Use of a Communication Simulation in Team Development in Hospice Workers

By

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Thesis

Presented to the Graduate Faculty

In Partial Fulfillment of the Requirements

For the Degree

Master of Science Nursing

Summer, 2015
Abstract

The purpose of the study was to determine if a communication workshop with role-play simulation increased team development in hospice workers. Using an experimental design, seven hospice workers from a Southern Colorado not-for-profit hospice were placed into an experimental group and seven were placed in a control group by random selection. A 31-question survey about teamwork was completed pre- and post- workshop by both groups. The experimental group participated in a one-hour communication workshop with role-play simulation. Pre- and post- survey scores were analyzed utilizing ANCOVA. The Mann Whitney U test was also preformed because of the small sample size. There was no statistically significant difference between the two groups. Intuitively, one would expect that exposure to a communication workshop and role-play during a case scenario would increase communication and teamwork. Consequently, this study could be repeated, with the addition of more workshops throughout the year and could involve additional hospice agencies.
Acknowledgements

I would like to take the opportunity to thank Dr. Peg Rooney, Nancy Whetzel and Leah Cerankowski for guidance and willingness to serve on my thesis committee. Your knowledge and patience during the development of this thesis means the world to me!

To Dr. Richard Carpenter, thank you for your participation and analysis of the statistical data for this study. I appreciate your willingness to explain all of the statistical data to assist me in understanding the full aspect of the study.

A special thank you to the Fabulous 7! Your hospice heart is beautiful!! Many lives have been touched! Keep up the great work!

I dedicate this thesis to my mother, Susanne M. Vega. Gone from our lives too soon, but your lasting impression of hard work and dedication will continue with me throughout my life. I also dedicate this thesis to my husband, James and my children, Alexander and Kaitlyn. Thank you for all of your love, support and understanding during the time of writing this study. Love You!!
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CHAPTER I

Introduction

Background and Significance of the Problem

“Alone we can do so little, together we can do so much.”- Helen Keller

The term “hospice” (from the same linguistic root as “hospitality”) can be traced back to medieval times when hospice referred to a place of shelter and rest for weary or ill travelers on a long journey. The name was first applied to specialized care for dying patients by physician Dame Cicely Saunders, who began her work with the terminally ill in 1948 and eventually went on to create the first modern hospice—St. Christopher’s Hospice—in a residential suburb of London (NHPCO, 2014). Dame Sanders’ idea for caring of the dying patient has greatly influenced the hospice movement of today.

Hospice by definition is a place that provides care for the dying. Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes (NHPCO, 2014). “We live in a very particular death-denying society. We isolate both the dying and the old, and it serves a purpose. They are reminders of our own mortality. We should not institutionalize people. We can give families more help with home care and visiting nurses, giving the families and the patients the spiritual, emotional, and financial help in order to facilitate the final care at home.” (NHPCO, 2014).

Communication among hospice workers is vital to the care of the dying patient. Communication is the act or process of using words, sounds, signs, or behaviors to
express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else (Merriam-Webster, 2014). Communication is the process by which information is clearly and accurately exchanged among two or more team members and between team members and non-team members. Effective communicators clarify or acknowledge the receipt of information, listen to other team members, and share understanding of others and the importance of teamwork. Group motivation refers to those processes in which team objectives are defined and the team is energized to achieve those objectives through persistent effort and conflict resolution (Balson, et al, 2009).

High performing teams communicate effectively. To facilitate communication, an interdisciplinary team (IDT) approach is used to manage care of a hospice patient. In hospice, IDT meetings are held and foster interdisciplinary collaboration among all IDT team members in order to implement holistic care plans (Wittenberg-Lyles, Oliver, Demiris and Cunningham, 2011). During these meetings, patient information is shared among the team members.

