Creating a Patient-Centered Learning Experience through Faculty-Student Partnership Approach in Simulation

Lilly Mathew PhD RN
Associate Professor of Nursing Informatics,
CUNY School of Professional Studies &
Nurse Researcher, Mather Hospital, Northwell Health
Introduction

• This presentation will include the following:
• Insights gained from a change-of-shift simulation experience using a faculty-student partnership approach.
• The method utilized
• Findings
• Discussions
Background

• Teaching using simulation is known to be an active learning experience.

• The most common method used in conducting simulation experiences in nursing is utilizing a previously established and validated case scenario and running it using a high-fidelity simulator or standardized and virtual patients.

• The use of Simulation in health care creates a safe learning environment to test new clinical processes and to enhance individual and team skills (AHRQ, 2012).
Common Nurse Educator Roles in Simulations

• Nurse educators engage in developing evidenced-based clinical simulation scenarios (Waxman, 2010).
• Selecting previously validated cases or scenarios (proprietary)
• Becoming the voice of a simulator
• Nursing faculty engage in organizing and leading prebriefing sessions and utilize cuing to facilitate learning (White, 2017).
• Operating simulation software settings, and facilitating prebriefing and debriefing sessions among others (Forrest, McKimm, & Edgar, 2013).
• Most of the time the faculty has an authoritative role.
Faculty Work Load

In a recent study, conducted on faculty roles in simulation, the faculty members reported spending at least 10 hours per week beyond their teaching load in the setting-up and breaking-down of simulation environments, writing scenarios, evaluating student performance, and recruiting standardized patients among other roles (Mangine, 2018).
Faculty-Student Partnership Approach

- In this approach the faculty assumed an active role, distinct from an observation, facilitation, organizer and evaluator role and partnered with the learners in both developing the scenario as well as implementing the scenario.

- The nurse educator along with the nursing students worked as a team in building the simulation scenario in the first phase.

- In the second phase the nurse educator played an active and an equal role in the scenario along with nursing students.
Change of Shift Simulation

OBJECTIVES:
The main objectives of the change-of-shift simulation experience were:

• Students will construct care management of patients with Diabetes and Hypertension through building collaborative cases.

• Students will organize and execute bedside change of shift reporting.
Participants

• A total of 12 students participated in this experience.
• Students were required to attend this simulation experience as a part of their clinical-make up hours.
• The students were in their first-year undergraduate baccalaureate program and completing their first medical-surgical clinical rotation.
• One faculty member participated in this Simulation Experience.
Phase I: Building

Student Role
• The students were broken down into 4 teams having 3 students each.
• Two teams worked on developing a patient case for hypertension
• The other two teams worked on creating a patient case for diabetes.
• Students were allowed to use all class materials and their learning management system to develop the case using DocuCare (EMR).
• Student had to create the case starting from giving the patient name, developing a social, cultural and family history, medical-surgical history, lab values that were relevant to the medical diagnosis, treatment plan and nursing care plan.

Faculty Role
• To be a part of the case building phase and be available to answer any questions that the students had.
Phase II: Implementation

• **Student Role:**
  - To create a simulated patient environment
  - To execute Change of Shift Reporting using SBAR including Discharge Planning.

• **Faculty Role:**
  - To role-play oncoming nurse receiving Change-Of-Shift Report.
Student Feedback

• Post-simulation, students were asked one open-ended question and were expected to write descriptive answers in a paper with no identifiers.

Question:

• “Describe your experience with change of shift simulation and any learning that occurred”.
Findings: Content Analysis

• A total of 11 students responded to the question and submitted their answers.

• Their answers were content analyzed using Atlas-ti a qualitative analysis software.

• The responses were 2 to 3 sentences in length.

• The results of the content analysis indicated emergence of 3 main categories.

• The experience promoted patient-centered learning (17 codes), new learning on change of shift experience (16 codes) and identification of learning needs (2 Codes).

• Student feedback analysis of their learning using such approach revealed a clinically relevant patient-centered learning experience.
WORD CLOUD ANALYSIS
Few Direct Quotes as Evidence

• “It was very interesting to report off to the next nurse in-charge. We really weren’t explained it in clinical. I liked it because it made me put my learning into real patient. This lab made me think why and how to treat patient”.

• “Change of shift simulation was a really great learning experience for me. I learned that there is a lot to consider when taking care of patient. As we created these patients ourselves, I got to see what are lab values I must consider and what treatments are important to consider. I learned that you have to look at so much when it comes to a patient”.

• “This hands-on experience has opened and engaged my mind into critically thinking about the care that I will deliver to the most important person in healthcare- the patient. I have learnt that I have to keep on broadening my mind in expanding that knowledge needed in healthcare. This is definitely a learning experience, it’s my passion and I look forward to having more in the future.”
Recommendations

• To propose a large scale research study to further validate Faculty-Student Partnership Approach (FSPR) in promoting patient-centered learning experiences.

• To consider faculty partnering with students in Simulation Preparation and Execution for learning experiences.

• “Creating” Simulation cases promotes a higher level of learning according to Blooms’ Taxonomy
References


Questions? & Discussions.