

**Executive Summary: Developing Communication Competency Through Structured Handoff
Education Using Multimodal Educational Strategies**

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Executive Summary: Developing Communication Competency Through Structured Handoff Education Using Multimodal Educational Strategies

Problem: Prelicensure nursing students have limited opportunities to practice handoff communication, receive meaningful feedback, and demonstrate communication competence before independently interacting with the healthcare team. Students may have difficulty delivering a concise, organized, patient report and have limited confidence in their performance.

Background:

Effective communication is essential to patient safety, continuity of care, and effective interprofessional collaboration. However, communication failures remain a leading cause of medical errors, adverse patient outcomes, and delays in care. Communication tools such as Identify, Situation, Background, Assessment, Recommendation (ISBAR) provide a structured framework for organizing and communicating essential patient information. A longitudinal, multimodal approach that integrates communication education across classroom, laboratory, clinical, and simulation environments may provide students with opportunities to practice and develop communication skills.

Purpose

The purpose of this quality improvement project was to determine whether implementing an ISBAR-based multimodal educational curriculum increased communication competency and self-efficacy among second-degree accelerated Bachelor of Science in Nursing students.

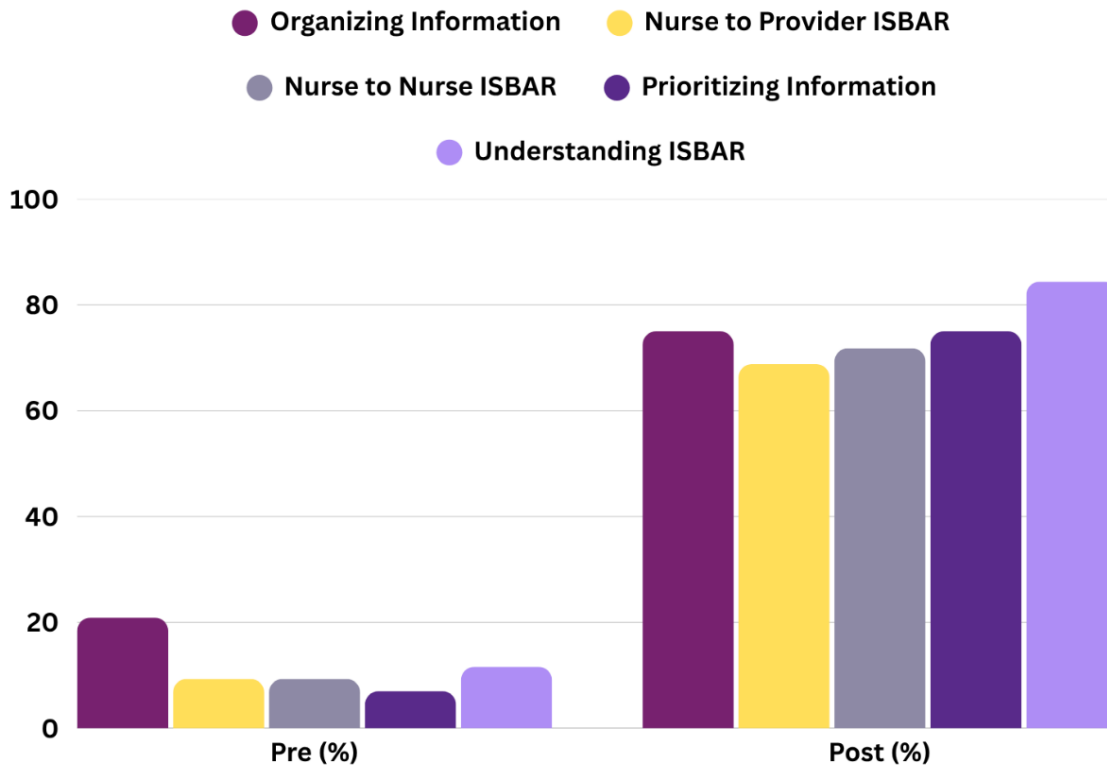
Methods

ISBAR learning experiences were scaffolded across multiple learning environments to support ongoing competency development. Classroom instruction introduced communication techniques and the ISBAR framework. During practice laboratory activities, students applied the ISBAR framework to patient scenarios by prioritizing patient needs and developing nursing recommendations. In the clinical setting, students organized patient information using an ISBAR template, formulated nursing recommendations, and delivered patient handoffs to the project manager. Prior to the simulation, students completed an assignment that required them to identify weaknesses in a poorly delivered handoff and reorganize the information using the ISBAR framework. The students then participated in a high-fidelity simulation that required them to provide ISBAR to a provider. Simulation debriefs included reflection and comparison of students' handoffs with a faculty exemplar. Competency was evaluated during clinical using the Nurse-to-Nurse ISBAR Handoff Rubric and simulation using the ISBAR Nurse-to-Physician Communication Rubric. Self-efficacy was measured using a pre- and post-implementation survey.

Results

After clinical training sessions, all students received an exceptional rating on nurse-to-nurse handoff. During the simulation, 38% of students received a developing competency rating, 46% received a marginal rating, and 15% received an ineffective rating in nurse-to-provider

communication. Prior to the project's implementation, student self-efficacy results indicated that 16% strongly disagreed, 35% disagreed, and 21% were neutral about their confidence in providing nurse-to-nurse handoffs. 23% strongly disagreed, 33% disagreed, and 23% were neutral about their confidence in giving a nurse-to-provider handoff. Following the project, self-efficacy scores increased across all survey factors. The figure below represents the 5 highest increases in students' self-efficacy scores.



Conclusion

Findings support the use of a longitudinal, scaffolded approach to ISBAR education that provides nursing students with opportunities to learn, practice, receive feedback, and demonstrate communication skills across multiple learning environments. Integrating structured communication education throughout the prelicensure curriculum may support the development of communication competency and students' readiness to communicate effectively in clinical practice.