Interdisciplinary team members can include the medical director, nurses, social workers, chaplains, certified nurse aides (CNAs) and volunteers. Services can include skilled and unskilled nursing care, emotional support, and pain management in addition to legal services like medical durable power of attorney, DNR and living wills. These services can be provided at home, in a nursing home or in an inpatient hospice facility. This researcher has observed the stress of hospice work and the negative communication patterns that sometimes develop from it.
Statement of the Problem

Hospice IDT meetings can be used to build and solidify relationships across disciplines, however structural and communication barriers can exist. Parker and Peck (2006) interviewed 23 hospice social workers to explore their experiences with hospice team collaboration with regard to strengths and challenges of IDTs. Collaboration was said to be fostered by good communication, trust, roles, joint visitation, respect, team building activities, and administrative interest and support. Challenges to collaboration included large caseloads, a focus on the medical model, limited visits, personality and team communication.

Bokhour (2006) and Wittenburg-Lyles, et al. (2009) looked at communication in IDTs and found that lack of understanding of the various disciplines can lead to role competition and friction within the team and isolation of members. Common problems identified were interpersonal conflict and "turfdom"- protection of one's discipline and its contribution.

Repeated contact with suffering, dying and death is considered to be a risk factor for burnout among healthcare professionals, particularly those working in palliative care (Pereira, Fonseca and Carvalho, 2012). Team building interventions are often used to teach group members the importance of cooperation. Research is available with regard to the importance of effective communication and team building. But, there is limited information about the use of communication role-play simulation and its effectiveness in fostering communication and team building in hospice workers.
Statement of the Purpose

The purpose of this study was to determine if a communication workshop with a role-play simulation improves team development in hospice workers.
Chapter II

Review of Literature

Review of Relevant Literature

Literature related to the interdisciplinary team approach to hospice nursing and communication techniques related to team building were reviewed. The literature review indicated a limited number of studies related to communication and team development in hospice workers.

Hospice workers have daily contact with patients and families with heavy emotional, as well as physical ailments. Pereira, et al. (2012) identified the major burnout risk factor in palliative care as lack of confidence in one’s communication skills. In a study conducted by Leppa (1996), interpersonal relationships were found to be an important part of job satisfaction and were also associated with greater patient safety and quality of care.

According to Betcher (2010) developing a trusting relationship with patients requires effective communication that enables patients to see nurses as genuine, empathetic and warm. Patients who perceive their nurses as genuine, empathic and warm are more likely to talk to them about issues and concerns related to their illness (Czerwiec, 1996). Terminally ill patients want and expect their nurses’ open and honest communication with them about their prognoses, treatment options and values and goals (Betcher, 2010).

Recognizing the importance of communication, the American Association of Colleges of Nursing (AACN) identifies a competency for end-of-life care that requires nurses to communicate effectively and compassionately with patients, families and other
health care team members about end-of-life issues (AACN, 2004). In an article from the *American Journal of Hospice and Palliative Medicine*, Hamilton, et al., identified a significant aspect of quality of care is effective communication. Hamilton, et al also states effective delivery of hospice or end-of-life care honors the medical decisions of patients, meets the spiritual and emotional needs of both patients and caregivers, and provides assistance in navigating medical and nonmedical resources to meet patient and caregiver needs. Patient complaints, tracked for the purpose of the study conducted by Hamilton, et al, identified that over half of the complaints were regarding communication issues.

In a study conducted by Amos, et al., (2005), team-building strategies assisted the nurse leader/manager to build an effective work team relationship, strengthening communication and interpersonal relationships so that the staff could function as a more cohesive group.

A study by Baldwin, et al., (2011) reflects on team processes and refers to the process of collaborators’ using reflective and reflexive communication to strengthen their working relationship. Hospice social workers tell stories as a way of demonstrating that they can handle different cases and are thus worthy team members (Wittenberg-Lyles, et al., 2011).

