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Elaboration and validation of a simulation scenario for communicating institutional bond termination in nursing

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ABSTRACT

Objective: to develop a simulation scenario for teaching difficult communication in institutional bond termination for the nursing team and validate it in terms of face and content. **Methods:** a methodological study that designed and assessed a simulation scenario with 17 experts in the field. Data were collected and processed using the internet clouds system. **Results:** the simulation scenario elaborated was improved according to the experts' suggestions by including topics related to the scenario title; educational objectives; description of pre-briefing; design flowchart; termination protocol; the debriefing model; and scenario references. The final version obtained an average of 94.6%. **Conclusion:** the simulation scenario was fully validated for using and promoting difficult communication teaching in institutional bond termination in the nursing team.

Descriptors: Nursing; Simulation Training; Simulation Nursing Team; Health Communication; Leadership and Governance Capacity.

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INTRODUCTION ─────────

Nurses work in several areas of human care, and they are responsible for their team[1]. They must lead with good interpersonal relationships, empathy and trust, through effective communication[2].

Communicating bad news is part of care and management of a team, and is one of the most difficult activities for nurses[2]. The unpreparedness of the leader who sends the message can cause psychological and social damage to the recipient, which are subject to legal sanctions[3].

As with any team, the nursing team also suffers from conflicts that require the institutional dismissal of employees, a situation that requires training for a legal, ethical and adequate approach[4]. To that end, it is important that there is training from the academic background to ensure good resourcefulness in a difficult communication process for institutional disconnection in the health team[5].

In the context of education for health professionals, new paradigms appear that seek to break with obsolete teaching practices using pedagogical tools whose student is the protagonist of their learning process[6]. Therefore, the concept of active teaching methodologies emerges. Simulation stands out, which addresses real elements of the nursing team's experience simulating scenarios closer to their practices[7].

Simulation has several benefits in professional practice, and emerges as an alternative teaching technique for handling difficult communication with institutional disconnection in the nursing team. But it is necessary to build a scenario that must be structured according to the learning objectives to provide the realism of the clinical environment[8]. Moreover, it is important that this scenario is validated by experts in the area, with the interest of approving the face and content of this construct.

Thus, this scientific investigation aimed to develop a simulation scenario for teaching difficult communication in institutional bond termination in the nursing team and to validate it in terms of face and content by experts.

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METHOD

This is methodological research, as it uses methods of obtaining, organizing and analyzing data to address the elaboration and validation of an instrument, with a search for new meanings and interpretations of phenomena[9].

As this is a study with an emphasis on production, assessment, as well as the improvement of teaching strategies, it was carried out in two steps: elaboration of the simulation scenario and validation of the scenario by experts.

Step 1: the simulation scenario was elaborated by the authors of this study to guarantee the achievement of the proposed educational objectives; adequacy of realistic fidelity; learning difficult communication in institutional bond termination in the nursing team[9]. This scenario was constituted with title, target audience, learning objective, scenario objective, design (scenario design), necessary resources and debriefing (formal interrogation in which the execution of the scenario by the participating group is reported).

Step 2: it was carried out with the interest of ensuring that the content and construct of the scenario are connected to the educational objectives. For this reason, it was submitted to the cleavage of experts in simulation and difficult communication for proper validation. The term "validate" is also defined as the degree to which a product is appropriate to measure the true value of what it is proposed to measure or be used for what it is proposed to use. It is used in order to understand how much the results obtained, through the use of the instrument, representing the truth or how far away from it[10].

There are three main types of validity that vary according to the information offered and the researcher's objective: content, construct and criterion validity[10]. Thus, the scenario was validated for content, in which experts verified the concepts and identified the dimensions of the components of the simulation concept through a questionnaire, based on another study[11].

The choice of subjects for trial sampling is necessarily based on the judgment made by a group of experts in the field. The number of six is sufficient to carry out the task[12]. However, it is important that the number is odd to avoid a tie in opinions[10].

