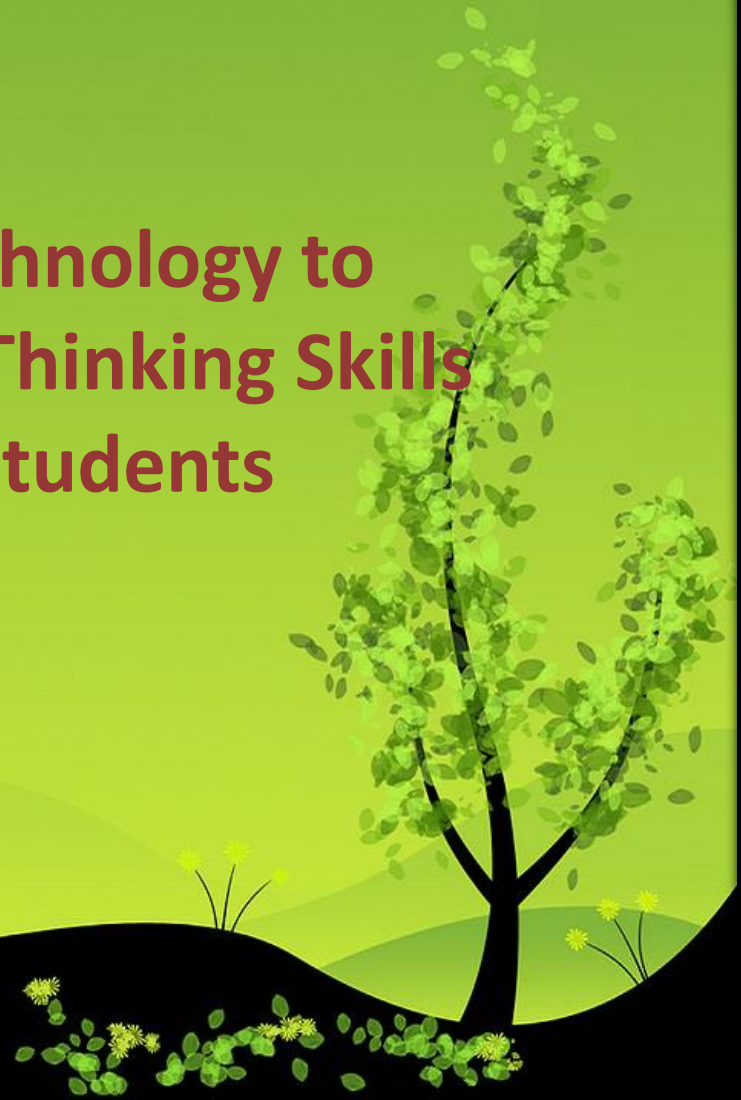


Leveraging Technology to Advance Critical Thinking Skills in Nursing Students

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Nursing:

Low fidelity vs high fidelity

What is in the literature??

