

## **RESEARCHPOP: ID# 102196**

### **Title:**

Simulation Patient Handoff and SBAR for Second-Year Prelicensure Nursing Students

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**ACCEPTED**

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**Session Title:** Meet the Poster Authors Session

**Slot:** PST: Friday, March 27, 2020: 2:30 PM-3:15 PM

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### **Abstract Describes:**

Ongoing Work/Project

### **Applicable Category:**

Academic

### **Keywords:**

Patient Handoff Report, SBAR and Simulation

### **Abstract Summary:**

Patient handoff report and SBAR communication integrated into high-fidelity simulations with improvement in novice nursing student communication. Students demonstrated improvements over the course of the semester with simulation participation and reflected on their practice as part of written debriefing.

### **References:**

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### **Abstract Text:**

**Purpose:** Communication and critical thinking are two aspects of nursing that are difficult to teach in a classroom setting and even more challenging for nursing students to develop and master (Muntean, 2017). Often, clinical experiences for a cohort of students can be asymmetrical, with varying exposure and experiences by site and clinical instructor. One such challenge is communication, such as patient handoffs and the use of SBAR for communication with providers.

**Methods:** A pre-licensure nursing course at a northeastern based school of nursing, Simulation in Clinical Judgment and Evidence-based Nursing Interventions II, was adapted to assist nursing students in their second semester of clinical with exposure to skills and evidence-based scenarios, as well as provide a safe formative learning environment that encourages deliberate practice. As per industry best-practices, throughout the 15-week course students were presented with a variety of fidelity environments for skills, clinical reasoning, and reflective practice development (e.g. Dahlen, Finch, & Lambton, 2019; INACSL Standards Committee, 2016; Leighton, Ravert, Mudra, & Macintosh, 2015; Lynn, 2015; Morales Monks & Crawford, 2017). Students participated in four high-fidelity simulations involving hypovolemia, stroke, heart failure, and diabetic hypoglycemia. Each simulation lasted 20 to 30-minutes, with students having shift change at the 10 to 15-minute mark, providing an opportunity to practice collaborative hand-off. SBAR use was encouraged for the learners' use when notifying the provider ("Dr. Sim") of changes in patient condition and requests for new orders.

**Results:** At the beginning of the course, students were provided a preliminary verbal lesson on the importance of SBAR and patient handoff report. Initial simulation performance and student reflection demonstrated the novice students were able to recognize and analyze cues, but unable to provide organized hypotheses, nor generate solutions (Dickison, Luo, Kim, Woo, Muntean, & Burgstrom, 2016; Muntean, 2017; National Council of State Boards of Nursing [NCSBN], 2019). As the semester progressed a SBAR in-service as well as providing students SBAR instructions and forms next to the telephone (Institute for Healthcare Improvement, 2017), students demonstrated improved ability to prioritize hypotheses, however they still had difficulty

with generating solutions using the Recommendations aspect of the SBAR form (NCSBN, 2019).

**Conclusion:** Student reflections after simulations demonstrated improved knowledge and experience with various communication modalities, including hand off reporting.