Moving Classroom Teaching from Boring to Active Learning

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Going from passive learning to active learning by getting the audience involved:

• Role Play
• Case Study
• Small Group Activities
• Audience Response System
• WordArt
• Gaming
• Simulation

Engage Your Audience

Role Play

• Communication through role play—good and bad
• Encourage ad lib acting—practice makes better communication
Nurse to Nurse: What, How, and When (urgency) to communicate...practice, practice......

Nurse to Nurse: Seasoned Charge Nurse, Newly Licensed RN, and LVN

Role Play

Nurse to HCP: Increasing restless and disorientation. Gets SOB when attempting to climb out of bed and trying to pull IV out.

Admitted for r/o CVA. Head CT negative. Hx: Alzheimer’s, HTN, and diabetes.

Speech clear, Moves all extremities, is occasionally disoriented but reorients easily, now restless and combative. VS: 180/92 (121), 102, 32, SpO2 90% @ 0100.

??????????????????????????????

Newly Licensed Nurse Role Play

Please ad lib anything you want to. Your goal is to get the CN to come with you to assess the pt. Keep giving her information showing something is wrong with the patient.

The New RN reports her concern to Charge Nurse: pt. is restless and disoriented. Charge Nurse reviews history of Alzheimer’s.

2am - New RN tells CN that pt. is more agitated and she’s not sure what’s going on but she’s concerned. She doesn’t take another set of vital signs since they are ordered every 4 hours.

New RN: BP is better 160/84 (107), 70, 34. MAE’s, speech clear, but talking crazy, saying “I’m going to die.” RN keeps telling CN that she’s concerned about this pt.

New RN: ok, I’ll give the Ativan but I don’t think that’s what is wrong. I’m not sure what is but he doesn’t seem right.

New RN asks LVN to go with her in order to hold him while she gives medication.
Charge Nurse

• Please feel free to ad lib anything you want. Your goal is to "blow this nurse's concerns off". Your goal is to make it look like she doesn't know a thing. After all she's only been a nurse for 5 months. Play off of each other - make up anything you want. Below is merely some suggestions to use but you are free to say/do anything.

  • Charge Nurse (CN): Pt. has hx of Alzheimer’s - nothing to worry about. These pts always get more confused at nights. Put the bedrails up and just kind of watch him.
  • CN: Informs new nurse to take vital signs - says: “Any nurse knows to take a set of vital signs if they are worried about a pt.” CN also tells new nurse to assess neuro status.
  • CN: See, I told you it was nothing to worry about. These pts all get more confused at night. They will say all kinds of crazy things but if you are that worried about him why don’t you give the Ativan that’s ordered PRN? You should have given that earlier.

LVN

• Your role in this scenario is to be passively listening to conversations between New RN and seasoned Charge Nurse. You don’t offer any advice until New RN asks you to help her give medication and you walk into the room and see that the pt is in obvious respiratory distress. You call the RRT and stay with the New RN.

Debriefing

• How could this communication have been more effective?
  • How could the CN have been more supportive of the new nurse?
  • What are some options for the new nurse?
  • What would need to be documented?
  • Communication is the key:
    • Remember for each communication with another team member there should be a documentation about it.
Nurse to HCP

- 85 y/o male, post-op cystoscopy in PACU II.
- Alert/oriented person and event. Disoriented to time and place.
- Taking fluids without nausea and has already voided.
- While giving discharge instructions the pt. says “What is President Bush doing here at the store?”

Case Studies: Defend your Thoughts/Recommendations

- Over-Sedation
- Stroke/CVA
- Seizure
- Hypovolemia/Electrolyte Imbalance
- Elderly Reaction to Anesthesia

Small Group Activities

- Divided into five groups
- Lengthy scenarios were given
**Case #1 SBAR**

- **Situation**: Why are you calling them? What's going on?
- **Background**: Admitting dx: past hx relating to this event.
- **Assessment**: Pertinent to your situation.
- **Recommendation**: Have a plan to suggest for treatment.

**Small Group #1**

- Judy is admitted from the trauma center for a UTI. She is 12 weeks pregnant. Judy had been running a high temp and having painful urination for the last three days. She was admitted for IV hydration and IV antibiotics. She has received 24 hrs of IV fluid and antibiotics and has now been afebrile since noon yesterday. However, as you are taking AM vital signs you count her respirations at 28/min. She tells you that she has been short of breath all night. You check her O2 sat 72% on room air. After applying O2 via non-rebreather, she only increases her sat to 81%.

