Social Work and Nursing Student Simulation Experiences for Highly-Sensitive, Low-Exposure Patient Encounters
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ANCC Required Disclosures

Conflict of interest

- Donna Paris, MSN, RN, CCRN-K reports no conflict of interest
- Kathryn Whitcomb, DNP, RN, CHSE reports no conflict of interest
- Robyn Faz, MSN, RN reports no conflict of interest
- Terran Keidl, BSN, RN reports no conflict of interest
- April Beckling, BSN, RN, CMSRN reports no conflict of interest
- Wayne Paris, PhD, LCSW reports no conflict of interest
- Ruth Bargainer, MSN, RN, CNE reports no conflict of interest
- Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
- Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful completion

- Attend 90% of session
- Complete online evaluation
Objectives

• Upon completion of this presentation, participants will be able to:
  – Integrate interprofessional (IP) collaboration within the simulation experience
  – Design and plan highly-sensitive, low-exposure scenarios
  – Discuss strategies to involve community partners
  – Review debrief methods
SIMULATION OVERVIEW
Purpose

• Highly-sensitive, low-exposure encounters
• Increased prevalence:
  – Sexual assault
  – Infant abandonment
  – Child abuse
  – Toddler overdose
  – Suicidal ideation
  – Homelessness
• IP Collaboration
Core Competencies

- Values/ethics
- Roles/responsibilities
- IP communication
- Teams and teamwork
DESIGNING AND PLANNING THE SIMULATION EXPERIENCE
Community Partners

• Faculty and students
  – Nursing
  – Pharmacy
  – Social work
• Nurse practitioners
• Nurse leaders
• Forensic nurses (SANE)
• Lab technicians
• Firemen/paramedics
• Standardized patients
Methods

- Ongoing IP simulation research
- Not a mass casualty disaster
- “Day in the life” of an emergency department
Methods

• Hybrid simulation
  – Standardized patients
    • Convey emotion
    • Communication
  – Manikins
    • Demonstration of forensic examination
    • Moulaged for child abuse
    • High acuity
    • Toddler overdose
    • Neonate (safe baby)
INCORPORATING SOCIAL WORK INTO SIMULATION
Educational Objectives

**Nursing**
- Assess patient
- Communicate effectively with IP team
- Perform interventions
- Make appropriate referrals

**Social Work**
- Assess for history
- Assess for abuse
  - Domestic
  - Physical
  - Emotional
- Contact protective services
- Discharge plans and referrals
DEBRIEF
Debrief Sessions

• All disciplines participated
• Nursing and SW more engaged in the conversation
• Identified limitations
  – Lack of communication
  – Treatment of the patient
• Debrief honest between disciplines
• Better understanding of importance of collaboration
• Could identify what they learned from one another
Lessons Learned

- Freeze scenario (if needed)
- Complexity of some scenarios re-evaluated
- Debrief standardized patients following emotionally-charged scenarios
- Mini debriefs for highly sensitive encounters
Conclusion

• Reduce health professions’ students concerns of inadequacy
• Improve communication among team
• Improve skills in meeting physical needs of patient
• Improve skills in addressing the patient’s emotional needs
• Better address post discharge needs
• Clarity of roles
References


