based Communication Training: Learning Outcomes for Senior Medical and Nursing Students

Christa Matrone, MD, EdM1, Dania Saleem, B.S. 2, Susan Garbutt, DNP, RN, CIC, CNE, CHSE5, Anita Stephen, MSN, RN, CNL3, Nancy Gill Young, MSN, ARNP, CPNP3, Erik Black, PhD1,4

1Pediatrics, University of Florida College of Medicine, 2College of Public Health and Health Professions, 3College of Nursing, 4Office of Interprofessional Education, University of Florida, 5ATI Nursing Education

Introduction and Objectives:
Interprofessional communication lays the groundwork for delivery of high quality patient care. Interprofessional education has become common during health professions training, but little research explores how to best teach interprofessional communication skills. Simulation allows interprofessional students to practice communication skills and collaborative patient care, yet can be prohibitively expensive. We chose to explore educational outcomes when a sub-set of students participates in a simulation experience while their peers observe. Our goal is to improve interprofessional communication skills and to understand the impact of simulation observation as compared to active participation on a student's learning outcomes.

Methods:
Using a prospective cohort study design, fourth year medical (n=140) and senior nursing (n=204) students participated in a three-hour, simulation-based curriculum emphasizing interprofessional communication skills and the Situation, Background, Assessment, Recommendation (SBAR) technique. The learning experience included one simulation case, followed by a didactic intervention, and then a second simulation case. Students were either Directed Observers (DO) or volunteer Participants (P) in the two simulated patient cases. Following each simulation, both groups of students wrote post-encounter notes and participated in group debriefing. Additionally students completed the Interprofessional Collaborative Competency Attainment Survey (ICCAS), a demographic survey, and a four-question satisfaction survey at the end of the experience.

Results:
Data provides evidence of a significant increase in ICCAS scores from pre- to post-intervention (d=21.1, p=<0.01) with no differences between DO and P students. Mean satisfaction scores were high, 17.8 out of a possible 20. Analysis and comparison of pre- and post-intervention notes is in process.

Discussion:
Interprofessional communication is a critical clinical skill and is a component of Association of American Medical College’s Entrustable Professional Activity Nine. This study provides evidence of the efficacy of a brief, simulation-based curriculum in which most students are observers rather than direct participants. Data indicates a significant difference in pre/post ICCAS scores and a high level of student satisfaction with the activity. Additional analysis will provide insights into student notes and discern differences in learning outcomes for Directed Observers as compared to simulation Participants. Preliminary results suggest that learning outcomes are equivalent for both groups. We feel that passive simulation may present a solution to the logistical and economic challenges associated with some simulation activities including simulation-based interprofessional communication training.