ISBARR Communication Workshop and its Effect on
Novice Baccalaureate Nursing Students’ Self-Confidence

by

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Thesis

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Abstract

The purpose of the study was to determine what effect an ISBARR (Introduction Situation Background Assessment Recommendation Read back) communication workshop with role-play has on novice baccalaureate nursing students' self-confidence in patient handover shift reporting. The study was a non-randomized, pre- and post-test, one group quasi-experimental study without comparators. A convenience sample of 58 sophomores at a southern Colorado university volunteered to participate in the study and to complete the Self-Reported Anxiety and Confidence Scales (SRACS) questionnaire both before and after the workshop. Data analysis was performed utilizing the paired t-test. Self-confidence scores revealed a statistically significant increase in students' perceived self-confidence following the workshop (t= -11.84, p= 0.00). Future studies could be completed at different universities, in both rural and urban settings, using a random selection of participants, and offering longer workshop sessions.
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Chapter I

Introduction

Communication fuels life and relationships. Communication is used by everyone, every day. It connects and defines. It is the backbone of our society and the catalyst for progress. The concept of communication is defined as, ‘a two-way process of reaching mutual understanding, in which participants not only exchange information, news, ideas and feelings but also create and share meaning’ (Communication, 2015). Effective communication is vital to safety within healthcare. According to The Joint Commission (2013), communication was ranked the third most frequently identified root cause of sentinel events for each year 2011, 2012, and 2013, following leadership and human error, respectively. Nurses must gain skill and confidence in their ability to communicate in order to maintain patient safety.

The socio-psychological concept of self-confidence is made of the self-assurance in one's personal understanding, judgment, power, and ability (Self-Confidence, 2015). It is essential that nurses are not only knowledgeable and skillful, but also confident in their abilities to perform nursing skills, maintain a safe and healing environment for their patients, think critically, and communicate with patients, families, colleagues, and healthcare providers. Self-confidence can be gained or lost through experience. Nursing students can obtain self-confidence in their abilities to be a nurse through nursing education and experiential learning (Kukulu, Korukcu, Ozdemir, Bezci, & Calik, 2013). Nursing student education including opportunities to role play professional and effective communication are vital to the development of communication skills within nursing students (Kesten, 2011; Kostiuk, 2015).
Background and Significance of the Problem

Poor communication and communication overload has a direct correlation with poor patient outcomes, adverse events, sentinel events, transfer delays, and increased length of patient stay (AHRQ, 2009; Hindle et al., 2005; The Joint Commission, 2016; World Health Organization, 2011). Patient safety and effective communication make up sound clinical practice and must be a priority in clinical education. Failure to deliver effective shift or handover reports can lead to adverse events, reduce patient safety, and harm patients (TJC, 2011; WHO, 2011).

Most healthcare facilities have policies relating to proper and expected written communication. However, guidelines for verbal communication, which is used most in times of uncertainty and urgency, are generally less available, structured, or regulated (Curtis, Tzannes, & Rudge, 2011). Nurses are expected to be able to confidently and effectively provide reports on their patients’ status multiple times a day to family and multiple members of the healthcare team. Therefore, nursing education and curriculum need to provide tools, practice, and exposure for new nurses to be equipped with effective inter-professional communication skills (Curtis, Tzannes, & Rudge, 2011; Kesten, 2011; Kostiuk, 2015).

Nurses, doctors, nurse practitioners, pharmacists, physical therapists, social workers, and other healthcare professionals have segregated and distinct preparation for clinical practice, yet they are all expected to communicate effectively with each other in the workplace (Curtis, Tzannes, & Rudge, 2011). Unfortunately, this segregated and distinct preparation for clinical practice has continued to ensure that inter-professional communication is not part of early professional preparation as much as it should be,
making effective inter-professional communications in the clinical setting unfamiliar to all health care professionals (Suter et al., 2009). Effective communication plays a central role in the development and maintenance of collaborative relationships between healthcare professionals, patients, and other members of the healthcare team (Kostiuk, 2015). Therefore, it is vital that intra-professional communication skills be taught and practiced as part of the nursing curriculum.

The ISBARR (Identify, Situation, Background, Assessment, Recommendation, Read back/Repeat) communication tool is a successful and widely used communication tool within the healthcare setting (Kostiuk, 2015). In addition to providing a framework for preparation, this communication tool ensures important details are not missed and minimizes the risk of communication error (Kostiuk, 2015). The ISBARR communication tool has recently been validated again in Australia as an effective way to improve the clarity and content of clinically based communication (Marshall, Harrison, & Flanagan, 2009).

The ISBARR communication tool can offer nursing students, nurses, and other healthcare professionals a framework for increasing self-confidence in the clinical setting (Kostiuk, 2015). Researchers agree that, “Improving self-confidence will lead to improvement in the autonomous practice, ultimately benefiting those recipients of nursing care” (Kukulu, et al., 2013, p. 334). Professional entities like Quality and Safety Education for Nurses (QSEN) and The Joint Commission (TJC) have suggested that tools like the ISBARR communication tool should be included in nursing school curricula with efforts to instruct nursing students on ways to provide confident and effective communication (Enlow, Shanks, Guhde, & Perkins, 2010). Although this
recommendation has been made, there have been limited studies conducted and published on the effect of the utilization of the ISBARR communication tool in baccalaureate nursing schools.

Statement of the Problem

The lack of clear effective communication is a threat to patient safety. Ineffective communication in healthcare is the 3rd leading cause of Sentinel event (TJC, 2013). Researchers have found that four main barriers that exist to prevent effective and clear communication for nurses including, (1) lack of preparation in communication during nursing education programs, (2) lack of structure and standardization in the communication process, (3) lack of ability to identify what and how to communicate, and (4) lack of confidence in the student nurses’ ability to communicate (Ascano-Martin, 2008; Haig, Sutton, & Whittington, 2006). Nursing students can be hesitant and fearful to engage in communication with nurses and other healthcare professionals in the clinical setting (Kukulu, et al., 2013). In addition, many health care facilities do not allow student nurses the opportunity to practice communication skills with health care providers during their clinical education. Confident and effective communication skills are vital to nursing practice and the safety of all patients. More opportunities for student instruction and experiential learning with effective communication tools may help increase effective communication in the healthcare setting. Therefore, the research question will be: “What effect does an ISBARR communication workshop have on novice baccalaureate nursing students' self-confidence in patient handover shift reporting?”
Statement of the Purpose

The purpose of this study was to determine what effect an ISBARR communication workshop with a role-playing activity has on novice baccalaureate nursing students' self-confidence in patient handover shift reporting.
Chapter II

Review of Literature

Relevant Literature

The purpose of this study was to determine what effect an ISBARR communication workshop with a role-playing activity has on novice baccalaureate nursing students’ self-confidence in patient handover shift reporting. Literature was reviewed from the domains of nursing, nursing education, and nursing theory. A thorough search for relevant and current research, within the past 10 years (2006-2016), was conducted using the research databases: CINHAL Plus via EBSCO host, PubMed, and Google Scholar. The search was performed using the key words: ISBARR Communication Tool, patient safety, nursing students, handover shift report, confidence, and role-playing in nursing education.

Communication skills are one of the fundamental elements in the daily performance of nurses and other healthcare professionals. However, the incidence of compromised patient safety has been clearly linked to ineffective communication. In 1999, the Institute of Medicine (IOM), an independent, nonprofit, non-governmental agency whose purpose is to conduct research and give unbiased advice to policy makers and to the public to improve health, wrote a report that revealed the alarming rates of medical errors that were occurring in the United States. The report indicated that there were an estimated 44,000-98,000 deaths that resulted from medical errors annually. This included 120-128 deaths due to medical errors each day occurring in the United States. Communication failure was found to be the root cause in 70% of the cases reviewed (IOM, 1999).
It has been over a decade and a half since the IOM published their report, but despite all of the efforts made by our government with policy change, healthcare facilities, and healthcare providers, safety-related adverse events continue to rise, rather than decline. The nation’s ongoing patient safety challenge was highlighted in the annual National Healthcare Quality Report released in 2009 by the Agency for Healthcare Research and Quality (AHRQ). Examples from the report include that, one in seven hospitalized Medicare patients experience one or more adverse events, and thousands of patients develop central-line-associated blood stream infections each year (AHRQ, 2009).

