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Communicative Competencies in Nursing: A Situation and Competence-Based Curriculum

Communicative Competencies in Nursing: A Situation- and Competence-Based Curriculum

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7.1 Background: Communication Training in Healthcare Professions

Communication skills are of considerable importance for healthcare professionals [1]. Effective communication can help healthcare professionals empower their patients to cope and can increase professionals' confidence in caring for their patients [2, 3]. Conversely, ineffective communication or failure to communicate can make nursing tasks and procedures difficult and decrease the quality of patient care [4–6].

Therefore, it is recommended that communication skills training (CST) should be made an integral part of nursing curricula [7]. Current German nursing education curricula do include communication content, but the amount of time, the training methods, and the content are very disparate [8]. Best practice examples for a 3-year curriculum to train communicative competence for undergraduate nursing students do not exist and there are currently just a few recommendations in literature regarding curriculum development and curriculum guidelines.

This project, funded by the German Ministry of Health in the context of the National Cancer Plan, aimed developing a curriculum for promoting communication and counseling skills in 3-year undergraduate nursing programs that is available to schools as a best practice example and can help to ensure the quality of nursing training in terms of communicative and counseling skills.

The curriculum contains a total of 60 learning situations (between 6 and 34 teaching hours) including case situations, objectives, information regarding the intended teaching and learning process, didactic commentary and additional

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materials. In this article, we will describe our approach for developing the curriculum and principles it embodies.

7.2 Curriculum Construction Steps

There are different methodological approaches for curriculum development in nursing and medical education [9–11]. Important steps include the definition of the superordinate educational objectives of the curriculum and the educational process, the assessment of health care needs, the assessment of the students' needs and the determination of planned competencies and objectives. These components ensure a meaningful and successful educational program. The final steps are the implementation and evaluation of the curriculum.

Our project used a German approach of curriculum development based on multiple educational theories (Fig. 7.1) [12, 13] in order to foster personal development among students. Besides functional qualifications, students should develop critical reflective competences in the course of their education. Such competences are essential because of the dependency of cared persons towards nurses and the power dynamic of nurses towards cared persons [7]. Furthermore, systemic issues in health care cannot always be solved by nursing education alone to achieve a higher quality of nursing. Fundamental changes in health care systems may be required. Therefore, nursing education should enable students to identify and analyze such problems, to recognize change needs and anticipate new solutions.

As a first step, we selected the interactive nursing didactics by Darmann-Finck as the didactic model for the curriculum [14]. This didactic model comprises three superordinate education objectives: the ability for self-determination, the ability for codetermination and the ability to demonstrate solidarity [14].

In the second step, we developed a comprehensive theoretical framework for nursing communication divided into three levels. The first level includes underlying normative assumptions, such as recognition of the particular needs of every unique

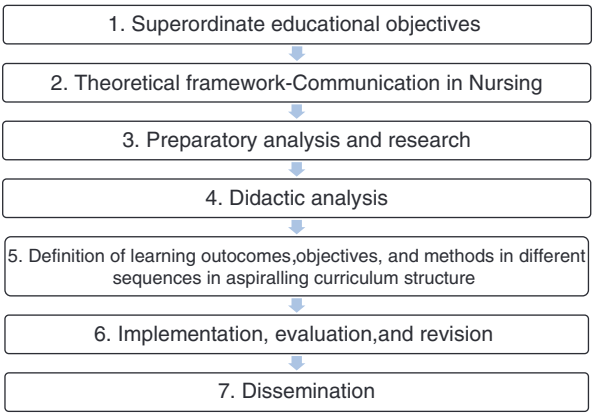

Fig. 7.1 Curriculum construction steps (c.f. [10, 12])

person to be cared for [15] or the concept of existential advocacy [16]. The second level includes communication and education theories as well as empirical studies on different aspects of nursing communication and patient education. Based on our critical assessment and the systematization of our results, we generated a differentiated catalog of communication and counseling competencies for nursing education. The third step includes three subsections: an analysis of the learning requirements in undergraduate nursing education programs, a literature review of best practice examples for teaching communicative competencies and a literature review regarding the communication needs of patients. In addition, we also identified *key problems* of professional nursing reality in communication situations [14].

