8-2-2025

Enhancing Communication Among New Nurses Using Scenario-Based Education

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2025

Executive Summary: Staff Education Project

Enhancing Communication Among New Nurses Using Scenario-Based Education

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2025

Summary

This staff education project was designed to enhance communication among new nurses with 2 years or less of experience in a Level One trauma center emergency department (ED). The aim of this project initiative was to enhance learners' communication strategy knowledge and confidence by using scenario-based education via a web-based format. When ineffective communication exchanges occur with healthcare personnel, such as with new nurses, negative patient care outcomes can occur such as sentinel events. Transitional challenges such as lack of prioritization, clinical decision-making skills and low confidence can affect the new nurse's ability to appropriate effective communication strategies into their daily care practices. Low scoring in the nursing communication domain of Press-Ganey surveys, at a health care organization in Southwest Virginia, led to the need for innovative initiatives to address this issue. In this project, to measure participants' knowledge and confidence, analytical strategies were data comparison of pre-and post-test questionnaires, using the normalized learning gain formula, and data from a post-intervention survey utilizing a 4-point Likert scale. Findings yielded a slight learning gain increase of M=50% in participants' knowledge and confidence in effective communication strategies. This improvement can contribute to improved patient satisfaction scores, patient outcomes and reduction in health disparities by enhancing trust within the nurse-patient relationship, especially among vulnerable patient populations.

Background

Practice Gap

Press-Ganey, administered proprietorially by Press Ganey Associates, and Hospital Consumer Assessment of Healthcare Providers and Systems, administered by Centers for Medicare & Medicaid Services, are surveys that provide feedback data to healthcare organizations including quality of communication interactions with healthcare personnel such as nurses. Nurse leaders of the southwestern Virginia healthcare organization noticed a downward trend of benchmarked goals in two of the three related Press-Ganey nurse communication survey domains. The survey data collected did not fully meet metric goals set by the organization for Joint Commission standards and Magnet accreditation. Patient satisfaction and safety have been linked to effective communication, so when ineffective communication occurs, hurt and harm reach patients due to an increase in patient care errors (Burgener, 2020; D'Antonio et al., 2022; Kerr et al., 2020).

Project Purpose and Practice Question

The purpose of the project was to develop, implement, and evaluate a staff education project which addressed the need for improvement among frontline nurses in the use of communication strategies such as Acknowledge, Introduce, Duration, Explanation & Thank you (AIDET) and Teach-back. The project was created to answer the following question: "Among new nurses in a level one trauma center, does a scenario-based training impact their knowledge of effective communication strategies?" New nurses, in particular, struggle with effective communication due to poor communication and problem-solving skills and limited clinical experiences (Joseph et al., 2023). The

high volume of newly hired nurses, such as those in the ED, combined with its fast-paced, high-acuity environment and the frequent care of vulnerable populations such as children and individuals experiencing homelessness, cannot be understated (Panchuay et al., 2023).

Supporting Evidence

The implementation of a staff education initiative using scenario-based education is well-established in literature. A thorough search for empirical articles was conducted for this study. Key databases such as Google Scholar, CINAHL and PubMed were used for searches. Keywords used were *communication, scenario, scenario-based, nurse(s)* and *role playing*. Ultimately, 12 articles were chosen to use as the primary articles for this study. Seven of the 12 articles fell under Levels I – IV, and the other five articles were Level V articles. All the articles chosen yielded strong evidence strength, thus the reason for the articles used in the project. The strongest evidence for this approach comes from a recent systematic review and meta-analysis by Saragih et al. (2024), which analyzed 16 randomized controlled trials. Their findings demonstrated that scenario-based education significantly improves both knowledge and confidence, with the results being statistically significant ($p < .0001$). Similarly, a systematic review by Kerr et al. (2020) of nine randomized controlled trials found that communication skills training enhances nurse-patient relationships.

These findings are further supported by evidence-based frameworks such as Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), which advocates for the use of communication strategies like AIDET and Teach-Back to enhance communication, team performance and promote a culture of safety

(TeamSTEPPS, n.d.). This comprehensive external evidence is directly supported by compelling internal data from the host facility. According to the host healthcare organization's Press-Ganey survey metrics, there has been a notable decrease in patient satisfaction with nursing communication over the last twelve months. The Press-Ganey Nurse Communication section, which contains three primary questions, shows low scores in two critical areas: patient perceptions of how nurses provide teachings and explanations and how nurses respond to patient concerns and questions (Goodrich & Lazenby, 2023). These data provide a strong need for this staff education project. Thus, implementing this program is essential for improving nursing communication and, in turn, enhancing both patient safety and the overall quality of care.