- **Dx**: UTI, 12 weeks pregnant
- **Resp**: 28/min, SAO2 72% on RA, non-rebreather applied> SAO2 ↑81%
- **RRT, MD notification, Assess lung fields, CXR, ABG's, Sepsis screening- what else?**
Your patient had an acute MI two days ago and received one stent, two days ago. He has been stable since then. He is on no cardiac drips and is taking PO meds and food without any problems. He also has a history of COPD and anxiety, for which he takes multiple medications. Tonight he is anxious. He is increasingly short of breath and verbalizes, "Help me! I'm dying!" On assessment, his lung sounds are diminished, coarse, and he is tachypneic. He denies chest pain. His heart rate is 102, and his blood pressure is 94/36. His oxygen saturation is 94% on 2LPM O2 via nasal cannula. You call the cardiologist, who orders a PO Xanax for anxiety. You do what you can to comfort the patient and try to keep him calm, with little success. Respiratory therapy administers a PRN Xopenex nebulized treatment, which helps a little initially. But your patient is increasingly anxious. His wife looks at you and says, "This cannot continue. Please help him."

**Case #4 SBAR**

- Anxious and SOB
- 2 Day post acute MI with stent, no drips. Hx: COPD and anxiety.
- Lung fields diminished and coarse, VS: 94/36 (55), 102, SAO2 94% on 2L
- Look at PRN orders- EKG?, CN, Call MD again, full assessment, RRT? (intuition) CXR, Cardiac enzymes- what else?

**Present Recommendations and Actions to Class**

Allows instructor to evaluate student’s understanding
Presenting to Classmates

Gives instructor opportunity to reinforce or clarify any key points omitted.

Audience Response System

• Turning Point
• Kahoot!

Patient with dx. of End Stage Renal Disease c/o dizziness, is pale and diaphoretic. Glucose is 45. You should administer 8 oz of juice or soda.

A. Yes
B. No

79%
21%

**Emergency Orders**

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<tr>
<th>Plasma Glucose Level</th>
<th>Administer</th>
<th>Example</th>
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<tr>
<td>&lt; than 50 mg/dL</td>
<td>30 gram carbohydrate</td>
<td>8 ounces of juice or regular soda</td>
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<td>50 - 70 mg/dL</td>
<td>15 gram carbohydrate</td>
<td>4 ounces of juice or regular soda</td>
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If patient is on fluid restriction or has End Stage Renal Disease, give 1 tube of glucose gel (15 grams). Glucose gel is easily ingested and contains no K+.

Glucose gel is located in the automated medication stations.

Recheck glucose in 15 minutes.

If glucose is not greater than 70 mg/dL:
Repeat 15 gram carbohydrate.
Recheck glucose in 15 minutes.

**Jeopardy**

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<tr>
<th>The ugly of “Acute Coronary Syndrome”</th>
<th>Around the “Black”</th>
<th>Hypo/ Hyper “B”</th>
<th>Crazy “P”</th>
<th>“I Got Rhythm”</th>
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**Guided Skill Tour**

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<th>CMS/NPSG</th>
<th>“APP”ly Yourself</th>
<th>Safety Matters</th>
<th>Policy Play</th>
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IV Complications

- Phlebitis
  - What is phlebitis?
  - What causes it?
  - What would the site look like?
- Ecchymosis, hematoma
  - What is the difference between the two?
  - What causes them?
  - What can this predispose the patient to?
- Infiltration
  - What is an infiltration?
  - What causes it?
  - What would the site look like?
  - How do you treat this?
  - What might the patient complain of?

Vesicants

- Dopamine
- Calcium Gluconate
- Phenergan
- Contract Media
- Diazapm
- Epinephrine
- VinCRistine

- Signs/symptoms of extravasation:
- Antidote and how to administer it:
- Supportive management/interventions:
- Hot or Cold?
- Documentation?
- Prevention?
- Personal Experiences?
• 63 year old female patient on Med-Surg unit post surgery to the right shoulder. Pt has type 2 diabetes. Last year patient was in the hospital for unstable angina and received two drug eluting stents. Pt has a history of falling and injuring shoulder. She has had physical therapy and other noninvasive treatment up to this point. Cardiologist cleared patient for surgery. On hospital day #2, patient complains of shortness of breath, abdominal pain and nausea.

• What do you do?
• What orders do you expect?
• Medications?
• Documentation?
In Conclusion
Engaging your audience with active learner strategies can facilitate learning.

References