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Reflections of Nursing Students Involved in a Simulated “Very Bad Day”¹

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ABSTRACT

This article describes a simulated activity in which nursing students participate in a 2-hr delegation and priority setting experience. Overwhelmingly, the students felt that that this was a “very bad day”. They noted that they had no idea that so many things can happen during a shift, and they realized that it was very important for them to develop an organizational plan and method to manage their time.

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Introduction

This article describes a simulated activity in which nursing students participated in a 2-hr delegation and priority setting experience. The simulation centered on a nurse caring for four patients with a variety of needs. Nursing students acted in the role of a patient and/or a family member, an on-coming nurse, an off-going nurse, or a patient care technician (PCT). The patient or family member had a script that delineated dialogue and a time frame to call the nurse. In addition, the off-going nurse and the PCT could assist the student who played the role of the primary nurse. The on-coming nurse was responsible for delegating and managing the care for these scripted patients. The scenario involved four patients in pain, one who fell, as well as a patient needing a blood transfusion. At the end of the simulation, the students were asked to debrief about the experience. Overwhelmingly, the students felt that that this was a “very bad day.” They noted that they had no idea so many things could happen during a shift, and they realized that it was very important for them to develop an organizational plan and method to manage their time. This simulation allowed for a safe environment in which students could experience the difficulties of caring for multiple patients and also allowed for expression of their feelings.

Background

One of the concerns with new nursing graduates is that they often are not exposed to making critical nursing decisions. They do not get the opportunity to delegate and prioritize to manage their time effectively. The instructor and clinical staff often protect students. Students are told what medications to give and when to give them. The critical decisions may be discussed, but the student does not make the decision. Nursing graduates are often underprepared to practice in the fast-paced, ever-changing clinical field. That is why it is important for nursing faculty to incorporate methods to experience delegation and time management scenarios (Benner, Sutphen, Leonard, & Day, 2010; Kavanagh & Szweda, 2017). Oermann (2015) writes that simulation can play an important part in developing professional roles and behaviors in nursing students.

Bradshaw and Lowenstein (2014) report that teaching clinical reasoning must be purposeful, deliberate, and planned. They note that the goal of the nursing program should be to create a nursing student who thinks like a health professional. In *Educating Nurses: A call for Radical Transformation*, the authors discussed the need to incorporate real-life scenarios in order to bridge the gap between class and clinical experiences (Benner et al., 2010). Role play in nursing scenarios has been used as an effective method to develop communication skills and decision making (Qing, 2011). Smith-Stoner (2009) incorporated the use of high-fidelity simulation with role play in order to have students experience working with a dying patient and family. This provided a valuable method by which students could experience their emotions in this type of setting. Simulated clinical experiences are an excellent way to incorporate (Tanner's Clinical Judgment Model, 2006). In this model, students utilize methods of noticing,

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interpreting, responding and, then, reflecting to deal with complex patient situations. Multiple patient situations are a good way for students to use this judgment method. In addition, Bradshaw and Lowenstein (2014) write that it is important to utilize different student roles in the simulated laboratory experience, so that the students gain additional knowledge and skills.

One way to incorporate clinical decision making in the nursing curriculum is through the development of simulated clinical days in which the nursing student must manage a team of patients and decide on the plan of action. Professional practice requires nurses to make decisions about patient care by solving problems and finding solutions (Oermann & Gaberson, 2014). Finding a way for nurses to develop clinical judgment is accomplished by using situations, which require students to use critical thinking in resolving patient care issues (Alfaro-Lefevre, 2013). Delegation is an important job expectation for professional nurses, and yet, students do not get the opportunity to develop this skill. Simulated activities are an excellent way to provide a delegation experience for nursing students (Gaberson, Oermann, & Shellenbarger, 2015). Kaplan and Ura (2010) noted that when 97 nursing students participated in simulation with multiple patient simulators and case study analysis, they reported a higher level of confidence in prioritizing and delegating care. Nowell (2016) also discussed using a senior multipatient capstone simulation to highlight the areas of delegation, collaboration, and consultation. Nowell noted that the students were very positive with the simulation experience and expressed improved understanding of these concepts. Based on review of multipatient simulations, our faculty decided to devise various patient scenarios for use with a delegation and priority setting experience.