According to The Joint Commission’s report, “The Most Frequently Identified Root Causes of Sentinel Events by Year” (2013), for the years 2010, 2011, and 2012, communication was ranked the third most frequently identified root cause of sentinel events for each year following leadership and human error respectively, with each event carrying multiple root causes. “Ineffective hand-off communication is recognized as a critical patient safety problem in health care; in fact, an estimated 80% of serious medical errors involve miscommunication between caregivers during the transfer of patients” (TJC, 2012).

Even today, ineffective communication remains a leading cause of errors in patient safety. Effective communication ranks number two of the fifteen National Patient Safety Goals reported by The Joint Commission (2016). Goal two reads, “Improve the effectiveness of communication among caregivers” (TJC, 2016, p. 2). Communication continues to be a cause of patient safety concerns, and communication skills need to remain a top priority among healthcare providers and healthcare education institutions.
Research regarding effective communication suggests the use of standardized tools to improve communications skills among health care providers, thus improving patient safety. According to Enlow, Shanks, Guhde, & Perkins, “Organizations like The Joint Commission and the Agency on Healthcare Research and Quality recommend the use of standardized communication in healthcare facilities to improve patient safety and healthcare” (2010, p. 176).

The Joint Commission’s Center for Transforming Healthcare found that thirty-seven percent of the handover reports given in several different hospitals did not communicate the necessary information needed to provide safe patient care (TJC, 2011). These results triggered The World Health Organization and the Joint Commission to urge health care educational institutions to implement techniques that can enhance handover reports such as standardized communication tools (TJC, 2011; World Health Organization, 2011).

Since this recommendation, healthcare facilities and educational institutions nationwide have adopted the use of the SBAR, (Situation, Background, Assessment, and Recommendation) communication tool that was developed by Dr. Michael Leonard and Doug Bonacum as a mental model for improving communication between healthcare providers (Leonard, Graham, & Bonacum, 2004). Michael Leonard, M. D. developed the tool with Doug Bonacum at Kaiser Permanente in Denver, Colorado. Bonacum was the quality and safety leader at Kaiser and a retired U.S. naval submarine officer. He suggested to Dr. Leonard to develop a standardized tool for the communication of important patient health information similar to the one that he had used while working on the submarines to communicate vital information to officers of different rankings.
In 2007, Jansky & Zafi enhanced the SBAR communication tool to ISBARR. This version of the standardized communication tool includes Introduction, Situation, Background, Assessment, Recommendation, and Read back. This version prompts the initiator to introduce themselves, state the current situation, give relevant background, analyze assessment findings, give recommendations, and then to read back any changes in the patient’s plan of care or new orders received (Curtis, Tzannes, & Rudge, 2011). The literature indicates that a standardized framework, like ISBARR, would help to clarify handover shift report expectations and increase patient safety with effective communication (Enlow, et al., 2010; Lyerla & Barry, 2014; National Clinical Guideline Committee, 2014).

Two research studies looked at the use of a standardized communication tool and nursing student confidence. One study was conducted in California with beginning Licensed Vocational Nursing (LVN) students as part of a doctoral dissertation and the second study was conducted in Canada with beginning Bachelor of Science Nursing students. Both studies will be discussed in-depth below.

In 2011 quasi-experimental dissertation research study performed by Anna Yan Kwong, the standardized communication tool, SBAR, was evaluated as a measure to improve Licensed Vocational Nursing Students’ shift reporting. The purpose of the study was to, “measure the effectiveness of an SBAR training to improve LVN students’ communication with nurses by (a) assessing knowledge retention of SBAR, its definition, origin, usage, and categories; (b) comparing students’ self-reported perception of communication with nurses; and (c) observe the frequency and usage of SBAR when giving a shift report in the clinical setting”, (Kwong, 2011, p. 5). The small sample of
participants in this study was beginning LVN students enrolled in a private school in Northern California. Twenty students were enrolled in two sections, with ten students in each section who were randomly assigned. One section received a traditional communication lecture and the other group received a communication lecture including the introduction and use of the standardized communication tool, SBAR. At pretest, all students were given the SBAR Knowledge Acquisition Quiz (SBARKAQ) to assess baseline knowledge of SBAR communication and at post-test for knowledge retention after their respective lectures. The students were also given a self-reported Anxiety and Confidence Scale at Pretest, Week 3, and Week 6 to measure changes with their self-reported ratings of Anxiety, Confidence, and Use of the SBAR Communication Tool. The Shift-reporting Assessment Tool (SRAT) was used to observe and assess student’s shift reporting at the end of the shift in clinical for frequency of reporting pertinent patient data in order to compare students’ use of the SBAR tool in weeks 2, 3, 4, and 6 (Kwong, 2011).

The theoretical framework for this study included Bandura’s self-efficacy concept where students were expected to retain knowledge, decrease perceived anxiety and increase confidence, and increase their use of the SBAR communication tool for shift reporting (Kwong, 2011). Data analysis of this study revealed statistically significant differences for the SBARKAQ scores after students received the SBAR lecture to support knowledge retention. Kwong also reported, “a statistically significant difference between independent-samples t-test of 4.98 with the SRACS subscale anxiety in the treatment group from pre-test to post-test” (2011, p.93). The study concluded that findings
supported both the SBAR lecture and the use of the SBAR tool for structured shift reporting and decreasing perceived student anxiety with shift reporting (Kwong, 2011).

Kwong (2011) stated that, “It is important to introduce the SBAR tool early during a nursing students’ education” (p. 88). Further literature reviewed supports the introduction of the ISBARR communication tool early in nursing education. In an article published in the July/August 2010 issue of the academic journal, “Nurse Educator”, titled, *Incorporating Inter-professional Communication Skills (ISBARR) Into an Undergraduate Nursing Curriculum*, the authors suggested a curriculum plan that incorporates the instruction and use of the ISBARR communication tool. Within this plan, the author recommends starting the instruction of the ISBARR tool at the sophomore or fundamental nursing level with the introduction of the tool and application to shift reporting (Enlow, et al., 2010, Table 1.). Continued instruction for the ISBARR tool throughout the curriculum includes specific applications at each student level (Enlow, et al., 2010, Table 1.).

The second important study reviewed was a mixed method study performed in Canada by Dr. Sarah Kostiuk (2015) that evaluated whether learning the ISBARR communication tool framework had a relationship with nursing student’s perceived confidence and anxiety levels associated with handover reports. The study utilized the Competitive State Anxiety Inventory-2 tool in a pre-post-test design with an additional three qualitative post-test questions that were used to compare the quantitative data to strengthen the study. The sample for the study included, “beginner nursing students over the age of 18 years, female, and mostly of European descent. Of the 29 students invited, 28 students participated in the study” (Kostiuk, 2015, p. 585). The research procedures
included recruiting participants, obtaining consent, administration of a pre-test self-
survey, a one hour ISBARR training, and a post-test self-survey, and confidentially coded
data collection and analysis. The study results indicated that there was a statistically
significant difference noted in the nursing student’s perceived somatic anxiety levels
associated with handover reports before and after learning the ISBARR framework. The
results also indicated that the participants believed they experienced anxiety and lacked
confidence associated with handover reports both before and after learning the ISBRR
framework, but they believed that learning the ISBARR framework helped them to feel
less anxious and more confident by eliminating the confusion around handover report
expectations. This finding is in agreement with the literature that suggested one of the
reasons for poor handover communication is the lack of consistency in what is being
taught (Curtis, Tzannes, & Rudge, 2011). Previous literature reviewed also indicated that
the standardized ISBARR framework would help to clarify handover reporting
expectations (Enlow, et al., 2010; Lyeria & Berry, 2014; National Clinical Guideline
Committee, 2014).

