**AACN Essentials Tool Kit**

**Concept:** Communication

**Requirements for Integration of the Concept**

1. Each nursing program should adopt a definition of communication. Concepts and knowledge about communication should emphasize process, co-construction of meaning, as opposed to sender-based delivery and product alone (Carmack & Harville, 2019; Wittenberg et al., 2020). The definition of communication should be nurse-specific rather than physician-based.
   * 1. Recommended definition from the COMFORT Communication Model (Wittenberg et al., 2020): (In the transactional model) both the nurse and the patient/family contribute to and negotiate the meaning of verbal and nonverbal messages simultaneously.
2. Planned assessment should occur on three levels and should be identified for each year across the degree plan: Communication Attitudes, Communication Knowledge, Communication Skills (Wittenberg et al., 2021) see also (Young et al., 2021):
   * 1. **Communication attitude** is defined as positive approaches to interpersonal interactions. In the first year of study, student buy-in must include the need to understand and value the importance of communication training and education beyond public speaking (Carmack & Harville, 2019). Communication attitude should be taught and assessed in the first year of study.
     2. **Communication knowledge** is defined as the communication role and responsibilities of being a nurse. Communication knowledge should be taught alongside communication skill. Content should be grounded in theoretical principles and scientific evidence in curriculum development and match assessment strategies to increasing level of competence (e.g., (Kiessling et al., 2017). Communication knowledge should be taught and assessed in the second and third year of study.
     3. **Communication skill** is defined as behaviors and practices for communicating with patient, family, and other healthcare providers. Communication skill should be developed and assessed in years three and four, after communication attitude and knowledge are developed.

**Recommended Assessment Strategies**

Communication training for nursing that are inclusive of knowledge, attitude, and skill is advocated as a gold-standard approach by instructional communication researchers and communication scientists (Wittenberg et al., 2021). Assessment should feature specific and explicit performance expectations that emerge from communication attitude, illustrate acquisition of communication knowledge, and produce observational communication skills/behaviors. Assessment strategiesmust accompany resources and contentso students can consistently assess their own performance and progress. Assessment of communication skill includes a level of subjectivity on behalf of the evaluator and thus competency assessment tools and evaluator training should be standardized (Duffy, 2019).

**While communication is a concept across all domains, competencies, and sub-competencies, the table below identifies teachable content for points of teaching integration.**

**References**

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Kiessling, C., Tsimtsiou, Z., Essers, G., van Nuland, M., Anvik, T., Bujnowska-Fedak, M. M., Hovey, R., Joakimsen, R., Perron, N. J., Rosenbaum, M., & Silverman, J. (2017, Sep). General principles to consider when designing a clinical communication assessment program. *Patient Educ Couns, 100*(9), 1762-1768. https://doi.org/10.1016/j.pec.2017.03.027

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**Domain 1. Knowledge for Nursing Practice**

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| **1.2. Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.**  1.2d Apply or employ knowledge from nursing sciences as well as the natural, physical, and social sciences to build an understanding of the human experience and nursing practice. (E)  1.2j Translate theories from nursing and other disciplines to practice. (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| * Task communication k * Relational communication k * Transactional Communication Model a,k | * Differentiate task from relational communication * In small groups students build original models of communication that employ task and relational * Students work in groups to identify the presence of task and relational communication in a case study * Pose a reading of an interaction in which the concept of communication can be featured for discussion * Explore the definition of communication and the notion of it being teachable * Explore assumptions about communication * Explore the meaning of ‘good communication’ and its significant limitations to improving practice skills * Utilize the practical experience of students who have witnessed communication in healthcare that is lacking in the relational component and how this could have been different * Compare and contrast effective and ineffective communication skills * Apply feedback to optimize communication through collaboration in healthcare systems. | * Interpersonal Communication Assessment Scale (Klakovich & Dela Cruz, 2006) * Communication Skills Attitude Scale (Reese, Sheard, & Davies, 2002) | Wittenberg, E., Goldsmith, J.V., Ragan, S. L.., & Parnell, T. A. (2020). *Communication in Palliative Nursing* (Chapter 1)*.* New York: Oxford University Press.  Du Pre, A., & Foster, E. (2015). Transactional Communication. In E. Wittenberg et al (Eds). *Textbook of Palliative Care Communication.* New York: Oxford University Press.  Paige, S. R., Stellefson, M., Krieger, J. L., Anderson-Lewis, C., Cheong, J., & Stopka, C. (2018, Oct 2). Proposing a Transactional Model of eHealth Literacy: Concept Analysis. *J Med Internet Res, 20*(10), e10175. https://doi.org/10.2196/10175  Pedersen, K. Z., & Mesman, J. (2021, Jul-Aug). A transactional approach to patient safety: understanding safe care as a collaborative accomplishment. *J Interprof Care, 35*(4), 503-513. https://doi.org/10.1080/13561820.2021.1874317  Klakovich, M. D., & Dela Cruz, F. A. (2006, Jan-Feb). Validating the Interpersonal Communication Assessment Scale. *J Prof Nurs, 22*(1), 60-67. https://doi.org/10.1016/j.profnurs.2005.12.005  Donovan, L. M., & Mullen, L. K. (2019). Expanding nursing simulation programs with a standardized patient protocol on therapeutic communication. *Nurse Education in Practice*, *38*, 126–131. https://doi.org/10.1016/j.nepr.2019.05.015 |

