

THREE CREATIVE USES OF SIMULATION IN ONLINE NURSING AND HEALTH ADMINISTRATION EDUCATION

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ANCC

- Continuing Nursing Education



- INACSL is an accredited ANCC provider.

DISCLOSURES

- Conflict of Interest
 - Michalene King, Margaret Rateau, Holly Hampe (authors) report 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:
 1. Describe the creative use of simulation and debriefing in engaging online graduate and undergraduate nursing and health administration students.
 2. Discuss development of a simulation exercise using a video case scenario.
 3. Identify methods for simulation debriefing using an on-line forum.

NURS 3070: Health Assessment & Education Across the Lifespan

- Emphasis on education
- Emphasis on health promotion
- Asynchronous online class in RN-BSN program
- Simulation
 - Sticky Wicket
 - Phone call with siblings
 - Emphasis on health promotion for all
 - Done using discussion board

Creation of Simulation

- Meeting with RISE Center Director for ideas
- Meeting with Instructional Designer to discuss options for creating simulation
- Script written and sent to RISE Center Director for suggestion
- Met with Instructional Designer who developed format for delivery of simulation and was one of the actors

Important Points to Consider

- ADA Compliance
 - Script available
- Directions for students to access simulation
 - Done with consultation from Instructional Designer
- Asynchronous format

Simulation Activity

- “Phone call” from Rodney and Veronica to third sibling (the student)
- Phone call about mother
- Students listened to phone call only once and then typed their responses to Rodney and Veronica
- Initial debriefing done through further discussion & final debriefing through announcement

Debriefing

Debriefing is a very important step in any simulation exercise. Debriefing allows for reflection and learning. We will be using the same debriefing method that has been adopted for the students in the on-ground programs. The following is step 1 of our debriefing. Step 2 will be my closing remarks, which will be made available to you when I have reflected and analyzed your answers to the debriefing questions.

Here are my thoughts:

I liked that you used the knowledge from this course and other courses to give good rationales for your answers. Some important themes that emerged were safety, health promotion, and personal choice.

Debriefing

Please reflect on the following questions:

How did it go? How do you all see it? What were you thinking when you listened to the phone conversation that enabled you to make your recommendation for mom?
What were your priorities at the time?

Remember that there are no “right or wrong” answers for this exercise. This question will close on 10/15 at end of day.

Final Debriefing

- You are the first students who have done this online simulation. An instructor always wonders if a new teaching strategy is going to be successful. I can say that I am quite pleased with your work on the simulation, both the scenario and the debriefing. The “actors” in the scenario were me (Veronica) and Adam Sullivan from our Instructional Design team (Rodney).
- I would like to present some themes that have come through in your debriefing:

Final Debriefing

- This was a realistic scenario and many of you have witnessed similar situations in your work (family arguing about placement for a family members)
- There was only a short time for the children to make a decision, which could have been avoided if the family had discussed this earlier, perhaps during a discussion of advanced directives
- Concerns for mom were safety, quality of life, socialization, medical care
- Neither sibling discussed 24-hour a day care in Mom's home

Final Debriefing

- Many of you related situations with your own family members and how those were resolved
- Veronica was in need of education and a possible tour of the facilities that Rodney and Camille had found, so that she could see that her perceptions might be skewed
- A personal care home or nursing home may not be the final placement for Mom, but a temporary placement. Mom could also go there for a trial period.

Final Debriefing

- There needs to be continued family interactions with Mom
- No one asked Mom where she wanted to go—this was discussed by many of you
- The following is a comment that I believe sums up my hopes for this experience. “Good tool as it gives us an example of providing advice to families.”
- I have one final question for you to ponder. “How would you manage the situation differently next time?”