To participate, the expert should obtain at least eight points among the following criteria: to work as a professor in the undergraduate nursing program (two points); have professional experience in the area for more than two years (two points); have proven knowledge about simulation (colon); have published scientific papers on the subject (colon); and have proven knowledge about the instrument construction and validation process (two points). It should be noted that in trial sampling, exclusion criteria for experts are not applied[12]. The experts were selected, observing recent papers on the topic, searches on the *Curriculum Lattes* platform and indications of researchers in the field.

In April 2019, 30 invitations via email were sent to participate in this survey, providing up to three months for responses. Until August 2019, there were 17 returns accompanied by the Informed Consent Form signed, an instrument for assessing the scenario and characterizing the experts filled in via internet clouds (use of storage capacities and calculation of shared and interconnected computer servers via Internet), which facilitated data organization and analysis.

The study variables are derived from the simulation scenario assessment instrument, based on other studies of construct validation[10-11]. It is an instrument with 21 Likert-type questions from 1 (strongly disagree) to 5 (strongly agree), with data related to objectives, content, relevance, environment, verbal language and inclusion of topics.

In order to minimize study biases, the scenario's validation process remained a secret from the participating experts, preventing the influence of others under their judgment.

To determine the validation agreement, the percentage of agreement of each expert on the different items was analyzed, calculating the isolated and general agreement means. The formula used is the ratio between the indicated agreement and the total number of experts, multiplied by 100. When using this method, they suggest considering as an acceptable rate of general agreement values> 70%[10]. In this study, we chose to consider the scenario validated, if we reach a level of general agreement of 90% among the experts.

This study was approved by the research ethics committee of the institution

where it was developed under Opinion 2,818,757 and CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration) 92414518.8.0000.5515.

RESULTS

Of the 17 experts participating in this study (56.6% of the guests), 13 (76.4%) were female; they had a mean age of 36.2 years old; 11 (64.7%) were from the Southeast; 2 (11.7%) were from the South; 2 (11.7%) were from the Northeast; 1 (5.8%) was from the Midwest; and 1 (5.8%) was from the North. All participants were nurses and reported academic experience in simulation. Ten (58.8%) were PhDs; 5 (29.4%) were masters; and 2 (11.7%) were specialists. Among experts, 8 (47%) have published in management and leadership in nursing and 15 (88.2%) have already worked as team leaders.

The results of the scenario validation are shown in Table 1, which demonstrates the contribution and level of agreement of each expert in all questions.

Table 1 – Level of agreement of experts in view of the simulation scenario for teaching difficult communication in institutional bond termination in nursing (n=17). São Paulo Brazil, 2019

Expert	Level of agreement (%)					Inclusion of topics	Mean (%)
	Objectives	Content	Relevance	Environment	Verbal language		
1	100%	100%	100%	75%	100%	Design flowchart	95%
2	100%	90%	100%	100%	100%	Bond termination protocol	98%
3	100%	100%	100%	100%	90%	Scenario references	98%
4	100%	100%	100%	70%	100%	Pre-debriefing description	94%
5	85%	75%	100%	90%	100%	Educational objectives	90%
6	100%	100%	100%	100%	100%	No suggestion	100%
7	100%	80%	100%	100%	75%	Bond termination protocol	91%

Continuation of Table 1

Expert	Level of agreement (%)					Inclusion of topics	Média (%)
	Objectives	Content	Relevance	Environment	Verbal language		
8	100%	100%	100%	80%	100%	Pre-debriefing description	96%
9	75%	80%	100%	100%	100%	Debriefing model	95%
10	100%	80%	100%	100%	100%	Design flowchart	96%
11	100%	100%	100%	100%	100%	No suggestion	100%
12	100%	70%	100%	100%	100%	Bond termination protocol	94%
13	90%	100%	100%	100%	90%	Scenario title	96%
14	100%	90%	100%	100%	100%	Design flowchart	98%
15	100%	75%	100%	100%	100%	Debriefing model	95%
16	75%	100%	65%	100%	100%	Suitting objectives	88%
17	100%	100%	100%	90%	100%	Pre-briefing description	98%
Total	95%	90%	97%	94%	97%	General agreement	94,6%

All requests for assessment of the scenario were sent to the experts on the same day, and over the three months the responses returned. Even with suggestions for inclusion of topics, in each analysis of the experts, there was an individual agreement greater than 90%, which allowed to adjust the scenario and maintain the validation data for this first round of analysis.