The results were used to complete the theoretical framework and the catalog of competencies. Afterwards, we compared our catalog of competencies with the German training and examination regulations and the European Health Professions Core Communication Curriculum (HPCCC) [17]. Finally, we transferred the catalog of competencies into the heuristic matrix of interactive nursing didactics [14] and structured them according to their educational potentials. The fifth step, the curriculum construction, is described below. In order to review the effectivity and feasibility of the curriculum, selected learning situations were implemented by three model nursing schools and then evaluated (step 6). Besides the implementation and evaluation of learning situations, intermediate steps of the development process were regularly presented to an expert advisory board and colleagues from the model schools. The resulting recommendations were incorporated into the emerging curriculum. This approach is similar to the design-based research methodology, which is used in educational sciences to develop solutions for problems in educational practice [18]. The main characteristics of this approach are the theory-based design process and the iterative procedure [18]. Finally, the curriculum was integrated into a database especially developed for the project (step 7).

The following chapter describes the applied principles for the curriculum construction and describes how partial competencies are developed consecutively by increasingly complex learning arrangements. For this purpose, we selected one example: Interacting bodily.

7.2.1 Principles of Curriculum Construction

Our curriculum design is based on three structural principles: it is (1) situation-based, (2) follows a logical approach of competence development and (3) unifies different epistemological approaches.

1. In vocational education in Germany, situation-based curriculum construction combined with outcome (competency) orientation has prevailed in the last several decades [19]. Situation-based curricula are structured around professional tasks and situations students will encounter in their nursing practice. This curriculum structure engenders case-based and action-oriented learning. Learning

is more conducive to application if students improve competencies in the context of situations in which the competencies will be needed in actual practices. By comparison, a curriculum based on the structure of the systematic of sciences is frequently associated with receptive learning and accumulation of inert knowledge. Each module of a situation-based curriculum contains an interdisciplinary approach to different sciences. Therefore, besides communication skills, there are a number of additional competencies needed to cope in these nursing situations, such as, for example, special nursing concepts or pathological knowledge.

The team of Prof. Dr. Ingrid Darmann-Finck has supported nursing schools in the development of curricula and developed, implemented and evaluated learning situations in nursing education for several years. Besides newly developed learning situations, these already existing and proven learning situations were reviewed with regard to their nursing communication content and competency objectives, modified or further developed if necessary and implemented depending on the curriculum structure and principles.

2. In Germany, competencies are understood as person's disposition to deal with different professional situations professionally and appropriately. Therefore, competencies are acquired by acting in situations. Consequently, situation and competence orientation are closely linked.

   The following partial competencies are fostered by the curriculum:

   - Dealing with their own emotions and affects
   - Perceiving and shaping their own professional role consciously
   - Dealing with emotions and feelings of others
   - Building relationships and empathy with persons to be cared for/building relationships with social networks and families
   - Conducting formal and informal interactions (interaction basis skills)
   - Interacting bodily
   - Interacting in a biographical and life-world-oriented manner
   - Supporting persons to be cared in participatory decision making
   - Taking development phases in interactions into account
   - Countering restrictions and communication barriers
   - Understanding diversity and recognizing others
   - Understanding, reflecting and coping challenges and conflicts
   - Reflecting power and the abuse of power
   - Providing and taking information, education and counseling
   - Acting ethically

   In order to improve communicative competence consecutively and according to German training and examination regulations, we utilized the competence development model of Benner [20] in conjunction with the social sciences models of Krüger and Lersch [21] and Garz [22]. Benner [20] describes the acquisition and development of clinical competence in five stages, but only the first three stages are relevant for undergraduate student nurse training in Germany. In the beginning, students' behavior is very

inflexible, they act mostly according to guidelines and solution schemes. In the next stage, students are increasingly able to recognize recurrent meaningful components of situations and adjust their behavior accordingly. Near the end of their training, students should develop competencies to quickly recognize patterns and types of clinical situations and to modify their strategies in response to complex influences. But in this early stage, they still find solutions based on analytical thinking. After their initial training, and some years of practical experience, nurses are increasingly able to understand complex situations and develop an intuitive understanding of clinical situations [20]. This steady development of competencies is fostered by introducing increasingly complex situations and requirements in training programs, as follows:

- Simple requirements: can be solved by simple cause-effect patterns and lead to a predictable result.
- Complicated requirements: there are some complicated factors. In order to find a resolution, the sum of these factors has to be calculated, but there is still a predictable result.
- Complex requirements: characterized by many different influencing factors and their interactions. The influencing factors and the interactions between them are uncertain and the solution process cannot be determined linearly. Predicting the resolution is therefore difficult and only possible within limits [20, 23].

To create increasingly complex situations, we used the characteristics of situations by Kaiser. Kaiser [24] distinguishes action patterns and their theoretical and empirical reasons (e.g., leading admissions interviews, giving structured information or collecting biographical data), the participants and their role structure (the relationship between professionals and persons with care needs, the relationship between and among nurses and other healthcare professionals and the special characteristics of the involved participants), the purpose of the situation (e.g., care needs, other health or psychosocial needs of patients), and the context of the situation (e.g., different care areas such as long-term care, hospital, or ambulant care and their special economical and legal conditions).

