Use of simulated patients for a communication skills exercise


Summary
This article describes a training programme for people simulating the role of a patient with aphasia. Using the skills they had learned, the simulated patients (SPs) eventually took part in a pilot communication skills exercise, in which 86 nursing students participated and which was evaluated using a semi-structured questionnaire. The students reported that the SPs’ portrayal of a patient with aphasia was realistic and appreciated being given the opportunity to rehearse safely in a simulated healthcare setting. The evaluation indicates that using a structured programme to train SPs to portray patients who have a communication difficulty, such as aphasia, is beneficial.

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According to the inquiry: ‘Patients are entitled to expect that those who care for them – doctors, nurses and others – will be able to listen, to explain and to communicate with them.’

Aphasia is a disorder of language usually caused by brain damage (McNeil and Pratt 2001). Patients who have difficulty communicating as a result of chronic illness or disability present a particular challenge for healthcare professionals who have had little or no training in undertaking what is an essential caring skill (Fallowfield et al 2002). Being unable to produce (phonate) or understand the spoken word when ill can make patients feel vulnerable in the immediate aftermath of an acute illness episode or in relation to their long-term rehabilitation needs. In addition, patients with aphasia can struggle in healthcare environments to communicate their basic requirements (Farias et al 2006).

Symptoms of aphasia are listed in Box 1.

Nurses can find it frustrating when trying to establish therapeutic relationships with patients who have barriers to communication, such as aphasia (Pulvermüller et al 2001). Communication skills are essential for all aspects of nursing practice (Sully and Dallas 2005). There are a number of well-recognised strategies available to address communication barriers, such as gestures, pointing or drawing (Kitzing et al 2005). Any education and training that aid better communication with patients can help improve patients’ sense of isolation and hopefully increase job satisfaction among nurses (Hickey et al 2004).

Such training will support health professionals in ‘seeking to enhance communication in the delivery of care’ (Ferguson and Armstrong 2004).

Background
With the increased demands for quality within the NHS as outlined in The New NHS: Modern, Dependable (DH 1997) and Our National Health: A Plan for Action, A Plan for Change (Scottish Executive Health Department 2000), it is essential that high standards of service delivery are maintained. Recommended changes, such as
increased accountability, increased patient and public involvement and modernising the delivery of care, will undoubtedly have consequences for the education and training of all future healthcare professionals. Nurses in particular have seen their roles develop in recent years, with increasing numbers engaging in diagnostic procedures and planning patient care in the absence of medical staff (Thompson et al. 2007). It is important that students entering nursing continue to have a supportive, relevant educational programme that prepares them for practice (Nursing and Midwifery Council 2002).

Patient safety and wellbeing can be compromised as a result of poor communication between members of the multidisciplinary team and between staff and patients. *Building a Safer NHS for Patients* (DH 2001) identified communication skills training as one of the key aspects in promoting patient safety through error reduction. Simulated healthcare settings in educational programmes enable students to rehearse and practise skills and to learn from errors made during the simulation. Gibbs (1988) describes this as ‘learning while doing’.

Rehearsing challenging communication scenarios using simulated patients (SPs) can encourage nursing students to consider safety issues in a structured, systematic way and ensure that they are confident and competent in dealing with these situations (Howells et al. 2006).

Nurse education is increasingly placing greater emphasis on the use of simulated practice as a way of introducing novice nurses to patient-centred care early on in their curriculum (Royal College of Nursing 2004). Simulation is carried out in a safe, non-threatening, learner-friendly environment such as a simulation centre and incorporates a programme of rehearsal and feedback (Howells et al. 2006). SPs are individuals who recreate clinical scenarios for healthcare students. SPs can be trained using scripts to simulate a variety of clinical scenarios, including a patient’s affect, communication style, past medical history and, to a certain degree, physical findings, for example, weakness in the left arm (Barrows 1985). This gives healthcare students the opportunity to practise and develop skills in a realistic setting.

SPs are mainly used in the simulation of communication skills training and much of the literature relates to the context of the medical consultation (Makoul 2003) or the assessment of clinical skills using the Objective Structured Clinical Examination (OSCE) (Harden and Gleeson 1979). OSCE is an assessment method used to examine aspects of clinical competence and consists of a series of timed activities which each student completes. This article describes the development of a training programme for SPs and reports the nursing students’ perceptions of this experience.

**Simulation**

The School of Nursing and Midwifery at the University of Dundee recognises the importance of communication skills training and ensures that these skills are taught during the first year of the common foundation programme. During their second year of training, nursing students join the respective branch programmes of adult, mental health, learning disability and child nursing. After a review of the communication skills taught within the adult programme it was decided to widen further students’ communication skills training experience.

Although students are exposed to the theory that underpins therapeutic communication during their first year, little opportunity exists for them to practise and reflect on their communication skills. It was therefore agreed that a clinical communication skills exercise using SPs, ‘Can’t speak won’t speak’, would be piloted as part of the adult branch programme of the three-year, pre-registration, problem-based curriculum.