Simulation

We wrote four patient scenarios involving multiple problems for the simulation experience. A patient description and a timed activity were contrived for each scenario. The nursing students who chose the patient or family roles were told to follow the script, watch the time, and use the call light system to call for their needs. The simulation was conducted in a skills laboratory with multiple beds and an integrated call light system. Each patient room was set up with what was needed for the assigned patient, including a medication and supply area.

Groups of nine students were scheduled for each scenario, and roles were randomly assigned. The roles included an on-coming nurse, an off-going nurse, a PCT, and the patient or family member. The PCT role was used to simulate the health care team and as a delegation resource. The students have all either worked as a PCT or worked with them in the hospital setting. Once assigned, the on-coming nurse, off-going nurse, and PCT were asked to go out into the hall, while the scenarios were discussed with those playing the patient and family member roles. The patient care scenarios are outlined in detail in Box 1.

The faculty member acted as the unit secretary with the only role to answer the call light and call the nurse. A graduate nurse practitioner student or another faculty member assisted in the role of team leader or house supervisor. The graduate student provided guidance with protocols, such as adjusting the heparin infusion or administering the blood. They also could answer questions about when to call the physician or advanced provider and what information was necessary to have that is available for that call. They could act as the second nurse validation or assist with giving medications if needed. The off-going nurse was given a patient report sheet and was instructed to do walking rounds with the on-coming nurse. The off-going nurse was told that she could assist the on-coming nurse for a brief period of time, but we wanted to have the on-coming nurse care for the team of patients as independently as possible. The on-coming nurse was told that they could ask any question

during rounds that would help them understand the patient. The on-coming nurse was given the report sheet and the medication list. The PCT was told that they were responsible for getting vital signs, the glucometer reading, and any other duties as assigned. The on-coming nurse was told that they could delegate duties to the PCT as appropriate. The on-coming nurse was also told to utilize the graduate student for upward delegation on those skills that required nursing assistance.

As the scenario began, the students playing the role of patient or family member were told to begin the timed activity. The experience ran for 30 min. The faculty member could only guide the on-coming nurse as to where equipment or supplies are located, but they could question the graduate student on ideas or concern if needed. The reason was that the faculty member wanted to remove him or herself from the scenario and mainly observe. In addition, the graduate students were all currently working registered nurses, who had knowledge and experience in team leader and support roles. At the end of the 30 min, the experience was called, and the students and faculty member debriefed the simulation.

Results

The debriefing began by asking the following questions of the group:

1. If you were a patient, how did you feel about the care you received?
2. Did you feel that your needs were met?
3. Did you feel that the nurse answered your needs in a timely manner?
4. If you were the off-going nurse, what could you have done differently to ensure that the on-coming nurse had a better experience?
5. If you were the PCT, what else could you have done to help either the nurse or the patients with their care?
6. If you are the on-coming nurse, what patient was your highest priority?
7. What might you have done differently in this scenario?
8. What were your major problems and concerns?

As a group, we discussed the intervention for a chest tube disconnection, adjustment of a heparin infusion, fall protocol, and replacement of a patient controlled analgesia syringe. In addition, suggestions were made as to the best way to organize the nurse's day and what concerns the students had about being on their own after graduation. The graduate students had good suggestions about report forms and time management.

The students were then asked to reflect on this experience by answering the same questions, which we had asked in the debriefing. The students were also asked to add comments about what they had learned from the experience and if the simulation was helpful. Welsh and Lowry (2011) note that role-playing experiences are most effective when followed by thoughtful debriefing. The student responses were very informative, and most dealt with the feeling that this would be a very bad day. Some of the students playing patients or family members discussed themes of feeling ignored, noting that other patients took up more time. They also reported that they realized that it is important to have things available and ready for the next shift and that time management was very important to organize the day. They also noted that it was beneficial for the PCT to check on them and report back to the nurse. One student wrote, "nursing is a team effort and you really need to help your co-workers."

Other thoughts from the students acting in the role of patient or family member were centered on the idea that it was very eye opening to see how long it took to do some tasks and that they often had to wait to receive care. They noted that it really is important

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