One international research study regarding nursing student confidence was found.
The study was conducted at Akdeniz University in Antalya, Turkey. The authors
Kukulu, Koruksu, Ozdemir, Bezci, and Calik (2013), report the aim of their study was,
“to determine the self-confidence levels of nursing students and the factors related to
such self-confidence” (p. 330). For this study, data was collected through a questionnaire
for socio-demographic characteristics and a validated 33-item Self-Confidence Scale
questionnaire (Akin, 2007). The study sample consisted of 231 volunteer students in the
second, third, and fourth year of Akdeniz University Nursing School (Kukulu et al.,
The authors report that, “self-confidence influences virtually every aspect of an individual’s life from the ability to think optimistically, persevere through difficulties, and ultimately, to complete activities or achieve goals” (Kukulu et al., 2013, p. 333).

Personal demographic information collected included sex, class year, age, working status, academic grade point average, marital status, place of residence, and assertive behaviors (Kukulu et al., 2013). The demographic data and self-confidence scale results were statistically analyzed using SPSS version 15.0 for Windows (Kukulu et al., 2013). Results of this study revealed that, “70.1% of the participants worried about asking questions of their patients or patient’s family. High self-confidence levels were noted in 78.6% of female students and 92.3% of male students. While 84.5% of second-year students had high self-confidence levels, this rate was only 76% in fourth-year students” (Kukulu et al., 2013, p. 330). Another interesting and statistically significant finding of this study was that, “Overall, student participants who lived with their family had lower self-confidence than those who lived alone” (Kukulu et al., 2013, p. 333).

The authors noted that it was not surprising to them that male students brought up in a dominant patriarchal Turkish culture reported higher confidence levels, especially considering that the employment of females in the nursing profession was not made possible by law until 2007 (Kukulu et al., 2013). Though the researcher found that the limitations to this study are vast and numerous, like a marked difference in student culture, some important implications for nursing student instruction and self-confidence were gained. For instance, the authors of this study support the well documented impact that self-confidence has on communication skills, nursing practice, and patient care (Reeve, 2000; Randle, 2001) while recognizing that, “Nurse educators are therefore
challenged to identify strategies that foster critical self-examination and confidence development in order for future nurses to be in a position to effectively shape healthcare” (Kukulu et al., 2013, p. 334).

Communication skills need to be incorporated in nursing curriculum to prepare nursing students for effective communication within the healthcare setting. This is supported by The American Association of Colleges of Nursing (AACN), who recommends that colleges of nursing incorporate competencies into their baccalaureate curriculum that focus on the development of professional communication skills (AACN, 2008). This sentiment is echoed again in the Institute of Medicine (IOM) Future of Nursing brief titled, “Focus on Nursing Education” which recommends that:

New approaches and educational models must be developed to respond to burgeoning information in the field. For example, fundamental concepts that can be applied across all settings and in different situations need to be taught, rather than requiring rote memorization. Competencies also must move from task-based proficiencies to higher-level competencies that provide a foundation for care management knowledge and decision-making skills under a variety of clinical situations and care settings (2010, p. 2).

The instruction of the ISBARR communication tool can provide students with a foundation for care management and effective communication between all members of the healthcare team.

In an article printed in the Journal of Nursing Education titled, Communication Skills Training as Part of a Problem-Based Learning Curriculum, the author states, “Education that involves only the transfer of knowledge is not only ineffective, but also
fails to invoke the conditions whereby this knowledge is converted into a skill” (Üstün, 2006, p. 423). Therefore, it is necessary to make an effort to find effective educational methods for the instruction of communication skills. Standardized communication tools are one method used to not only teach communication skills, but to also improve student self-confidence.

One of the important communication skills that nurses need to possess is the process of a handover report from one healthcare provider to another. However, the process of the patient handover report has also been identified as an area of communication breakdown resulting in impaired patient safety in the healthcare setting (TJC, 2013). The IOM reported that, “Nursing education frequently does not incorporate the intricacies of care coordination and transitions. Nor does it promote the skills needed to negotiate with the health care team” (IOM, 2010, p. 2). Similar views were reported by the authors Curtis, Tzannes, & Rudge (2011) who found that one of the reasons for documented poor handover communication is the lack of consistency in what is being taught. The authors came to this conclusion after performing an extensive review of literature that identified specific problems that contributed to ineffective communication between healthcare workers. At the conclusion of their study, the authors recommended that, “A shared mental model regarding communication in health be adopted at tertiary institutions offering pre-registration nursing, medical training, and techniques, be woven into respective curriculum design” (2011, p. 13). The authors’ research, paired with their clinical experience, further recommend the instruction of the proven effective communication tool, “ISBARR” because it guides the user through five elements of communication that ensure thorough and effective communication between all members
of the healthcare team (Curtis, Tzannes, & Rudge, 2011, p. 14). The ISBARR communication tool is recommended by many different members of the healthcare team including physicians, nurses, therapists, and pharmacists as an effective form of structured communication to be used between all healthcare team members (Curtis, Tzannes, & Rudge, 2011; Enlow, Shanks, Guhde, & Perkins, 2010; Kostiuk, 2015; Krautscheid, 2008; Kwong, 2011; Marshall, Harrison, & Flanagan, 2009; Raica, 2009). The literature supports the instruction of the ISBARR communication tool to nursing students as a standard framework to improve both student confidence and communication skills, thus improving patient safety.

The literature reviewed revealed instructional strategies for incorporating the ISBARR into nursing school curriculums. The highest recommendation from the literature included the use of role-playing in addition to lecture when teaching the use and application of the ISBARR communication tool to nursing students (Enlow, et al., 2010; Toghian Chaharsoughi, Ahrari, & Alikhah, 2014; Thomas, Bertram, & Johnson, 2009). An ISBARR lecture can provide the springboard for role-playing. The lecturer can discuss the knowledge aspects of the ISBARR tool including the history of the development of the tool, the definitions of the tool’s components, how to use the tool, and the appropriate clinical situations to utilize the tool. The ISBARR lecture facilitates knowledge acquisition that is the foundation for successful role-playing (Chaharsoughi, Ahrari, & Alikhah, 2014).

According to Chaharsoughi, Ahrari, & Alikhah, (2014), “Role play is an effective educational method in teaching SBAR technique for nurses and it can be used as a tool for building effective communication between healthcare professionals” (p. 141). The
authors go on to explain how role play is a simulation technique used in education to allow students to experience the decision-making process in an environment that is free from any concerns about the impact of decisions on patient care (Chaharsoughi, Ahrari, & Alikhah, 2014). Role-playing also allows the student to appreciate a situation from another’s point of view and learn from their own and peer’s mistakes (Thomas, Bertram & Johnson, 2009). In a 2011 study by K. Kesten where traditional didactic instructional methods were compared to didactic plus role-play for the instruction of the SBAR technique, the researched revealed that the performance scores of the didactic plus role-play students were significantly higher, $t = -2.6, p = 0.005$, than those who had didactic instruction alone (Kesten, 2011, p.1).

**Nursing and Education Theoretical Frameworks**

**Nursing theoretical framework.** The nursing theoretical framework that guided this research was Patricia Benner’s, *From Novice to Expert* (1984). According to Benner, the novice nurse or nursing student is lacking in competence and confidence due to minimal exposure to education and experience of situations or skills within clinical nursing practice. These novice nursing students start with an observation role, but can move along the *Novice to Expert* continuum through knowledge acquisition, practice, and clinical experience (Benner, 1984).

