

# **Transforming Nurse Residency Skills Training Using Simulation: A Deliberate Practice Approach**

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### Disclosure



Kelly La Frentz, MSN, RN-BC James Cavalier, Jr., MBA, MSN, RN Richard Morse, MSN, RN



Describe the impact of a well-developed deliberate practice-based nurse residency skill program on learner confidence and competence as a best practice for graduate nurses.

Interpret the evaluation of a deliberate practice-based nurse residency skill program on learner confidence and performance.



Conflict of interest: None



Employer: The University of Texas MD Anderson Cancer Center



Sponsorship/Commercial Support: None

# Background

- Overview of MD Anderson Graduate Nurse Program
- Insufficient practice time for technical & clinical skills.
- Evaluations identified clinical skills GNs were least confident in.
- Infrequent exposure to skills & insufficient demonstration may have contributed to the responses.



### Aim

Improve learner confidence in the performance of the selected skills measured by self report through the use of simulation education.

# Identifying factors for deliberate practice simulation

- Literature
- National Council State Boards of Nursing (NCSBN) Simulation Study
- BSN program simulation hours/experiences
- Graduate Nurse Residency Program Surveys



# Skills Development

Skill sessions designed into 2 four hour segments

Sessions provided during months two and three of residency

Beginner Skills	Advanced Skills:
Peripheral IV insertion	Tracheostomy care/Airway management
Foley catheter insertion	Chest tube management
NG tube insertion	Blood administration
CVC dressing changes	IV tubing set-up with manifolds

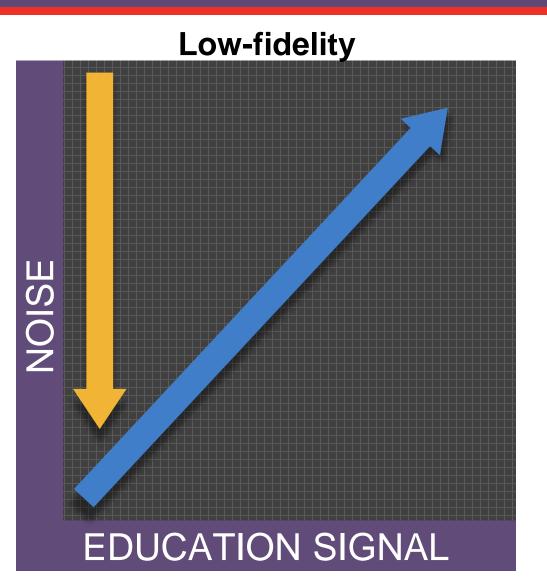
# Theoretical Foundation Deliberate Practice



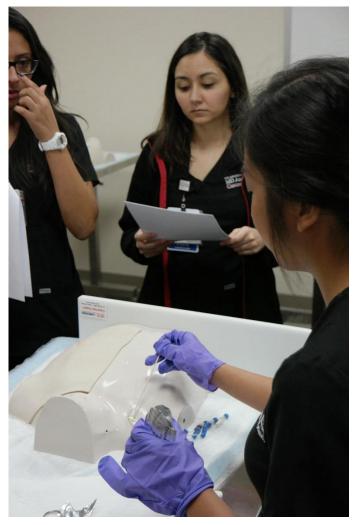
Deliberate practice encourages learner-centered and paced educational approaches where learners are provided supervised practice until mastery in a skill is achieved.

(Ericcson, Krampe, Tesch-Romer, 1993; Ericsson, 2008)