We developed the situational structure of our curriculum by strategically combining different characteristics to yield different degrees of complexity within potential situations. For example, the action patterns of health promotion and health counseling or education can be combined with care needs like knowledge deficits or the desire for an improved self-management derived from a chronic disease like diabetes mellitus as the purpose of the situation and for example with a patient who does not want to accept rigorous rules. Ambulant care could be selected as the situational setting. As another example, the action pattern of care transition from inpatient to outpatient might be combined with care needs which are linked to a complex disease such as stroke or oncological illness, and, for example, fragile family coping. The situational setting would then involve the connection between hospital and ambulant care. The role may be very complicated when different professionals and different members of the family or other related persons must be integrated.

The complexity of the situation can be variegated by using complicated action patterns and a careful selection of the other characteristics or causal conditions of the situation. A communication situation becomes much more complicated if a patient exhibits challenging behaviors or is no longer able to communicate verbally, or if informal caregivers display verbally aggressive behavior toward the patient, for example, towards patients with dementia.

In order to improve also social requirements systematically, we adapted Habermas's [25, 26] and Kohlberg's [27] (developmental) theories for our curriculum. Their theories are related to the human development from child to adult in terms of social and moral competence. They understand the development of social competence as the ability of role-adoption. In course of their development, children acquire increasingly complex social expectations. Young children are not aware of social rules yet and primarily tend to their own needs. Older children are able to understand the intentions of others and adjust their actions according to that understanding. Adults can normally reflect social situations by a range of perspectives, taking the role of the so-called *generalized other*. Nursing students are already in this stage of development. Starting with their training, they are faced with new challenges and the responsibility to act in cooperation with or on behalf of another person. Therefore, further differentiation of their roles and a new interpretation of former roles is necessary [21]. With this background, the developmental logic of the curriculum follows the increasing complexity of social expectations. In the beginning, the curriculum focuses on the nursing students themselves, expanding to encompass other perspectives step-by-step. Students increasingly interact with the person being cared for and social groups (e.g., families). Later, societal subsystems should be taken into account. In addition, the complexity of social expectations increases from convergent to divergent (e.g., persons with a different socio-cultural background, persons with overburdening emotions or persons whose perceptions and experiences do not correspond to a usual understanding of reality). Additionally, students should increasingly be able to analyze restrictive conditions of the health systems and their effects on interactions.

3. The curriculum design and the learning situations are based on different epistemological approaches which underlie the didactic-methodic structure. These approaches are derived from Habermas's cognitive interests [28]. The different learning situations can include up to three epistemological approaches (Table 7.1). Learning situations which combine all three approaches are so-called *key problem situations*. The key problem situations constitute a multiperspective, critical constructive and reflective situation that nursing students are likely to encounter. In the course of the training, there are different didactic-methodic learning situations for different partial competencies.

Table 7.1 Didactic-methodological structure

Epistemological approaches	Didactic-methodic dimensions
Deduction	
Explaining phenomena and problems of the involved persons and the institution, developing solutions for rule-based communication, and counseling on the basis of theoretical and empirical knowledge	Learning situations referring to teaching problem-solving competencies/cognitive skills and/or learning situations referring to training in rule-guided practical skills
Interpretation	
Understanding the interests, motivations and feelings of the involved persons and of different groups on the institutional and social level, clinical judgment, decision making and communicating/educating in concrete situations	Experience-based learning situations referring to an acquisition of personal and social competencies
Reflection	
Uncovering and deeper understanding of personal, social and institutional discrepancies, as well as discrepancies regarding professional action	Learning situations referring to a critical reflection on interrelations and/or learning situations referring to all three approaches (so-called *key problem situations*)

For example, we added a *key problem situation* early in the curriculum to foster communication with persons in the beginning phase of dementia. This curriculum unit includes sequences in which students learn the basics of the clinical picture and the care needs of persons with dementia (e.g., disturbed thinking processes, chronic confusion, challenging behavior). Using the case of a woman who enters a nursing home, the students acquire knowledge about the relocation stress syndrome. They also develop alternative interpretations of the women's behavior on the basis of a documentary film. Furthermore, the students participate in role-play in order to practice communication strategies. Finally, in an integrative class discussion, they reflect on the internal contradictions of the woman with dementia as that between the desire for autonomy and control over her own life and the awareness of increasing loss of orientation and its emotional effects.

7.2.2 Selected Example: Courses of Development of Partial Competencies

Competency developmental-lines can be illustrated for different partial communication competencies in the curriculum. Table 7.2 exemplifies how the development of a partial competence, namely "interacting bodily," can be supported consecutively by using different methodological and epistemological approaches as well as increasingly complex and demanding case studies in the course of the 3-year nursing training.