Role-playing and simulation have been shown to be beneficial tools. The use of role-playing in small groups is an important method to help learners cultivate the skills required to engage in nuanced, often difficult conversations with seriously ill patients (Jackson and Back, 2001). Jackson and Back (2011) also stated that developing excellent communication skills are uniquely important for clinicians specializing in
palliative care because the many benefits of palliative care are only realized when clinicians can create discussions that are patient-centered, medically realistic and therapeutic. Role-playing is an effective learning strategy for adult education. The use of hands-on role-playing sessions can increase retention of information, thus enabling better teamwork and communication. Role-playing puts workers into situations that they will face in the real world ("Role playing as a learning strategy," 2006). Another advantage of role-playing is that it allows the person to see a situation from other workers’ points of view. Seeing firsthand the viewpoints of a patient, co-worker or caregivers, can lead to greater tolerance or empathy.

A communication role-play simulation can increase the self-confidence of a team. This will enable the team to feel more emotionally ready to handle challenging events, such as, a dying patient or angry family members. Identifying goals are an essential piece of a role-play session.

A communication workshop can be the platform for role-playing sessions. The workshop facilitator would identify the core building blocks for effective communication. The facilitator would then assist the team members to link the various pieces of the workshop, with the ultimate goal of increasing the teams’ communication.

A communication workshop has defined learning objectives. A hospice workers’ communication workshop could consist of the following:

- Strategies to become more effective listeners
- Hearing vs. listening
- Asking effective questions
- Providing clear and precise instructions on how the role-play will function
• Importance of voicing an opinion, respectfully, in a role-play scenario

• The importance of the debriefing session post role-play

• Providing opportunity for feedback for workshop leader and participants

Carpenter, et al (2009) stated that communication “mistakes” like avoiding an issue, generalizing- “you never”, “you always”-blaming, exaggerating the situation and pretending to agree can be barriers to effective team functioning. They suggested that dealing with issues as soon as they come up, being specific about an issue, using “I” language, letting go of anger and actively listening can help in understanding others feelings’ and perceptions.

Nursing Theoretical Framework

The nursing theoretical framework that guided this research was Jean Watson’s *Theory of Human Caring*. Watson proposed that engaged professional nurses, regardless of specialty areas, have awareness of the interconnectedness of all beings and share the common, intentional goal of attending to and supporting healing from both scientific and philosophical perspectives (Sitzman, 2007).

According to her website, Watson further defines caring with 10 *Carative* factors:

• Practicing loving-kindness and equanimity within context of caring consciousness.

• Being authentically present and enabling, and sustaining the deep belief system and subjective life world of self and one being cared for.

• Cultivating one’s own spiritual practices and transpersonal self, going beyond ego self.

• Developing and sustaining a helping-trusting, authentic caring relationship.
• Being present to, and supportive of, the expression of positive and negative feelings.
• Creatively using self and all ways of knowing as part of the caring process; engaging in artistry of caring-healing practices.
• Engaging in genuine teaching-learning experience that attends to wholeness and meaning, attempting to stay within other’s frame of reference.
• Creating healing environment at all levels, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
• Assisting with basic needs, with an intentional caring consciousness, administering ‘human care essentials,’ which potentiate alignment of mind-body-spirit, wholeness in all aspects of care.
• Opening and attending to mysterious dimensions of one’s life-death; soul care for self and the one-being-cared for; “allowing and being open to miracles.”

A hospice team utilizes all 10 of these concepts with each patient and family they care for.

The idea of caring is not a new concept to any hospice worker. The term “having a hospice heart” is referred to daily in many hospice organizations throughout the United States. To be with a person or care for a person at the end of their lives is not only a privilege, but also a gift.

Effective delivery of hospice or end-of-life care honors the medical decisions of the patient, meets the spiritual and emotional needs of both the patient and the caregivers, and provides assistance in navigating medical and nonmedical resources to meet the patient and caregiver needs (Hamilton et al., 2013, p. 612). A new hospice patient and
family are full of uncertainty surrounding imminent death. The hospice team is committed to providing caring and comfort in those times of uncertainty.

**Key Words**

Several terms are used in this thesis. These terms are defined for the purpose of understanding the information presented in this thesis. These definitions can be found throughout the literature reviewed for this project.