The final version of the scenario was sent to the experts for dichotomous qualitative assessment (adequate and inadequate). Considering the unanimous assessment of the scenario's final version adequacy, combined with a general agreement of 94.6% among the experts, it was considered that the simulation scenario was validated in terms of face and content.

The validated scenario is presented in the following three charts. Chart 1 refers to the characterization of the scenario; Chart 2 refers to design; Chart 3 refers to the necessary resources and closing the simulation. Thus, Chart 1 describes the structural and didactic characteristics of the scenario.

Chart 1 - Characterization of the validated simulation scenario for teaching difficult communication in institutional bond termination in the nursing team. São Paulo Brazil, 2019

1- Title	Scenario: Nurse. Dr. Laís de Moura Netto dos Reis
2 - Theme	Difficult communication in healthcare team - Dismissal of staff member
3 – Target audiece	Graduating undergraduate nursing students
4 – Type of simulation	High fidelity and low complexity simulation.
5 – Educational objective	Experiencing the management of institutional disconnection of a member of the nursing team in a simulated environment.
6 – General objective of the scenario	Performing institutional bond termination of a employee of the nursing team using SPIKES strategy.
7 – Specific objectives of the scenario	a) Assigning employees to a private environment; b) Leading the employee to understand the situation; c) Demonstrating empathy with the employee's feelings, but maintain priority in view of institutional rules, current legislation and the seriousness of the situation; d) Conducting and verbalize conduct (institutional bond termination); e) Ensuring that communication was clear and that there was an understanding by the employee.

Chart 2 shows the elements of the scenario design, in which the history of the simulation is evidenced, which objectively contextualizes the staging that will be performed; scenario tips that are hints to help participants solve the problem; pre-briefing, which demonstrates the scenario to the participants and formalizes the regulation of expected conduct during the simulation; description of the participants; presentation of the scenario script and flowchart[8].

Chart 2 - Design of the validated simulation scenario for teaching difficult communication in institutional bond termination in the nursing team. São Paulo, Brazil, 2019

1 - Story	Isadora, 35, has been working for a year as a nursing technician at the pediatric clinic of a Regional Teaching Hospital. Approximately nine months ago, she committed her first administrative incident by posting on a social network about the care provided at the hospital and telling confidential information about the lives of patients. She then received her first warning.

1 - Story	About six months ago, she received her second written warning, as she published a photo with a child inside the hospital. Yesterday, it came to the attention of the nurse responsible for the sector that Isadora was handling the cell phone while preparing and administering the medication, resulting in a formal denunciation by the child's family members and a request by the administration to terminate the institutional bond.
2 – Scenario's hints	a) Meeting site; b) Warning history; c) Formal denunciation of the child's relatives; d) Institutional bond termination form filled out.
3 - Pre-briefing	a) This is a simulation, which provides an opportunity to face everyday facts, so they behave in the most realistic way possible; b) The scenario starts after a verbal command "start of scenario" and ends when either participant or the driver says "end of scenario"; c) If you think you should do something, do it, acting as if you are facing a real situation; d) You have at your disposal the history of the employee's warnings, a place reserved for meetings and the completed institutional termination form; e) Everything you assess and observe must be verbalized, in order to understand your reasoning; f) If you need assistance in any conduct, use your cell phone to speak and it will be provided.
4 - Participants	a) Nurse role - a student; b) Coordinator role - a student; c) "Isadora" role - a properly trained actress.
5 - Scripts	

Nº	Description	Estimated time
1	Pre-briefing - Verbalization and scenario demonstration	3 – 5 min
2	Briefing – Clinical story explanation	10 – 30 s
3	Start of scenario the nurse and coordinator await the arrival of the employee.	1 – 10 s