NURS 4016

Health Care Quality and Safety

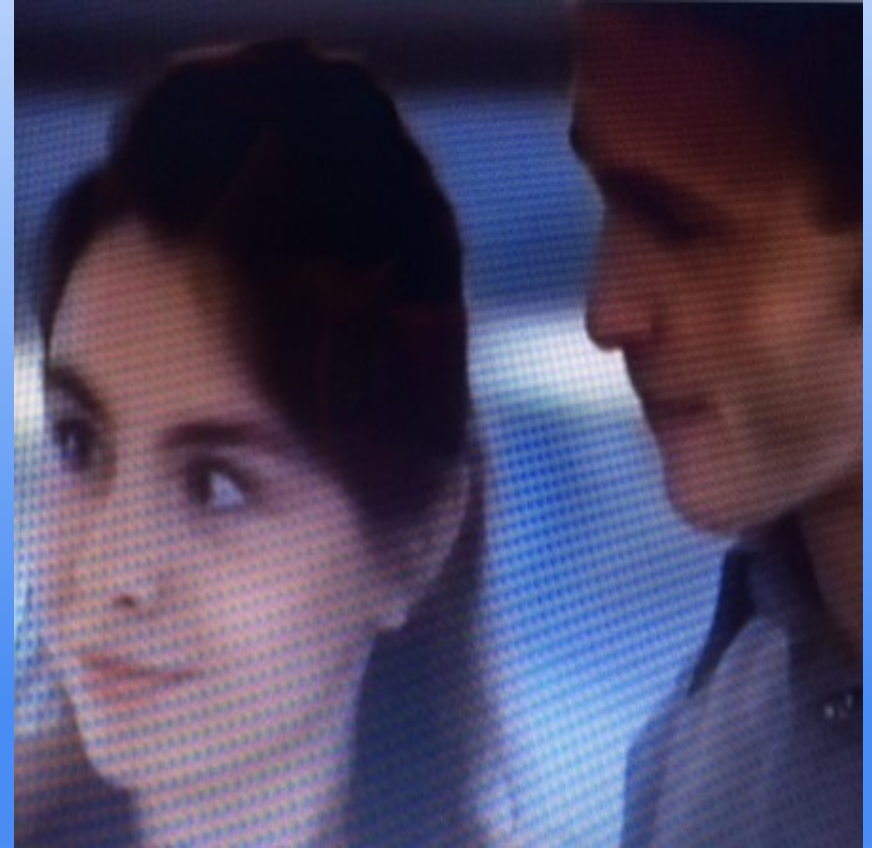
- Course focus:
 - Clinical environment assessment
 - Demonstration of QSEN competencies and National Patient Safety Goals in clinical environment
 - Evidence-based practice principles
 - Change processes
 - Technology use
 - Error reporting/disclosure

Simulation Focus

- Error Reporting/Disclosure:
 - Student survey results:
- Majority of near errors or errors resulting in no harm to patient not reported
- Fear of negative repercussions
- Error could be held in employee file
- Work environment often not conducive to open disclosure of error

Simulation Design

- Discussion with RISE Center and HSAM directors
- Resources shared
- Simulation case selected and refined to meet course focus
- Method for debriefing discussed