*Hospice workers:* Members of a hospice organization that include the doctor, nurse, social worker, chaplain, CNA and volunteers.

*Communication:* The verbal exchange of thoughts, feelings and concerns related to the care of the hospice patient.

*Interdisciplinary team (IDT):* A group of health care professionals assigned to work with a hospice patient and family to work toward attaining the common goal of patient comfort at the end of life.

*Team development:* The improvement of a team and its interactions to produce the best possible outcome.

*Simulation:* The purposeful imitation of a possible situation to improve the outcome of a situation.

*Role Playing:* The acting or performing of the role of hospice worker for the purpose of education or therapeutic communication.

*Communication workshop:* A team of hospice workers participating in increasing team building and communication.

*Active listening:* A communication technique in which the listener has to re-state what they heard to help confirm understanding.
Debriefing - The active discussion that occurs after a role-play session in which the workshop leader offers positive feedback and learning opportunities. This also provides opportunities for the participants to give feedback.
Chapter III

Method

Description of Research Design

The purpose of this study was to determine if a communication workshop with role-play simulation improved team development in hospice workers. In this study, fourteen hospice workers from a Southern Colorado not-for-profit hospice participated in a communication workshop and role-play simulation. Using an experimental design, seven hospice workers were placed into the experimental group and seven were placed in the control group by random selection. All participants completed a questionnaire on team building pre- and post-workshop. The control group did not participate in the workshop. The goal was to determine if a communication workshop and role-play increased the experimental group’s teamwork and communication skills.

The experimental design allowed the researcher to control the independent variable and dependent variables. The independent variable was the communication workshop and role-play. The dependent variable was the measure of increase in teamwork and communication skills. Advantages of the experimental design are the ease of data collection and the means of comparing pre- and post-questionnaire results. Another advantage of an experimental design includes ease of manipulating the independent variable to easily determine the cause/effect variables. This particular method could easily be reproduced and repeated to check results to increase the validity of the study.
Protecting Human Subjects

Before recruiting subjects for this study, approval was obtained from the university’s Institutional Review Board (IRB). (See Appendix A for IRB approval) and the southern Colorado hospice where the research was conducted (See Appendix B for hospice approval). This ensures the protection of all subjects participating. This investigation was performed according to the standards of the Colorado State University-Pueblo department of nursing.

The information obtained from the participants was kept confidential and managed according to the requirements of the IRB. Consent forms and questionnaires were kept locked in a desk in the researcher’s home. All confidential documents will be maintained for five years and then destroyed by the researcher. Each participant was assigned a subject number. Signed consent was obtained from the experimental and control groups of the study. Each subject was informed that participation in this study was voluntary, and that they were able to refuse or discontinue participation in the study at any time without negative consequences (See Appendix C for consent form).

Identification of the Population Sample

The target population was hospice workers employed at a Southern Colorado not-for-profit hospice. The sample consisted of fourteen participants from an interdisciplinary team. The team consisted of RNs, LPNs, social workers and chaplains. Seven participants were assigned to the experimental group and seven were assigned to the control group using random selection.
Instrument

The instrument used in this study was *The Guide for Team Development* (2010). (See Appendix D for questionnaire). This tool is for any front line work team that wants to improve the effectiveness of their performance by evaluating the way they work as a team (Salem-Schatz, Ordin, & Mittman, 2010, p. 1). This tool, when paired with a communication workshop and role-play, may increase team development and communication.

The workshop, conducted by the researcher, consisted of a PowerPoint presentation on identifying strategies for becoming a more effective listeners, hearing vs. listening, and how to ask more effective questions. Examples and scenarios were given during the presentation. Asking for examples of each topic encouraged participation from the group. Participants then engaged in role-playing to foster better communication. The communication workshop was conducted in a quiet conference room. Asking participants to turn off their cell phone minimized interruptions. Other staff members were available in the event their patients were in need. (See workshop in Appendix E).