Communication

Skills

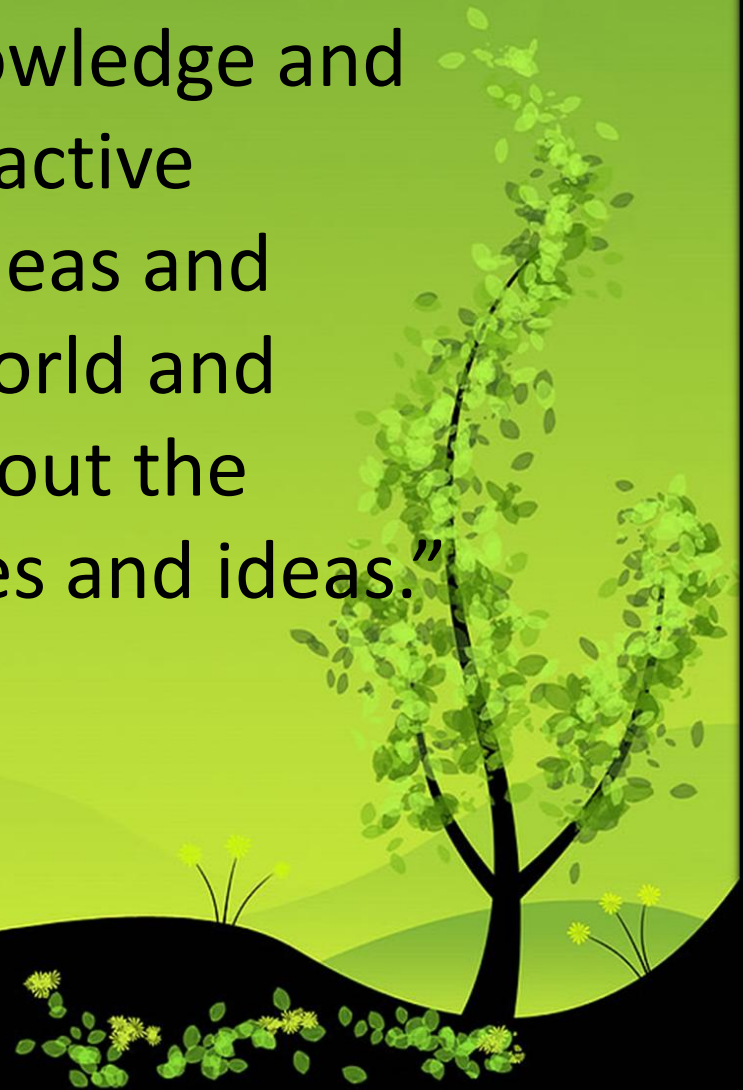
Clinical judgment



Kolb:

“Learning, the creation of knowledge and meaning, occurs through the active extension and grounding of ideas and experiences in the external world and through internal reflection about the attributes of these experiences and ideas.”

p. 52



Experiential Learning Theory:

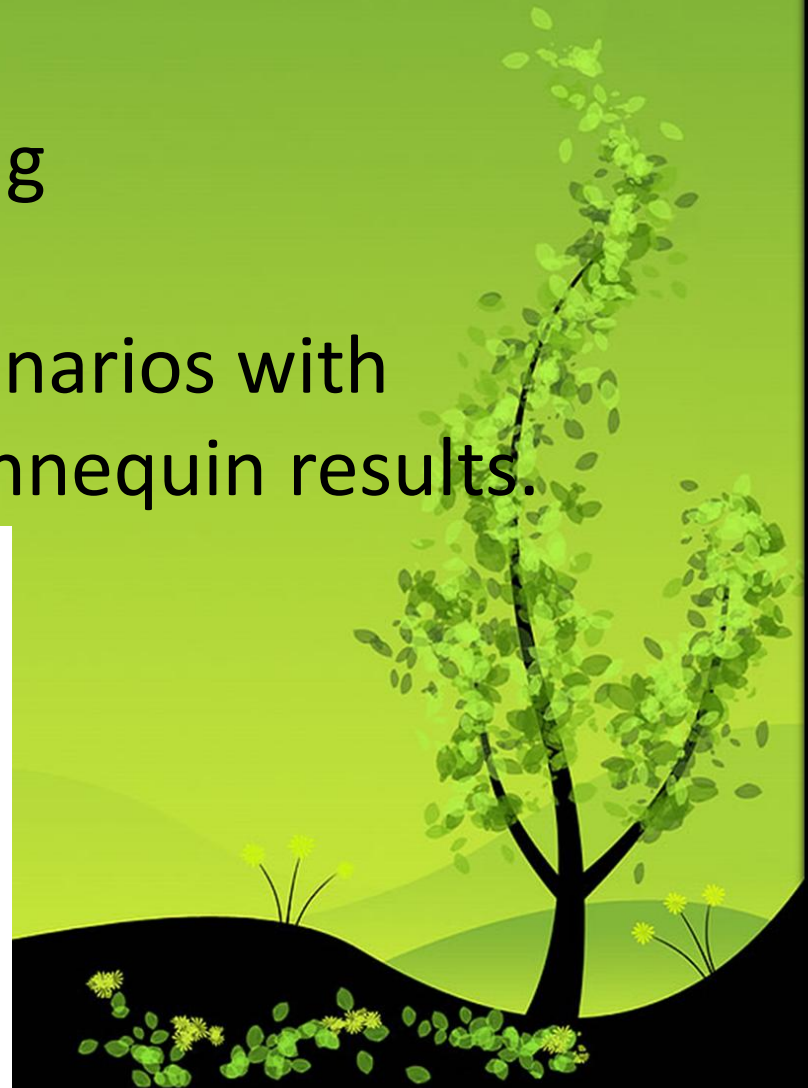
Learning happens through action with a certain experience, reflection, conceptualization along with action/decision making.



