Using Simulation to Teach Nurse Residents About Healthy Work Environments

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According to The Leapfrog Group (2015) medical errors are the third leading cause of death in the United States. There are two victims when medical errors occur, the patient and the healthcare professional. After a medical error the healthcare professional is often traumatized, and experiences negative emotions. According to Harrison et al., (2015) current evidence shows effective coping strategies use errors constructively as a learning opportunity, and help build coping skills. According to Shin, Park and Kim (2014) simulation has shown a positive effect on knowledge, skills, and behavior of the participants. Simulation provides the nurse a safe environment to make an error. Joesten, Cipparrone, Okuno-Jones, DuBose, (2015) found in their survey only 10 to 30% of respondents were offered support after an adverse patient safety event. While simulation scenarios often train nursing clinical skills, they do not incorporate coping skills. The desired state would be the incorporation of coping skills training into simulation scenarios.

A series of simulation scenarios for high risk procedures were developed and implemented with registered nurse residents. If nurses did not follow the correct procedure and policy, then they could make an error, much like an error might happen in the practice setting. Errors occurring during the simulation were recorded. After clinical simulations were completed, phase two of the simulation began. Nurse Residents were informed of the errors that occurred during the clinical portion of the simulation. The Chair of the Nurse Peer Review Committee then led the nurse residents in a simulation scenarios created to demonstrate what happens after a nurse makes a practice error.

The nurse residents were given copies of the organization’s just culture algorithm, and the Chair explained how the algorithm is used to determine the type of error. Three nurses were randomly selected from those who had made practice errors during the clinical simulations. The remaining nurses became the peer review committee.

The committee was provided with copies of the hospital’s Nurse Peer Review policy, the Texas board of nursing rules regarding minor incidents (217.16), standards of nursing practice (217.11) and unprofessional conduct (217.12). As per policy confidentiality agreements were distributed and explained to the committee and signed. Next the nurses under review came into the simulation room and were questioned by the committee. After questioning and much discussion between the nurses and the committee a determination regarding the nurses practice breakdown was made by the committee. During the debriefing the nurses were asked to write their emotions, reflect on how the nurses who made the errors felt, and how they felt judging a peer when they may have made the same error. The nurse residents were then given tools and resources to facilitate coping with practice errors.
Abstract Summary:
The presentation will discuss how simulation was used to expose new nurses to components of a healthy work environment. Simulation scenarios incorporating a just culture algorithm, nurse peer review process, and the incorporation of coping skills will be described.

Content Outline:
I. Introduction

After a medical error the healthcare professional is often traumatized, and experiences negative emotions. Simulation has shown a positive effect on knowledge, skills, and behavior of the participants. Simulation provides the nurse a safe environment to make an error. New nurse residents need to know what happens to a nurse after they make a practice error.

II. Body A.

Main Point #1

Mistakes will happen, what does a nurse do after a practice error? Nurses need a safe environment to learn, and simulation provides this environment.

B. Main Point #2
What a nurse should expect in a healthy work environment after an error.

Just culture and nurse peer review are key components of a healthy work environment

Main point #3

Nurses need to support each other and have access to tools and resources after a practice error occurs.

Examples of tools given to new nurses

III. Conclusion A. Example

New nurses express share their feelings about practice errors and are equipped to face what happens when an error occurs

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Author Summary: Dr. Rebekah Powers RN-BC has 27 years nursing experience and is the patient safety manager, educator, chair of the hospital’s Nurse Peer Review Committee, and is certified in nursing professional development. Dr. Powers works to improve professional practice of nurses within a healthy work environment.

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Author Summary: Dr. Sanchez currently serves as the simulation lab coordinator for Midland Memorial
Hospital. She graduated from the Misericordia School of Nursing in 1993. She obtained her MSN in education in 2010 and her Doctorate in Nursing in 2017. Dr. Sanchez's primary role is working with nurse interns and new graduate nurses in easing the transition to practice gap. Dr. Sanchez was most recently published in the February issue of Nursing 2017.