Measuring Nursing Student Communication Competency Through Simulation Stephanie Schaller, DNP, APRN, Kelly Niermeier, DNP, APRN, Victoria Davis, DNP, APRN, CNE

Learning Objectives

- > Describe how simulation scenarios can be used to measure and develop nursing students' communication competencies in accordance with AACN 2021 Essentials.
- Evaluate the effectiveness of simulation-based learning experiences in reducing anxiety and improving communication confidence in pre-licensure nursing students.
- Identify strategies to scaffold communication competency assessment across the BSN program in alignment with AACN's Essentials Domain 2 (Person-Centered Care).

Background/Significance

- > Many nursing programs lack structured communication training, despite employer concerns about new graduates' communication deficiencies.^{4,5}
- Simulation-based learning experiences (SBLEs) effectively build students' communication confidence and competence.^{3,6}
- > The AACN's Essentials emphasize communication competencies within Domain 2: Person-Centered Care, aligning with the shift toward competency-based education.²
- > Many nursing programs face challenges in effectively assessing communication competencies; SBLEs offer a structured, evidenced-based method to measure students' communication skills in alignment with AACN Essentials.

Aim of Study

> The aim of the study is to incorporate a pediatric consent/assent communication SBLE into a pediatric undergraduate nursing course to examine the effectiveness of student nurses' confidence and competencies in effective communication.



AACN Essentials Logo (American Association of Colleges of Nursing, 2025)



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Methods



- >. Sample: Two cohorts of second-semester pre-licensure BSN students (n=140) participated; all had prior SBLE exposure but not in communicationspecific simulations.
- > Simulation Design: A pediatric consent/assent scenario was developed using the Healthcare Simulation Standards and NLN/Jeffries Simulation Framework, combining a low-fidelity manikin and standardized patient.
- > Data Collection: Post-simulation surveys measured students' knowledge, anxiety, and perceived competence in pediatric communication, and optional free-text responses. A six-point Likert scale (0= lowest to 5= highest) was used.
- > Data Analysis: Quantitative data were analyzed with descriptive statistics and paired t-tests (SPSS v29); qualitative comments underwent content analysis by a three-member investigator team. p < .05 considered statistically significant

Results

- > Survey Response: 105/140 students (75%) completed the post-simulation survey; majority female (88%) and Caucasian (82%)
- > Anxiety Reduction: Median communication anxiety score significantly decreased from 3 to 2 on the Likert scale after simulation (p < .001); 42% reported decreased anxiety, 53% no change, 6% increased anxiety.
- Consent/Assent Understanding: 98% reported improved understanding of consent/assent; 90% felt more prepared for future patient interactions.
- > Qualitative Themes: Positive experiences, emotional safety, learning insights, and improved communication skills were key student reflections.
- > Observed Areas for Improvement: Faculty noted gaps in nonverbal communication, such as posture, eye contact, and addressing patient emotions and self-esteem.

- assess skill progression.
- 2 competencies.

Pre-licensure Competency C 1. Uses clear, o verbal commu families, and tea 2. Demonstrate (e.g., eye conta paraphrasing) 3. Uses approp communication expressions) 4. Adjusts com on audience (e healthcare prov 5. Demonstrate similar structure handoff/report 6. Responds to disagreement communication 7. Engages res and receives fe defensively 8. Reflects on o effectiveness p identifies areas

Background/Significance

> Confidence Gained: Students reported reduced anxiety and improved understanding of consent/assent communication following the SBLE.

> Observed Gaps: Many students struggled with nonverbal communication and patient advocacy, highlighting skill areas needing further development.

> Curricular Implication: Findings support the integration of scaffolded, communication-focused SBLE across the BSN curriculum to reinforce and

> Assessment Tool: Future scaffolding use of AACN Essentials-based rubric with behavioral indicators can better measure nonverbal communication and Domain

Future Consideration: Educators' aim to scaffold a communication checklist across the curriculum, using simulation observations from foundational to capstone courses to track Domain 2 competency development.

Communication Checklist	De	veloped Det	Jeloping Not	Developed Comments
concise, and respectful nication with patients, am members				
es active listening skills act, body language,				
oriate nonverbal (e.g., gestures, facial				
munication style based .g., layperson vs. /ider)				
es use of SBAR or ed format for clinical				
conflict or using therapeutic techniques				
pectfully in debriefing edback non-				
communication ost-simulation and for improvement				