Simulation:

Low technology: role playing

High fidelity: mock code scenarios with medications with direct mannequin results.

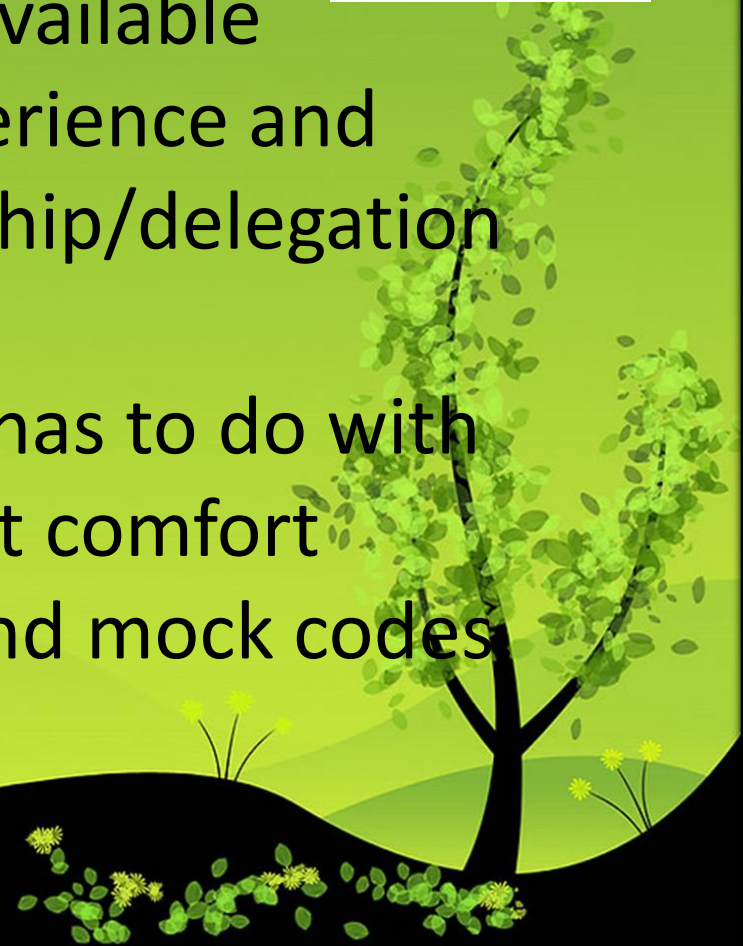


Management and Leadership:



There is **not much** literature available related to the simulation experience and specific management/leadership/delegation literature.