Procedure

After explaining the purpose of the study and obtaining signed consent forms, both the experimental and control groups answered a 31 question survey about team work in order to measure characteristics of their team. Then the experimental group, three RNs, one LPN, two social workers, and one chaplain, participated in a one-hour communication workshop with role-play simulation. The experimental group participated in the PowerPoint presentation and role-play simulation about the material presented. There was an opportunity for the participants to give feedback and ideas on
good communication skills. Then they were given a scenario for the role-play portion of the workshop. The scenario was a case study involving a 66 year-old female patient with end stage breast cancer with metastasis to the lungs. The patient is married with two children in college, away from home. The patient and spouse have decided not to tell their children about the cancer or terminal status. Each member of the team must play an opposite role that they are currently working as. The participants were asked to remain in character for the duration of the role play.(See Appendix E for role-playing information in the PowerPoint presentation).

A debriefing session was held after the workshop. Each participant has had an opportunity to discuss how it felt to play the role of another team member; how they felt about the patient scenario and their communication with the dying patient and her family; do they believe they benefited from using a role-playing scenario.

Both the experimental and the control groups completed the same questionnaire after the workshop/role-play was completed. The control group was offered an opportunity to participate in the workshop and role-play at a later date after the study was completed.

**Data analysis**

Data analysis was used to attempt to answer the research question: Does a communication workshop with role-play simulation increase team development/teamwork in hospice workers? Data from the pre-and post- questionnaires were analyzed to determine if the experimental group had a statistically significant increase in teamwork scores as a result of the workshop/role-play. Results are discussed in Chapter IV: Results.
Chapter IV

Results

The purpose of this study was to determine if a communication workshop with role-play simulation improves team development in hospice workers. The data showed there was no significant difference in the pre- and post-score growth, between the experimental and control groups. The descriptive statistics for pre- and post-survey scores disaggregated by group are shown in table 1. Note that consistent with the coding of responses described above, scores at the pre stage for both groups were slightly below “agree,” and scores at the post stage for both groups were slightly above “agree.” The difference in the pre-survey score was not statistically significant, meaning the groups were statistically equivalent prior to the introduction of the intervention, the communication workshop with role-play simulation ($t = -.282, p = .782$).

Table 1

*Descriptive Statistics*

<table>
<thead>
<tr>
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<th>Control</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Pre Survey</td>
<td>1.86</td>
<td>0.59</td>
</tr>
<tr>
<td>Post Survey</td>
<td>2.12</td>
<td>0.52</td>
</tr>
</tbody>
</table>

Data for the analysis included survey scores from the experimental and control groups. Scores were derived for each participant by calculating a mean of all questions on the survey. Items 3, 15, 16, and 27 were reverse coded so as to make all survey items
“positive” in direction. Original responses were represented by a narrative-based Likert scale of strongly disagree, disagree, agree, and strongly agree. These were converted into numbers as follows: strongly disagree = 0, disagree = 1, agree = 2, and strongly agree = 3.

Data were screened for normality and equality of variances, and results indicate both variables (pre-survey and post-survey scores) were within acceptable standards (pre-survey skewness = -.076, post-survey skewness = -.035, Levene’s $F = .013, p = .911$).

The difference between the treatment and control groups was measured using analysis of covariance (ANCOVA). According to Polit & Beck, 2012, analysis of covariance (ANCOVA) can be defined as a statistical procedure used to test mean group differences on a dependent variable, while controlling one or more covariate. The dependent variable was the post-survey scores. Group represented the independent variable, and pre-survey scores represented the covariate.

ANCOVA results analyzing the difference in post-survey scores after controlling for pre-survey scores indicate no statistically significant difference ($F = .105, p = .752$). Although the post-survey scores were greater for the treatment group, the difference was not greater than what might be expected as a result of random chance or statistical error.