\*E=entry-level; A=advanced-level

a Communication Attitude, k Communication Knowledge, s Communication Skill

**Domain 2. Person-Centered Care**

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| **2.1 Engage with the individual in establishing a caring relationship.**  2.1a Demonstrate qualities of empathy (E)  2.1b Demonstrate compassionate care (E)  2.1c Establish mutual respect with the individual family (E)  2.1d Promote caring relationships to effect positive outcomes (A)  2.1e Foster caring relationships (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| * Bearing Witness a * Person-Centered Messages s * Nonverbal immediacy k | **Entry Level:**  -Review a Case study using Exercise 4 in Wittenberg et al, page 64  -Experiment writing person-centered messages  -Partner students to engage listening exercise in which one partner is not allowed to say anything, but only listen, the other shares an experience they have had as a patient. Nonverbal reflection follows.  -Provide a case interaction with lowest level of person-centered communication. Have students rewrite with highest level of person-centered communication.  **Advanced:**  -Reflective writing exercise for bearing witness in which students recall feeling present for a patient, gratitude or hope in your vocation  -Review ideas for sharing difficult information with patient and family (guided by Warnock, 2014)  - Use technology to enhance communication skills in varied mediums (as an example telehealth chat app) | * Compassionate **Communication Scale (Salazar, 2013; Tehranineshat, Rakhshan, Torabbizadeh, Fararouei, & Gillespie, 2021)** * Empathic Skill **Scale** (Dokmen, 1988) * Nonverbal Immediacy Scale- Short Form (Richmond & McCroskey, 1998) | Wittenberg, E., Goldsmith, J.V., Ragan, S. L.., & Parnell, T. A. (2020). *Communication in Palliative Nursing.* New York: Oxford University Press.  Wickline, M. M., Berry, D. L., & Belza, B. (2021, Aug 1). Bearing Witness in Oncology Nursing: Sharing in Suffering Across the Cancer Care Trajectory. *Clin J Oncol Nurs, 25*(4), 470-473. https://doi.org/10.1188/21.CJON.470-473  Djkowich, M., Ceci, C., & Petrovskaya, O. (2019, Jan). Bearing witness in nursing practice: More than a moral obligation? *Nurs Philos, 20*(1), e12232. https://doi.org/10.1111/nup.12232  Johnsson, A., Wagman, P., Boman, A., & Pennbrant, S. (2018, Apr). What are they talking about? Content of the communication exchanges between nurses, patients and relatives in a department of medicine for older people-An ethnographic study. *J Clin Nurs, 27*(7-8), e1651-e1659. https://doi.org/10.1111/jocn.14315  Myers, C. R. (2019). Using telehealth to remediate rural mental health and healthcare disparities. Issues in Mental Health Nursing, 40(3), 233–239. <https://doi.org/10.1080/01612840.2018.1499157>  Gustin, T. , Kott, K. & Rutledge, C. (2020). Telehealth Etiquette Training. *Nurse Educator, 45*(2), 88-92. doi: 10.1097/NNE.0000000000000680.  Warnock, C. (2014, Jul 15). Breaking bad news: issues relating to nursing practice. *Nurs Stand, 28*(45), 51-58. https://doi.org/10.7748/ns.28.45.51.e8935 |
| * Transactional Model of Communication k * Health Literacy a,s,k | **Entry-level:**  -Present content that draws a connection between the two ideas of transactional communication and health literacy.  -Differentiate between sender-based communication models and transactional models and apply to an OSCE video  -Students build a definition of health literacy in groups, and then share in large group together, identifying common features, uncommon features to definitions  **Advanced:**  -Assign students different dimensions of a health literacy model and have them present “class conversation starters” on their domain/dimension  -Have students reflect on their own role in creating health literacy with patients and caregivers, and share one paragraph with the rest of the group for discussion  -Assign a short paper exploring the transactional model and its role in nursing practice, versus a sender-based model of communication  -Use standardized patient care scenarios to engage in high-risk complicated conversations with patients, and family | Health Literacy Questionnaire  [https://healthliteracy.bu.edu/hlq](about:blank)  Transcultural Self-Efficacy Tool (Jeffreys, 2006)  Health Literacy Beliefs (Abrams et al, 2012) | Wittenberg, E., Goldsmith, J.V., Ragan, S. L.., & Parnell, T. A. (2020). *Communication in Palliative Nursing.