

Definition

Rapid Cycle Deliberate Practice (RDCP)- a pause and reflect facilitation style that suspends the simulation for remediation through direct feedback before returning to repeat the same action again.

Identification of Professional Practice Gap

Nurse residency programs can potentially have inherent gaps in what their learners take away from the simulation portion.

Using RDCP as a means of simulation facilitation can allow learners to:

- Correct errors, practice skills and follow algorithms properly in real time
- Further reinforce their critical thinking skills
- Strengthen their confidence when handling other critical situations.

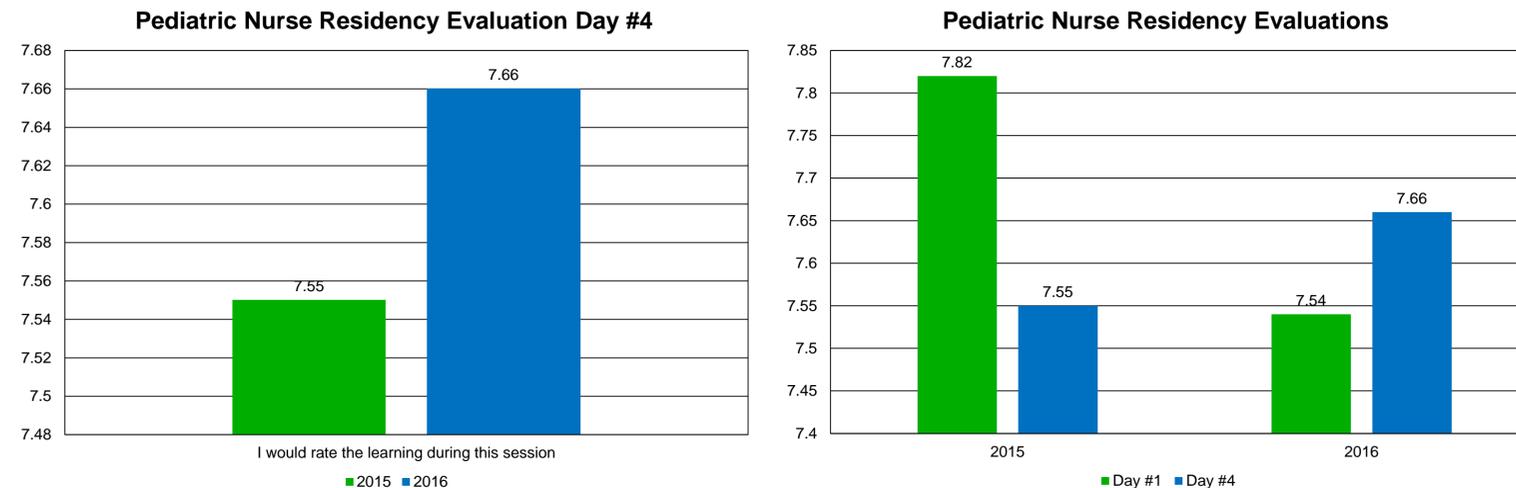
Discussion

Nurses are often concerned about caring for their first critical patient event that takes place post orientation. Real events seldom occur with the safety net of a preceptor. Orientation simulations typically follow a standard, uninterrupted simulation followed by debriefing. This allows learners to reflect upon how their practice in a similar event may differ in the future. Often, an opportunity to physically practice those changes and skills after the event is absent. New learners especially rarely leave a simulation with the physical experience of having met all criteria for success without the augmentation required during the debriefing.

Method/Results

In 2016, RDCP was incorporated into the shock simulation portion of Pediatric Nurse Residency Day #4. Principles of ECDP as defined by Elizabeth Hunt, et al (2014) were applied to scenario design. We doubled the time allotted for a normal simulation in order to give the learners the opportunity to become successful with the skills. Pause topics were pre-planned and included- initial assessment, airway management and rapid fluid bolus set-up and delivery. Repetitive practice of these skills should then allow the nurses to focus and utilize their critical thinking skills by putting the signs/symptoms of the patient's assessment together as a way to anticipate potential decline and future actions. Emphasis was also placed on psychological safety by both a diligent pre-briefing and creating a positive learning environment when feedback was delivered.

We compared two class days of similar structure that is required for the same group of nurses. The primary difference between the two days' simulations is the facilitation technique.



Results highlight the question- "Overall, I would rate the learning during this session as": Poor (1), Marginal (2), Fair (3), Satisfactory (4), Good (5), Very Good (6), Excellent (7), Outstanding (8), Exceptional (9)

Anecdotally, nurses reported feeling less pressured and more comfortable when simulation facilitators utilized this method as compared to the more common method in which the simulation proceeds uninterrupted and is followed by a formal debrief.

Implications for Nursing Practice

Boosted confidence in simulation performance during Nursing Residency education classes may help set the stage for traditional simulation where application of critical thought processes both in the scenario and debrief may be more effective and better received.



References

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