

Introduction

Background and Significance

Effective pain assessment is crucial in nursing, but language barriers can lead to misdiagnosis and inadequate care

This simulation featured non-English speaking standardized patient and a translation device to assist nursing students:

- Build confidence in pain assessment
- Improve clinical judgement
- Strengthen culturally competent communication



Grounded in Kolb's (1984) Experiential Learning Theory (ELT), the simulation encouraged hands-on learning, reflection, and real-world application. It also aligns with the U.S. Department of Health and Human Services - National Standards for Culturally and Linguistically Appropriate Services (CLAS), promoting linguistically and culturally appropriate care.



Problem

Language barriers contribute to inequities in pain management, as non-Englishspeaking patients are more likely to experience inadequate pain assessment and treatment (Jimenez et al., 2012).

Nursing students often lack confidence in conducting assessments and communicating with patients who speak a different language. Integrating simulationbased training that incorporates translation technology and cultural competence principles can enhance students' preparedness to deliver equitable and effective patient care.

<u>Purpose</u>

This study examines the impact of a simulated pain assessment utilizing a translator device on nursing students' self-reported confidence in:

- Conducting pain assessments using the OLDCARTS framework
- Engaging in effective communication across language barriers
- Providing culturally competent, patient-centered care

Subjects

A convenient sampling of 80 sophomore nursing students participated in a 15-minute simulation followed by a 30-minute guided debriefing session in an undergraduate nursing simulation lab.



Enhancing Clinical Judgment and Pain Assessment in Nursing Students: A Simulation with a Non-English-Speaking Patient

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Methods

Design

A post-simulation survey was administered to assess students' perceptions of their communication abilities, pain assessment skills, and cultural competence.

Procedure

The simulation case was developed using INACSL standards simulation best practices (INACSL Standards Committee, 2021) in simulation design, piloted and revised prior to the full implementation.

Students conducted a pain assessment with a non-Englishspeaking standardized patient experiencing abdominal pain

• The OLDCARTS pain assessment framework was used to gather subjective pain data.

 A translator device was used to facilitate communication between the nurse and patient

A 30-minute debriefing session was conducted to reflect on communication strategies, cultural considerations, and clinical decision-making.



Data Collection

Data were collected using a Qualtrics © Survey. The survey was reviewed by two content experts for validity. The survey measures student confidence in:



Scan the QR Code for a copy of the survey.

- **Preparation for Simulation-** Confidence in the effectiveness of pre-work and prebriefing in preparing for the simulation, understanding objectives, and clarifying doubts.
- Clinical Skills and Decision-Making- Confidence in assessment skills, prioritizing care, using evidence-based practice, and making clinical decisions.
- **Communication and Collaboration-** Confidence in communicating with patients, families, and healthcare teams, including providing culturally sensitive, patient-centered care.
- Reflection and Learning Environment- Confidence in self-reflection, identifying strengths and areas for improvement, enhancing clinical judgment, and feeling supported in a safe learning environment.

Results

 78% reported increased confidence in providing culturally competent care.

 76% of students reported feeling more confident in conducting a pain assessment after the simulation.

• 71% indicated improved confidence in applying the **OLDCARTS** framework for pain assessment.

66% felt better prepared to communicate across language barriers.



The next set of questions are all related to the simulation scenario. SCENARIO: The simulation helped me gain confidence in my ability to address patient's concerns. 80 ①

Strongly agree	E			
Somewhat agree				
Somewhat disagree				
	0	20	40	60

Discussions

Implications

Integrating simulations with language barriers and pain assessment into nursing curricula can enhance students' communication skills, patient interactions, and pain management strategies. Structured training on translator device use prepares students for equitable, high-quality care in diverse settings. Applying ELT fosters continuous development in pain assessment, clinical judgment, and cultural competence, ensuring students can reflect, adapt, and apply learning in practice.

Discussion

The simulation with a translator device enhanced communication, pain assessment accuracy, and cultural competence. Students became more aware of nonverbal cues, active listening, and patient-centered communication. The experience also fostered reflection on bias in patient care. Using ELT, students engaged in the learning cycle—facing a pain assessment challenge, reflecting in debriefing, conceptualizing strategies, and applying skills in practice. This process reinforces skill development and strengthens the link between theory and clinical application.

Limitations

- Self-reported data may introduce response bias.
- Objective clinical performance measures were not assessed.
- Future research should examine longitudinal effects and real-world application.



Scan the QR Code for a copy of the implemented simulation.



References

INACSL Standards Committee. (2021). *Healthcare simulation standards of best practice. Clinical Simulation in Nursing, 58*, 1–4. <u>https://doi.org/10.1016/j.ecns.2021.08.006</u>

Jimenez, N., Moreno, G., Leng, M., Buchwald, D., & Morales, L. S. (2012). Patient-reported quality of pain treatment and use of interpreters in Spanish-speaking patients hospitalized for obstetric and gynecological care. Journal of General Internal Medicine : JGIM, 27(12), 1602–1608. <u>https://doi.org/10.1007/s11606-012-2154-x</u>

Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. Prentice Hall. U.S. Department of Health & Human Services. (n.d.). *National Culturally and Linguistically Appropriate Services* (CLAS) Standards. Retrieved from https://thinkculturalhealth.hhs.gov/clas/standards

Disclosures

This project is supported by the U.S. Department of Health and Human Resources (HHS), Health Resources and Services Administration (HRSA) Nurse Education, Practice, Quality and Retention(NEPQR) Simulation Education Training (SET) Program, Award T48HP52016 The information or content and conclusions presented are those of the presenters and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.