* New York: Oxford University Press.  Du Pre, A., & Foster, E. (2015). Transactional Communication. In E. Wittenberg et al (Eds). *Textbook of Palliative Care Communication.* New York: Oxford University Press.  Jeffreys, M. R. (2016). *The cultural competence education resources toolkit (3rd ed.)* Springer Publishing Company.  Abrams, M. A., Rita, S., Kurtz-Rossi, S., & Nielson, G. (2012). *Always use teach-back! Training toolkit.* [www.teachbacktraining.org](about:blank)  Coates, J. (2021). The effectiveness of a simulation program to enhance readiness to engage in difficult conversations in clinical practice. Dimensions of Critical Care Nursing : Dccn, 40(5), 275–279. <https://doi.org/10.1097/DCC.0000000000000489> |
| * Narrative Clinical Practice a,k | -Create a narrative map of an illness experience shared by another study (Wittenberg et al., Exercise 5, p. 65)  -Engage nurse as a storyteller; student free writes about a patient they were worked with. They have five minutes to share about the patient. Students will note what words were used to describe the patient, their illness, the arc of the story, etc.  -In groups, have students locate a narrative in media about restitution, chaos, or quest. How do these narratives play a part in illness in each example?  -Implement “What to Listen for and What to Ask” concepts in clinical rotation, and share back experience (guided by Aloi, 2009) |  | Timpani, S., Sweet, L., & Sivertsen, N. (2021, Mar). Storytelling: One arts-based learning strategy to reflect on clinical placement. An integrative review. *Nurse Educ Pract, 52*, 103005. https://doi.org/10.1016/j.nepr.2021.103005  Hillier, M., Luff, D., & Meyer, E. C. (2020, Aug 1). Innovative Communication Learning: Combining TED Talks and Reflective Writing for Nursing Students. *Creat Nurs, 26*(3), 182-188. https://doi.org/10.1891/CRNR-D-19-00056  Moosvi, K., & Garbutt, S. (2020, Mar/Apr). Shifting Strategies: Using Film to Improve Therapeutic Communication and Nursing Education. *Nurs Educ Perspect, 41*(2), 134-135. [https://doi.org/10.1097/01.NEP.0000000000000431](about:blank)  Aloi, J. A. (2009, Oct). The nurse and the use of narrative: an approach to caring. *J Psychiatr Ment Health Nurs, 16*(8), 711-715. https://doi.org/10.1111/j.1365-2850.2009.01447.x |
| * Multiple Goals in Care k,s * Uncertainty k,s | **Advanced:**  -Clarify via lecture the concept of uncertainty  -Share materials on the meaning of goals and their multiplicity  -Identify uncertainties in video clips that feature illness stories, or in non-fiction writings  -Engage a role play. Find or create two scenarios to get students thinking and working on communication that is adaptive, based on patient uncertainty (Wittenberg et al, p. 240, Exercise 2 Adapting to the Patient)  -In small groups work on Mining the Goals of an interaction between a nurse and family facing unknown illness and its outcomes. Read, analyze together the multiple goals at play in the conversation (Wittenberg et al, p. 242, Exercise 3, Mining the Goals)  -Individuals build response to challenging patient or family interactions, and then share and discuss (Wittenberg et al, p. 243, Exploring Ideas for Response) | Frommelt Attitude Toward Care of the Dying (Frommelt, 1991)  Communication Apprehension with Dying Scale (Hayslip, 1987-1988)  Comfort with Communication in Palliative and End of Life Care (C-COPE; Isaacson & Minton, 2019) | Glover, T. L., Akerlund, H., Horgas, A. L., & Bluck, S. (2019, Oct). Experiential Palliative Care Immersion: Student Nurse's Narratives Reflect Care Competencies. *West J Nurs Res, 41*(10), 1465-1480. https://doi.org/10.1177/0193945919833061  Frommelt, K. H. M. (1991). The effects of death education on nurses’ attitudes toward caring for terminally ill persons and their families. *American Journal of Hospice & Palliaive Care,8,* 37-43.  