Use of simulation to deliver assertiveness training to medical students

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Aims

1. To investigate the effectiveness of a training package to improve assertiveness demonstrated by medical students when faced with challenging situations during medical simulation exercises.

2. To determine the attitudes of medical students towards teamwork before and after the training intervention.

3. To evaluate the students’ views on the effectiveness of the training package and to generate themes for future investigation.

Background

Patient safety is an aspect of medical care that is of increasingly recognised importance in the minimisation of errors and harm to patients. Effective teamwork, especially in urgent or crisis situations, is an important contributor to this

1. Good communication skills are one of the many factors that contribute to the development of effective teamwork. Teaching students how to speak up and to create the environment in which they can express their concerns is one method to enhance this process.

2. Specific training in assertive communication has been reported in post-graduate anaesthesia environments, but not previously with medical students.

3. A recent systematic review examined the existing literature on teamwork training interventions in medical student education.

4. They noted several common study weaknesses, including lack of randomisation and controlled design, lack of clinical outcomes, and an over-reliance on self-assessment and short-term outcomes. Our study was designed to overcome some of these problems.
Methods

Phase I – all students complete an ‘attitude to teamwork’ questionnaire (as a baseline prior to any simulation experience)

all students undertake their first simulation session

Phase II – students are split randomly into 2 groups according to day of attendance.

• both groups complete questionnaire again (to determine if the exposure to simulation in itself has had an effect on the baseline teamwork attitudes)

• both groups undertake their second simulation session, in which an error by a more senior staff member is embedded. The videos from both groups are analysed to assess the student teams’ response to the challenge

• as part of the debriefing after the session, group 1 receives a specific assertiveness training intervention. This incorporates both theoretical and practical aspects of communication to improve assertiveness using the ‘two challenge rule’ as described by Pian-Smith et al (3).

Phase III – approximately 3 months after phase II

• both groups complete the teamwork attitudes questionnaire again

• both groups undertake their third simulation session. This will have a different error and challenge opportunity embedded

• videos from both groups will be analysed for the response to the challenge. Our hypothesis is that the group 1 students will have a higher level of assertiveness as measured by how they behave in managing an error. All of the videos will be analysed after the conclusion of the study by an external blinded observer.

• group 2 will then receive the specific assertiveness training as part of their debriefing after the simulation sessions are completed.

both groups will undertake a semi-structured interview as the final part of the debriefing to explore their learning from the intervention
Results

The study is partially completed as of mid-March 2010 (Phase I and II). Phase III will occur in May 2010, and we expect the results to be analysed and the study completed in time to present the results at the SimTecT Conference.

Conclusions

We will report our findings on the effectiveness of the training intervention in improving assertiveness and attitudes to teamwork in general.

References