A clinical scenario was developed for this pilot exercise that involved students assessing and identifying the advice and care required to maintain and promote the personal hygiene needs of a patient with aphasia following a stroke. Their performance was videotaped so that the students could be debriefed and feedback given on their verbal and non-verbal communication skills. The pilot exercise involved a cohort of 86 second-year students. Each student was allocated five minutes for the scenario. This involved interviewing the patients and ascertaining their preferred hygiene needs and requirements. After the training exercise, the students completed a semi-structured evaluation of the scenario for both the patient and the SP. Each student was allocated a feedback session with the SP. Students were also engaged in a group discussion session to identify the key elements that they felt were strengths/weaknesses in their communication skills. Students were also able to ask questions about the simulation.

**BOX 1**

**Symptoms of aphasia**

- Inability to comprehend language.
- Inability to speak spontaneously.
- Inability to form words.
- Inability to name objects.
- Poor enunciation.
- Paraphasia – substituting similar syllables or words for the word intended.
- Agrammatism – inability to construct a grammatical sentence.
- Dysprosody – alterations in inflexion, stress and rhythm.
- Use of uncompleted sentences.
- Inability to read.
- Inability to write.

(Blissman and Kalan 2005)
Step 4: identification of SPs for the training could be identified.

mannerisms and emotions of an aphasic patient experiences. This ensured that specific traits, videos, relevant articles and recorded patient for supportive educational material such as

This involved the SP trainer carrying out a search the SP programme activities and training.

Step 3: identification of logistical requirements

The SPs and the trainer were informed of the number of students, venue, timing and consent requirements of the exercise. This step was essential to the establishment of the exercise into pre-registration training, as numbers of students and the curriculum requirements would affect the SP programme activities and training.

Step 3: identification of educational resources

This involved the SP trainer carrying out a search for supportive educational material such as videos, relevant articles and recorded patient experiences. This ensured that specific traits, mannerisms and emotions of an aphasic patient could be identified.

Step 4: identification of SPs for the training. A training needs analysis (TNA) was performed to clarify the objectives of the session and to ensure its effectiveness. This was done by determining the SPs’ simulation skills level and any additional training required (Hughes 2004). Two hours of training were subsequently planned. The objective was to facilitate the SPs’ attainment of a consistent and realistic portrayal of a patient with aphasia. Identification of training needs before trying to implement any training solution is important as aids the organisation, content and delivery of training so that it is at the right level for the learner. The analysis was based on the SPs’ experience, talent and expertise as recorded on the SP programme database.

Step 5: design of the training programme. The TNA and the students’ learning outcomes for the exercise guided the trainer in the training session. The SPs watched an educational CD-ROM explaining aphasia and its clinical manifestations and which included short interviews with real patients who have the condition. This was followed by a brief question and answer session.

The next activity was a brainstorming exercise, whereby the SPs and trainer created the outline of a character using the limited information in the patient script that had been written for the scenario (Box 2). From the brainstorming, certain traits, mannerisms and emotions were selected by the SPs as being applicable for depicting the patient’s perspective in the scenario, for example, wanting to do things herself, being independent minded and, at times, frustrated. This was so that the SPs could ‘feel’ what it would be like to be the patient and therefore give a more natural performance.

The SPs were then given the opportunity to practise being an aphasic patient. This was recorded on video so that the SPs could receive valuable feedback from the trainer. This technique is similar to the method style of acting, which is believed to help actors portray a more exact character and hence give a more life-like acting performance (Stanislavski 1990).

Design of the evaluation questionnaire There are several approaches available to measure the effectiveness of any training. However, it was decided to use Kirkpatrick’s (1994) four levels of evaluation, as this is a simple but effective model (Bates 2004). Assessing the effectiveness of training should begin with level one, and then move sequentially through levels two, three and four (Table 1). Information from levels one and two is used to check for problems in levels three and four. For example, if participants did not use certain skills at level 3, perhaps they did not learn the required skills at level 2. The participating students were given the
opportunity to rate the relevance of the exercise and the realism of the SPs using a semi-structured questionnaire (Figure 1). They were also given the opportunity to suggest improvements.

Before the exercise started the students were briefed by a lecturer on the common foundation programme regarding the logistics and use of SPs in the scenario. The briefing was also carried out to gain verbal consent from the students so that they were fully informed that their completed, anonymous evaluation forms might be used in the publication of an article at a later date. The students agreed to participate in the evaluation and understood that submission of the questionnaire would be interpreted as giving their informed consent but they could still withdraw their participation at any time.

The exercise took place in a communications skills suite designed to resemble the clinical bedside space and involved a five-minute videotaped interaction of the nursing student communicating with a SP portraying an aphasic patient. Once the exercise was completed, the student obtained the videotape for analysis using a self-rating scale to help identify his or her communication strengths and weaknesses.