Most of what the lit refers to has to do with prioritizing, increasing student comfort levels in stressful situations and mock codes



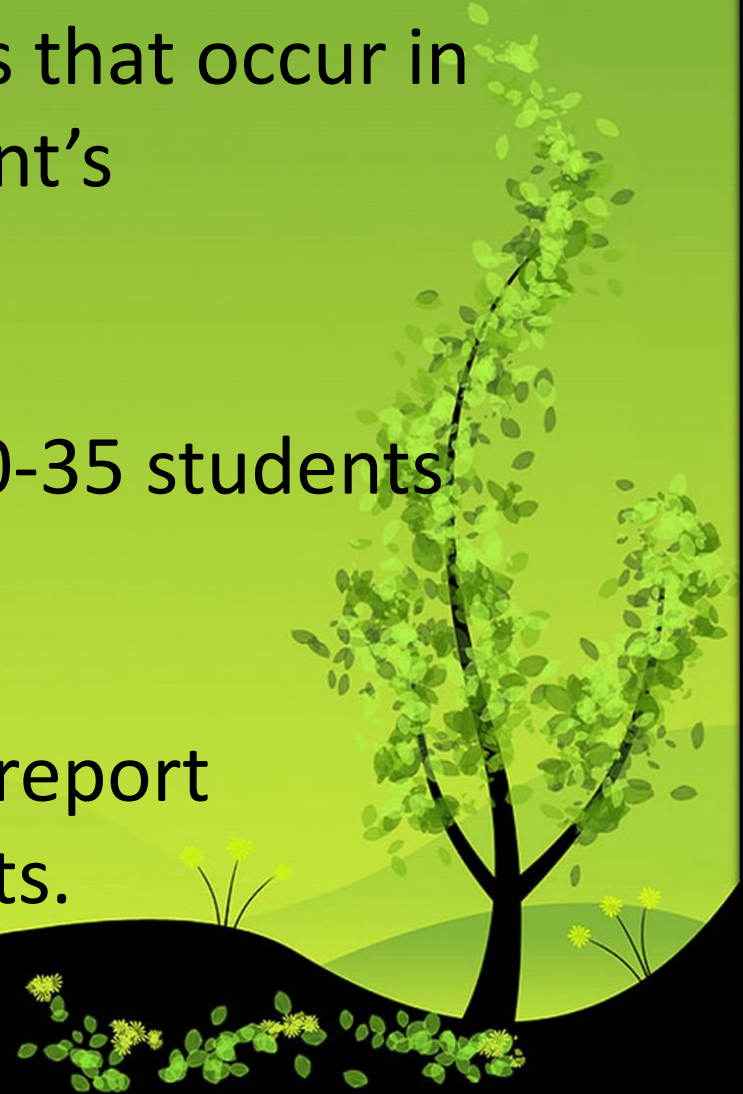


The Classroom:

Two nursing leadership classes that occur in the last semester of the student's undergraduate experience.

Each class consists of about 30-35 students each.

The students are given a shift report concerning 4 acutely ill patients.



The Leadership Simulation:

Roles were assigned to the students:

Patient family member (4)

Patient (4)

Nurse (1)

Nursing Assistant (1)

Nurse Practitioner (1)