Benner’s (1984) original work related to the Dreyfus model of skills acquisition. The five stages of skills acquisition have been incorporated into nursing curricula and used as a standard for nurses in various practice settings. The following is a brief overview of the stages:
1. Novice – beginners who have had no experience of the situation in which they are expected to perform.

2. Advanced beginner – those who can demonstrate marginally acceptable performance, have coped with enough real situations to note the recurring meaningful situational components that are termed “aspects of the situation” in the Dreyfus model.

3. Competent – the nurse who has been on the job in the same or similar situations for 2 to 3 years; develops when the nurse is consciously aware of long–term goals.

4. Proficient – perceives situations as wholes rather than in terms of aspects, and performance is guided by long-term goals.

5. Expert – the nurse with an enormous background of experience now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions.

In 2009, Benner collaborated with colleagues Sutphen, Leonard, & Day to write, *Educating nurses: A Call for Radical Transformation*. This publication was funded by The Carnegie Foundation for the Advancement of Teaching's Study of Nursing Education. Throughout this publication, the authors stress the importance of integrating practice of knowledge acquisition in the educational setting as a concept called integrative teaching and learning. The authors write, “Students rehearse clinical situations of practice in order to learn how to use their communication skills and in-depth knowledge of pathophysiology and pharmacology, and attend to patient well-being and
other salient patient and family concerns” (p. 158). Benner and colleagues describe integrative teaching as an effective teaching strategy for nursing students, and as a means to connect knowledge acquisition with clinical practice and ethical comportment (Benner, et al., 2009). Novice baccalaureate nursing students begin at a novice level of understanding regarding handover shift reporting and through education and practice, advance to competent or proficient in communication for patient safety.

**Educational theoretical framework.** The educational theoretical framework that utilized in this study was “The Experiential Learning Theory” by Dr. David Kolb (1974). Kolb’s theory was built on the foundational works of Dr. Kurt Lewin and Dr. John Dewey. His Experiential Learning Theory offers, “a dynamic educational theory based on a learning cycle driven by the resolution of the dual dialectics of action/reflection and experience/abstraction” (Kolb, 2002).

Much like Benner’s theory, Kolb’s educational theory projects the idea that learning is a process for everyone that includes experience. Kolb believes in a holistic learning space where learning transactions take place between individuals and the environment. Kolb's experiential learning theory works on two levels: a four stage cycle of learning and four separate learning styles. Much of Kolb’s theory is concerned with the learner’s internal cognitive processes.

Kolb states that learning involves the acquisition of abstract concepts that can be applied in a range of situations. In Kolb’s theory, the motivation for the development of new concepts is provided by new experiences. Kolb states, “Learning is the process whereby knowledge is created through the transformation of experience” (Kolb, 1984, p.
38). Kolb’s Experiential Learning Theory encourages a four step cycle to learning: Experience, Reflection, Conceptualize, and Test.

According to Kolb, Effective learning is seen when a student progresses through a cycle of four stages: “(1) having a concrete experience followed by (2) observation of and reflection on that experience which leads to (3) the formation of abstract concepts (analysis) and generalizations (conclusions) which are then (4) used to test hypothesis in future situations, resulting in new experiences” (Kolb, 1974).

Kolb (1974) views learning as an integrated process with each stage being mutually supportive of and feeding into the next. It is possible to enter the cycle at any stage and follow it through its logical sequence. However, according to Kolb (1974), effective learning only occurs when a learner is able to execute all four stages of the model. Therefore, no one stage of the cycle is as effective as a learning procedure on its own.

In this study, Kolb’s theory was applied by allowing students to practice and experience the use of the ISBARR Communication Tool in a workshop setting. Students experienced learning through reading a patient case study, completing an ISBARR Communication Tool Worksheet, and then using the worksheet to provide peer role play of a handover shift report.

Key Words

Key terms in this study are defined for understanding:

*Competent Nurse*: “the nurse who has been on the job in the same or similar situations for 2 to 3 years; develops when the nurse is consciously aware of long –term goals” (Benner, 1984).
**Effective Communication:** the act of conveying intended meaning to another person or entity through mutually understood signs or language. The basic steps of communication are: the forming of communicative intent, message composition, transmission of message, reception of message, message decoding, and interpretation of the message by the recipient (Harper, 2013). Effective communication occurs when, the expertise, skills, and unique perspectives of all parties are integrated, resulting in improvement of in the quality of patient care (Lindeke & Sieckert, 2005).

**Patient Handover/Handoff Shift Report:** is a communication method of passing along essential patient-care information to another care provider (Currie, 2002; Mikos, 2007). Some studies use the term handover to represent handoff.

**Instructional Strategies:** Tactics used by the instructor to promote learning. Instructional strategies should meet all learning styles and the development needs of all learners (Friedman & Fisher, 1998).

**ISBARR:** An acronym for a standardized communication tool developed by Lenard, Graham, & Bonacum (2004), as SBAR, that was modified by Jansky & Zafi to ISBARR, Introduction, Situation, Background, Assessment, Recommendation, and Read Back/Repeat (2007).

**Novice Nurse:** Novice nurses are nurses or nursing students who have had little or no experience in the situations in which they are expected to perform. Novices are taught rules and strategies to help them perform (Benner, 1984; Benner, et al., 2009)

**Role-playing:** is an instructional simulation technique where participants are asked to act out or perform the part of a person or character (Chaharsoughi, Ahrari, & Alikhah, 2014).
Self-Confidence: “a feeling or belief that you can do something well or succeed at something; confidence in oneself and in one's powers and abilities” (Self-Confidence, 2015).
Chapter III

Method

Description of the Research Design

The purpose of this study was to determine what effect an ISBARR communication workshop with a role-playing activity has on novice baccalaureate nursing students' self-confidence in patient handover shift reporting. The study used an exploratory quasi-experimental design in order to examine the cause-and-effect relationships between an independent and dependent variable. The study was a non-randomized, pre- and post-test, one group quasi-experimental study without comparators (Grove, Burns & Gray, 2013, p. 236). The independent variable was a workshop on the use of the ISBARR Communication Tool. The dependent variable was students’ self-confidence.

Identification of the Population and Sample

The population for this study was first year baccalaureate nursing students enrolled in their first nursing class in a small southern Colorado university. Students enrolled in NSG 302 Health Promotion & Assessment in Spring 2016 (approx. 60 students) were invited to participate in the study. The ISBARR workshop was included as part of their class time, but only those students volunteering for the research study took the pre- and post- “Self-Reported Anxiety and Confidence Scales (SRACS)” questionnaire.

Protection of Human Subjects

Approval was obtained from the University Institutional Review Board (IRB) prior to any data collection or recruiting of subjects to assure protection of the students.
participating (See Appendix A). The researcher conducted the study in accordance with the standards of the nursing department and the university.

Information pertaining to study participants was kept strictly confidential and managed in accordance with the requirements of the IRB. Signed consent was obtained prior to the ISBARR workshop (See Appendix A). The students were informed that participation was voluntary, and they could refuse to be in the study or stop at any time. There were no negative consequence should a participant decide not to participate or to stop. Participants were identified only by the first three letters of the participant’s mother’s maiden name and the last four digits of their phone number. The researcher will keep all data collected in a locked file cabinet and will shred all the surveys after five years.

**Instrument**

The Introduction, Situation, Background, Assessment, Recommendation, Read Back/Repeat (ISBARR) communication workshop was the intervention in this study. The workshop was one hour in length and consisted of a lecture and a case study with a role-playing activity. The lecture presented by the researcher, included information on the ISBARR communication tool and how the use of this tool can increase patient safety and effectiveness of communication within the healthcare setting. The researcher created material for the workshop after a thorough literature review. (See Appendix C for a copy of the PowerPoint slides, case study, and ISBARR communication worksheet that was used for the ISBARR communication workshop).