Staff Education Project Development

Project Setting and Participants

The setting for the project is held within the ED at a large 703 licensed bed academic hospital located in southwestern Virginia. All eight participants identified themselves as nurses and as having 2 years or less of nursing experience. Of the total participants, seven were RNs and one was a LPN. Inclusion criteria for this project were nurses with at least two or less years of clinical experience and exclusion criteria for this project were those who were not nurses and nurses with more than two years of clinical experience. All efforts were made to help ensure anonymity for participants who completed the staff education initiative.

Project Procedures

Using scenario-based educational approaches is an evidence-based practice used in multiple settings such as educational and organizational settings (Alexander et al.,

2024, D'Antonio et al., 2022; Dodson et al., 2023; Saragih et al., 2024; Sartain et al., 2021). Evidence-based communication strategies included in the scenario-based education include the use of AIDET, Check-back, Teach-back and bedside sitting (Burgener, 2020, TeamSTEPPS, n.d. and El-Shami, 2023). The staff education project was delivered electronically over 7 days via Google Forms. Hasan and Hameed (2022) supported the use of Google Forms as a valid web-based tool. Google Forms collects a wide variety of data and makes conducting surveys efficient and cost-effective (Hasan and Hameed, 2022). Participants were able to access the web-based survey via cell phone, tablets, computer, further accentuating the ease and accessibility of use. Staff educators within the ED helped to identify nurses who met inclusion criteria and provided their email addresses in a single, deidentified bulk email address so the link to the survey could be distributed. No personal identifying information was collected from participants. Information to verify participant's professional credential as a licensed practical nurse (LPN) or registered nurse (RN) and the affirmation that they have 2 years of experience or less is the only identifying information which was collected. This project was undertaken as a Health Care Delivery Improvement Project, and as such was not reviewed as Human Subjects Research. The project layout was laid out in five sections within Google Forms.

- Section I: Participant Consent and Pr415oject Description
- Section II: Objectives & Pre-test Questionnaire
- Section III: Main Scenarios: Differentiating Effective vs Ineffective Communication
- Section IV: Post-test Questionnaire

- Section V: Staff Education Evaluation Tool

After Section 1, each section calls for the participant to enter learning data prior to proceeding to the next section.

Section 1 of Project Layout

The first section contained an invitation to participate and explained the purpose of the project. It also contained information about the project design including its target population, inclusion and exclusion criteria. Other information provided within this section included participants knowing the study was voluntary and that they may quit or withdraw from the project at any time, risks and benefits, the project design within Google Forms and the approximate length of time to complete the project. It also provided the participant with contact information of the principal investigator and the faculty advisor if questions or concerns arose.

Section 2 of Project Layout

In this section, three objectives were provided to inform participants of anticipated project outcomes.

- Describe how ineffective communication can affect patient care outcomes.
- Identify barriers which can hinder effective communication.
- List at least three EBP communication strategies used to enhance communication between nurses, patients and families.

Directions for completing the scenario-based pre-test questionnaire were provided to the participant. It explained how the questions were to be completed prior to moving on to the main scenario training. There were two scenarios which mimic realistic patient care events. The first scenario contained four questions based on communication with an

anxious patient and only pertained to the contents of the first scenario. The second scenario also contained four questions based on communication with team members caring for a patient in respiratory distress and only pertained to the contents of the second scenario.

Section 3 of Project Layout

Section 3 was where the main scenario contents were located. There were two primary scenarios. The purpose of each scenario was to provide realistic, immersive scenarios by which the nurse could relate to their own patient care experiences. One scenario demonstrated interactions in which ineffective communication had occurred including failure to use AIDET, acknowledging patient's feelings, failure to check-back after receiving a medication order and poor management of interruptions when they occur. This first scenario involved the lack of communication strategies use of AIDET, check-back, teach-back and bedside sitting. After the first scenario, structured self-reflection questions were provided for the participant to review. The purpose of these reflection questions was to promote participant learning. Learning occurs through the evaluation of the scenario outcomes and the new knowledge gained (Machost & Stains, 2023). Self-reflection helps participant evaluate their own communication behaviors promoting accountability and self-efficacy (Machost & Stains, 2023). The second scenario involves the same scenario only it demonstrated and incorporated the effective use of all communication strategies. After the second scenario, additional self-reflection questions were used.