Evaluators/Peers/Audience

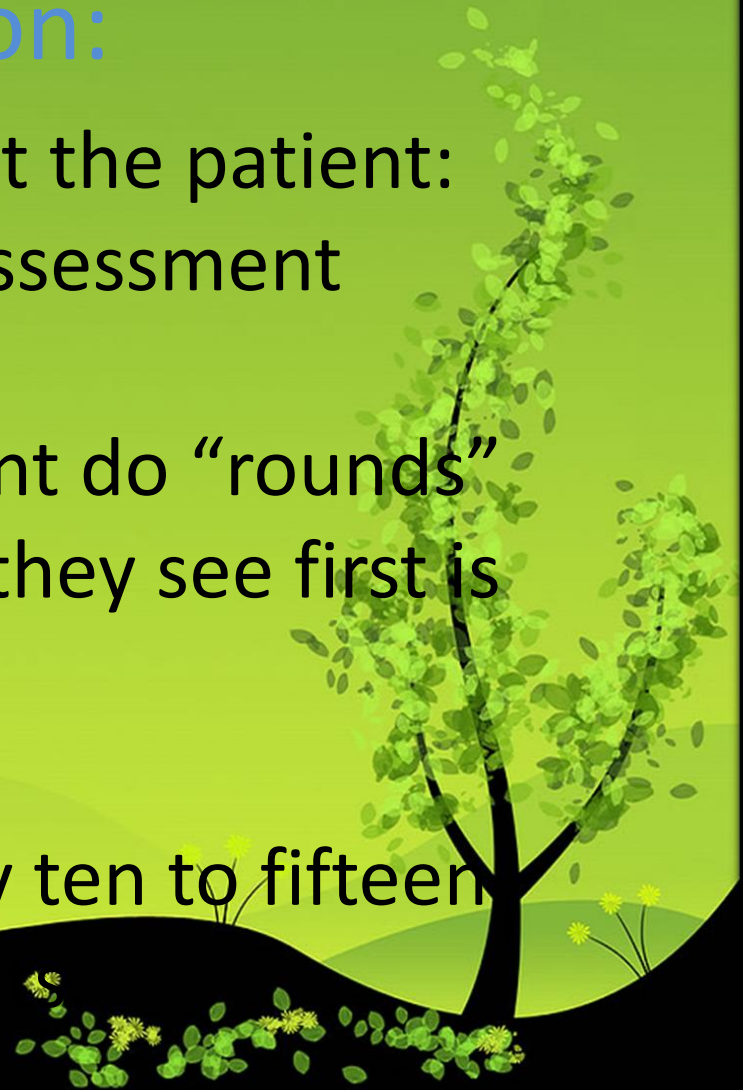


The Leadership Simulation:

A bedside chart was located at the patient: vital signs, medications and assessment

The nurse and nursing assistant do “rounds” on their four patients. (Who they see first is based on patient acuity.)

The RN is given approximately ten to fifteen minutes to assess their



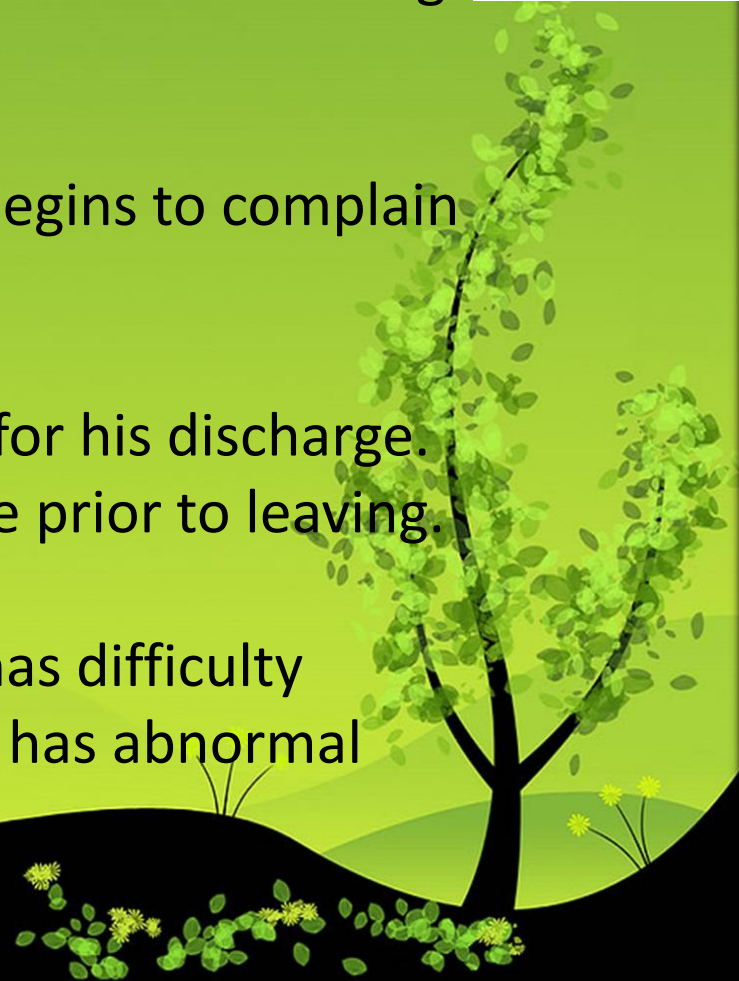
The Leadership Simulation:

