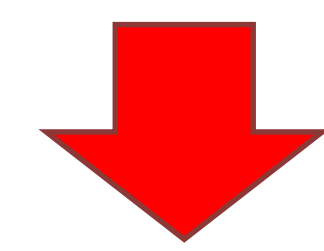


Introduction

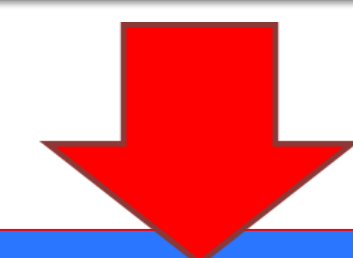


COMMUNICATION

- QSEN - Effective communication and collaboration in intranursing and interprofessional domains required to accomplish positive outcomes for patients (Sherwood & Zomorodi, 2014).
- Framework approaches for patient status reporting and targeted communication objectives common components of pre-licensure nursing curricula.
- Nursing students lack level of preparation needed for practice (Benner, Leonard, Stuphen, Day, 2010).



Reporting
Patient Status



Novice Nurses Identify

- Lack "know-how" when conveying patient information (Schwartz, Wright & Lavoie-Tremblay, 2011)
- Nurse-to-physician communication stress provoking
- Negative exchanges with members of the health care team make new nurses hesitant to report patient concerns (O'Daniel and Rosenstein, 2008)

METHODS

- Research design** - a randomized posttest-only design with comparison group
- Sample** - Convenience sample of 141 first semester senior level baccalaureate nursing students – University Southeastern United States
- Reporting Framework – ISBARR** (Identify, Situation, Background, Assessment, Recommendation, Read back)
- Random Assignment** to one of two instructional groups:

Experimental Group Instruction

- Simulation Based – Cognitive Apprenticeship Instructional Model**
 - Expert role modeling, coaching, "thinking out loud", patient care context, community of practice
 - Two clinical cases completed

Comparison Group Instruction

- Classroom role play**
 - Two clinical cases completed, students alternated reporting role.

- Measures** - Following instructional sessions – Students participated in course simulations-required ISBARR report by telephone
 - ❖ **ISBARR performance** scored using Interprofessional Critical Incident Report Tool (Guhde, 2014) via simulation video recording
 - Possible Score range 0 - 25
 - ❖ **Students rated satisfaction and self-confidence in learning** following course simulations (NLN Satisfaction and Self-Confidence in Learning Survey)

- Independent t-test** at $\alpha .05$ was performed to compare mean scores for ISBARR performance scores and confidence and satisfaction in learning data.
- No Statistical Difference in Mean Scores

ISBARR Performance

Descriptive Statistics

Instructional Assignment	N	Mean	Std. Deviation	Std. Error Mean
Classroom	39	12.9487	3.27630	.52463
Simulation	33	13.5758	2.68130	.46676

t-test

Data Set	t	df	Sig. (2-tailed)
ISBARR Score Equal Variances Assumed	-.878	70	.383

Confidence in learning

Descriptive Statistics

Confidence in Learning	N	Mean	Std. Deviation	Std. Error Mean
Classroom	66	32.7727	5.12849	.63127
Simulation	75	33.2667	4.23733	.48928

t-test

Data Set	t	df	Sig. (2-tailed)
Confidence in Learning	-.626	139	.532

Satisfaction in learning

Descriptive Statistics

Satisfaction in Learning	N	Mean	Std. Deviation	Std. Error Mean
Classroom	66	21.6818	3.29643	.40576
Simulation	75	21.4000	3.03582	.35055

t-test

Data Set	t	df	Sig. (2-tailed)
Satisfaction in Learning	-.528	139	.598

IMPLICATIONS

Performance observations

More than framework required

- ISBARR** framework useful for learning procedural elements.
 - Students Identified correctly
 - Read back orders near perfect frequency
 - Difficulty stating Situation succinctly and organizing Assessment data.
- Ability to recognize important features of a clinical situation and identify relevant assessments needed.
- Similar studies note similar findings
- Opportunities to practice and rehearse through targeted strategies in classroom, clinical learning environments.
- Prioritization and organization of assessment data salient to the clinical situation should be a focus.

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