Section 4 of Project Layout

Section 4 contained the post-test questionnaire. This questionnaire contained the same questions offered in the pre-test. The questions were based on the corresponding scenario. There were still four questions for each of the two scenarios provided. The answers to this final section were a part of the data collected to evaluate enhancement of participant knowledge in effective communication strategies. The data collected from both the pre-test and the post-test were analyzed using the normalized learning gain formula.

Section 5 of Project Layout

Section 5 contained several components. One component was the 4-point Likert scale evaluation tool (Appendix A). The evaluation tool contained eight questions which provided feedback about the quality and efficacy of the educational content in the project. The last component in this section was made up of evidence-based resources for participants (Appendix B). The purpose of the supplemental resources was to provide ongoing support for using the enhanced communication skills participants engaged in during the staff training project.

Data Collection and Analysis

Data collection in the project was a quantitative approach to evaluate the effectiveness of the staff education project. The pre-test and post-test (Appendix C) served as the primary data collection tools due to the collection of data from the answers to multiple choice questions within each scenario. The pre-test was designed to provide baseline data measuring participants' knowledge of the subject matter. The post-test, on the other hand, provided data on the knowledge improvement of the participant. The normalized learning gain formula was used to analyze these survey responses. The staff

education intervention survey (Appendix A) was a secondary data collection tool. Descriptive data from this survey was used to evaluate the participants' perception of the educational initiative. Both quantitative tools provided objective data of knowledge improvement and participant satisfaction within the educational initiative.

Results

The Normalized Learning Gain Formula

The normalized learning gain formula is the data tool used to evaluate the data collected from spreadsheet results obtained from Google Forms. Data from the pre-test and post-test questionnaires were analyzed using the normalized learning gain of averages. The normalized learning gain of averages is the standard measure for reporting the effectiveness of an educational course in promoting conceptual understanding (McKagan et al., 2022). The formula used to calculate the learning gain of averages was (post-test score – pre-test score) / (8 – pre-test score) x 100.

Among the eight participants, a slight increase in scores was found after the educational intervention. The mean test score on the pre-test (M = 7.0) to post-test (M = 7.5) calculated 50.0% as the learning gain of averages (see Table 1).

Table 1

Findings in Knowledge Gain

Participant ID	Pre-test score (*n of correct answers*)	Pre-test %	Post-test score (*n of correct answers*)	Post-test %	Learning gain %
#1	7 of 8	87.5%	8 of 8	100%	100%
#2	5 of 8	62.5%	7 of 8	87.5%	150%
#3	8 of 8	100%	8 of 8	100%	0%
#4	6 of 8	75%	6 of 8	75%	0%
#5	8 of 8	100%	8 of 8	100%	0%
#6	6 of 8	75%	7 of 8	87.5%	50%
#7	8 of 8	100%	8 of 8	100%	0%
#8	8 of 8	100%	8 of 8	100%	0%
M	7.0		7.5		50.0%

Program Evaluation Survey Results

At the end of the staff education project, participants were asked to complete a post-intervention survey. The Likert Scale is a type of measurement commonly used in qualitative medical and educational research to measure and aid in understanding attitudes of research participants (Kusmaryono et al., 2022). A 4-point Likert Scale was used for the program evaluation survey portion of this project.

Among the eight participants, scoring fell in the ‘Strongly Agree’ (52/64= 81.25%) and the ‘Agree’ (12/24= 50%) sections of the Likert Scale. No participants

marked in the 'Disagree' (0/16) section nor the 'Strongly Disagree' (0/8) section. Overall, participants were pleased with this education project. This survey was created to determine participant satisfaction with the education provided. It also included questions related to participant's perceived gain benefit once the education was completed (see Figure 1).

Figure 1

Findings in Program Evaluation Survey

1. The scenarios used in this staff education project reflected realistic clinical situations.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
6	2	0	0

2. The training will enhance my ability to communicate effectively with patients.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
7	1	0	0

3. The training helped me recognize how effective communication plays a role in promoting patient safety.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
7	1	0	0

4. The training will help me better incorporate the use of communication tools, such as AIDET, bedside sitting and teach-back in patient care.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
7	1	0	0

5. The training showed how barriers such as distractions and feeling overwhelmed can hinder effective communication.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
7	1	0	0

6. The training showed how ineffective communication can negatively affect patient satisfaction and lead to safety issues such as med errors, loss in patient-nurse rapport and increase workloads.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
7	1	0	0

