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# Pilot test of communication with a ‘Rapid Fire’ technique

Desiree A. Díaz

*University of Central Florida, [desiree.diaz@ucf.edu](mailto:desiree.diaz@ucf.edu)*

Candace Pettigrew

*Correctional Managed Health Care, [pettigrew@uchc.edu](mailto:pettigrew@uchc.edu)*

Christine Dileone

*University of Connecticut, [christine.dileone@uconn.edu](mailto:christine.dileone@uconn.edu)*

Meredith Dodge

*University of Connecticut, [meredith.dodge@uconn.edu](mailto:meredith.dodge@uconn.edu)*

Deborah Shelton

*University of Connecticut, School of Nursing, [deborah.shelton@uconn.edu](mailto:deborah.shelton@uconn.edu)*

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## **Abstract**

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An innovative communication training technique, 'Rapid Fire', was created to enhance communication and was incorporated into the debrief component of a simulation designed for correctional nurses to promote learning and engagement. The term 'Rapid Fire' was used to expose the critical time element that appears in the first five minutes of many crisis situations, where a quick relay of information and problem solving is essential; such as in a cardiac arrest or other rapidly deteriorating patient situations. This technique consists of a five-minute session prior to the structured debrief. During the 'Rapid Fire' portion of the debrief, all learners are together discussing the elements of the simulation and are permitted to dialog. They are encouraged to talk to one another, as the facilitator is not permitted to mediate during the five-minute period. The educator is actively listening to the team discussion.

A sample of eighteen educators participated. The mean age of the participants was 43.2 years (range: 33-57) with an average of being employed approximately 3 years (range: 0-9) in their role as a correctional nurse educator. The average years as a simulation based educator was approximately 2.4 years. The majority of participants were female (89%). Responses to the 3-item open-ended survey were positive. Responses indicated that participants were engaged, civil and felt supported. One negative response indicated that more training was needed with real patients.

It was concluded that learners were allowed to self-correct anything that was done or omitted during the stress of the simulation. Participation in this technique reinforced team collaboration that occurs in the clinical setting.

## **Keywords**

correctional health, simulation, debrief, team communication

## **Acknowledgements**

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Desiree A. Díaz PhD, RN-BC, CNE, CHSE-A  
12201 Research Parkway, Suite 300, Orlando, FL 32826  
[Desiree.Diaz@UCF.edu](mailto:Desiree.Diaz@UCF.edu), 860-608-4399  
College of Nursing, University of Central Florida, Orlando, FL

Candace Pettigrew, RN, BSN  
University of Connecticut Correctional Managed Health Care, Farmington, CT

Christine Dileone, RN, MSN  
University of Connecticut, School of Nursing Storrs, CT

Meredith Dodge, RN, MSN  
University of Connecticut, School of Nursing Storrs, CT

Deborah Shelton, PhD, NE-BC, CCHP, FAAN  
Professor, University of Connecticut, School of Nursing Storrs, CT  
Director, Center for Correctional Health Networks

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Key Words: *simulation, rapid fire, debrief, correctional health*

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An innovative communication training technique, 'Rapid Fire', was created to enhance communication and was incorporated into the debrief component of a simulation designed for correctional nurses to promote learning and engagement. The term 'Rapid Fire' was used to expose the critical time element that appears in the first five minutes of many crisis situations, where a quick relay of information and problem solving is essential; such as in a cardiac arrest or other rapidly deteriorating patient situations. This technique consists of a five-minute session prior to the structured debrief. During the 'Rapid Fire' portion of the debrief, all learners are together discussing the elements of the simulation and are permitted to dialog. They are encouraged to talk to one another, as the facilitator is not permitted to mediate during the five-minute period. The educator is actively listening to the team discussion.

A sample of eighteen educators participated. The mean age of the participants was 43.2 years (range: 33-57) with an average of being employed approximately 3 years (range: 0-9) in their role as a correctional nurse educator. The average years as a simulation based educator was approximately 2.4 years. The majority of participants were female (89%). Responses to the 3-item open-ended survey were positive. Responses indicated that participants were engaged, civil and felt supported. One negative response indicated that more training was needed with real patients.