Table 7.2 Development of the partial competencies of "interacting bodily" by means of different methodological and epistemological approaches

Module title, short description and semester (1–6)	Development	Didactic-methodic dimension
Touch—interaction in body-close care Basic terms: touch, touch qualities, bodily communication, taboo zones, and shame (1)	Focus on the nurses and their self-perception in the experience of different touch qualities as well as different touch needs and their own taboo zones as a prerequisite for a conscious handling of and skills in body-close interactions	Referring to teaching problem-solving competencies/ cognitive skills
Introduction to neurology and the therapeutic touch Basic neurology, anatomy, and physiology; nursing a person with apallic syndrome; stimulating senses; different techniques of basal stimulation (3)	Focus on the cared person and the acquisition of skills to promote and support perception, in particular body awareness; development of confidence in dealing with concrete situations	Referring to training in rule-guided practical skills
Like a heavy potato sack Mobilization support for a person who has suffered great physical and mental loss in old age (e.g., forefoot amputation and the suicide of his son) (3)	Specifically taking other perspectives in order to perceive the connection between external and internal attitude or between body expression and emotional state, and to derive consequences for the design of nursing interventions to promote mobility	Referring to all three approaches
Supporting in trajectory Supporting and informing persons who are coping with chronic diseases, self-body perception, and the development of identity (4)	Explaining the importance of the self-perception of one's own body in conjunction with the development of identity as well as developing competencies in understanding the case and shaping nursing interactions in relation to body perception of those impaired by illness and their *broken self-image*	Referring to an acquisition of personal and social competencies
I cannot even look there Supporting persons through their encounter with a changed, distorted body image and altered excretory functions; care of the patients' stoma with the patient (4)	Aligning the nursing process with the diagnosis body image disorder; adjusting nursing interactions; considering complicating factors such as a change in self-esteem, self-disgust, and defense against the changed excretion	Referring to all three approaches
A girl Supporting adolescents with body Image disturbance and anorexia nervosa in the Children's Hospital (5)	Exercises that provide a body-therapeutic approach to young persons with eating disorders, supporting students understanding body perceptions (developing an understanding view of others)	Referring to all three approaches

Table 7.2 (continued)

Module title, short description and semester (1–6)	Development	Didactic-methodic dimension
I do not understand my husband anymore Supporting a hemiplegic paralyzed and aphasia-affected man and his affected social systems (family, family business, social network) (5)	Enhancing and consolidating nursing support skills in body perception and the control of movement processes in an unstable complex care situation, which is characterized by massive physical disabilities but also by considerable restrictions in communication and conflicts with the family and other social systems	Referring to all three approaches

7.3 Discussion and Conclusion

Curriculum development should be based on scientific theories and research results. Also, the learning content should reflect the current best practices in nursing and reference sciences and rest on teaching and learning theories. In our project the theoretical framework functioned as a scientific basis for the derivation of the competencies, which should be included in the training. In the design-based research process, the developed prototypes were continuously tested, discussed, and evaluated with different participants from the field.

Unlike other curriculum development projects in nursing and medical education, which often use the six-step approach [10] we adopted and modified Knigge-Demal's [12] construction steps for curriculum development. In our opinion the six-step method lacks at an educational science framework. It is therefore strongly focused on utilization requirements in the vocational field and less on education science claims, including personal development and emancipation. As a result, firstly, the learner perspective, which is a fundamental requirement in curriculum development of educational science, is mostly hidden in this approach. Secondly, learning content is no longer identified and legitimized on the basis of its educational potential; rather current problems in nursing are the reasons for educational efforts.

However, even in the educational science approach, the learner perspective is only consulted to a certain degree. Subjective learner needs could be used as an additional source of information for the development of curricula as well as for the selection of educational content and objectives. Also, there is no guarantee that nursing schools will understand and use the curriculum in the right way. Formative evaluation of the learning situations focused on handling and implementation, as well as what information nursing schools and teachers need when implementing the curriculum.

The curriculum was integrated into a database especially developed for the project. Since the beginning of 2019, the database has been available for nursing schools as an open educational resource (http://nakomm.ipp.uni-bremen.de/). Different search functions like thematic groupings support users in their research. The

curriculum database content was written in German, and the structure of nursing education is very unique in Germany, so the curriculum and the learning situations cannot be implemented international without translation and adjustments. But the results regarding the developmental principals can be applied and adapted in other countries and for other health professions.Declaration of Interest and FundingThe authors declare that they have no conflict of interest. The Project was funded by the German Ministry of Health.

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