Scene A		
Nº	Situation	Expected action	Time

Nº	Situation	Expected action	Time
4	Meeting with "Isadora"	Approaching the employee and calling for a meeting in a private environment	1 – 3 min

Scene B		

Nº	Situation	Expected action	Time
5	Conducting "Isadora" to understand the situation	Explaining and demonstrating the employee's institutional history and formal denounces	3 – 5 min
6	"Isadora" takes a defensive position in face of the exposed	Demonstrating empathy with the employee's feelings, but maintain priority in view of institutional rules, current legislation and the seriousness of the situation;	3 – 5 min

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Continuation of Chart 2

5 - Roteiro

		Scene C	
7	"Isadora" assumes failure	Conducting and verbalizing conduct (institutional bond termination);	1 – 3 min
8	"Isadora" asks for another chance	Ensuring that the communication was clear and that there was an understanding by the employee.	3 – 5 min
9		End of scenario	1 – 10 s
10	Debriefing (didactic completion of the simulation, in which the steps of the scenario execution are reported)		15 – 20 min
	Total estimated time: 30 – 50 min		

6 - Flowchart

```
Scenario presentation
        │
Beginning of the scenario/meeting with the
        │
Collaborator asks why she was called to a meeting
   Yes        No ──► Hint 1: meeting site
        │
Calling the collaborator to a private environment, where the purpose of the
meeting can be verbalized
   Yes        No ──► Hint 2: warning history
                          │
                    Rearrange conduct
   Carry out bond              No        Hint 3: bond termination
   termination                           form filled out
        │
        Yes
        │
End of the scenario ──► Debriefing
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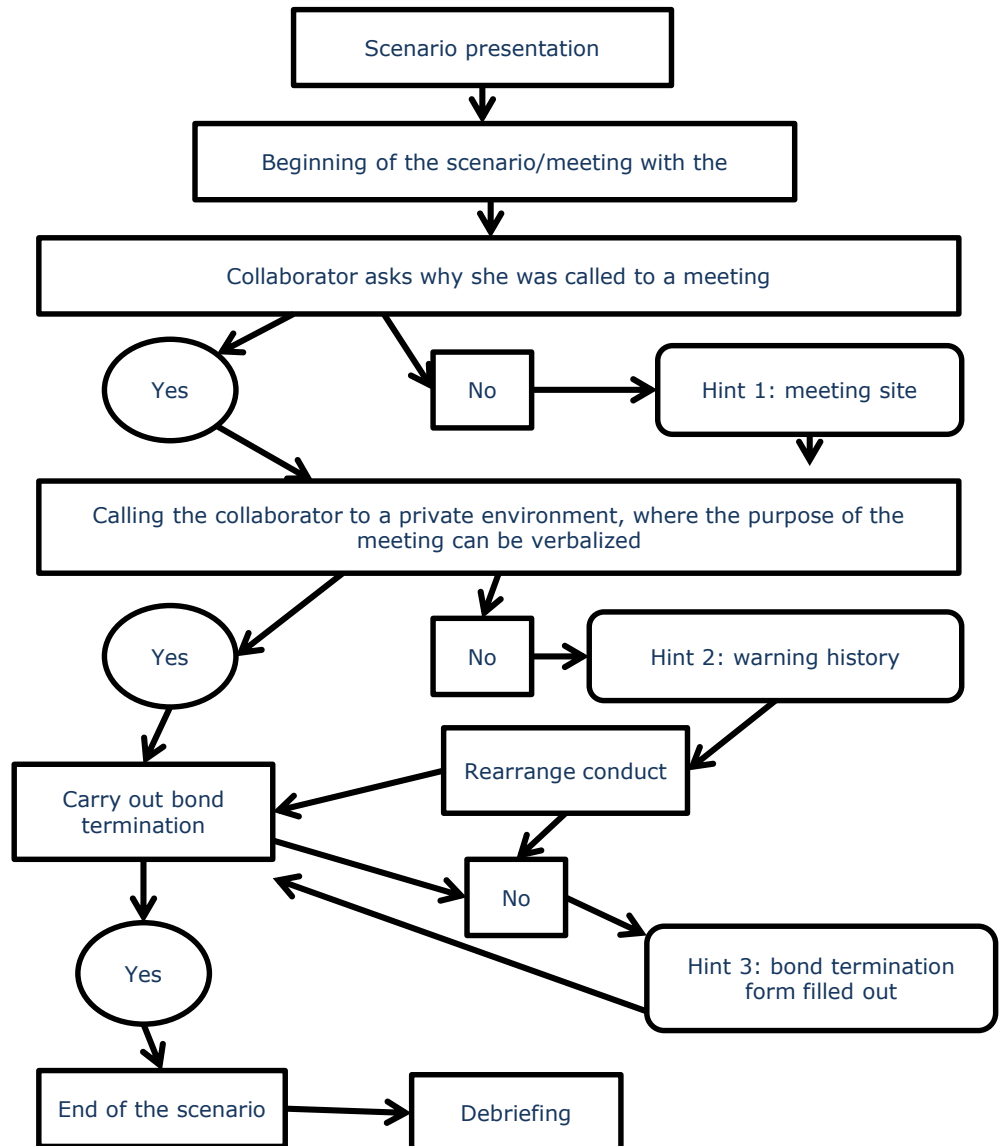
Chart 3 presents the necessary resources for the realization of the scenario are presented, as well as the closing of the simulation through debriefing, structured by a conceptual base of wide use in teaching by clinical health simulation[9].

Chart 3 – Necessary resources and debriefing of the validated simulation scenario for teaching difficult communication in institutional bond termination in the nursing team. São Paulo, Brazil, 2019

9 – Necessary resources	a) An actor; b) A scenario environment, divided in two; c) A table; d) Three chairs; e) A folder with employee data; f) A cinematographic cell phone; g) Two pens; h) A sheet for notifications; i) A history of occurrences; j) A formal denunciation by the child's family members; l) A completed institutional bond termination form; m) A room set up for debriefing;
10 – Debriefing	The conceptual basis of *GIBBS (1988) should be used, with the following structured questions: a) Descriptive step: can you describe what happened? b) Emotional step: how did you feel? c) Assessment step: what were the positive actions you took? What good has been accomplished in this simulation? d) Analytical Internship: what would you do differently? e) Conclusive internship: what do you take from learning this Experience to your future clinical practice? f) Action planning: what actions will you perform based on what you have learned today? *GIBBS, Graham. Learning by doing: A guide to teaching and learning methods. Further Education Unit, 1988.

DISCUSSION ————————