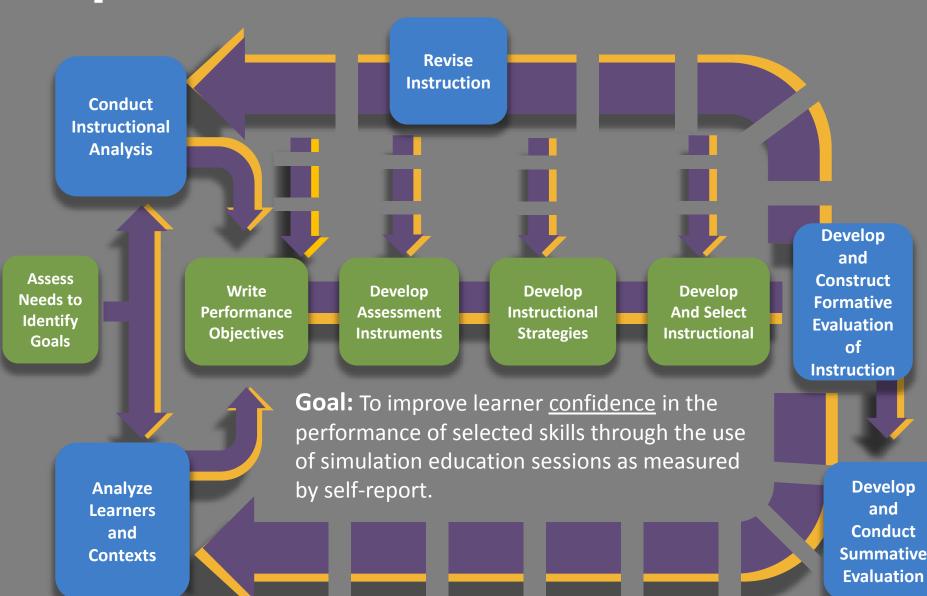
# **Simulation Technique**



**Partial Task Trainers** 



# Implementation



# Outcomes

## Beginning of Residency Program

List the top three (3) skills/procedures you are UNCOMFORTABLE performing independently at this time.

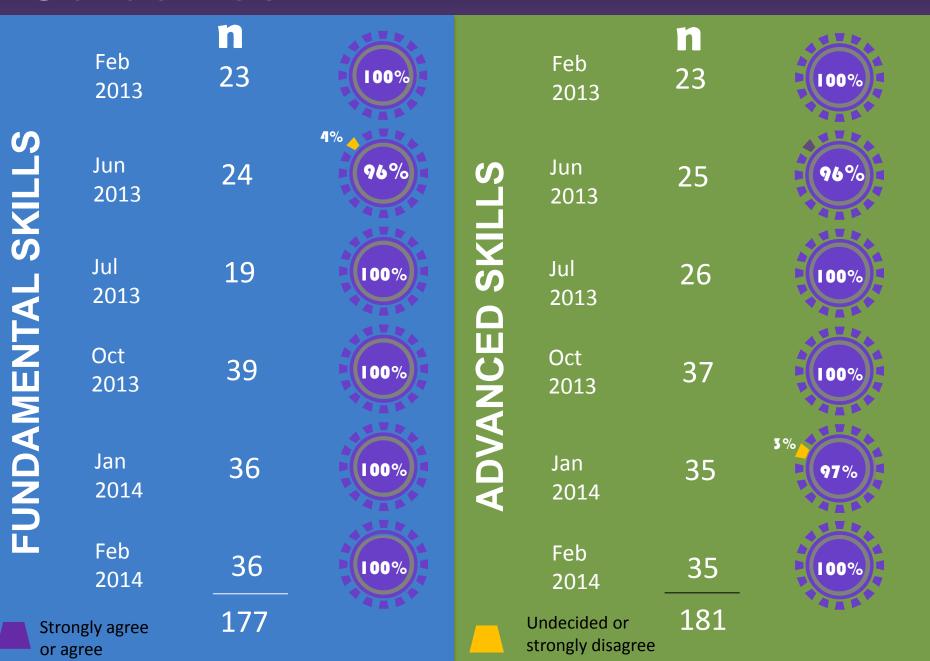
	Blood Admin	Trach Care	CVC Line Care	NGT Placement	Urinary Catheter Placement	Chest Tube Mgmt.	IV Starts
Feb 13	8	3	0	0	4	5	15
Jun 13	9	10	3	7	3	3	11
Jul 13	20	3	4	2	3	2	8
Oct 13	34	6	4	2	4	0	9
Jan 14	18	3	9	7	9	5	14
Feb 14	24	11	4	7	1	0	7
n=	52	13	12	14	12	6	28
Total	113	36	24	25	24	15	64
Mean	2.17	2.77	2.00	1.79	2.00	2.50	2.29
SD	1.17	1.76	1.00	0.78	1.00	1.50	1.28

#### **End of Residency Program**

List the top three (3) skills/procedures you are UNCOMFORTABLE performing independently at this time.

	Blood Admin	Trach Care	CVC Line Care	NGT Placement	Urinary Catheter Placement	Chest Tube Mgmt.	IV Starts
Feb 13	0	6	0	12	4	3	17
Jun 13	0	4	0	10	0	4	41
Jul 13	1	3	3	12	2	1	6
Oct 13	0	0	0	0	0	0	0
Jan 14	0	0	0	0	0	0	0
Feb 14	0	2	0	4	5	2	0
n=	1	7	1	17	6	6	25
Total	1	15	3	38	11	10	64
Mean	1.00	2.14	3.00	2.24	1.83	1.67	2.56
SD		1.14		1.23	0.83	0.66	1.56

### **Outcomes**



### Conclusions

### Program updates

- Addition of Port-a-Cath accessing and deaccessing
- Created videos for didactic portions of chest tube, tracheostomy, and airway

### Recommended next steps

Include earlier as part of clinical nursing orientation

### Questions

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  https://www.ncsbn.org/Recommendations\_for\_BONs.pdf





# Thank you