It was concluded that learners were allowed to self-correct anything that was done or omitted during the stress of the simulation. Participation in this technique reinforced team collaboration that occurs in the clinical setting.

## Introduction

Correctional nurses work in a secure and regulated environment. This type of environment has the potential for greater communication gaps related to the environmental constraints inherent to that setting. Facilitation of incarcerated patients' healthcare must be collaborated with Correction Officers (COs) in order to physically remove structural barriers, such as secured portals and hallways. Therefore communication is essential in providing a secure environment for healthcare staff, as well as, improving incarcerated patient health outcomes. Teamwork among the healthcare team can directly affect care. The aim of this paper is to report a rapid fire technique, an innovation created to enhance debriefing strategies and increase communication amongst nurses working in Connecticut prisons and jails.

## Background

Training and education environments vary at correctional facilities. Generally, as with other clinical environments, a heavy reliance is noted upon didactic training which focuses upon policies and procedures. A mobile simulation van was developed to create a safe learning space that was accessible at all locations (HRSA, D11HP22212). Correctional healthcare members are released to engage in educational training that included simulation for short periods of time without affecting the security and safety of the custodial work environment. The HRSA grant funded development of computer-based education modules, skills practice and simulation (Shelton, Reagan, Weiskopf, Panosky, Nicholson, & Díaz, 2015). The simulation component of the program was delivered in a van that resembled both a prison cell and correctional medical unit.

Communication is vital to improving patient outcomes and "communication breakdown within the healthcare team account for over 82% of missed care" (Kalisch & Lee, 2010). Missed care, defined as "an error of omission" (Kalisch & Lee, 2010), may be linked to poor communication or lack of communication. In this pilot, simulation provided an opportunity to learners to practice skills, integrate the nursing process, and to participate in high-risk situations that occur infrequently, but are

important in the correctional clinical setting. The nursing process, a familiar framework for nurses, guides action and facilitates communication among team members regarding clinical care (American Nurses Association [ANA], 2010).

### Communication Training Technique

Communication is a skill which can be enhanced in the objectives of a simulation experience (Ward, 2012). Simulation standards maintain guidelines to promote and provide a psychologically safe, noncompetitive environment (Franklin, et al., 2013). Realistic simulations create learning environments that empower and engage participants (Goldsworthy & Graham, 2013). This fosters an opportunity for participants to practice communicating with other members of the healthcare team.

Eppich and Cheng (2015) identified gaps in simulation design characteristics which potentially could improve team communication if enhanced. Simulation design includes the scenario and the discussion or debrief at the end of the learning activity (Jeffries, 2012). Debriefing strategies are used for reflection and can enhance communication amongst all simulation learners. The learners actively engaged in the simulation based education activity include observers or those providing care (Jeffries, 2012). Incorporating a debriefing process that closes the learning loop related to the simulation objectives and communication is needed (Meakim, Fey, Chmil, Mariani, & Alinier, 2015). Open ended reflective questions by a trained educator or facilitator provide learners the ability to explore their own thought process, for example: "What was your reasoning for ...?" rather than "I see you did that skill correctly, good job" (Dreifuerst, 2012). Dreifuerst (2015) suggests facilitators should be trained in Socratic questioning in an attempt to draw out learners' knowledge. This is an important element to understand as participants may do something out of habit rather than understanding the rationale or science underlying their actions. Formal training in moderating a structured debrief is encouraged in national simulation standards (Franklin et. al, 2013). Trained facilitators were the correctional nurse educators and participants for this study.

An innovative communication training technique, 'Rapid Fire', was created to enhance communication and was incorporated into the debrief component of the simulation. The term 'Rapid Fire' was used to expose the critical time element that appears in the first five minutes of many crisis situations, where a quick relay of information and problem solving is essential; such as in a cardiac arrest or other rapidly deteriorating patient situations. This technique consists of a five-minute session prior to the structured debrief. During the 'Rapid Fire' portion, all learners are together discussing the elements of the simulation and are permitted to dialog. They are encouraged to talk to one another, as the facilitator is not permitted to mediate during the five-minute period. The educator is actively listening to the team discussion.