Because of the small sample size, an additional analysis—Mann Whitney U test—was also performed. As a non-parametric test, the Mann Whitney test does not have the same assumptions as ANCOVA and can accommodate small sample sizes and their inherent limitations. In this analysis, a difference score was calculated for each person by subtracting the pre score from the post score. As such, this analysis measures the difference in growth between groups. Results from this analysis were consistent with the
ANCOVA ($Z = -704, p = .535$). There was no significant difference between groups in their growth from the pre score to the post score.

LIMITATIONS

The limitations of the study included:

- Small sample size- With a small sample size there can be no generalizability to the larger population
- Length of the workshop/role-play simulation- The workshop was 30 minutes in length; the role play was 15 minutes and the debriefing session was 15 minutes.
- Number of workshops- Only one workshop was conducted.
- Experimental group was an established group- The participants involved in the study were already members of an established, functioning interdisciplinary team.
CHAPTER V

Conclusions and Recommendations

Conclusions

The purpose of this study was to determine if a communication workshop with a role-play simulation improves team development in hospice workers. Intuitively, one would conclude that exposure to a communication workshop and the opportunity to role-play during a case scenario would increase team development. However, based on the results of the study, no strong conclusions can be made about whether or not a communication workshop with role-play simulation improves team development in hospice workers.

Recommendations

Further studies could be conducted using a communication workshop with role-play with a larger sample size. More workshops throughout the year might make a difference in team development. Involving team members randomly selected from all interdisciplinary teams at a hospice agency may provide significant data gathering. Opportunities for other hospice agencies to participate and scheduled sessions between IDT members would offer more research opportunities.

Summary

Communication among hospice workers is vital to obtain the best results for the patient and their family. Collaboration is fostered by good communication, trust, understanding each other’s roles, respect and team building activities. Role-playing allows the person to see a situation from another workers’ points of view. Seeing
firsthand the viewpoints of a patient, co-workers or caregivers, can lead to greater empathy.
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Appendix A

4.13.14
IRB Review
Proposal Title: Use of a communication simulation in team development of hospice workers
Principal Investigator: Angela Wilkerson
New application

Dear Angela,
Thank you for submitting your IRB application “Use of a communication simulation in team development of hospice workers”. 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 4.13.15. 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 question, please contact me at barbara.brettgreen@colostate-pueblo.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
From: Angela Wilkerson (angela.wilkerson@socohospice.org)
Sent: Mon 5/18/15 8:07 PM
To: Gary Morse (gary.morse@socohospice.org)
Cc: angela_wilkerson75@hotmail.com (angela_wilkerson75@hotmail.com)

Gary-
Good evening! Hope all is well!
I spoke to you regarding my research for my thesis when you 1st came to our organization. I had originally received approval from Caren.
I am finally ready to complete it. Thank goodness!
There are 7 team members who have agreed to go through my communication workshop and simulation. It will take approx. 1 hour. We will complete it after IDT on Wednesday, May 20.
Would you like me to re-send you a copy of the consent and the power point?
Thank you kindly,
Angela

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"Education is the most powerful weapon which you can use to change the world."
Nelson Mandela
From: **Angela Wilkerson** (angela.wilkerson@socohospice.org)
Sent: Tue 7/07/15 1:11 PM
To: angela_wilkerson75@hotmail.com (angela_wilkerson75@hotmail.com)

From: Gary Morse
Sent: Monday, May 18, 2015 8:53 PM
To: Angela Wilkerson
Subject: Read: Research for Thesis

Your message was read on Monday, May 18, 2015 8:53:23 PM (GMT-07:00) Mountain Time (US & Canada).

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.
Appendix C

Consent Form

Colorado State University-Pueblo
College of Engineering and Professional Studies

And

The Department of Nursing

Consent to Take Part in a Research Study

Subjects will be identified as #1-14__________________________

Title of Research: Use of a communication simulation in team development in hospice workers

Investigator's name: Angela Wilkerson, RN, BSN

Consent for the Research Study: This is an important document. If you sign it, you will be authorizing Colorado State University-Pueblo to perform a research study using you as a subject. Please take your time and read it carefully. Do not sign it unless you are comfortable with participating in this study.

