

PUTTING IT ALL TOGETHER: A HIGH STAKES SIMULATION CAPSTONE

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ANCC

Continuing Nursing Education



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DISCLOSURES

Conflict of Interest

- Pamela Roberts, Elizabeth Mencil
- 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:

Describe the process of developing and implementing a comprehensive scenario.

Detail the experience of incorporating a multi-faceted scenario into the senior level as a terminal capstone simulation.

BACKGROUND

The Institute of Medicine's (IOM, 2010) call for transformation in nursing education is influencing the current movement toward evaluating current educational practices. Transformation of the current education system would include patient-centered care across all settings.

BACKGROUND

The IOM has established core competencies that ensure that “all health professionals are educated to deliver patient-centered care as a member of an interdisciplinary team, emphasizing evidence-based practice, quality improvement and informatics” (IOM 2003).

BACKGROUND

The IOM also stated that improvement in health care positively correlates with improved professional education with an increased emphasis on clinical reasoning and clinical judgment and clinical judgment

Clinical education has traditionally focused on task completion a focus which has “overshadowed the more complex aspects of nursing practice such as clinical reasoning, delegation, and quality improvement” (Ironsides, McNelis, & Ebright, 2014, p. 190).

Nursing students are expected to master nursing skills and provide adequate care to patients upon graduation. Historically the measurement of graduate nurse competency has been based on NCLEX scores, which do not necessarily correlate with the readiness of a graduate nurse for clinical employment.

Berkow et al (2014) reported that only 25% of nurse leaders (N= 5700) were satisfied with new graduate performance. New graduate nurses comprise approximately 10% of a hospital's nursing staff, with a predicted increase in new nurses due to the increasing demand.

Only 10% of hospital and health system nurse executives believe their new graduate nurses are fully prepared to provide safe and effective care (Berkow, Virkstis, Stewart, & Conway, 2009).

Other reports found that only 35% of new RN graduates, regardless of educational preparation, meet the entry expectations for the clinical and non-clinical components of professional practice (Horsley, Bensfield, Sojka, & Schmitt, 2014)

THE NATIONAL COUNCIL OF STATE BOARDS OF NURSING

- **NCSBN promotes Simulation as a means to promote clinical competency.**
- **NCSBN (2014) “demonstrated that high quality simulation experiences could be substituted for up to 50% of traditional clinical hours across the prelicensure nursing curriculum.**

NURSING PROGRAM COMPETENCY

- **Program Outcomes**
- **The Nursing Program graduate will be able to:**
- **Integrate critical thinking when incorporating knowledge from the sciences and humanities in the delivery of nursing to clients.**
- **Utilize the nursing process in meeting the health care needs of individuals of diverse sociocultural identities across the lifespan.**
- **Implement the roles of the associate degree nurse in a variety of healthcare delivery systems**
- **Demonstrate behaviors that reflect the values of nursing as a caring profession**



NURSING 212 LEARNING OUTCOMES:

Incorporate a “spirit of inquiry” into nursing practice (critical thinking)

Organize care for acute and chronically ill clients based on an evaluation of effectiveness of nursing interventions

Collaborate with members of the healthcare team to organize client care for individuals and small groups, utilizing effective communication techniques

Evaluate selected legal-ethical issues arising from nursing practice

Perform nursing skills independently with precision and proficiency

Delegate aspects of nursing care appropriately.

Integrate caring behaviors when working with members of the healthcare team and clients



SCENARIO DEVELOPMENT

- **The result is a multi-faceted scenario, incorporating multiple aspects of nursing care into the experience for the student. The simulation experience as it currently exists incorporates all of the objectives that are expected of a senior-level student: assessment, skill implementation, collaboration with other members of the health and nursing teams, management, prioritization, and communication techniques.**
- **INACSL Standards of Best Practice**

SCENARIO CONTENT

- **Patient with sepsis**
- **Patient with MI**
- **Patient with HELLP syndrome**

CRITICAL ELEMENTS REQUIRED

- **Safe application of technical skills: med administration, sterile technique skills, math applications.**
- **Assessment and prioritization.**
- **Critical thinking and recognition of pt status change with appropriate nursing interventions.**
- **Delegation of Care**
- **Interdisciplinary collaboration**
- **Communication with health care team and family members.**

WHY HIGH STAKES EVALUATION?

**Defined in the INACSL Standards as
“an evaluation process associated
with a simulation activity that has a
major consequence or is the basis for
a major grading decision, including
pass/fail implications.” (Meakim, et al.,
2013)**

WHY HIGH STAKES ??

- **Correlation was found where students who did not perform well in clinical and tested material did not perform well in simulation activities.**
- **Preparation for simulation reinforced tested material.**
- **Served as capstone clinical evaluation.**
- **Students took simulation more seriously.**

GRADING PROCEDURE

- **Simulation Preparation**
- **Implement Simulation facilitated and Evaluated by Two Instructors according to Established Rubric**
- **Evaluation Conference with Debrief**

GRADING RUBRIC

Montgomery County Community College
NUR212/Simulation Grading Rubric

	1	2	3	4	5
Patient assessment /reassessment	Performs assessment with prompts	Performs ongoing assessment and distinguishes normal and abnormal findings	Prioritizes care according to assessment findings	Performs ongoing assessments and Recognizes signs of patient deterioration	Relates ongoing assessments to potential complications.
History Gathering	Utilizes admission tool for basic history data with prompts	Discriminates between normal and abnormal history data	Uses understanding of disease process to focus data collection	Includes past medical history and compares with current condition	Anticipates potential outcomes based on history findings
Critical Thinking	Verbalizes expected norms in present condition	Recognizes variations in patient condition, but needs help prioritizing.	Determines priorities in patient care based on variations in patient condition.	Carries out care while managing multiple tasks	Revises plan according to prioritization and prevention of complications
Skill Performance	Unable to select /utilize appropriate equipment for skill performance	Hesitant or requires prompts in skill performance	Performs skill with accuracy.	Performs skill with accuracy. Displays proficiency when performing skills	Performs skill with speed and accuracy. Integrates skill within appropriate timing of patient condition
Lab Data/Diagnostic Studies Collection	Reports Lab Data	Distinguishes between normal and abnormal lab data	Uses understanding of lab findings when planning care	Analyzes trends in lab values and compares with patient response	Monitors patient response through analysis of lab data and exam findings
Patient/Family Teaching	Requires guidance/prompting to answer pt/family questions	Explains procedures and condition to pt. and family members	Rephrases information for patient/family teaching	Identifies the need for further teaching. Encourages questioning by pt. and family members	Modifies patient teaching methods according to pt/family responses
Communication	Recalls basic information for report to HC team. Disorganized Requires prompting.	Summarizes information for report to HC team.	Prioritizes information for report to HC team. Utilizes SBAR.	Draws conclusions based on information. Utilizes SBAR.	Synthesizes available information. Utilizes SBAR. Offers suggestions

Student name _____ Date _____
 Grade _____ P/F
 Safety concerns: _____
 Professional concerns: _____
 Legal/Ethical Concerns: _____



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