Moffett, J., Hammond, J., Murphy, P., & Pawlikowska, T. (2021, Aug). The ubiquity of uncertainty: a scoping review on how undergraduate health professions' students engage with uncertainty. *Adv Health Sci Educ Theory Pract, 26*(3), 913-958. https://doi.org/10.1007/s10459-021-10028-z  Dadiz, R., Spear, M. L., &amp; Denney-Koelsch, E. (2017). Teaching the art of difficult family conversations. *Journal of Pain and Symptom Management*, 53(2), 157–161. https://doi.org/10.1016/j.jpainsymman.2016.12.322 |
| * Cultural humility a,s,k * Health literacy a,s,k * Family Caregiver a,s,k | **Entry Level:**  -Introduce health literacy as a concept and multi-variable models that situation the provider/nurse as a central domain  -Engage students in small groups to define terms including culture, cultural difference, cultural competency, and cultural humility  -Students will work in pairs to build a list of ideas, prompts or questions to impact health literacy pathways for patients and caregivers  -Provide lecture on theory of family structures and systems, and definitions of family  -Students work as a whole group to create a definition of family  **Advanced:**  -Introduce family caregiver communication and typology (Wittenberg et al.) in lecture followed by four case analysis to identify caregiver types in discussion format  -Apply health literacy to family caregiver types in short research paper  -Implement cultural humility into clinical practice and present experience to class  - Use role play or standardized patient care scenarios to understand personal communication style and promote intrapersonal reflection. | Scale Assessing Self-Efficacy for Cultural Competence in Patient Counseling (Assemi et al, 2006)  Families’ Importance in Nursing Care: Nurses’ Attitudes Scale (Benzein et al, 2008) | Assemi, M., Cullander, C., & Hudmon, K. S. (2006, Dec). Psychometric analysis of a scale assessing self-efficacy for cultural competence in patient counseling. *Ann Pharmacother, 40*(12), 2130-2135. https://doi.org/10.1345/aph.1H248  Dencker, A., Tjornhoj-Thomsen, T., & Pedersen, P. V. (2021, Nov). A qualitative study of mechanisms influencing social inequality in cancer communication. *Psychooncology, 30*(11), 1965-1972. https://doi.org/10.1002/pon.5767  Suarez, N. R. E., Urtecho, M., Jubran, S., Yeow, M. E., Wilson, M. E., Boehmer, K. R., & Barwise, A. K. (2021, May). The Roles of medical interpreters in intensive care unit communication: A qualitative study. *Patient Educ Couns, 104*(5), 1100-1108. https://doi.org/10.1016/j.pec.2020.10.018  Goldsmith, J., Wittenberg, E., Platt, C. S., Iannarino, N. T., & Reno, J. (2016, Apr). Family caregiver communication in oncology: advancing a typology. *Psychooncology, 25*(4), 463-470. https://doi.org/10.1002/pon.3862  Benzein, E., Johansson, P., Arestedt, K. F., Berg, A., & Saveman, B. I. (2008, Feb). Families' Importance in Nursing Care: Nurses' Attitudes--an instrument development. *J Fam Nurs, 14*(1), 97-117. https://doi.org/10.1177/1074840707312716  Wittenberg, E., Kerr, A. M., & Goldsmith, J. V. (2021, Oct). Family caregivers' perceived communication self-efficacy with physicians. *Palliat Support Care, 19*(5), 540-546. https://doi.org/10.1017/S1478951520001236  Janice-Woods, R. D., & Sharma, J. (2016). Delivering difficult news and improving family communication: simulation for neonatal-perinatal fellows. Mededportal : The Journal of Teaching and Learning Resources, 12, 10467–10467. <https://doi.org/10.15766/mep_2374-8265.10467>  Rønning, S. B., &amp; Bjørkly, S. (2019). The use of clinical role-play and reflection in learning therapeutic communication skills in mental health education: an integrative review. Advances in Medical Education and Practice, 10, 415–425. https://doi.org/10.2147/AMEP.S202115 |