Once the five minutes are up, the 'Rapid Fire' process is ended and a structured debrief begins. All nurse educators or facilitators are formally trained in moderating a structured debrief according to the national standards in simulation (Franklin et. al, 2013). The focus of the discussion is guided by the facilitator, and the learners contribute to a group process. Discussion of appropriate interventions and actions by all learners is encouraged, as they engage in components of "Debriefing for Meaningful Learning (DML) which tries to: engage, evaluate, explore, explain and extend thinking" (Dreifuerst, 2012, p.326). All learners are reminded of standards related to safe learning and sharing. It is important to secure a safe physically and psychologically sound learning environment (Rudolph, Raemer & Simon, 2014). Learners are prompted to communicate in a systematic approach regarding the simulation. The observers are advised to phrase their responses as "I would have done this" versus "You did not do this." This keeps the debrief process safe and non-punitive for all the participants involved in the simulation. The aim of this article is to describe the outcome of implementing a 'Rapid Fire' technique from the perspective of the trained nurse educator/facilitator.

## Method

### Design

This is a qualitative study in which 33 correctional nurse educators were selected through purposive sampling in a Connecticut statewide correctional managed health system. Data collection was conducted through open ended survey questions. All written survey responses were read and transcribed. Analysis of data was conducted via content analysis.

### Participants and Setting

Correctional nurse educators, whom were trained simulation debrief facilitators, were recruited after Internal Review Board Approval (IRB# HR3-300) was received by the collaborating university and correctional health system. All participants were correctional nurse educators with previous experience providing simulation based training to correctional nursing staff, and, each had one on one training with the PI. All of the correctional nurse educators (n =12) were employed by a correctional managed healthcare provider in a Connecticut jail or prison setting.

### Measure

Participants were asked to complete a three item survey describing their experience with the implementation of the 'Rapid Fire' technique and how they observed communication between peers using a survey consisting of open ended statements. Statements that were included were: (1.) During the debrief, please describe what you observed; (2.) Please describe your feelings regarding the communication exchange between learners during the simulation; and, (3.) How do you perceive simulation in relation to communication education? The survey instrument was designed specifically for this pilot study. Demographic information was recorded as: gender, age, years as an educator, and years conducting simulation based education.

### Procedure

All trained nurse educators (N=33) were informed of the study during an educator debrief training provided by the PI. Participants were aware of IRB approval and were given information regarding consent in person. Study specifics and consent information was also available on the mobile simulation van in the form of a flyer.

All educators were trained on the 'Rapid Fire' technique one year prior to the evaluative process allowing for time to practice and gain comfort in the technique. Educators were asked to complete the written survey after each of their regularly scheduled simulation training conducted with staff nurses. The surveys were provided in anonymous envelopes and were collected at the end of the month. Educators were not required to complete the survey.

## **Results**

A sample of eighteen educators participated. The mean age of the participants was 43.2 years (range: 33-57) with an average of being employed approximately 3 years (range: 0-9) in their role as a correctional nurse educator. The average years as a simulation based educator was approximately 2.4 years. The majority of participants were female (89%).

Responses in the sample were positive about the Rapid Fire technique and having the ability to actively participate. Some direct examples of the participants' written responses are provided.

### **During the debrief, please describe what you observed:**

- "Everyone was engaged and attentive" (participant 3, 2016).
- "Positive, effective communication and discussion of best practices" (participant 6, 2016).
- "Good communication, equal participation, open to constructive criticism" (participant 11, 2016).
- "Participants wanted to know what they did right/wrong. Concerned with what they would have done differently" (participant 18, 2017).