One patient has the wrong dosage of medication running via an IV pump.

Another patient is post stent and then begins to complain of chest pain.

Patient number three is awaiting a ride for his discharge. He needs to have diabetic teaching done prior to leaving.

The last patient is a COPD patient who has difficulty breathing. He is currently on 2L NC and has abnormal breath sounds.

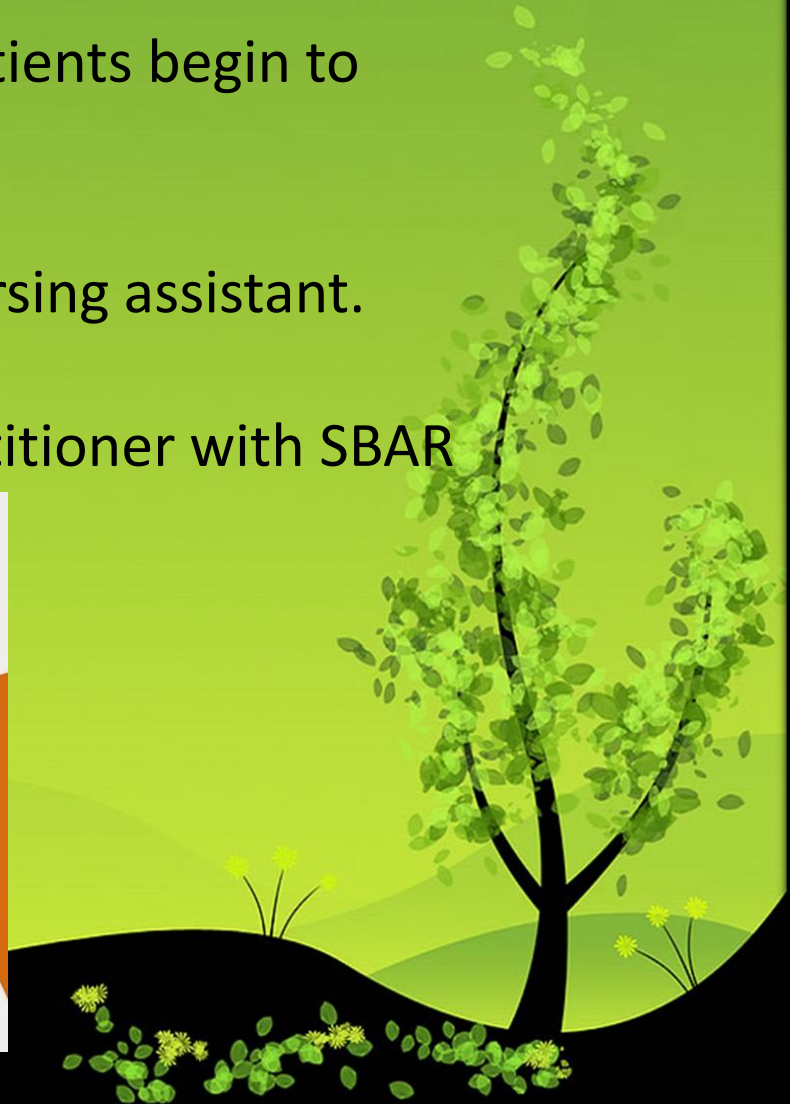


The Leadership Simulation:

After the RN assessment time, the patients begin to decline.