Purpose of Research: To determine if a communication simulation improves team development in hospice workers.

This research project is being completed in partial fulfillment to obtain a master's dress in science with a major in nursing in the educator's track at Colorado State University-Pueblo.

Procedures and Duration: The following procedures will be performed:

- After you sign the consent form, you will be asked to answer eleven questions regarding communication and team development. This should take about ten minutes.
- You will be separated into the team you normally work with, Group A and B.
- Group A will participate in a communication simulation and debriefing session. Group B will not participate in the simulation; however, will be given the opportunity to participate after the research study has been completed. The simulation will take approximately 1 hour.
- Upon completion, both groups will answer the same eleven questions.

Risks and Discomforts/Constraints: You will be asked to answer two 11-question questionnaires regarding communication and team development. This portion of the study will take approximately 10 minutes to complete.

Benefits: Your participation in this project will provide you with more exposure to team development tactics through the use of simulation.

Alternative Procedures: The alternative is not to participate in the study.

Initials__________
Reasons for removal from the study: You may be required to stop before the end of the study for all 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 the requirements for participation established by the investigator.

Voluntary Participation: Participation in this study is voluntary, and you can refuse to be in the study or stop at any time. There will be no negative consequences if you decide not to participate or stop.

Responsibility for Cost: No cost is involved.

Confidentiality: In any publication or presentation of research results, your identity will not be used. You will be identified by a participant number only. Every effort will be taken to protect you from having any of this information divulged to anyone other than those directly involved in the conduction of this study.

Consent:

- I have been informed of the reasons for this study.
- I have had the study explained to me.
- I have had all of my questions answered.
- I have carefully read this consent form, have initialed each page, and have received a signed copy.

I gave consent/permission voluntarily to participate in this study.

__________________________________________  ________________
Subject                                      Date

__________________________________________  ________________
Witness to Signature                         Date

Investigator: Angela Wilkerson (719) 250-1384

Initials________
## The Team Development Measure

This questionnaire is a measure of team characteristics. Please indicate how much you strongly disagree – disagree – agree – strongly agree to each statement as it applies to your team at the present time. There are no right or wrong answers, just your perceptions. This survey is totally anonymous.

<table>
<thead>
<tr>
<th></th>
<th>Disagree Strongly</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Team members say what they really mean</td>
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<tr>
<td>2.</td>
<td>Team members say what they really think</td>
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<td>3.</td>
<td>Team members talk about other team members behind their back</td>
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<td>4.</td>
<td>Team members participate in making decisions about the work of the team.</td>
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<td>5.</td>
<td>All team members feel free to share their ideas with the team</td>
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<td>6.</td>
<td>All team members feel free to express their feelings with the team</td>
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<tr>
<td>7.</td>
<td>The team practices tolerance, flexibility and appreciation of the unique differences between team members</td>
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<td>8.</td>
<td>The team handles conflicts in a calm, caring and healing manner</td>
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<tr>
<td>9.</td>
<td>Regardless of the topic, communication between the people on this team is direct, truthful, respectful and positive.</td>
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<tr>
<td>10.</td>
<td>The Team openly discusses decisions that affect the work of the team before they are made</td>
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<tr>
<td>11.</td>
<td>On this team, members support, nurture and care for each other</td>
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<td>12.</td>
<td>The team has agreed upon clear criteria for evaluating the outcomes of the team’s effort</td>
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<tr>
<td>13.</td>
<td>As a team, we come up with creative solutions to problems</td>
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<td></td>
<td>Disagree Strongly</td>
<td>Disagree</td>
<td>Agree</td>
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<tr>
<td>14. In the team, there is more of a WE feeling than a ME feeling</td>
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<td>15. There is confusion about what the work of the team should be doing</td>
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<td>16. There is confusion about how to accomplish the work of the team.</td>
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<tr>
<td>17. Roles and responsibilities of individual team members are clearly understood by all members of the team</td>
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<td>18. Team members place the accomplishments of the team ahead of their own individual accomplishments</td>
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<td>19. The goals of the team are clearly understood by all team members</td>
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<td>20. Team members define the goals of the team as more important than their own personal goals.</td>
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<td>21. I am happy with the outcomes of the team’s work so far</td>
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<td>22. I enjoy being in the company of the other members of the team.</td>
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<td>23. This team is a personally meaningful experience for me</td>
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<td>24. I have a clear understanding of what other team members expect of me as a team member.</td>
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<td>25. The work I do on this team is valued by the other team members.</td>
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<td>26. I am allowed to use my unique personal skills and abilities for the benefit of the team.</td>
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<td>27. Some members of this team resist being led.</td>
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<tr>
<td>28. Information that is important for the team to have is openly shared by and with all team members.</td>
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<tr>
<td>29. All individuals on this team feel free to suggest ways to improve how the team functions</td>
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<tr>
<td></td>
<td>Disagree</td>
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<tr>
<td>30. When team problems arise the team openly explores options to solve them.</td>
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<td>31. On this team the person who takes the lead differs depending on who is best suited for the task.</td>
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</table>
Appendix E