**Evaluation**

**Students’ perceptions of SPs** A total of 86 second-year nursing students participated in the exercise and all completed the evaluation questionnaire (Figure 1). Seventy (81%) students indicated that they found the approach of using SPs to rehearse this type of communication challenge useful (Figure 2). In addition, 74 (86%) students agreed that using SPs examined skills not tested by written assessments.

In relation to feedback from the SPs on the students’ performance, half of the students stated that this would be ‘extremely useful’, and 35 (41%) rated it as ‘mostly useful’ to their clinical skills learning (Figure 3). This has resulted in the

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Kirkpatrick’s (1994) four levels of evaluation model</th>
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<tbody>
<tr>
<td>Level</td>
<td>What the level measures</td>
</tr>
<tr>
<td>1</td>
<td>Response Were the students satisfied with the experience of the exercise?</td>
</tr>
<tr>
<td>2</td>
<td>Learning What did the students learn from the exercise?</td>
</tr>
<tr>
<td>3</td>
<td>Performance How will the experiences of the exercise affect the student’s future performance?</td>
</tr>
<tr>
<td>4</td>
<td>Results How will the exercise affect the students in their nursing role?</td>
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**FIGURE 1**

**Student evaluation questionnaire of simulated patients (SPs)**

(Please circle the appropriate response)

1. How useful do you think this kind of exercise is for you?

2. How useful would it be if after this exercise you received feedback about your clinical skills from the SPs?

3. Did this type of exercise test skills not tested by written examinations or assessments?
   a. Yes   b. No

4. Were the patients used in this exercise representative of patients you have seen in previous clinical areas?
   a. Yes   b. No

5. How effective was this exercise in terms of measuring your current clinical skills?
   a. Extremely effective   b. Mostly effective   c. Somewhat effective   d. Not effective

6. Overall, what is your opinion of this kind of exercise?
   a. Extremely effective   b. Mostly effective   c. Somewhat effective   d. Not effective

7. Was the simulated patient portrayal used in your exercise:
   a. Not believable at all   b. To some extent believable   c. Believable   d. Extremely believable
   e. Could not differentiate between real or simulated patient

8. If you could change one thing about this exercise, what would it be?
SPs agreeing to participate in further training with regard to giving constructive feedback to students on their performance after the exercise.

With regard to realism, 71 (83%) students indicated that the SPs’ portrayal was representative of the kind of patients they had contact with during their clinical placements. On credibility, 78 (91%) students reported that they felt the SPs were believable and eight (9%) said they could not differentiate between a real patient and the SPs (Figure 4). Students’ suggestions for improvement included the use of more props, for example, washing utensils, and a more realistic clinical setting, for example, a ward setting rather than a simulated bedside.

**Discussion**

The results from this pilot evaluation mirror those of Bowles et al (2001), whose quantitative data indicated positive changes in nurses’ practice following communication skills training and uncovered changes to practice by reducing feelings of inadequacy and emotional stress. This increased their willingness to communicate with patients who were ‘troubled’.

The results also concur with those of other studies on communication skills education in different contexts, for example, Kinnersley and Pill (1993) and Eagles et al (2001). Trainees in these studies rated simulated patient sessions as effective in acquiring interviewing and communication skills when focusing on health risk and treating patients with alcohol misuse problems.

SPs cannot replace learning from patients in clinical practice situations, but their use can help students rehearse potentially sensitive communication challenges in a safe environment. In this pilot evaluation, the majority of students reported the experience as beneficial. However, the sample size for the evaluation was small and did not include students from other branches of nursing, for example, mental health. Further evaluation will be required.

**Conclusion**

This article has described the benefits of using a five-step approach to developing a SP training programme for playing an aphasic patient in a pilot communication skills exercise for nursing students. The design process for the portrayal technique developed and used by the SPs was based on the Stanislavski (1990) method of theatre acting that aims to help actors represent a more realistic character and so give a more life-like performance.

Using this training approach and involving the SPs early on in the scenario creation enabled the SPs to develop their role in line with the students’ level of experience. The fact that the SPs were aware of the learning outcomes helped them to understand the intention of the exercise and therefore to pursue a more realistic portrayal of an aphasic patient. The exercise received a positive response from the nursing students, who reported that the SPs had provided safe, realistic opportunities for them to explore communication barriers and practise their skills in preparation for their clinical placements. Students identified, however, that a ward environment would have
demonstrated that a communication skills training programme had a favourable impact on the quality of nurse-patient interaction and increased patient satisfaction with communication in the clinical area. Research is also needed to explore patients’ perceptions of nursing students’ communication skills in the clinical area following simulation training.

Communicating with patients who have a barrier to communication, such as aphasia, is a challenge. However, if students are given opportunities to practise early in their training using simulation, they can rehearse safely the skills needed to achieve good communication.

References