7. This staff education project helped reinforce key communication techniques.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
7	1	0	0

8. I would recommend this staff education on communication to others.

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
4	4	0	0

RESULT TOTALS

4 –Strongly Agree	3 – Agree	2 – Disagree	1 – Strongly Disagree
52/64	12/24	0	0
81.25%	50%	0%	0%

Impact of Study to Organization & Nursing Practice

The healthcare organization where this project will be initiated will be positively impacted by project implementation because it uses evidence-based approaches to facilitate learning of communication strategies. The evidence-based tools used within the main scenarios will help contribute to the new nurse using them more consistently and confidently during their patient care interactions. The improvement in nurse-patient communication will support safer patient care delivery, increase patient satisfaction as evident by improved Press Ganey scores, and align with organizational committals to The Joint Commission and Magnet standards. Additionally, for new nurses, engaging with web-based materials and scenario-based platforms, such as interactive questionnaires, is

familiar and relatable, as these methods reflect the scenario-based learning commonly used during their nursing education (Gutierrez-Puertas et al., 2020 & Sartain et al., 2021). By using educational initiatives, such as this staff education project, to strengthen communication skills among new nurses during the critical time of role transition, organizations can have nurses who experience a smoother transition to practice leading to lower staff turnover, higher quality of care and improved teamwork and support (Sabei et al., 2024). Lastly, the perception of vulnerable populations is influenced in a positive way due to enhanced application of communication skills which helps build trust, mitigate delays in medical care, and promotes increases in follow-up treatments (Borrell & Castor, 2025).

Limitations & Recommendations

This study only addresses communication enhancement among new nurses with two years or less of clinical experience. It does not include more experienced nurses. Limitations also relate to the small sample size of participants. The small sample size can be attributed to the number of challenges prior to implementation in which the original nurse population who were to participate became inaccessible and so an alternative location had to be solidified. This last minute change and small window for making staff aware of the education initiative were contributing factors for the small sample size. Recommendations for future studies include extending the timeline for participation in order to increase the number of participants. Because participants are providing self-reported data, response bias could occur. This staff education initiative does not go further out to evaluate the behavior changes of participants in clinical practice. It also does not take into consideration the influence the assigned preceptor may have on the

behavior of the participant. Recommendations involve the re-evaluation of participants at 3- and 6-month intervals and the correlation of Press-Ganey nursing communication data during this timeframe to evaluate improvements in patient perceptions. This project was set up in a web-based format using Google Forms. Because some participants may have digital literacy challenges while others may experience better acquisition of learning, it is recommended that this educational project be offered in an in-person scenario or role-play format. Lastly, researcher bias cannot be ruled out because I work in the same ED where the study was conducted.

Importance of this Project Beyond the Local Site

The importance of this study beyond the local site involved the impact enhancing nurse communication can have on patient care perceptions and outcomes. The ED sees many individuals from a variety of cultures and backgrounds. When new nurses exercise communication strategies effectively, barriers faced by vulnerable populations such as inequities and discrimination in health care settings are minimized (Borrell & Castor, 2025). Because of this, effective patient-nurse communication is imperative so that individuals in particularly within vulnerable communities feel welcome which promotes them seeking out treatments early and proactive care screenings (Borrell & Castor, 2025). When patients feel their concerns and care preferences are effectively addressed, they perceive care as non-discriminatory and equitable (Borrell & Castor, 2025). Improved nurse-patient relationships lead to better patient outcomes and a reduction in harmful care events (Gutiérrez-Puertas et al., 2020).

Conclusions

This staff education initiative addresses a widespread challenge in nursing within healthcare organizations. High stress, high pressure and multifaceted healthcare areas such as the ED can accentuate communication challenges. Using a web-based format allows for this staff education to be shared within other departments and nursing care sites. It could also be revamped for use in an in-person format. By having an educational initiative that addresses communication barriers and promotes the use of effective communication strategies, which can be tailored for all nurses and other healthcare professionals, this initiative can contribute to and support existing initiatives within the healthcare organization to promote trusting, inclusive, and effective communication interactions and relationships between clinicians and patients.