Overview of Workshop

- Identify strategies to become more effective listeners
- Hearing vs. Listening
- How to ask effective questions
- Identify what is meant by role-play
- Participate in role-play scenario
- Debriefing

Strategies for more effective listening

- Active Listening: A communication technique in which the listener has to re-state what they hear to help confirm understanding
- Hearing vs Listening
- Asking effective questions
- Listening Guidelines

Listening vs Hearing

- Listening: To pay attention to someone or something in order to hear what is being said
- Hearing: The sense that allows us to interpret sound
- Factors that might change how we listen; i.e., culture, experiences, gender or knowledge
- What does that mean to me?
**Asking Effective Questions - What type for what situation**

- Open-ended questions
- Closed-ended questions
- Leading questions
- Rhetorical questions

**Listening Guidelines**

- Listen with full attention.
- Control your filters.
- Observe and read body language.
- Listen all the way to the end before responding.
- Check your understanding by repeating what you heard (active listening).
- Take notes when appropriate.

---

**Role-play?? What does that mean?**

**Explanation of Scenario**

- The acting or performing the role of hospice worker for the purpose of education or therapeutic communication.
- **Scenario:**
  - Your new patient is a 60 year-old female patient with ES breast CA with metastasis to lungs. Patient is married with 2 children, in college, away from home. The patient and spouse have decided not to tell their children about the cancer.
  - Each member must play an opposite role than they are currently working as...Ie- nurse must be a SW or Chaplain, etc.

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**Debriefing**

- The active discussion that occurs after a role-play session in which the workshop leader offers positive feedback and learning opportunities. This also provides opportunities for the participants to give feedback.
- Debriefing regarding scenario.
Appendix F

Angela Marie Wilkerson
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Colorado State University-Pueblo
July 2015

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EDUCATION

University of Southern Colorado- Pueblo, Colorado
Bachelor’s Degree with emphasis in Nursing, May 2001

TEACHING EXPERIENCE

2011- 2014 Adjunct Clinical Faculty
Colorado State University-Pueblo- Pueblo, Colorado
OB/GYN, Medical/Surgical Nursing

2015 Adjunct Clinical Faculty
Pueblo Community College- Pueblo, Colorado
Medical/Surgical Nursing and Leadership

RESEARCH EXPERIENCE/ SCHOLARLY OR CREATIVE ACTIVITIES

Graduate student representative during curriculum development for
proposal for DNP program for Colorado State University-Pueblo

Participation in graduate simulation for Colorado State University-Pueblo
graduate nursing program

SERVICE/ PROFESSIONAL ACTIVITIES

Graduate Faculty Student Representative- 2001 to 2013
Ethics Committee Volunteer- Sangre de Cristo Hospice