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a Communication Attitude, k Communication Knowledge, s Communication Skill

**Domain 3. Population Health**

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| **3.2 Engage in effective partnerships.**  3.2c Use culturally and linguistically responsive communication strategies (E)  3.2e Challenge biases and barriers that impact population health outcomes (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| * Cultural humility a,s,k * Health literacy a,s,k | **Entry Level:**  -Introduce health literacy as a concept and multi-variable models that situation the provider/nurse as a central domain  -Engage students in small groups to define terms including culture, cultural difference, cultural competency, and cultural humility  -Students will work in pairs to build a list of ideas, prompts or questions to impact health literacy pathways for patients and caregivers  -Play a game with plain language  **Advanced:**  -Distribute 10 attributes of a health literate organization and have students create structures for a fictive care organization to implement. Each small group will take 1 of the 10 attributes.  -Students will write a reflective paper exploring their experience of self-reflection and awareness---concepts central to cultural humility.  -Plain language role play—explaining a procedure  -Use technology to advance and communicate health literacy and cultural humility concepts. |  | Choi, S., & Choi, J. (2021, Dec). Effects of the teach-back method among cancer patients: a systematic review of the literature. *Support Care Cancer, 29*(12), 7259-7268.  Goldsmith, J. V., Wittenberg, E., & Parnell, T. A. (2020, Jun). The COMFORT Communication Model: A Nursing Resource to Advance Health Literacy in Organizations. *Journal of Hospice & Palliative Nursing, 22(3),* 229-237.  Wright, R., Baptiste, D. L., Booth, A., Addison, H., Abshire, M., Alvarez, D., Barrett, M., Hansen, B., Jenkins, E., Scarborough, S., Wright, E., Davidson, P. M., & Ramsey, G. C. (2021, Sep-Oct 01). Compelling Voices of Diversity, Equity, and Inclusion in Prelicensure Nursing Students: Application of the Cultural Humility Framework. *Nurse Educ, 46*(5), E90-E94.  Smith, A., & Foronda, C. (2021, Mar-Apr 01). Promoting Cultural Humility in Nursing Education Through the Use of Ground Rules. *Nurs Educ Perspect, 42*(2), 117-119.  Wittenberg, E., Goldsmith, J., Ferrell, B., & Platt, C. S. (2015, Jul 7). Enhancing Communication Related to Symptom Management Through Plain Language: A Brief Report. *J Pain Symptom Manage*. https://doi.org/10.1016/j.jpainsymman.2015.06.007  Song, S., Zhao, Y. C., Yao, X., Ba, Z., & Zhu, Q. (2021). Short video apps as a health information source: an investigation of affordances, user experience and users’ intention to continue the use of tiktok. *Internet Research*, 31(6), 2120–2142. https://doi.org/10.1108/INTR-10-2020-0593 |

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**Domain 4. Scholarship for the Nursing Discipline**

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| **4.1 Advance the scholarship of nursing.**  4.1c Apply theoretical framework(s)/models in practice (E)  4.1g Communicate scholarly findings (E) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| * COMFORT Communication Modela,s,k | **Entry-Level:**  -Read and discuss COMFORT in Nursing (Wittenberg et al, 2020)  -Watch two modules on COMFORT Communication for PPE and Telehealth  -Experiment with the Comfort Communication App in small groups  -Read and discuss COMFORT in Nursing (Wittenberg et al, 2020)  **Advanced level:**  -Include lecture on Relating (Goals of Care) followed by discussion  -Include lecture of Openings (Uncertainty) followed by discussion  -Students will implement an Opening observation and engagement during clinicals and share back in didactic setting | Caring Self-Efficacy Scale (Reid et al, 2015) | Reid, C., Courtney, M., Anderson, D., & Hurst, C. (2015, Dec). The 'caring experience': Testing the psychometric properties of the Caring Efficacy Scale. *Int J Nurs Pract, 21*(6), 904-912. https://doi.org/10.1111/ijn.12327  Comfort Communication App  [www.app.communicatecomfort.com](about:blank) |

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**Domain 5. Quality and Safety**

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| **5.2 Contribute to a culture of patient safety.**  5.2b Articulate the nurse’s role within an interprofessional team in promoting safety and preventing errors and near misses (E) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| * Interprofessional model of Communication s,k | **Entry-Level:**  -Watching examples of shift handoff, role play, analysis (SBAR)  -Requesting and using language interpretation services lecture, test  -Watching video of language services needed but not available, and examples of language service acquisition/support  -Share Interprofessional Model followed by discussion of how this can be practically observed /needed in clinical context.  **Advanced level:**  -Introduce technology to understand appropriate feelings, experiences, and abilities of advanced nursing practice.  - Promote self-awareness of body language and communication techniques using video recordings | Safety Attitudes Survey (Sexton, Thomas, Helmreich, 2006) | Center for Healthcare Quality and Safety  [https://med.uth.edu/chqs/survey/](about:blank)  Minnican, C., & O'Toole, G. (2020). Exploring the incidence of culturally responsive communication in Australian healthcare: the first rapid review on this concept. *BMC Health Services Research*, 20(1), 20–20. <https://doi.org/10.1186/s12913-019-4859-6>  Keiffer, M. , Anderson, M. , Eckhoff, D. , Blackwell, C. , Talbert, S. & Parker, A. (2021). Standardizing nurse practitioner student evaluation during high-stakes clinical examinations. *Journal of the American Association of Nurse Practitioners, 33*(12), 1240-1246. doi: 10.1097/JXX.0000000000000514. |

