INACSL PRE-CONFERENCE

NLN JEFFRIES SIMULATION THEORY AND ITS APPLICATION IN THE SIMULATION BASED LEARNING EXPERIENCES

GEORGE WASHINGTON UNIVERSITY SCHOOL OF NURSING
ANCC

Continuing Nursing Education

International Nursing Association for Clinical Simulation & Learning is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
PRE-CONFERENCE SESSIONS

The NLN Jeffries Simulation Theory by Dean Pamela Jeffries

A Call to Action: Strengthening Undergraduate Pediatric Learning through Simulation

Environmental Realism in Simulation Based Learning Experiences

Using a Quality and Safety Framework for Outcome Evaluation in Baccalaureate Nursing Simulation Education

Use of Technology in the Simulation Based Learning Experiences to Enhance Student Learning and for Organization Management
THE NLN JEFFRIES SIMULATION THEORY

THE STATE OF THE SCIENCE IN SIMULATIONS

PAMELA JEFFRIES
DISCLOSURES

Conflict of Interest

• Pamela Jeffries (Pre-Conference Presenter) 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 100% of session
• Complete online evaluation
LEARNING OUTCOMES

Upon completion of this educational activity, participants will be able to:

1. Describe the components of the NLN Jeffries Simulation Theory.
2. Outline salient points from key documents related to teaching with simulation,
3. Identify challenges educators face in regards to developing competencies using simulation as a tool for teaching.
4. Discuss the state of Nursing Science in Simulation
REFERENCES


A CALL FOR ACTION: STRENGTHENING UNDERGRADUATE PEDIATRIC LEARNING THROUGH SIMULATION

ELIZABETH G. CHOMA, CPNP, MSN, RN, BSN
International Nursing Association for Clinical Simulation & Learning is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
DISCLOSURES

Conflict of Interest

• Elizabeth G. Choma (author) reports no conflict of interest
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• Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful Completion

• Attend 100% of session
• Complete online evaluation
LEARNING OUTCOMES

Upon completion of this educational activity, participants will be able to:

1. Identify content topics currently underrepresented in pediatric nursing education and simulation implementation processes

2. Discuss simulation scenarios presented

3. Summarize student’s experience after completing the pediatric SBLE
GUIDING RESOURCE

UNDERGRADUATE PEDIATRIC NURSING EDUCATION: ISSUES, CHALLENGES AND RECOMMENDATIONS

- Collaboration between AACN and Institute of Pediatric Nursing

- Trends and Challenges

- Recommendations
RECOGNIZE GAPS IN EDUCATION

Shift in the health needs of our pediatric patients and their families

Site competition

A few examples: Obesity/nutrition and Bullying
PHASE 1 DEVELOPMENT
PRE-ASSIGNMENT

• Articles
• Patient education guides
• Assessment Tools
PHASE 1 DEVELOPMENT
QSEN COMPETENCIES

After this simulation the student will be able to:

• Provide patient-centered care with sensitivity and respect for the diversity of human experience

• Elicit expectations of patient & family

• Explore ethical and legal implications of patient/family-centered care

• Appreciate the importance of regularly reading relevant professional journals and providing evidence based practice
PHASE 1 DEVELOPMENT
PRE-BRIEF

Throughout the scenario you are the nurse at a primary care office caring for a patient. The clinical faculty member will be the NP provider for the session.

You will have a patient chart with the required readings at the back of the chart for quick reference.
PHASE 1
IMPLEMENTATION

- 4 simultaneous scenarios
  - 2 students engage with patients
  - 2 students engaged with clinical faculty
- Prebrief – 30 minutes
- Facilitation - 75 minutes
- Break - 15 minutes
- Debrief – 60 minutes
  - Upon completion of all 4 scenarios
PHASE 1
LESSON LEARNED

• Resource intensive

• Student mainly engaged in one scenario

• Chart
PHASE 1 SURVEY RESULTS

“ This simulation was valuable to me because of the way the scenarios were laid out. I liked that it was a start to finish simulation of an office visit with opportunities to talk to the healthcare provider. I think I was able to learn a lot about working with the pediatric population.”

“ Very realistic simulation that pushed us to think critically. Would have enjoyed more time with the other nurses but overall, great.”
PHASE II
EVOLUTION OF SCENARIOS

- Teamwork
- Allocation of resources
- New Session Format
PHASE II
ASSIGNMENT/ROTATION

• You will be caring for three patients today in a primary care setting.

• Three to four of you will be participating in a patient encounter for twenty minutes.

• The patient encounter will be streamed and those not actively participating will be deliberate observers.

• The roles will be randomly assigned.

• Everyone will participate in at least one scenario.