“The Self-Reported Anxiety and Confidence Scales (SRACS)” (Kwong, 2011) was used as the instrument for this study. Formal permission to use this tool was received on
January 22, 2016. (See Appendix B). This validated research tool is a 14 item 5 point Likert scale questionnaire created by Dr. Anna Yan Yan Kwong. The pre-test SRACS contains questions pertaining to demographics; the students indicated their gender, age, highest level of education, and amount of clinical experience outside of nursing school. The SRACS is divided into three subscales: Anxiety, Confidence, and Use of the ISBARR tool. The Anxiety subscale consists of items 4, 6, 9, 13, and 14; the Confidence subscale consists of items 1, 2, 5, 7, and 8; and the Use of ISBARR consists of items 10, 11, and 12. Item 3 assesses the self-report level of preparedness for shift reporting and does not belong to any of the subscales (Kwong, 2011, p. 53) (See Appendix B).

**Procedure**

After the researcher explained the study and the volunteers signed the consent form to participate, the researcher presented a one hour workshop during the regularly scheduled class. All volunteers completed the SRACS scale at the beginning of the workshop. All students, volunteers and non-volunteers, listened to a lecture on the use of the ISBARR communication tool. Following the lecture, the students were asked to work with a partner next to them in class for a role play activity. Each student was given a copy of a case study and ISBARR communication tool worksheet. After reviewing the case study, the study volunteers were instructed to complete an ISBARR communication tool worksheet based on the patient case study. The students were then asked to role play a patient handover shift report with their partner. Study volunteers then discussed the role-playing activity with the whole class. At the conclusion of the workshop, all volunteers completed the same SRACS scale. The SRACS scale took the students approximately 10 minutes to complete each time.
Data Analysis

Data analysis included paired t-tests for the pre and post-test SRACS tool. The researcher, in consultation with a doctorally-prepared statistician analyzed the pre- and post-scores to determine if there was a statistically significance difference in novice baccalaureate nursing students’ self-confidence in patient handover shift reporting. The communication of the research findings from this study appear in Chapter IV: Results.
Chapter IV

Results

Research Results

The purpose of the study was to determine what effect an ISBARR Communication Workshop with a role playing activity has on novice baccalaureate nursing students’ self-confidence in patient handover shift reporting. The study was a non-randomized, pre- and post-test, one group quasi-experimental study without comparators (Grove, Burns & Gray, 2013, p. 236). The independent variable was a workshop with role play conducted on the use of the ISBARR Communication Tool. The dependent variable was students’ self-confidence. A pre-and post-survey questionnaire, The Self-Reported Anxiety and Confidence Scales (SRACS), was used as the research instrument. This tool measured the dependent variable of student self-confidence levels, and measured students’ reported anxiety levels, perceptions on previous education on communication techniques in healthcare, and perceptions on the use of the ISBARR Communication Tool. A total of 60 novice nursing baccalaureate nursing students were eligible to participate, 57 students completed the surveys. After receiving an explanation of the study and signing participation consent, a total of 57 novice baccalaureate nursing students volunteered to participate in the study. The convenience sample included sophomore level baccalaureate nursing students at a southern Colorado University who were enrolled in spring semester 2016 NSG 302, Health Promotion and Assessment. IRB Approval was obtained prior to the study.

The data collected from the SRACS was logged into an excel spreadsheet and then analyzed by a professional statistician. Table 1, Descriptive Statistics, includes...
descriptive statistics for the participants. The respondents reported that 84% identified as female, 14% identified as male, none identified as “other”, and 2% did not respond. In regards to the 57 respondent’s education, 66.5% reported their highest level of education as a high school diploma, 17.5% as holding a prior Associate’s Degree, 7% as holding a prior Bachelor’s Degree, and 9% did not respond. The mean age of respondents was approximately twenty-three years and the mean number of years of prior healthcare experience was approximately two years.

Table 1-Descriptive Statistics

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<thead>
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<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
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<td>female</td>
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<tr>
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<table>
<thead>
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</thead>
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<td>7.02</td>
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<table>
<thead>
<tr>
<th>Age</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.38</td>
<td>6.10</td>
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</table>

<table>
<thead>
<tr>
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<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.89</td>
<td>4.28</td>
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</table>

The data delineating students’ perceptions of self-confidence formed the basis for this study. Table 2, Data Analysis, reveals that for the five constructs of interest (dependent variables), four of the pre to post differences were statistically significant, as measured by paired-samples t-tests. The four variables found to be significant were student reported level of confidence, level of anxiety, question 3, and the total score.

Data analysis revealed a statistically significant \((t = -11.84, p = 0.00)\) increase in student perceived self-confidence following the ISBARR workshop. The mean pre-
workshop score for reported student self-confidence was 2.84 and the mean post-workshop score was 3.84. The standard deviation was found to be 0.64 for the difference score of 1.0. Therefore, the research question, ‘What effect does an ISBARR communication workshop with a role-playing activity have on novice baccalaureate nursing students’ self-confidence in patient handover shift reporting’, was answered by a statistically significant increase in reported self-confidence.

Although the study’s main focus was on students’ self-confidence, Table 2 also revealed that the ISBARR Communication Workshop created a statistically significant decrease in student perceived anxiety levels as well ($t = -4.00$, $p = 0.00$). The mean pre-workshop score for reported student anxiety was 2.50 and the mean post-workshop score was 2.13. The standard deviation was found to be 0.68 for the difference score of -0.36.

Question number 3 of the SRACS asked volunteer participants to rate their perception of having received enough training and practice to give a thorough shift report to a nurse both prior to and after the workshop. This particular question was isolated by Kwong (2011), the author and creator of the SRACS, as an important statistic in regard to student perceptions of the nursing program’s current curriculum achievements prior to and after the addition of the intervention of the workshop. Analysis of question 3 on the research questionnaire, “I am not quite sure if I have received enough training and practice to give a thorough shift report to a nurse”, revealed that most participants reported that they had not received enough training and practice to give a thorough shift report to a nurse prior to the ISBARR workshop. After the ISBARR workshop, the participants reported that they had received enough training with a significant increase in
pre to post-questionnaire responses (t = -7.72, p = .00). Table 2 also indicates the t and p values calculated from the paired t-tests. Significance was set at p<0.05.

<table>
<thead>
<tr>
<th>Table 2- Data Analysis</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
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<td>confidence pre</td>
<td>2.84</td>
<td>0.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>confidence post</td>
<td>3.84</td>
<td>0.54</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anxiety pre</td>
<td>2.50</td>
<td>0.81</td>
<td></td>
<td></td>
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<tr>
<td>anxiety post</td>
<td>2.13</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>q3 pre</td>
<td>2.00</td>
<td>1.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q3 post</td>
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<td></td>
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</tr>
<tr>
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<td></td>
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<tr>
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<tr>
<td>confidence difference</td>
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<tr>
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<td>-7.72</td>
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<td>0.24</td>
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<td>0.64</td>
<td>0.57</td>
<td>-8.47</td>
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Table 3 titled Regression Results includes the regression results for the dependent variables (i.e., constructs). The outcome variable of anxiety versus age appears to have significantly reflected a difference in anxiety between the pre and post survey in older-study participants. The results specifically indicate that those who are older reported smaller anxiety difference scores. Note that Table 3 shows the regression coefficient for age as 0.05. This means that for every one additional year of age, the difference score is 0.05 points greater, proving that older respondents reported a smaller decrease in anxiety from pre to post survey.
Table 3-Regression Results

<table>
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<tr>
<th>Coefficient</th>
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<th>Coefficient</th>
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<th>p</th>
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<td></td>
<td></td>
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<td>anxiety difference</td>
<td>confidence difference</td>
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<tr>
<td>Intercept</td>
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<td>0.09</td>
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<td>-0.16</td>
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</tr>
<tr>
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<td>0.04</td>
<td>-0.02</td>
<td>0.02</td>
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<tr>
<td>Prior exp</td>
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<td>0.06</td>
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<tr>
<td>Associates</td>
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<table>
<thead>
<tr>
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<table>
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<th>total score difference</th>
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</thead>
<tbody>
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<td>Intercept</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Prior exp</td>
</tr>
<tr>
<td>Associates</td>
</tr>
<tr>
<td>Bachelors</td>
</tr>
</tbody>
</table>