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Appendix A: Staff Educational Post-Intervention Likert Scale Survey

DIRECTIONS: This is the last section. Please take the time to evaluate this staff education tool.
Use the following scale to answer the 8 questions below:
4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

++

1. The scenarios used in this staff education project reflected realistic clinical situations.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

2. The training will enhance my ability to communicate effectively with patients.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

3. The training helped me recognize how effective communication plays a role in promoting patient safety.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

4. The training will help me better incorporate the use of communication tools, such as AIDET, bedside sitting and teach-back in patient care.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

5. The training showed how barriers such as distractions and feeling overwhelmed can hinder effective communication.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

6. The training showed how ineffective communication can negatively affect patient satisfaction and lead to safety issues such as med errors, loss in patient-nurse rapport and increase workloads.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

7. This staff education project helped reinforce key communication techniques.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

8. I would recommend this staff education on communication to others.

4 – Strongly Agree
3 – Agree
2 – Disagree
1 – Strongly Disagree

Appendix B: Participant Resources

Purpose: The additional resources from TeamSTEPPS, The Joint Commission NPSG Patient Safety Flyer, and a supporting research article are included to reinforce evidence-based communication practices and provide participants with credible, practical tools for continued learning. These materials support the project's objectives by aligning with national safety and quality standards, promoting long-term skill development beyond the initial training.

RESOURCES LIST:

1. TeamSTEPPS Pocket Guide

https://www.ahrq.gov/sites/default/files/wysiwyg/teamstepps-program/teamstepps-pocket-guide.pdf

2. 'Commit to Sit'

https://www.qgdigitalpublishing.com/publication/?i=799895&article_id=4630011&view=articleBrowser

3. NPSG Patient Safety Flyer

https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2025/hap-npsg-simplified-2025-accessible.pdf

Appendix C: Pre and Post-Test Questionnaire

Scenario 1: Patient Q was initially admitted with a diagnosis of heart failure. The patient is now being preparing for discharge. (Answer the next 4 questions using this scenario)

Question 1: You walk into the patient's room. They appear anxious and says, "No one tells me what's going on!" Which communication tool should you use to address the patient's concerns?
A. SBAR
B. Teach-back method
C. Check-back method
D. AIDET

Question 2: You pull up a stool and sit at the patient's bedside to begin providing the patient with discharge instructions. What is the benefit of bedside sitting?
A. It allows the nurse to complete documentation more efficiently.
B. It reduces the time spent in the patient's room.
C. It improves patient perception of communication and shows attentiveness.
D. It ensures the patient is less likely to ask follow-up questions.

Question 3: The patient appears confused and uncertain but nods politely. Sensing uncertainty, you ask the patient to explain the medication routine in their own words. What communication technique are you using to confirm the patient's understanding?
A. AIDET
B. Check-back method
C. Teach-back method
D. SBAR

Question 4: How does the use of multiple communication strategies improve patient safety?
A. It informs the nurse that the patient is doing a good job.
B. It ensures consistent documentation to team members across shifts.
C. It decreases the likelihood of patient misunderstandings and medical errors.
D. It helps the patients spend less time in the hospital.

Scenario #2: Your new admission, a post-op patient, has tachypnea and is

showing signs of respiratory distress. The rapid response (RR) team is called as well as the charge nurse. (Use this scenario to answer the next 4 questions)

Question 1: When calling the Rapid Response Team, which statement is the most appropriate way to begin the communication using SBAR?
A. “This is a new admission and something seemed off.”
B. “I have a patient who is breathing really fast and looks uncomfortable.”
C. “I am the nurse caring for a new post-op patient showing signs of respiratory distress."
D. “Will you please come and assess this patient right away?”

Question 2: The patient’s family arrives during the rapid response. Using AIDET, what should the nurse say to the family when introducing the RR team members?
A. “This is the Rapid Response Team. We are happy to talk to you to let you know what is happening as soon as we are done. This won't take long at all.
B. “The Rapid Response Team is here to take care of your loved one. There is nothing to worry about. Please wait outside.”
C. “This is the Rapid Response Team. They’re here to help stabilize your loved one. We’ll explain everything we’re doing and keep you updated.”
D. “The Rapid Response Team is working hard and doing their best. Hopefully all of this should be over soon and someone will come to talk to you soon."

Question 3: You need to call the provider with a patient update. What part of the SBAR framework includes the patient's current oxygen saturation and use of accessory muscles?
A. Situation
B. Background
C. Assessment
D. Recommendations

Question 4: The respiratory therapist states, “I’m going to start a nebulizer treatment.” What is the nurse’s best response using the Check-Back method?
A. “Okay, go ahead. Feel free to start a nebulizer treatment."
B. “Got it, you’re starting a nebulizer treatment now.”
C. “Great, a nebulizer treatment should be safe to give.”
D. “Is a nebulizer treatment really necessary right now?”