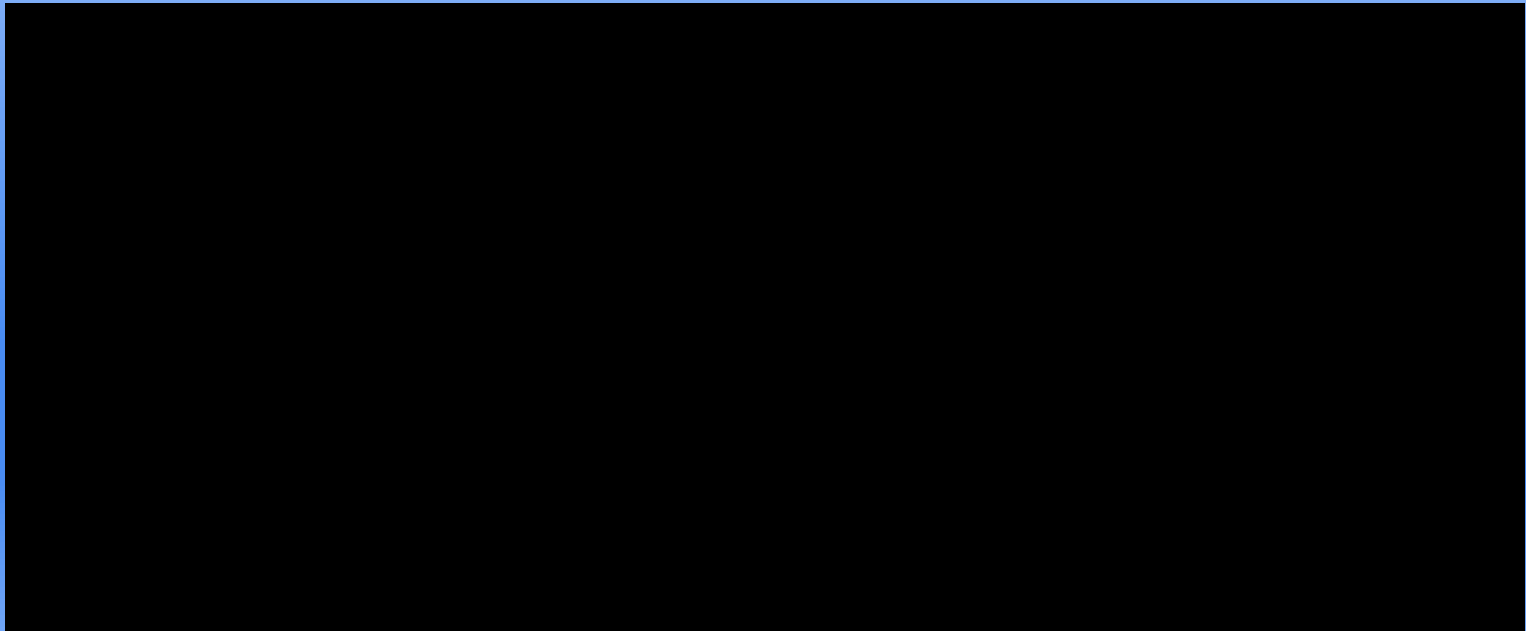
Simulation Design



- Do no harm video selected: Mrs. Romanoff
- Assigned week 7 of 8 week course
- Focus of week 7 course content medical errors, error reporting and patient safety
- Asynchronous format

Simulation Exercise

- Character assignment given via e-mail based on video selection used
- Mrs. Romanoff video viewed by students
- Video of simulated introduction by hospital CEO viewed



Simulation Exercise

- Students develop and post video and accompanying link of employee character response to the hospital CEO via discussion board
- Peer review of responses completed via discussion board forum
 - Focus of peer responses involved identification of potential cause(s) leading to the tragic outcome of Mrs. Romanoff and other errors in care
 - Attitudes and feelings regarding error disclosure to hospital CEO explored
 - Reflection assignment tied to simulation exercise

Simulation Exercise

- Debriefing completed at end of assigned week
- Discussion of findings and themes from the simulation exercise completed
- Student feedback simulation participation solicited



Where do we go from here?



- Refinement as a result of student feedback
- Exploration of different debriefing methods
- Expansion of simulation activities

THE USE OF SIMULATION IN THE JOURNEY TO BECOMING A HEALTHCARE ADMINISTRATOR

June 17, 2016



Traditional Teaching Methods

- On-Campus Classroom
- Textbook Discussion
- Face to Face Conversations
- Supplemental Information



On-Line Education Teaching Methods

- Discussion Boards
- Comprehensive Quiz/Exams
- Reflective Assignments
- Writing Assignments
- Weekly Summary
- Day in the Life Interviews