**Please describe your feelings regarding the communication exchange between learners during the simulation:**

- “All learners were cordial and professional” (participant 1, 2016).
- “Civil and positive participation from all involved” (participant 5, 2016).
- “Staff were friendly, shared information and experiences.” (participant 7, 2016).
- “I felt encouraged by the supportive atmosphere and the civility between the participants” (participant 9, 2016).
- “I felt encouraged by the supportive atmosphere and the civility between the participants” (participant 15, 2016).

**How do you perceive simulation in relation to communication education?**

- “It is a way of getting full discussion among group members. Areas for improvement were discussed without degrading or disrespecting other member’s ideas or suggestions.” (participant 1, 2016)
- “Debrief is very beneficial in it allows staff to learn amongst their peers.” (participant 2, 2016)
- “I think this provides a means for open discussion and insight on the performance of different skills.” (participant 7, 2016)
- “The simulation exercises contribute to communication of best practice and effective communication between coworkers).” (participant 8, 2016)

The one negative response was:

- “The process needs improvement. More difficult with a manikin vs. a real patient.” (participant 11, 2016)

The content analysis revealed positive attitudes regarding the ‘Rapid Fire’ technique. Open discussion and reflective thinking provided an opportunity for learners to actively engage in their training.

## Discussion

This 'Rapid Fire' technique gave observers an opportunity to participate in the simulation by engaging with the actual hands on participants while the facilitator observed communication between the learners. Observers were aware that during this technique, they were allowed to interject and create opportunities to correct missed actions or forgotten principles creating a psychologically safe environment. The learner was allowed to self-correct anything that was done or omitted during the stress of the scenario (Rudolph, Raemer & Simon, 2014). The environment was reinforced by the nurse educator, also known as the facilitator, to ensure that all participants could add feedback that enhanced the critical elements. Participation in this manner reinforced team collaboration that occurs in the clinical setting.

The 'Rapid Fire' technique facilitated an adequate amount of time for the observer and hands on participant to dialogue about the case presented in the scenario. The communication that was often observed in the "Rapid Fire" by participants were often structured and within a team context. Participants observed positive communication strategies amongst learners.

The technique was identified by participants as a means to allow for a critical systematic discussion in a timely manner prior to the structured debrief without interference from the trained debrief facilitators. The correctional simulations have structured critical elements that are grounded in principles of quality and safety by design. The design that is embedded in the 'Rapid Fire' technique is a process that creates a non-punitive environment for reporting errors and near misses (Dolansky & Moore, 2013). The desire is to create an environment in which the learner is able to correct any errors or near misses the team may have had during the simulation in a safe way. The goal is for the learner to transition this practice into the clinical setting and work environment with the assistance of the nurse educator.

## **Limitations**

Limitations of this study include the inability to generalize the findings to all correctional nurses. The sample size was appropriate for a pilot study testing the enhanced communication technique, 'Rapid Fire'. A content analysis of all written responses was not applicable due to lack of depth of many of the participant responses.

## **Conclusion**

Basic communication is thought to be an exchange of ideas between a sender and a receiver. Communication is critical to improve patient outcomes (Kalisch & Lee, 2010). Effective communication is based on whether the meaning ascribed to the idea by the sender is in fact the meaning derived by the receiver (Munodawafa, 2008). Through the use of simulation and the 'Rapid Fire' technique, learners (correctional nurses) are continuing to improve communication with each other without judgment and in the same way they will communicate with future encounters in the quickly changing correctional healthcare environment.

A 'Rapid Fire' technique is an innovative communication strategy which incorporates team principles prior to a structured debrief. It allows participants an opportunity to practice communicating with peers regarding a clinical case scenario. Nurses need effective communication to maintain sensitive relationships with patients, peers and other members of the healthcare team (ANA, 2010). The 'Rapid Fire' technique is a way for learners to simulate the real work environment using a team approach rather than feeling as if they are alone in the process. Novice nurses often seek the advice of an experienced nurse in the clinical setting when they are unsure of what to do. The team works together to formulate creative problem solving strategies.