• After each patient encounter we will have a 20 minute debrief.
PHASE 2
ROLES OF STUDENTS

• Nurse 1- Chief complaint and initial assessment
• Nurse 2- Standardized assessment tool
• Nurse 3- Health team communicator
• Nurse 4- Medication administration
MEET OUR PATIENTS

Anthony

Jessica

Emma
SAMPLE PATIENT-ANTHONY FIELDS

Life Style
Nutrition
Bullying
ANTHONY FIELDS

- History
- Current presentation
- Bringing obesity and bullying into the clinical setting
- Advocating on bullying is unfamiliar territory
ANTHONY FIELDS
RESOURCES

• Bullying: It’s Not OK  Connected Kids: Safe, Strong, Secure (Copyright © 2006 American Academy of Pediatrics)

• HEADSS Assessment

• Pacers.org/bullying

• Getting into adolescent heads: An essential Update
ANTHONY FIELDS
STUDENT OUTCOMES

• Identify Chief Complaint
• Standardized Assessment Tool
• Obtain Diet History
• Complete SBAR
• Discuss Bullying
• Med Administration
• Provide Educational Resources
ANTHONY FIELDS
SIMULATION

https://www.youtube.com/watch?v=voPS0wBZPeE&feature=em-share_video_user
RESULTS OF STUDENT EXPERIENCES

• Debrief – all student able to participate because they were either in the scenario or an observer

• Safe place to share feelings and discuss difficult topics

• Confidence Building – strategies for handling difficult situations
PHASE II
SURVEY RESULTS OF STUDENT EXPERIENCES

“ It was helpful to practice in a primary care setting instead of a hospital. I enjoyed learning to incorporate clinical and social aspects of nursing.”

“ Great simulation experience and the readings assigned prior were very beneficial.”

“ The topics covered in the scenarios were very helpful because they are very difficulty to talk about. This was a great opportunity to discuss these sensitive topics.”
PHASE III

- Disseminate experiences of development and implementation of pediatric SBLE
- Publish pediatric SBLE
- Continue to implement and evaluate pediatric SBLE within the undergraduate curriculum
QUESTIONS?
ENVIRONMENTAL REALISM IN SIMULATION BASED LEARNING EXPERIENCE

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DISCLOSURES

Conflict of Interest

• Patricia Davis (INACSL Pre-Conference Presenter) reports no conflict of interest
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• Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful Completion

• Attend 100% of session
• Complete online evaluation
LEARNING OUTCOMES

Upon completion of this educational activity, participants will be able to:

1. Explore lab environment to identify strategies to enhance simulation activity.
2. Exam affordable solutions in creating a realistic environment
ENHANCING REALISM

Participants will rotate through a variety of stations exploring:

• **Manikin Enhancement**
  - Patient Assessment with Low fidelity manikin
  - Situational Awareness

• **Environmental Enhancement**
  - General Red Yoder at Home
  - Nutrition Experiential Sim
  - Assisting with a Meal Clinical Readiness
  - Communicating with a healthcare provider
AFFORDABLE SOLUTIONS

Participants will rotate through a variety of stations to examine environments which demonstrate:

• Repurposing
  • Pyxis
  • IV
  • Reading a PPD

• Fluids In and Out
  • Central Line Blood Draw
  • Collecting sterile urine specimen

• Tools/Documents
  • EHR
  • Medications
REFERENCES


http://healthysimulation.com/moulage/

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USING A QUALITY AND SAFETY FRAMEWORK FOR OUTCOME EVALUATION IN BACCALAUREATE NURSING EDUCATION

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DISCLOSURES

Conflict of Interest

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Successful Completion

• Attend 100% of session
• Complete online evaluation
LEARNING OUTCOMES

Upon completion of this educational activity, participants will be able to:

1. Discuss significance of assessment and evaluation of patient safety outcomes in simulation education

2. Analyze video recording of patient care simulation in regard to patient safety criteria

3. Synthesize aspects of evaluation involving multiple outcomes and interrater reliability

4. Integrate NLN Jefferies Simulation Theory in outcome evaluation
USE OF TECHNOLOGY IN SIMULATION BASED LEARNING EXPERIENCE TO ENHANCE STUDENT LEARNING

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• 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 100% of session
• Complete online evaluation
LEARNING OUTCOMES

Upon completion of this educational activity, participants will be able to:

1. Explore the use of technology for deliberate practice

2. Identify the use of technology to engage learners
CONTENT

• Participants will rotate from station to station observing the different technological practices implemented in the learning environment.

• Interactive environment will enhance the learning experience and give the participant the hands-on experience developed in the Simulation and Experiential Learning Center.

• Deliberate practice and the use of technology will be able to engage the learners effectively.
DELIBERATE PRACTICE

- iPad with independent practice
  - QR code use to demonstrate the practice
- Patient presentation
  - Patty Davis poster presentation and the student response to crisis
- iPad use for remediation and retesting
  - Videotaping of students to show skills performed
- Medication Reconciliation Case Study
USE OF TECHNOLOGY

• Use of iPads for patient presentation
• Simulation with clickers
  • Student interaction and participation
• Streaming capabilities
  • Use of active observer
  • Separation of the observer
• Communication in Quality and Safety
  • Narrated/Animated Rehab situation
REFERENCES


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