In summary, respondents showed significant growth in levels of self-confidence after participating in the ISBARR Communication Workshop. In addition, the research revealed that although respondents showed significant growth from pre to post on all measures, there appeared to be no consistently significant differences in growth based on age, gender, prior experience, and level of education. The one exception was the relationship between age and a decrease in anxiety, where older respondents reported a smaller decrease in anxiety levels as compared to younger respondents. This could be attributed to older respondents’ anxiety towards starting a new career at an older age, or a greater understanding of the implications of a poor patient handover shift report.
Limitations

The limitations of the study included:

- The study utilized a convenience sample when a random sample may have produced stronger statistical significance (Grove, Burns & Gray, 2013).
- The study was done at one southern Colorado University.
- Length of the workshop was one hour and a one-time intervention.
- When a survey asks for students’ perceptions of self-confidence, the participants may have “wanted to please” or “wanted to seem professional” by rating themselves more confident than they really felt.
Chapter V

Conclusions and Recommendations

Conclusions

The purpose of the study was to determine what effect an ISBARR communication workshop with a role-playing activity had on novice baccalaureate nursing students' self-confidence in patient handover shift reporting. Results of this study confirmed many of the previously reported benefits of the use of a communication tool and role play activity in the instruction of patient handover shift reporting, such as, Kostiuk’s (2015) study that stated that using the ISBARR communication tool can offer nursing students, nurses, and other healthcare professionals a framework for increasing self-confidence in communication within the clinical setting. The use of novice baccalaureate nursing students for this study validated Enlow’s (2010) study which recommended starting the instruction of the ISBARR tool at the sophomore or fundamental nursing level with the introduction of the tool and application to shift reporting.

The ISBARR Communication Workshop proved to be effective for improving novice students’ self-confidence in giving a patient handover shift report. A portion of the ISBARR workshop developed by the researcher, The ISBARR Communication Tool Worksheet (See Appendix C), was viewed as useful by current fundamentals instructors who utilized it during the Spring 2016 semester and who plan to also use it for future classes. The ISBARR communication lecture was short, direct, and easy to follow. The patient example used in the role play activity was made simple enough for beginning students to determine the necessary information needed for the role- played patient
handover shift report. Students were given copies of all workshop materials and encouraged to utilize the “The ISBARR Patient Handover Shift Report Worksheet” throughout their time in nursing school and in their future career.

**Recommendations**

Communication skills are vital for nurses to possess in order to provide safe and effective care. Continued research in communication skills education and tools are necessary for improved patient safety outcomes for all patients. Additional research regarding the education and cultivation of strong communication skills among nurses and other healthcare disciplines should be a top priority for nursing education and healthcare facilities.

Upon review of this study, the author has many recommendations for future studies. Recommendations include that future studies are performed in both rural and urban settings. Future studies should use participants chosen randomly to increase the validity of results. The ISBARR Communication Workshop could be longer than one hour to provide more time for practice during the role play activity. For future studies, every effort should be made to decrease student anxiety surrounding their role in a patient handover shift report. Additionally, more research is needed to determine if the use of this ISBARR Communication Workshop would be effective in training nursing students for successful communication with other healthcare disciplines such as physicians or nurse practitioners.

In regards to the use of the ISBARR Communication Workshop with role play activity within curriculum, the workshop could be instituted in fundamentals courses, with continued practice in subsequent courses. The patient example used for the role
play activity could be modified for each subsequent course by incorporating more complex scenarios. The ISBARR Communication Worksheet can be used in multiple settings for instruction and practice including the classroom, clinical, lab, and simulation settings.

**Summary**

This research study contributes to the current body of knowledge related to the instruction of communication skills within nursing and healthcare. In light of continued reports revealing communication breakdown and lapses as one of the most probable causes of adverse and sentinel events for patients (AHRQ, 2009; Hindle et al., 2005; The Joint Commission, 2016; White et al. 2004; World Health Organization, 2011), it is clear that more needs to be done to improve communication skills within healthcare disciplines. As research continues to support the educational benefits and improved patient-centered health outcomes from increased communication skills training in nursing schools, nurse educators will need to find effective means to equip and train nursing students with communication skills and tools necessary to give safe patient-centered care.

The addition of this ISBARR Communication Workshop to current nursing curriculum, nursing programs can provide optimal instruction for the use of the ISBARR Communication Tool and improve nursing students’ perception of self-confidence and preparedness for providing a patient handover shift report.
References


http://archive.ahrq.gov/research/findings/nhqrdr/nhqr09/nhqr09.pdf

http://www.jointcommission.org/standards_information/npsgs.aspx


Appendix A

3.25.16
IRB Review
Proposal Titles: ISBARR communication workshop and its effect on novice baccalaureate nursing students’ self confidence
Principal Investigator: Edwards
New applications for Nursing

Dear Katie,
Thank you for submitting your IRB application “ISBARR communication workshop and its effect on novice baccalaureate nursing students’ self confidence”. This application has been reviewed according to the policies of this institution and applicable federal regulations. The review category for this application is Exempt. This letter serves as notification that you now have IRB approval for a period of 12 months from the date of this letter. The expiration date for your approval is 3.25.17. Once human research has been approved, it is the Principal Investigator’s responsibility to report any changes in research activity related to the project, including revisions or amendments, serious adverse consequences, renewal or completion. If you have any questions, please contact me at barbara.brettgreen@csupueblo.edu. Thank you for your concern regarding the protection of human subjects, and good luck with your research.

Best regards,

Barbara Brett-Green, Ph.D.
IRB Chair
Consent to Participate in a Research Study
Colorado State University

TITLE OF STUDY: ISBARR Communication Workshop and its Effect on Novice Baccalaureate Nursing Students' Self-Confidence

PRINCIPAL INVESTIGATOR: KATIE J. M. EDWARDS, BSN, MSN candidate 2016, Nursing Department, kj.edwards@pack.csupueblo.edu; 719-740-2060

CO-PRINCIPAL INVESTIGATOR: None

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are asked to be a part of this research because the study is about effective communication and use of the ISBARR communication tool in nursing. Participants must be 18 years of age or older and a junior nursing student in a baccalaureate nursing program that teaches communication skills within standard curriculum.

WHO IS DOING THE STUDY? The principal investigator, who is a graduate student in the Nursing Department, is conducting this study. This research study is being completed in partial fulfillment to obtain a Master of Science degree with a major in nursing in the Nurse Educator track at Colorado State University Pueblo.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of this study is to determine what effect an ISBARR communication workshop with a role-playing activity has on students' self-confidence in patient handover shift reporting.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? The study will take place during your regularly scheduled class. You will be asked to complete a 14-question survey before and after you experience a lecture and role play activity on the use of the ISBARR Communication Tool.
  - The pre-survey and post-survey should take approximately 10 to 15 minutes each.
  - The lecture and role play activity should take approximately one hour.

WHAT WILL I BE ASKED TO DO? You will be asked to listen and participate in a one hour lecture and role play activity.
  - Each student will take a written survey twice; once before the lecture and role play activity, and once after.
ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?
You will be asked to complete a survey in a seated area and participate in a lecture and role play activity that will last approximately one hour. All students within the course are expected to attend the lecture and role play activity as part of the course content. The survey process before and after the lecture and role play activity is completely voluntary and there are no reasons to exclude you unless you do not want to participate.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?
- Nursing students are exposed to real-life situations in the clinical area as part of their education and are accustomed to dealing with sensitive situations.
- The case studies and role play activity used in this study may cause anxiety; however, these case studies and the role play activity are no different than what is used in typical nursing courses.
- It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?
Your participation in this study will provide evidence and information related to nursing education. While there is no intended direct benefit for you, other than the knowledge acquisition from the lecture and role play activity, your contribution could benefit nursing education in the future.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide not to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. There will be no negative impact on any course grade if you choose not to participate.