Communication amongst correctional nurse learners was positively impacted by the incorporation of the 'Rapid Fire' technique on the simulation van as observed by the nurse educator (study participant). Participants noticed improved communication amongst correctional

nurses. Future directions for communication strategies to be implemented in scenarios should be rigorously studied. Translational research is needed to validate and affirm this teaching strategy in other environments. Improved communication amongst healthcare providers ultimately may lead to improved patient outcomes and decreased missed care. Decreased missed care is a potential outcome that nurses may be able to decrease (Kalisch & Lee, 2010).

## References

- American Nurses Association. (2010). *ANA Nursing: Scope and Standards of Practice*. Silver Spring, MD: Nursebooks.org.
- Anthony, M., & Vidal, K. (2010). Mindful communication: A novel approach to improving delegation and increasing patient safety. *The Online Journal of Issues in Nursing*, 15(2), p #. doi: 10.3912/OJIN.Vol15No2Man02
- Barnsteiner, J.H., Disch, J.M., Hall, L., Myer, D., & Moore, S. (2007). Promoting interprofessional education. *Nursing Outlook*, 55(3), 144-50. doi
- Dreifuerst, K. T. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *Journal of Nursing Education*, 51(6), 326-333. doi:10.3928/01484834-20120409-0
- Dreifuerst, K.T. (2015). Getting started with debriefing for meaningful learning. *Clinical Simulation in Nursing*, 11(5), 268-275.
- Eppich, W., & Cheng, A. (2015). Promoting Excellence and Reflective Learning in Simulation (PEARLS): Development and rationale for a blended approach to healthcare simulation debriefing. *Simulation in Healthcare*, 10(2), 106-115. doi:10.1097/SIH.0000000000000072
- Franklin, A., Boese, T., Gloe, Lioce, L., Decker, S., Sando, C., Meakim, C., Borum, J. (2013) *Clinical Simulation in Nursing*, 9, s19-s21. doi: 10.1016/j.ecns.2013.04.011
- Goldsworth, S., & Graham, L. (2013). *Simulation simplified. A practical handbook for nurse educators*. London: Lippincott, Williams and Wilkins.
- Hayden, J., & Smiley, R. (2014). The NCSBN National Simulation Study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in pre-licensure nursing education. *Journal of Nursing Regulation*, 5(2), 39-42.
- Jeffries, P. R. (2012). *Simulation in nursing education from conceptualization to evaluation (2<sup>nd</sup> ed.)*, New York, NY: National League for Nursing.
- Kalisch, B. J., & Lee, K.H. (2010). The impact of teamwork on missed nursing care. *Nursing Outlook*, 58(5), 233-241. doi: 10.1016/j.outlook.2010.06.004
- Krautscheid, L.C. (2008). Improving communication among healthcare providers: Preparing participants nurses for practice. *International Journal of Nursing Education and Scholarship*, 5, 1-11.
- Meakim, C. H., Fey, M. K., Chmil, J. V., Mariani, B., & Alinier, G. (2015). Standards of Best Practice: Simulation Standard IX: Simulation Design. *Clinical Simulation In Nursing*, 11(6), 309-315 7p. doi:10.1016/j.ecns.2015.03.005
- Munodawafa, D. (2008). Communication: Concepts, practice and challenges. *Health Education Research*, 23(3), 369-70. doi: 10.1093/her/cyn024

Quality Safety and Education in Nursing. (2005). *Phase 1* [Press release]. Retrieved from <http://qsen.org/about-qsen/project-overview/project-phases/>

Rudolph, J., Raemer, D., & Simon, R. (2014). Establishing a safe container for learning in simulation. *Simulation in Healthcare*, 9(6), 339-349. doi:10.1097/SIH.000000000000047.

Shelton, D., Reagan, L., Weiskopf, C., Panosky, D., Nicholson, M. & Diaz, D. (2015). Correctional nurse baseline indicators and implementation strategies applied to a statewide correctional nurse competencies program - Midyear report. *Journal for Continuing Education in Nursing*, 46 (10), 455-461. doi:10.3928/00220124-2015.

Ward, Linda. (2012). Using Simulation to teach Communication. *Journal of Respiratory Therapy*, 25(7), 26-29.