Use of simulation to deliver assertiveness training to medical students

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The use of Simulation to Deliver Assertiveness Training to Medical Students

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Results

No significant differences were found between the questionnaires at three different time points, even in the 8 questions that related specifically to assertiveness.

Analysis of the videos showed no significant difference in the rating of assertive behaviour between the control and intervention groups. Both groups did score higher in the second session than in the first, with the intervention groups higher than the control, but this did not reach statistical significance (p=0.75).

An unexpected finding was that the students’ level of assertiveness differed according to the type of challenge. They handled the interpersonal challenges much more effectively than the medical challenges. The baseline scores in the interpersonal challenges were high in all groups prior to the intervention, and increased even further to show a significant difference (p = 0.03) in the second session.

The qualitative data showed that the students did value the assertiveness teaching and felt an increase in their confidence in challenging errors over the study period. However, this was mostly related to the increase in clinical knowledge and experience, and they had gained from both their clinical work and from their learning in simulation itself rather than from the assertiveness training (7/8 groups).

"It’s not me I feel more confident to speak up. It’s that I’ve now feel more confident that I’ll use an error”

The assertiveness package was also thought to be useful by the majority of students, who felt that it gave them a specific tool to use when needed (5/8 groups).

"Using that two step method as a student you could say (to a colleague) 'oh what methods do you use to make sure that you’ve done the right thing, rather than saying look mate, you’ve stuffed up.”

Half of the students also commented that being exposed to errors was in itself a very powerful learning experience (4/8) and all thought that this should be retained in our future teaching programme.

"You handed me the … results, from a completely wrong patient and I didn’t notice and then you came back and said that that was actually the wrong patient and I’ll never forget … makes you remember it as opposed to just being told”

Discussion

We have shown that a single assertiveness training package did not significantly increase either assertiveness attitudes or behaviours in response to a clinical challenge in our second year medical students when measured over a period of three months. Having a solid base of clinical knowledge and experience from which to judge a clinical error or challenge was felt to be more useful than a specific training package in giving the students confidence to speak up for patient safety.

Possible reasons for our results include:

- Students were simply too junior to recognise common medical errors (eg. oesophageal intubation) and therefore did not perceive them to be an opportunity for challenge. This did not change significantly over the three month study period in either control or intervention groups. The qualitative focus group data supports this concept.

- The students in our graduate entry medical programme have a baseline high level of interpersonal communication skills. There are a number of possible reasons for this including the selection requirements of the school, our focus on communication teaching, or our curricular emphasis on small group learning methods. Learning a specific tool may have increased the effectiveness of their assertiveness in situations which they already recognised as requiring it.

- A single brief intervention may not be sufficient to cause underlying change in attitudes or behaviour. This surplus is not unreasonable. Our students, although still very junior, also identified several important factors that can mitigate against the transfer of patient safety attitudes to the workplace and until lessons learned in the lab are supported by experience in the real world such teaching is unlikely to be fully effective.

Most prior studies in this area have shown significant differences in teamwork attitudes and behaviours immediately before and after a training intervention - a situation in which an improvement would be expected. Using a control group and a longer time period, we have shown that such changes in teamwork, and assertiveness in particular, are not necessarily retained or demonstrated over time.