This study enabled the development of a simulation scenario for teaching difficult communication institutional bond termination in the nursing team. The scenario was validated in terms of face and content, obtaining a level of agreement of 94.6% among experts. In addition, the elaborated version was improved, according to the experts' suggestions, by including topics related to the scenario title; educational objectives; description of pre-briefing; design flowchart; protocol for institutional bond termination; the debriefing model and scenario references.

The results of an integrative literature review study on simulation[13] corroborate the findings of this research. Articles were found that described the validation of their scenarios, with a level of agreement between experts greater than 70% and with the inclusion of the judges' suggestions in the final versions of their respective simulation scenarios. A methodological study[14], which included 19 experts, with the purpose of validating nursing interventions, also sent the experts the final version of their construct to verify the suitability of their instrument. The same

occurred in another study[15] that validated a psychometric instrument and concluded the importance of the experts' suggestions in improving the final construct.

The experts were predominantly PhD nurses, female, with an average age of 36.2 years old, from all regions of Brazil, with papers in management and leadership in nursing and proven performance as team leaders, which confirms their expertise in the subject. Studies[8-14-15] related to validation have also used the expertise of experts in the field to assess their instruments. In general, they analyze the experience of experts as fundamental to primacy of conducting methodological studies.

Validation by experts made it possible to include items in the final scenario, related to scenario title; educational objectives; description of pre-briefing; design flowchart; protocol for institutional bond termination; the debriefing model and scenario references. Authors of the theme defend the standardization of some aspects of the scenario, through the use of a script, the text of which contains information about the educational objective, clinical history data and expected outcomes within the context of the activity performed[9-16-17].

The script, or scenario, provides a set of procedures for preparing the activity and improves the likelihood of teaching with good performance. Thus, it is necessary to standardize the structure of this scenario in the institution, so that professors and pedagogical supporters are familiar with simulation and obtain better educational results[13-14].

Therefore, this realistic simulation study has as its fundamental element the elaboration of the scenario, structured according to the learning objectives, to provide feelings and emotions that can be experienced in the realistic environment[8].

This study presented the validated simulation scenario, which can be used to support management education in nursing. It was considered that nursing professionals work as a team and need each other to provide quality care, with nurses being responsible for the leadership of this team and the responsibility for the actions of each member[18]. In many cases, it is up to these professionals to deliver the difficult communication institutional bond termination of a member of their team[1-2].

The scientific literature[19] offers some guidance on how to systematize the transmission of difficult communication to family members and patients. However, it does not express less traumatic communication methods for the management of a health team. Most nurses, however, use their experience as leaders to decide how to behave in order to terminate the employee's institutional bond, with results that are not always satisfactory[20].