CONFIDENTIALITY- The Case Studies used in this research, by nature, are no different than case studies and small group discussions used in every class throughout the nursing program. Students are aware that these discussions are not confidential.

WHO WILL SEE THE INFORMATION THAT I GIVE? The data collected is confidential. We will keep private all research records that identify you, to the extent allowed by law. For this study, we will assign a code to your data, the first three letters of your mother’s maiden name and the last four digits of your phone number, which will appear on your consent, your surveys, and in our data spreadsheet which links you to your code. Only the research team will have access to the link between you, your code, and your data. The only exceptions to this are if we are asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee, if necessary. When we write about the study to share with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials.
We may publish the results of this study; however, we will keep your name and other identifying information private.

**CAN MY TAKING PART IN THE STUDY END EARLY?** You may be required to stop before the end of the study for any of the following reasons:

- If all or part of the study is discontinued for any reason by the investigator or university authorities.
- If you fail to adhere to requirements for participation established by the researcher.

**WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?** No, you will not receive any compensation or gifts for participating. Participation will also not affect any of your course grades.

**WHAT IF I HAVE QUESTIONS?** Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Katie Edwards, at 719-740-2060. If you have any questions about your rights as a volunteer in this research, you can contact the CSU-Pueblo IRB by emailing barbara.brettgreen@csupueblo.edu, or by phone at 719-549-2676. We will give you a copy of this consent form to take with you.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 3 pages.

______________________________  ____________________________
Signature of person agreeing to take part in the study     Date

_________________________________________
Printed name of person agreeing to take part in the study

_________________________________________   ____________________________
Name of person providing information to participant       Date

_________________________________________________________  Signature of Research Staff
Appendix B

PRE-WORKSHOP SRACS QUESTIONNAIRE

Research Study Participant Code:
Comprised of the first 3 letters of your mom’s maiden name AND the last four digits of your phone number.

Gender: M / F / Other (please describe): _______________________   Age: ______
Number of years of prior healthcare experience: ______
Highest level of education prior to this degree: High-School   Assoc.   Bachel.

SRACS Questionnaire: We are interested in knowing how you perceive or feel about giving a shift report. Please answer the following survey questions and indicate whether you agree or disagree with each statement by circling the appropriate number that best represents your viewpoint.

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<th>(1) Strongly Disagree</th>
<th>(2) Disagree</th>
<th>(3) Neither agree nor disagree</th>
<th>(4) Agree</th>
<th>(5) Strongly Agree</th>
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<tr>
<td>1.</td>
<td>I am confident that I know what to include in a shift report.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I will feel confident in giving a shift report to a nurse.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I am not quite sure of if I have received enough training and practice to give a thorough shift report to a nurse.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I worry about having to report to a nurse.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I am confident that I can give a shift report without using a standardized reporting tool.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Having to provide a shift report to a nurse is a frightening thought.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I believe that giving a shift report to a nurse will be a positive experience.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I am confident that when I make a shift report to a nurse, the nurse receiving the report will be able to capture pertinent data about the patient’s condition and status.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The thought of collecting patient data using a standardized reporting tool for shift report makes me anxious.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I worry that I will omit reporting the problem or what is happening with my patient if I do not use a standardized tool report the situation.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>I am confident that I will always report background history and treatment about my patient without having to use a tool every time when I give a shift report.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I am confident that my physical assessment data reporting to the nurse will be complete even without having to use a standardized tool to prompt me on what to report.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I am nervous about having to give a suggestion or give recommendation about the plan of care for my patient during the shift report.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I believe that using a standardized tool to give a shift report will decrease my anxiety when reporting to a nurse.</td>
<td>1 2 3 4 5</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Used with permission received on 01/22/2016 from the creator, Dr. Anna Kwong RN, EdD. for its use and adaptation.
Apologies for the lack of communication. I am returning back for spring just now. Yes, please help yourself.
Thank you.
--
Anna Kwong, RN, Ed.D
Assistant Professor
Vice-Chair 2015 - 2016
School of Nursing and Health Professions
University of San Francisco
2130 Fulton Street, Cowell Hall Room 322
San Francisco, CA 94117
(415) 422-2014

On Friday, January 22, 2016, Edwards, Katie J. (Student) <kj.edwards@pack.csupueblo.edu> wrote:
Professor Kwong,

This is a follow up email as I have not received a reply. May I have formal permission to adapt and use your tools in my thesis project?

Respectfully,
Katie Edwards

Professor Kwong,

Hello, my name is Katie Edwards, and I am a graduate nursing student in the last semester of my Nurse Educator degree at Colorado State University in Pueblo, Colorado. During my literature review for my thesis project, I discovered your doctoral dissertation. I enjoyed your dissertation and found your research tools, "The Self-Report Anxiety and Confidence Scale (SRACS), the Shift-Report Assessment Tool (SRAT), and the Follow up SBAR Shift-Reporting Evaluation" to be wonderful research instruments. I am writing to ask for your permission to adapt and use these research instruments for my thesis.
I saw that you had adapted the "Interpersonal Communication Questionnaire" from the work of Dr. Mark Lewis, Dr. Jamie Bell, and Dr. Amanda Asghar. I have emailed Dr. Mark Lewis for permission at m.b.lewis@leeds.ac.uk. I have yet to have heard a reply. Do you have different contact information for these researchers?

Regardless, your adaptations of their tool correlate more with my purposed thesis. For my thesis, I would like to research the instruction and use of the "ISBAR" communication tool in decreasing anxiety and increasing nursing student confidence in their communication skills. My research question is:

Does a lecture and simulation activity on the use of the ISBAR communication tool in a fundamentals nursing course decrease anxiety and increase BSN student’s self-confidence in making an ISBAR report?

I would greatly appreciate your formal permission to adapt and use your research instruments for my thesis. I eagerly await your reply.

Katie Edwards BSN, RN
CSU-Pueblo
Graduate Nursing Student.-Nurse Educator
Appendix C

ISBARR Workshop Schedule

10:45-10:55 Study introduction, hand out consents for signature & collect
10:55-11:05 Hand out Pre-Survey & collect
11:05-11:15 Provide Lecture-At conclusion, hand out activity paperwork
11:15-11:40 Role Play Activity & brief discussion
11:40-11:50 Hand out Post Survey-Dismiss students as they complete survey
Effective Communication for Patient Safety
By Katie Edwards BSN, RN

What is Communication?
“a two-way process of reaching mutual understanding, in which participants not only exchange information, news, ideas and feelings but also create and share meaning”

Communication in Healthcare
- 1 in 7 hospitalized Medicare patients experience 1 or more adverse events/yr.
- Communication is, “The Most Frequently Identified Root Causes of Sentinel Events”.
- Effective communication ranks #2 of the 15 National Patient Safety Goals reported by The Joint Commission.
- Goal #2: “Improve the effectiveness of communication among caregivers”
Communication in Healthcare

• The Joint Commission and the Agency on Healthcare Research and Quality recommend the use of standardized communication in healthcare facilities to improve patient safety and healthcare.
• The ISBARR Communication Tool has been proven to help healthcare providers facilitate effective communication regarding patient care. (Enlow, Shanks, Guhde, & Perkins, 2010)

What is ISBARR?

