## Evaluating Therapeutic Communication Techniques Using Standardized Patients Gianna Constantine, DNP, APRN, FNP-BC

## **PROJECT PURPOSE**

•Does implementing therapeutic communication skills and increasing knowledge of mental health illness in providers and nursing staff result in increased scores on the Health Communication Assessment Tool and decrease the incidence of behavioral emergencies called on medical surgical units in the hospital?

## **PROBLEM STATEMENT**

 Approximately 1 in 5 adults in the United States experiences mental illness in a given year Many patients with mental health illnesses feel intimidated by society, and many are reluctant to seek healthcare for fear of being judged or mistreated

 Enhancing communication skills is an excellent way to optimize care of the psychiatric patient

## **MODEL/NURSING THEORY**

•The Iowa Model of Evidenced Based Practice guided project design

> Six step model: assess need, find best evidence, analyze evidence, design practice change, implement and evaluate, integrate and maintain

•Orlando's Nursing Process Theory guided project implementation with a focus on individualization of patient care

# The use of standardized patients and role playing is an effective tool in improving therapeutic communication skills for providers and nurses

#### METHODS

#### •Subjects

Provider type	# of participants
RN	27
APRN/MD/DO	9
Years of Experience	# of participants
Years of Experience < 2 years	<b># of participants</b> 26

#### Setting

 Metropolitan Level 1 Trauma Center

#### Instruments/Tools

- Health Communication Assessment Tool (HCAT)
- Code BERTs/Greys
- Behavioral emergencies for verbally or physically aggressive patients

#### Intervention and Data Collection

- Standardized patients utilized for "real-world" simulations with RNs, APRNs, MDs, DOs
- Communication evaluated using HCAT
- Therapeutic communication and psychiatric illnesses presentation provided
- Code BERT/Grey data pre-project implementation was obtained from hospital security

#### Intervention and Data Collection continued

- Standardized patients utilized two months after initial project implementation for "real-world" simulations with RNs, APRNs, MDs, DOs
- Communication re-assessed using HCAT
- Code BERT/Grey data post-project implementation retrieved from security

## RESULTS

HCAT Mean Scores 100 98 96 94 92 → NP/MD/DO 90 88 86 RNs 84 82 POST PRE **Pre or Post Intervention** 

P-values for whole sample, RNs, and NPs/MDs/DOs > .0125 using the Bonferonni correction

#### Independent samples t-tests were performed

- HCAT scores between RNs and providers were not statistically significant, p-value > 0.5
- HCAT scores between those with less than 2 years experience and those with greater than 2 years experience was not statistically significant, p-value > 0.5

#### Chi square test of independence was performed

• The number of behavioral emergencies pre- and post-intervention was examined, and the relationship of these variables was not significant, with a p-value > 0.5



## DISCUSSION

- Knowledge enhancement of therapeutic communication skills and psychiatric illness results in better communication abilities of both providers and nurses
- Mean HCAT scores increased after project implementation, regardless of occupation
- The number of behavioral emergencies is not impacted by knowledge enhancement of therapeutic communication and psychiatric illnesses
- There is no significance between communication skills and years of experience

## **IMPLICATIONS FOR ADVANCED PRACTICE NURSING**

- Improvement in provider-patient relationships
- Increased job satisfaction
- Improved patient outcomes

## **SUSTAINABILITY**

An educational tool was developed and will be implemented using the hospital learning management system for orientation and ongoing education of nurses and advanced practice providers

## REFERENCES