Day in the Life Interviews

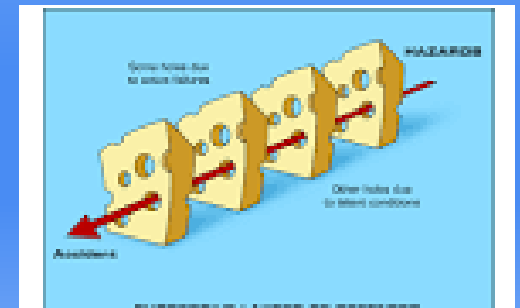
- CMO: Dr. Alan Yeasted, St. Clair Hospital
- CFO: Bryan Randall, Heritage Valley Health System
- Chairperson of the Board: Margaret Irvine, Butler Health System
- CIO: David Carleton, Heritage Valley Health System
- V.P, Healthcare Pharmacy/Commercial Services, Supply Chain Management, Dr. Mary Beth Lang, Supply Chain Management, UPMC
- Director, Organizational Improvement: Dr. Tania Lyon, St. Clair Hospital
- Executive Director, Public Relations and Marketing, Richard Seiber, St. Clair Hospital
- CMO: Dr. Alan Yeasted, St. Clair Hospital (Evidence Based Medicine)
- CNO/COO: Ms. Margie DiCuccio, AHN
- Legal Counsel: Deborah Olszewski, AHN
- Patient Safety Officer: Kathy Hayes Leight, AHN

Simulation In Healthcare Administration

- Way to replicate real-world processes, actions or behaviors
- Vital opportunities for experiential learning, a vital facet of learning in medical education or any field where on-the-job errors can have life-or-death consequences
- Way to build individual and team competencies with demonstrable impact on performance
- Way to build technical and nontechnical skills
- Chance to experience a segment of organizational life in a safe environment and to obtain self-sights

Preparing for Simulation

- Meeting with Simulation Educator
- Build Simulation into the Curriculum
- Schedule Options for the Graduate Students
- IHI Root Cause Analysis Patient Safety Modules
- Swiss Cheese Model (Reason)



Sentinel/Serious Event Root Cause Analysis

- To Err Is Human (IOM, 1999)
 - Turning point in the Patient Safety
 - Estimated that 46,000-98,000 patients die each year at the hand of a healthcare worker
- Crossing the Quality (IOM, 2001)
 - Focus on Systems and not Individuals
 - Moving from a culture of blame to a culture of transparency and collaboration
 - Evaluation of serious/sentinel medical errors through a root cause analysis (RCA) in order to identify the holes in the process and the opportunities for improvement to prevent a reoccurrence in the future



Simulation Exercise

- **Situation:** 76 year old female was admitted to General Hospital on 9/1/15 from ABC Long Term Care facility after suffering from Heparin Induced Thrombocytopenia (HIT). Her past medical history included Type 2 diabetes, Hypertension, and Hypercholesterolemia. Her past surgery included a splenectomy for treatment of severe thrombocytopenia. Upon admission her weight was 62 Kg. The patient suffered a fall on 8/2/15 resulting in a right humeral fracture. Because of her age and past medical history, the fracture was treated conservatively.
- After the fall, the patient was hospitalized at various facilities due to anemia, acute renal failure, urinary tract infection and upper extremity blood clot.

Simulation Exercise

- Upon her admission, it was noted that in light of her HIT, immediate anticoagulation was necessary and that Lepirudin would be administered.
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- **Physician Order:** 0.1 mg/kg/hr. in a premixed continuous infusion titrated to a PTT level of 50-70. PTT to be rechecked every 4 hours. Maximum dose to be administered was 16.5 mg/hr.
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- **Nursing Documentation: SB RN**
- 9/1/15: 9:30 pm: Lepirudin 9.2 mg IV infusion (delivered from Pharmacy, mixed by Pharmacist RB) based on patient's weight of 72 Kg and PTT 85
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- 9/2/15: 1:30 am: New bag of Lepirudin 9.2 mg IV infusion was hung. (PTT sample was identified as compromised and required repeating the sample. Information available in the computer.). (Pharmacist RB mixed the second bag).
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- 9/2/15: 4:00 am: Patient developed shoulder pain with movement, hypotension and decrease responsiveness. Lepirudin held. Hematocrit was checked. Patient found to be profoundly anemic and was transfused. Patient transferred to MICU. It was thought the patient had too much Lepirudin. Lepirudin was stopped. No reversal agent for Lepirudin. Patient continued to suffer from profound anemia and began to ooze from all IV sites.
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- 9/3/15: 4:10 am: Patient passed away from a hemorrhage.

