Nursing Simulation Scenarios

A DAY IN THE LIFE OF A NEW GRADUATE RN
A HEET Innovations Grant Project
Presenters

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Abstract

Simulating the experience of a new graduate nurse in a working medical-surgical acute care setting. Individual real-time simulations will focus on the needs of the student nurse to problem solve and prioritize issues related to carrying a maximum five-patient assignment in real time.
PURPOSE STATEMENT

The foremost purpose of these individual simulations is to simulate the experience of a new graduate nurse in an acute care medical-surgical setting. The simulations will focus on the needs of the nursing student to critically think, problem-solve and prioritize issues related to carrying a full patient assignment in real time encountering diagnosis and non-diagnosis related problems.
Background

- **Healthcare Leadership Workforce Summit** - emphasis in nursing education on “process management skills to decrease clinical variation,” collaborative team skills, and the patient care continuum

- Current education model = not enough coordination of patient care and the reality of multiple patient priorities

- Need for increased clinical and employability skills

- Scarcity of pediatrics and mental health experiences
Background

- WCN Master Plan emphasizes, “clinical education must be redesigned in order to prepare students adequately for their future practice”

- IOM - Competencies must move from task-based proficiencies to higher level competencies that provide a foundation for care management, knowledge, and decision-making skills under a variety of clinical situations and care settings” (Institute of Medicine, 2010)

- Includes scenarios involving coordination of care

- Recent graduates report feeling challenged when exposed to multiple patients and prioritizing simultaneous patient care needs
SIMULATION RATIONALE

- Current clinical environment = undetermined and random

- Simulations provide commonality and repetition of experience on multiple occasions, experiences determined by the instructor

- “Simulations should map onto real-life clinical experience, ensuring learning supports the experience gained” (Kneebone, 2012)

- Objective: set-up simulation labs so that students repeatedly experience a routine day on the MS Unit, replicating competing demands on a nurse’s time and attention, while caring for multiple patients
GUIDELINES FOR USE

- 15 modules included
- Each builds on past success
- Optimize outcomes by using in succession
- Level of critical thinking and decision making will increase
- Same 6 patients rotated through scenarios
- Modules progress with increasingly complex real life issues
- Focus is away from task acquisition to a complex setting
MODULES

- Leadership, teamwork and collaboration, community health, pediatrics and geriatrics
- Includes care coordination
- An immersive experience in hospital and community systems
- Include issues r/t management of chronic disease; behavioral health; geriatric mental health; pediatrics; the role of the patient care coordinator; and the creation of patient records in EMRs to match the medical surgical scenarios, all with emphasis on communication, collaboration, priority setting and team building skills.
- The nursing student will apply critical thinking, problem solving and prioritization skills in managing a simulated full patient assignment.
Modules

- **Module 1-9**
  - 4 patient assessments with interruptions requiring re-prioritization such as patient requesting a med, patient with no ID bracelet on, poor report given per off-going nurse, MD calls with verbal orders

- **Module 10-11**
  - 5 patients with such activities as a patient fall, insulin sliding scale, family with concerns

- **Module 12-13**
  - 5 patients with 1 needing discharge, student will prioritize patient care while providing dc teaching

- **Module 14-15**
  - 4 patients at the start of the simulation with 1 admission
Patient: John Smith is a 2 year-old male lying in a crib with the head of the bed elevated, IV in place, nasal cannula at 0.5 LPM. Mother Paula is sitting at the side of the crib reading to him.

Patient: Mr. Steve Dillon is a 47 year-old male who is homeless. He is admitted with pancreatitis and has untreated schizophrenia.

Patient: Mr. Bud Day, 76 year-old w/ CHF exacerbation

Patient: Mrs. Bev Johnson, 48 year-old, presents w/ syncope
Modules 10-11

- 4 patients from previous slide

- **Patient:** Jane Albert is a 10 year-old female who is post-op following an appendectomy
5 patients from previous slide

**Patient 4:** Mrs. Bev Johnson, 48 year-old, presented w/ syncope is being discharged
Modules 14-15

- 4 patients at the start of the simulation with 1 admission

- **Patient:** Jane Albert is a 10 year-old female who will have an appendectomy later today is admitted
Distractors (examples)

- Acute pain in one patient – re-prioritize
- Acutely vomiting
- Anxious child
- Cardiac arrest
- Care coordination
- Catheter issues (bag looped and higher than patient)
- Chatty patient or family member
- Chest pain – re-prioritize
- Code – patient dies (No Code; on palliative care)
- Colleague doesn’t gel hands
- Colleague doesn’t use 2 patient identifiers on a patient
- Communication with family
- Communication within healthcare team
- Delegation
Q & A
Thank you and follow up w/?s

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