Background
The acute care pediatric nurse practitioner (ACPNP) can frequently face difficult conversations where effective communication skills are critical. Whether delivering bad news or recognizing and discussing a high-risk situation, these conversations cause emotional burden, potential for long-lasting impact on a family, and add to the stress experienced by students during their education (Tobler et al., 2014). This skill requires consistent practice and refinement over time. Despite the challenge of incorporating communication skills into a full curriculum, the faculty believed it was essential, as clear, compassionate communication is important to the families of patients (Brighton et al., 2018). The faculty reviewed literature and workshops, and located supporting research with outcomes that included improvement in learner self-efficacy and satisfaction (Tober et al., 2014). However, it was difficult for the faculty to identify graduate programs that were incorporating the difficult conversation piece into simulation scenarios; therefore, an original simulation was constructed in order to meet this critical need.

Aims of Service Change
The difficult conversation simulation was incorporated into the ACPNP curriculum in order to better prepare students to recognize and engage in difficult conversations. The goal was to expose students to a difficult situation, allow faculty to observe each student’s independent interaction, and objectively evaluate each student’s performance. Following the simulation, faculty provided each student with live feedback and discussion with regards to performance.

Details of Innovation
TTUHSC ACPNP students are distance learners; however, they are required to complete an on-campus simulation once a semester. In preparation, the students are provided with reading and video tutorials on difficult conversations. The faculty developed an original scenario, which involved a patient presenting to the emergency department with difficulty ambulating and fever. The students were required to correctly diagnose, develop differentials, and create an assessment and plan, which was then discussed with the patient’s caregiver. The caregiver refuses treatment due to a family member who had presented with a similar complaint and ultimately had a negative outcome. The students had to navigate the conversation and identify the root cause of the caregiver’s distress and refusal. As the student asked more questions of the caregiver, the faculty provided more information as to the caregiver’s distress. The objective was for the student to identify the caregiver’s concern or misunderstanding, subsequently provide reassurance and clarification, ultimately leading to collaborative development of a treatment plan, while maintaining composure and professional boundaries.

Outcome
Overall, the simulation was well accepted by the students and regarded as a highlight of the on-campus experience. The pilot semester for the difficult conversation scenario was Summer 2018. Over time, the faculty plans to continue to develop the difficult conversation scenario and adjust to incorporate feedback. The intention is to survey the students prior to and following the simulation in order to assess the benefit of the learning experience. In addition, the faculty intends to survey the students about six months or so post graduation in order to identify the impact of the simulation once the student has been actively practicing in the clinical setting.

References

Difficult Conversation Simulation in An Acute Care Nurse Practitioner Program

As Acute Care Pediatric Nurse Practitioners (ACPNPs), our team focused on the difficult conversations we have on a daily basis.

It is imperative to have effective and empathetic communication skills.

Difficult conversations often cause significant emotional burdens and lead to long-lasting family impact.

Students report that these conversations lead to increased stress and anxiety due to lack of preparation. (Toler et al., 2014).

Clear and compassionate communication is of utmost importance to families (Brighton et al., 2018).

Communication within difficult situations requires consistent practice and refinement.

Our team believed it was essential to include simulation of a difficult situation, including proper communication skills, into our curriculum.

Literature review and workshop attendance revealed that there was not an original template for a difficult conversation simulation; therefore, we constructed an original simulation scenario for our students.

Better prepare students to recognize and engage in difficult conversations.

Expose students to a difficult situation, allow faculty to observe each interaction, and objectively evaluate each student’s performance.

Following simulation, faculty provide live feedback and engage in discussion as to performance.

TTUHSC ACPNP students are distance learners; however, they are required to complete an on-campus simulation once a semester.

The students were provided with reading and video tutorials on difficult conversations prior to arrival on campus.

The faculty developed an original scenario, in which the student was provided the patient diagnosis and plan of care; however, the student then discusses this diagnosis and plan with the caregiver.

The caregiver refuses treatment due to a relative who had presented with a similar complaint and ultimately had a negative outcome.

The students had to navigate the conversation and identify the root cause of the caregiver’s refusal.

Identify caregiver’s concern or misunderstanding.

Subsequently provide reassurance/clarification.

Developing a collaborative treatment plan.

Maintain composure and professional boundaries.

Student’s transition into practice role will be more succinct and familiar with these conversations.

Well accepted by students and regarded as a highlight of the on-campus experience in pilot semester of summer 2018.

Faculty intend to survey students prior to and following the simulation in order to assess the benefit.

Post graduation in order to determine the impact of the simulation once the student has been practicing in the clinical setting.

Reduce stress with having difficult conversations with caregivers through simulation.

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REFERENCES
