



Featured Article

# Using Simulation to Teach Prelicensure Nursing Students to Minimize Patient Risk and Harm

Gregory A. DeBourgh, EdD, RN, ANEF, Susan K. Prion, EdD, RN

University of San Francisco School of Nursing, San Francisco, CA 94117-1080, USA

## KEYWORDS

simulation;  
patient safety;  
falls;  
risk;  
harm

## Abstract

**Background:** The Agency for Healthcare Research and Quality estimates 98,000 deaths occur each year as a result of medical errors, and preventable medical errors are increasing each year. Managing complex health care environments to ensure safe, quality patient care outcomes is an important nursing contribution. Experienced nurses are able to predict patient risk and harm based on experience and knowledge and to act to recognize and respond to this risk. First-year prelicensure nursing students have not yet developed this knowledge and skill or a clear sense of their accountability in the nurse role as primary advocate for patient safety.

**Method:** A quasi-experimental, pre–post test study of 285 students enrolled in a prelicensure clinical nursing course was conducted to describe results of an innovative simulation learning experience with standardized patients that is focused on preventing patient falls, a dramatic example of a patient outcome that is sensitive to nursing care.

**Results and conclusions:** Results of the simulation learning experience suggest this instructional modality provides students with knowledge and skill gains and challenges them with memorable experiential learning that they can apply to clinical practice.

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There are some patients whom we cannot help: there are none whom we cannot harm. (Lambert, 1978, p. 11)

Intuitively, nurses are aware of the potential for risk and harm to the patients under their care, especially in acute care settings, where the growing complexity of health care and the demands on the professional nurse are escalating. Nurses in practice and students in training have shared with us that their greatest fear is “hurting the patient,” “doing something wrong,” or “missing something important.” Nurses’ concern for patient safety is well founded. Health

care is considered a “high-hazard industry, like aviation, chemical manufacturing, nuclear power generation, and the military” (Nishisake, Keren, & Nadkarni, 2007, p. 226). The Agency for Healthcare Research and Quality estimates 98,000 deaths occur each year as a result of medical errors (Kohn, Corrigan, & Donaldson, 2000), and preventable medical errors are actually increasing at a rate of 1% per year (Agency for Healthcare Research and Quality, 2009). The Institute for Healthcare Improvement reports that 15 million incidents of medical harm occur in the United States each year among the 37 million annual hospital

admissions, representing 40 incidents of harm per 100 admissions (Institute for Healthcare Improvement, 2009).

A growing body of evidence exploring medical error in hospitalized patients finds associations among nurse staffing levels and skill mix, educational preparation, years of

### Key Points

- Preventable medical errors are increasing - nurses, practicing at the point of service, have opportunities to mitigate patient risk and harm
- Inexperienced nursing students lack awareness of their role and responsibility for patient safety
- Simulation learning focused on patient safety builds knowledge, skills, confidence, and capability for reducing the potential for risk and harm

experience, teamwork, communication, collaboration, medication errors, hospital-acquired infections, the development of pressure ulcers, and patient falls (Aiken, Clarke, Cheung, Sloane, & Silber, 2003; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Clarke & Aiken, 2006; Ebright, Patterson, Chalko, & Render, 2003; Hickam et al., 2003; Joint Commission, 2008; Minick & Harvey, 2003). Nurses are involved in almost every aspect of patient care delivery. Nurses manage patient care delivery at the point of service, the “sharp end” (Reason, 2000), where direct patient contact creates the potential for powerful

therapeutic impact but also great risk for active errors leading to patient harm. Nurses, representing the largest human resource in health care delivery (Savitz, Jones, & Bernard, 2005), have the opportunity to influence care outcomes and to mitigate patient risk and harm.

Navigating systems and managing the complex variables within health care systems to ensure safe, quality patient care outcomes have long been important contributions made by nurses. Effective nursing management of patient care requires much more than merely *having* knowledge. Acquiring and selectively applying knowledge to a particular context and using that knowledge to inform decision making relative to that context demonstrate how nurses practice “knowing” rather than merely possessing knowledge (Gillespie & Peterson, 2009). Competency in nursing practice represents the “dynamic integration of knowledge, skills, experience, and attitudes needed to meet patients’ needs and optimize patients’ outcomes” (Curley, 1998, p. 11). With time and experience, nurses develop clinical intuition about their patients, a heightened awareness of the potential for patient harm, and the confidence to positively influence patient outcomes and interrupt errors (Aiken et al., 2003; Ebright et al., 2003; Henneman, Blank, Gawlinski, & Henneman, 2006). Experienced nurses, using their previous experience and their knowledge of diseases and disorders that place their patients at risk, are able to predict the potential for risk and harm (Clarke & Aiken, 2003; Minick & Harvey,

2003; Tanner, 2006), and most important, they act on this awareness to recognize and respond to the risk (Henneman et al., 2006). Beginning nursing students have not yet had the opportunity to develop an awareness of patient risk or safety concerns or a clear sense of their accountability in the nurse role as primary advocate for patient safety. Nursing students discuss patient safety in their nursing theory courses and are exposed to patients at risk for harm and error in clinical experiences, yet most students don’t fully comprehend or act on their responsibilities to manage patient safety. Opportunities to develop cognitive knowledge and clinical practice skills that promote patient safety are limited by the “student” designation and restricted scope of practice. We have observed that students often defer to their instructors or senior nurses in clinical settings for direction and decisions related to patient care, and in doing so, students become somewhat disengaged from the thinking and reasoning processes that result in effective clinical decisions.

Predicting patient risk for harm and proactively initiating actions to mitigate this risk are actions derived from clinical experience and well-developed thinking skills (predictive reasoning and clinical judgment). Without a deliberate focus, during instruction, on patient safety and the heuristics of clinical reasoning, these thinking skills often remain invisible to students, who tend to focus on task completion during early patient care experiences (Benner, 1984; Benner, Tanner, & Chelsa, 1996). Although student nurses begin providing direct patient care early in their nursing curricula, they often learn about patient safety and preventable error “as they go” or “on the job,” and unfortunately often as a result of a consequential patient event. Nurse educators are challenged to provide formative learning experiences that highlight the nurse’s role and scope of practice to minimize the potential for error and patient harm without compounding the risk to patients while students learn.

Patient falls are one of the top six sentinel events reported by hospitals and are increasing, representing 6.3% of all events reported (Joint Commission, 2009b). In a study describing the characteristics and circumstances of patient falls in hospital settings, Hitcho et al. (2004) reported 42% of 183 patients who fell in a hospital setting during the 13-week study sustained injuries, ranging from lacerations to fractures and head injuries. Since 2004, the annual list of National Patient Safety Goals (Joint Commission, 2009a) has included reduction in rates of patient falls as a target for focused attention. Despite widespread staff education and the adoption of falls reduction policies and protocols, patients continue to fall and be injured in acute and long-term health care settings (Centers for Disease Control, 2009; Hitcho et al., 2004; Krauss et al., 2007).

Introducing students early in their prelicensure nursing programs to content about patient safety in general, and to patient falls specifically, enhances student awareness of risk and facilitates the proactive application of evidence-based actions to minimize patient risk and harm. Instruction for patient safety in nursing curricula can be implemented

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