• Acronym based communication tool
• Assists communicator to collect all necessary data and to organize thoughts before initiating communication
• Adapted from the SBAR communication tool that was developed at Kaiser Permanente right here in Colorado
• Can be used for shift reporting, unit transfers, and calls to physicians

ISBARR Communication Tool

✓ Introduction
✓ Situation
✓ Background
✓ Assessment
✓ Recommendation
✓ Read-back/Repeat
Slide 7

I-S-B-A-R-R
- Introduction: Yourself, Patient, and Provider
- Situation: The Problem
- Background: Brief, Related, To the point
- Assessment: What you found and think
- Recommendation: What you think should happen
- Read back/Repeat: Restate information for clarity

Slide 8

Introduction
State:
- Your Name
- Patient Name/DOB/Age and Location
- Provider’s Name

Slide 9

Situation
State:
- Reason for Admission: Be brief; the patient’s main issue
- Code/Isolation Status
  - Full Code/DNR
  - Contact, Droplet, or Airborne
Slide 10

**Background**

State:
- Past Medical Hx
- Allergies
- Procedures/Surgeries
- Cultural practices
- Language barriers
- Therapies: OT/PT, etc.

Slide 11

**Assessment**

State:
- Significant vital signs
- Significant lab values
- Assessment by System:
  - Neuro-Mental status/changes
  - Respiratory-O2
  - Cardiac-Abnormal rhythms
  - GI/GU-Diet/Tube feeding/Intravenous fluid
  - Musculoskeletal-Activity level/Restrictions/Assistive devices
  - Skin-Wounds/Dressings
  - Psychological
  - Pain-Level/Medication given/time?
  - Tubes/Drains/Intravenous lines/Fluid/resume site/IV Meds
  - Fall risk/alarms/Restraints

Slide 12

**Recommendations**

State:
- Patient goals for shift
- Planned procedures/ labs
- Anticipated discharge
- Plan of care discussion needs for patient/family
Read Back/Repeat

State:

✓ Repeat any new orders or recommendations for clarity
  • Ask questions
  • Verify understanding on both sides

Summary

• Effective communication occurs when the sender provides a clear, complete, and concise message

• Communication tools assist nursing students and nurses to be effective communicators in the healthcare setting

• Effective communication leads to patient safety and healing

References

ISBARR Communication Tool Role Play Activity

Instructions:

1. Use the following patient scenario during the next 5 minutes to complete your ISBARR Communication Tool Worksheet.
   a. Use critical thinking skills to make 2 recommendations for further care of this patient based on the information given to you.
2. Next, turn to your partner and take turns giving a patient handover shift report to each other utilizing the ISBARR Communication Tool.

Patient Scenario:

- Mr. John Doe, DOB: 05/14/54 in Room 72 of Dr. W was admitted on Sunday for a fall.
- Transported from a local retirement home; fell while getting out of bed.
- Injuries include a 4cm skin tear on his left forearm that was closed with steri-strips, a broken left wrist in a cast, and a mild concussion from a closed head injury.
- Is a Full Code and has a living will. The patient’s life partner, Stan, is at the bedside and supportive.
- Past medical history includes Alzheimer’s Disease, Dementia, Hypothyroidism, Hypertension, and Gastroesophageal Reflux Disease.
- Currently taking Levothyroxine 100mcg PO every morning; Metoprolol 100 mg PO BID; Nexium 20mg PO QD.
- Also takes an Omega 3 Fish Oil Supplement Daily.
- Identifies as Cherokee Native American; speaks English.
- Vitals have been stable: @ 1600-- BP-120/78, P-72, R-20, Temp-98.7F, SpO2 95% on RA, Pain- 5/10 in his left wrist, left arm, and head.
- Abnormal assessment findings included Neurological, skin, and musculoskeletal systems. He is uncertain of the date, but knows his name and where he is. His skin on his left arm has the skin tear. His left wrist is fractured. He has a head injury.
- Received a cast about an hour ago for his wrist fracture. Pt is complaining of it being “heavy and throbbing”. Pt was given Ibuprofen 600mg PO 4 hours ago.
## Introduction
State:
- Your name
- Patient Name/DOB/Age & Location
- Provider’s Name

## Situation
State:
- Reason for Admission
- Code/Isolation Status

## Background
State:
- Past Medical Hx
- Allergies
- Procedures/Surgeries
- Cultural practices
- Language barriers
- Therapies: OT/PT, etc.

## Assessment
State:
- Significant vital signs
- Significant lab values
- Assessment by System:
  - Neuro
    - Mental status/changes
  - Respiratory-O2?
  - Cardiovascular
    - Abnormal rhythms
  - GI/GU
    - Diet/Tube feedings/rate
  - Foley
  - Musculoskeletal
    - Activity level/Restrictions
  - Assistive devices
  - Skin
    - Wounds/dressings
  - Psychosocial
  - Pain Level
    - Medication given/time?
  - Tubes/Drains/Invasive lines
  - Fluid/rate/site/IV Meds
  - Fall risk/alarms/Restraints

## Recommendation
State:
- Patient goals for shift
- Planned procedures/ labs
- Anticipated discharge?
- Plan of care discussed with patient/family

## Repeat/Read-back
State:
- Repeat any new orders or recommendations for clarity
Appendix D

Curriculum Vitae

Katie Joanna Mae Edwards BSN, RN
Adjunct Nursing Clinical Instructor
COLORADO STATE UNIVERSITY-PUEBLO

Business Address: Home Address:
2200 Bonforte Blvd 9347 Jackrabbit Lane
Pueblo, CO 81001 Colorado Springs, CO 80925
(719) 549-2100 Cell phone: (719) 740-2060

EDUCATION

Master of Science: Major Nursing: emphasis in Nursing Education- August 2016
Colorado State University-Pueblo

Bachelor of Science in Nursing-2005
University of Wyoming Fay Whitney School of Nursing.

TEACHING / NURSING EXPERIENCE

Years of Teaching Experience: 6 Years of Nursing Experience: 11
August 2013-Present: Colorado State University Pueblo
Adjunct Professor/Clinical Nursing Instructor-OB/Peds/Fundamental/Assessment

June 2015-Present: Parkview Medical Center
Registered Nurse: Labor and Delivery Unit

July 2008-August 2015: Exclusively RNs
Systems Administrator and OB/GYN Triage Nurse Specialist

June 2011-September 2013: Colorado Technical University
Adjunct Professor/Clinical Nursing Instructor-OB/Peds/Med/Surg

August 2010-December 2011: Academy of Medical and Health sciences
Nursing Instructor for both LPN and CNA programs

August 2006-July 2008: Falcon School District #49
School Nurse/ Medicaid Coordinator

May 2005-August 2006: Cheyenne Regional Medical Center
Registered Nurse: Women and Child Services Unit

RESEARCH EXPERIENCE / SCHOLARLY OR CREATIVE ACTIVITIES

July 2016-Thesis Defense
Title: ISBARR Communication Workshop and its Effect on Novice Baccalaureate
Nursing Students’ Self-Confidence

April 2016-Nursing Student Communication Skills Workshop
Title: ISBARR Communication Workshop

April 2015-Research Poster Presentation
Title: The Most Exquisite Care: Applying Benner’s Novice to Expert Theory to the
Transition of the Expert Registered Nurse to the Novice Status as the Advanced
Practice Nurse

April 2014-Research Poster Presentation
Title: Using Informatics to Teach Safe Medication Administration to Nursing Students

SERVICE / PROFESSIONAL ACTIVITIES

Golden Key International Honour Society- Member
National Society of Leadership and Success- Member
Sigma Theta Tau International Nursing Honor Society- Member
Colorado State University-Pueblo-Nursing School Advisory Board-Student Rep.
AWHONN (Association of Women’s Health Obstetrics & Neonatal Nurses)-Member
Friends of Nursing Foundation-Member/scholarship recipient 2015
Healthy Mothers Healthy Babies Coalition-Wyoming-Member
Mothers of Preschoolers (MOPS)-Steering committee member/volunteer/mentor
United Blood Services-blood drive donor/volunteer