In this sense, this study sought to analyze a protocol used for communication of difficult communication for patients and family members, in the context of the management of the nursing team, to verify possibilities of handling this situation through simulation.

The protocol used is SPIKES, an acronym that describes six steps in a didactic way for difficult communication: the first step (S - Setting up) refers to preparation of the physical space for the event; the second (P - Perception) verifies to what extent people are aware of the situation; the third (I - Invitation) seeks to understand how much people want to know about their condition; the fourth (K - Knowledge) is the objective transmission of information, and at this point, the need to verify the persons' effective understanding stands out; the fifth step (E -

Emotions) is reserved to respond empathetically to the reaction shown; the sixth (S - Strategy and Summary) reduces people's anxiety, sadness and aggression, by revealing the steps to follow given the situation[21].

With the use of this protocol in the validated scenario, there was a standardization for the outcome of the problem presented in the simulation, enabling the learning to handle this situation.

Other studies[17-21-22-23] indicate the effectiveness in using SPIKES as protocols for difficult communication between students, compared to other methods or no preparation. This means that SPIKES can be an experience that gives students greater confidence in communicating bad news.

The previous non-use of SPIKES in team management and institutional disconnection in health expresses the pioneering nature of this investigation. New approaches are expected so that students are able to control problems, stop work conflicts between their team and learn to use the nurse's instituted power, with clear communication and a good interpersonal relationship. An objective language, verbal or not, can positively change the employee's

understanding of a situation, which is beneficial for the team and the institution[20].

The fact of not validating this scenario with the target population makes it impossible to identify whether the educational objectives proposed in this simulation were achieved. However, by guaranteeing analysis of the scenario by experts on the subject, it made it possible to state that this proposal is valid and consistent with the clinical reality. Moreover, using the SPIKES protocol at this juncture explores new possibilities for its use, and the need for investigations of how to proceed with institutional bond termination in health teams emerges.

CONCLUSION

The simulation scenario designed for teaching difficult communication in institutional bond termination was validated for the face and content with a level of agreement of 94.6% by experts. Moreover, the experts collaborated definitively in refining aspects related to scenario structure, whose final version was unanimously declared adequate and validated by the judges.

Therefore, it is fully available for use,

in order to promote the teaching of the theme, with an active methodology. In this sense, simulation scenario becomes an instrument capable of increasing teaching-learning technologies of the complex training in nursing leadership, since simulation represents the opportunity to practice, learn and interact dynamically. Furthermore, it facilitates the learning process and reduces damage caused by inappropriate practices that can be corrected during a simulation. Thus, simulation has become a fundamental tool for training and updating nursing professionals.

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