A Patient Dies: A Simulation Enhanced Active Learning Experience to Improve Student Preparedness for Using SBAR

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Background/Significance

- Students often lack **knowledge** and **experience** with *how*, *when*, and *why* to utilize SBAR handoff communication.[1,2]

- Students may not feel **prepared** to give or receive effective handoff in healthcare environments.[1,3]

This may lead to *improper or infrequent usage* of SBAR handoffs in healthcare environments, negatively impacting patient outcomes.

Question

Does immersion in an authentic simulation enhanced experience affect students' **preparedness to utilize SBAR** in healthcare environments?

Methods

Simulation Design and Facilitation:

Students participated in an **evolving case study** during which the patient **progressively deteriorated due to inadequate handoff reporting**. Throughout the evolving case, the students worked in small groups to **role play delivering SBAR** handoffs to various different healthcare professionals. The case **ends in a patient death** which could have been prevented with improved SBAR communication. Following the case study, students participated in a simulation involved a **2-5 minute partnered interaction with the grieving spouse** of the deceased patient, allowing them to experience the impact of poor SBAR communication.

Debriefing:

Completed by faculty both trained and untrained in debriefing, using both **Debriefing for Meaningful Learning**[4] and **+/Δ** methods, respectively.

Figure 1. Mean pre-simulation vs. post-simulation Likert scale scores for qualitative questions 25-28

MEAN SCORE PRE/POST

Mean Pre ■ Mean Post
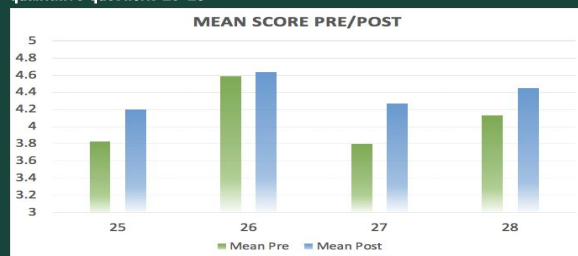
Instruments

- Pre/post surveys delivered via Qualtrics digital survey format. Unique identifiers were given to students to match pre/post tests.

- *Student Satisfaction and Self-Confidence in Learning*[5] instrument, 5-point Likert scale (post only)

- Researcher-developed *5-point Likert scale* questionnaire to address student preparedness in utilizing SBAR in healthcare environments (pre and post)

Results

- **Significant difference** between pre and post scores for **Questions 25,27,28** (preparedness, knowledge of components and when to utilize). P value <0.05 for Q25, 27, 28 (alpha 0.05)

- **No significant difference for Q26** between pre and post scores (understanding of purpose).

- Cohort *does not* significantly contribute to the pre and post scores

Q#	Question	Sig (2-tailed)
25	"I feel prepared to use the SBAR handoff tool independently in the clinical setting"	.001
26	"I understand the purpose of using the SBAR tool in all handoffs"	.469
27	"I know what information to include in each component of an SBAR handoff"	.000
28	"I know when to utilize the SBAR tool in the clinical setting"	.001

Table 1. Qualitative questions asked on post simulation survey, with corresponding statistical significance

Implications

- Students began the learning experience with a **high level of understanding of the purpose** of using the SBAR handoff tool, and comparatively **lower feelings of preparedness, and of understanding how and when to utilize this tool.**

- Implementation of an SBAR handoff-focused unfolding case scenario enhanced with a brief simulated experience may **help to improve student-perceived preparedness for utilizing SBAR handoff** in healthcare environments.

- Further research might be considered regarding impact of this activity on student-perceived preparedness in interacting with grieving patient family members.

- Development of a modified virtual form of this activity for online learning should be considered for further research of teaching methods to increase SBAR preparedness in student nurses

References
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