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**Domain 6. Interprofessional Partnerships**

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| **6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.**  6.1a Communicate the nurse’s roles and responsibilities clearly (E)  6.1b Use various communication tools and techniques effectively (E)  6.1c Elicit the perspectives of team members to inform person-centered care for decision making (E)  6.1e Communicate individual information in a professional, accurate, and timely manner (E)  6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions (A)  6.1j Communicate nursing’s unique disciplinary knowledge to strengthen interprofessional partnerships (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| * Interprofessional model of Communication a,s,k | **Entry level:**  -Share domains of the interprofessional model with accompanying quiz  -Interprofessional team role play  -Explore an unfolding case over a series of classes  -Privacy Management and health information with families: building skills to communication amidst “secrets”  **Advanced:**  -Tips and tools for communication with families about dying patients: exposures and idea building in small groups  -View Evan Mayday’s Good Death and the discuss team roles  -Students bring reports from the field that feature one domain and possible solutions in relation to the Interprofessional Model of Communication  - Engage interprofessional communication through workshops using simulation, technology, and communication intensive healthcare issues (caring for disabilities, trauma) | Readiness for Interprofessional Learning Scale (Curran, Sharpe, Forristall, & Flynn, 2008)  KidSIM Attitudes Towards Teamwork in Training Undergoing Designed Educational Simulation (ATTITUDES; Sigalet, Donnon, Grant, 2012) | Curran, V. R., Sharpe, D., Forristall, J., and Flynn, K. (2008). Attitudes of health sciences students towards interprofessional teamwork and education. *Learning in Health and Social Care, 7*(3), 146­‐156.  National Center for Interprofessional Practice and Education  [https://nexusipe.org/advancing/assessment-evaluation](about:blank)  Bok, C., Ng, C.H., Koh, J.W.H., Ong, Z.H., Ghazali, H.Z.B., Tan, L.H.E., Ong, Y.T., Cheong, C.W.S., Chin, A.M.C., Mason, S., & Krishna, L.K.R. (2020, October 16). Interprofessional communication (IPC) for medical students: A scoping review.*BMC Medical Education*, *20*(1). <https://doi.org/10.1186/s12909-020-02296-x>  Strunk, J., Argenbright, C., Leisen, M., Sawin, E. M., Kiser, T., & Donovan, L. (2021). Using simulation to educate students about the culture of disability. Nursing, 51(6), 16–19. https://doi.org/10.1097/01.NURSE.0000751748.02102.81 |
| **6.2 Perform effectively in different team roles, using principles and values of team dynamics.**  6.2a Apply principles of team dynamics, including team roles, to facilitate effective team functioning (E)  6.2h Evaluate the impact of team dynamics and performance on desired outcomes (A)  6.2j Foster positive team dynamics to strengthen desired outcomes (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| * Groupthink s,k | **Entry Level:**  -View 12 Angry Men and discuss the concept of Groupthink  -Share state of the science on team meeting elements, goals, practices  **Advanced:**  -Distribute and role play checklist for team meeting collaboration practices that integrate Groupthink protections  -Individual students share various potential team architecture across a range of care settings and the possible time/goal pressures faced in each setting  -Lecture on conflict communication research, the components of conflict, and myths and truths associated  - Simulate high stakes communication needs during crisis and need for high performing team dynamics. | Performance Assessment Communication and Teamwork Tools Set (PACT)  Communication Preference Questionnaire  [https://www.hpsys.com/Assessments\_CPQ.htm](about:blank)  TeamSTEPPS Team Performance Observation Tool | Reising, D. L., Carr, D. E., Tieman, S., Feather, R., & Ozdogan, Z. (2015, Sep-Oct). Psychometric Testing of a Simulation Rubric for Measuring Interprofessional Communication. *Nurs Educ Perspect, 36*(5), 311-316. https://doi.org/10.5480/15-1659  DiPierro, K., Lee, H., Pain, K. J., Durning, S. J., & Choi, J. J. (2021, Oct 12). Groupthink among health professional teams in patient care: A scoping review. *Med Teach*, 1-10. https://doi.org/10.1080/0142159X.2021.1987404  Rock, L. K. (2021). Communication as a high-stakes clinical skill: "just-in-time" simulation and vicarious observational learning to promote patient- and family-centered care and to improve trainee skill. Academic Medicine : *Journal of the Association of American Medical Colleges*, 96(11), 1534–1539. <https://doi.org/10.1097/ACM.0000000000004077>  Rajendram, P., Notario, L., Reid, C., Wira, C. R., Suarez, J. I., Weingart, S. D., & Khosravani, H. (2020). Crisis resource management and high-performing teams in hyperacute stroke care. *Neurocritical Care*, 33(2), 338–346. https://doi.org/10.1007/s12028-020-01057-4 |
| **6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.**  6.4a Demonstrate an awareness of one’s biases and how they may affect mutual respect and communication with team members (E)  6.4c Engage in constructive communication to facilitate conflict management (E)  6.4d Collaborate with interprofessional members to establish mutual healthcare goals for individuals, communities, or populations (E)  6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| Interprofessional model of Communication a,s,k | **Advanced:**  -Learn and practice and team mindfulness exercise in groups  -Role play group difference and productive outcomes  -Practice transitions in care team meetings and reflect  -Students take the Myers Briggs personality inventory and the share reflections  - Promote Self-awareness activities that enhance team communication values | Interprofessional Collaboration Competency Attainment (Archibald, Trumpower, &MacDonald, 2014)  Assessment for Collaborative Environments (Tilden et al, 2016)  TeamSTEPPS Teamwork Attitudes Questionnaire  Interprofessional Socialization and Valuing Scale (King, Shaw, Orchard, & Miller, 2010)  Interprofessional Values Assessment (Lockeman et al., 2016) | Schmitz, C. C., Radosevich, D. M., Jardine, P., MacDonald, C. J., Trumpower, D., & Archibald, D. (2017, Jan). The Interprofessional Collaborative Competency Attainment Survey (ICCAS): A replication validation study. *J Interprof Care, 31*(1), 28-34. https://doi.org/10.1080/13561820.2016.1233096  Tilden, V. P., Eckstrom, E., & Dieckmann, N. F. (2016, May). Development of the assessment for collaborative environments (ACE-15): A tool to measure perceptions of interprofessional "teamness". *J Interprof Care, 30*(3), 288-294. https://doi.org/10.3109/13561820.2015.1137891  Por, J., Barriball, L., Fitzpatrick, J., & Roberts, J. (2011). Emotional intelligence: its relationship to stress, coping, well-being and professional performance in nursing students. *Nurse Education Today*, 31(8), 855–860. https://doi.org/10.1016/j.nedt.2010.12.023 |