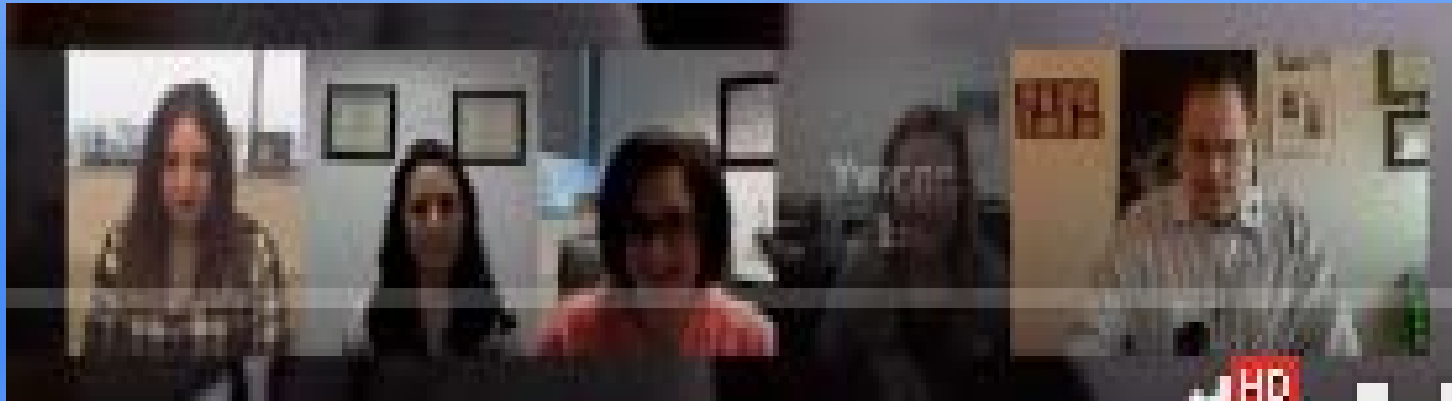
Simulation Exercise

- **Reflective Assignment (due date one week after the RCA Simulation Exercise)**
- What were your thoughts as you listened to other team members of the RCA?
- How did you feel about your position in the RCA team?
- How would you feel if this was a real case?
- Did this RCA help you understand all the possible holes in a process?
- How will this exercise change your future perspectives when involved in a RCA?
- What other comments would you make regarding the RCA simulation exercise?

Google Hangout



Chief Quality Officer/Facilitator



CNO

Staff
Nurse

Lab
Director

Lab
Technician

Nurse Manager

Opportunities for Improvement

- Develop standing orders for anti-coagulation therapy
- Re-educate staff on the double check process for high risk medications
- Re-educate staff on the process for critical lab values
- Stress the need for communication between all departments

RCA Simulation Exercise

Reflective Questions

- What were your thoughts as you listened to other team members of the RCA?
- How did you feel about your position in the RCA team?
- How would you feel if this was a real case?
- Did this RCA help you understand all the possible holes in the process?
- How will this exercise change your future perspectives when involved in a RCA?
- What other comments would you make regarding the RCA simulation exercise?

Student Comments

- “My defenses came down and I went from attempting to clear my position and name to finding out what happened and how to avoid it in the future.”
- “I would rather do five jobs correctly and 100% accurate with the time I have, rather than do 10 jobs only 50% correct.”
- “None of us are actors but it came across as very believable and took abstract ideas from the book and turned them into concrete ideas.”
- “After we started the RCA, I realized it wasn’t one person’s fault. It wasn’t even a few people’s fault, but rather system and process flaws.”

Student Comments

- “I love to be involved with projects that help patients and that help creates good patient outcomes.”
- “It is important and even fun to find ways to show that we understand content rather than writing an essay or taking a test.”
- “A brilliant way to get the students to work together!”
- *“This RCA simulation exercise was the best activity since enrolling in the HSAM program, and among the favorite things that I have ever done in school in my life!”*

Questions



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