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**Domain 8. Informatics and Healthcare Technologies**

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| **8.3 Use information and communication technology and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.**  8.3c Use information and communication technology in a manner that supports the nurse-patient relationship (E)  8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| COMFORT Communication Modela,s,k | **Entry level:**  -Differentiate task from relational communication in a communication interaction with patient using technology  -View a recording of an interaction in which telehealth communication can be featured for discussion  **Advanced**:  -Share COVID-19 COMFORT (Wittenberg et al, 2021)  -Former patients and family caregivers training practice for telehealth using COMFORT tenets (see Communicate Comfort App), former patients and caregivers provide assessment and feedback  -Collect and review current technology communication practices for providers available from large policy bodies and institutions  -Develop tools to practice patient-centered care via electronic communication formats of phone, telehealth, and portal interaction; peer evaluation  -Role play troubles telling to a nurse using telehealth simulation to feature narrative clinical practice  -Design safe areas within healthcare facilities for open and respectful dialogue with patients, families, and/or healthcare personnel. | Nursing students’ attitudes toward information and communication technology scale (Lee & Clarke, 2015)  Individualized Care Scale-nurse’s version (Suhonen, Gustafsson, Katajisto, Valimaki, Leino-Kilpi, 2010)  Self-assessment of Nursing Informatics Competencies Scale (Yoon et al., 2009)  Canadian Nurse Informatics Competency Assessment Scale (Kleib & Nagle, 2018)  Nursing Telehealth Communication Skills (van Houwelingen et al., 2016) | Wittenberg, E., Goldsmith, J. V., Chen, C., Prince-Paul, M., & Capper, B. (2021, Dec). COVID 19-transformed nursing education and communication competency: Testing COMFORT educational resources. *Nurse Educ Today, 107*, 105105.  Nursing Faculty Guide for Teaching COVID-19 Communication  [www.CommunicateComfort.com](about:blank)  Lee, J.J., & Clarke, C.L. (2015). Nursing students’ attitudes towards information and communication technology: an exploratory and confirmatory factor analytic approach. *Journal of Advanced Nursing,71(5)*, 1181-1193.  Park, M., Giap, T. T., Jang, I., Jeong, M., & Kim, J. (2022, Jan). Listening to patients' voices: Applying the design-thinking method for teaching person-centered care to nursing students. *Nurs Forum, 57*(1), 9-17. https://doi.org/10.1111/nuf.12641  Legare, E., Vincent, C., Lehoux, P., Anderson, D., Kairy, D., Gagnon, M. P., & Jennett, P. (2010). Telehealth readiness assessment tools. *J Telemed Telecare, 16*(3), 107-109.  Kleib, M., Chauvette, A., Furlong, K., Nagle, L., Slater, L., & McCloskey, R. (2021, Apr). Approaches for defining and assessing nursing informatics competencies: a scoping review. *JBI Evid Synth, 19*(4), 794-841.  Gullo, S., Kuhlmann, A.S., Galavotti, C., Msiska, T., Nathan Marti, C., & Hastings, P. (2018, November 14). Creating spaces for dialogue: A cluster-randomized evaluation of CARE’s Community Score Card on health governance outcomes. BMC Health Services Research, 18(1). https://doi.org/10.1186/s12913-018-3651-3 |

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**Domain 9. Professionalism**

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| **9.2 Employ participatory approach to nursing care.**  9.2a Employ the use of intentional presence to facilitate shared meaning of the experience between nurse and recipient of care (E)  9.2b Facilitate health and healing through compassionate caring (E)  9.2c Demonstrate empathy to the individual’s life experience (E)  9.2f Apply principles of therapeutic relationships and professional boundaries (E)  9.2g Communicate in a professional manner (E)  9.2h Foster opportunities for intentional presence in practice (A)  9.2i Identify innovative and evidence-based practices that promote person-centered care (A)  9.2j Advocate for practices that advance diversity, equity, and inclusion (A)  9.2k Model professional expectations for therapeutic relationships (A)  9.2l Facilitate communication that promotes a participatory approach (A) | | | |
| **Recommended Content** | **Learning Strategies** | **Assessment** | **Resources and References** |
| Mindfulness a | -Present and then facilitate SBAR protocol in dyadic practice session  -Present and work in teams/trios on teach back technique for a specific home procedure  -Reading on initiating communication about Advance Directive with patient/with family caregiver, followed by discussion  -Learn strategies to ask about and identify Language Preferences for patients and their family caregivers; share student-driven discussion of CLAS standards and plain language resources  -Examine best practices to identify religious preferences for patients and their family members; share a range of video shorts that include varied cultural practices  -Present helpful prompts and responses for communicating with patients near the end of life  -Examine Family and Nurse Tension indicators (Gistrap & White, 2015)  -Implement Assessing Tensions in Patient and Family Communication tool kit (Wittenberg et al., 2020, p. 198) in discussion and role play/clinical practice report back.  -Use debriefing activities to provide individual and collective discussions on high-risk public and/or community incidences. | Nursing Professional Values Scale -3 (Weis & Schank, 2017) | Sowko, L. A., Fennimore, L. A., & Drahnak, D. M. (2019, Sep 1). Teaching Workplace Interprofessional Communication to Undergraduate Nursing Students. *J Nurs Educ, 58*(9), 538-542. https://doi.org/10.3928/01484834-20190819-08  Weis, D., & Schank, M. J. (2017, Dec 1). Development and Psychometric Evaluation of the Nurses Professional Values Scale-3. *J Nurs Meas, 25*(3), 400-410. https://doi.org/10.1891/1061-3749.25.3.400  Latham, C. L., Ringl, K., & Hogan, M. (2020, Apr 1). Transforming Students' Educational Experience Through Cultural Mindedness, Peer Mentoring, and Student Input. *J Nurs Educ, 59*(4), 194-202. <https://doi.org/10.3928/01484834-20200323-04>  Marcelin, J. R., Siraj, D. S., Victor, R., Kotadia, S., & Maldonado, Y. A. (2019). The impact of unconscious bias in healthcare: how to recognize and mitigate it. The Journal of Infectious Diseases, 220(220), 73. <https://doi.org/10.1093/infdis/jiz214>  Menon, U., Ashing, K., Chang, M. W., Christy, S. M., Friberg-Felsted, K., Rivas, V. G., Gwede, C. K., Lu, Q., Meade, C. D., Sly, J., Wang, M., Yanez, B., Yeary, K., Yi, J. C., & Alcaraz, K. I. (2019). Application of the connect framework to precision health and health disparities. Nursing Research, 68(2), 99–109. <https://doi.org/10.1097/NNR.0000000000000329>  Cantu, L., & Thomas, L. (2020). Baseline well-being, perceptions of critical incidents, and openness to debriefing in community hospital emergency department clinical staff before COVID-19, a cross-sectional study. *BMC emergency medicine*, *20*(1), 82. https://doi.org/10.1186/s12873-020-00372-5 |

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