The RN must delegate tasks to the nursing assistant.

The RN must then call the Nurse Practitioner with SBAR report.



The Leadership Simulation:

S

Situation:

I am (name), a nurse on ward (X)
I am calling about (child X)
I am calling because I am concerned that...
(e.g. BP is low/high, pulse is XXX temperature is XX,
Early Warning Score is XX)

B

Background:

Child (X) was admitted on (XX date) with
(e.g. respiratory infection)
They have had (X operation/procedure/investigation)
Child (X)'s condition has changed in the last (XX mins)
Their last set of obs were (XXX)
The child's normal condition is...
(e.g. alert/drowsy/confused, pain free)

A

Assessment:

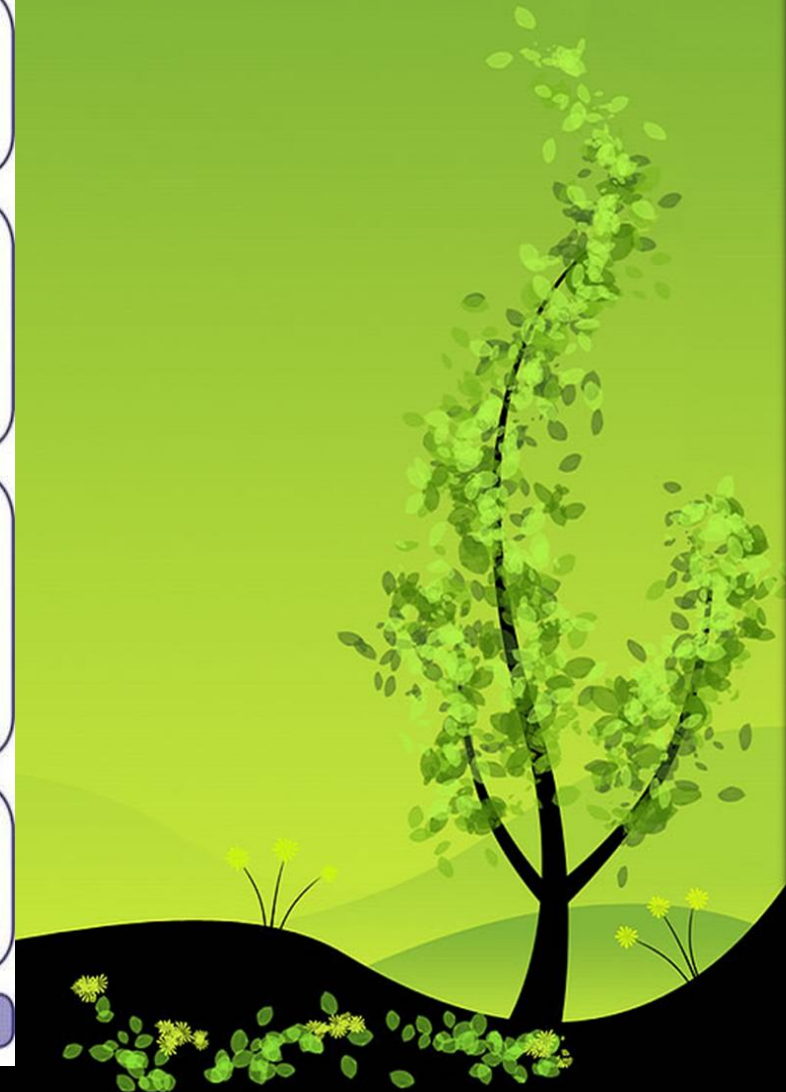
I think the problem is (XXX)
and I have...
(e.g. given O₂/analgesia, stopped the infusion)
OR
I am not sure what the problem is but child (X)
is deteriorating
OR
I don't know what's wrong but I am really worried

R

Recommendation:

I need you to...
Come to see the child in the next (XX mins)
AND
Is there anything I need to do in the meantime?
(e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

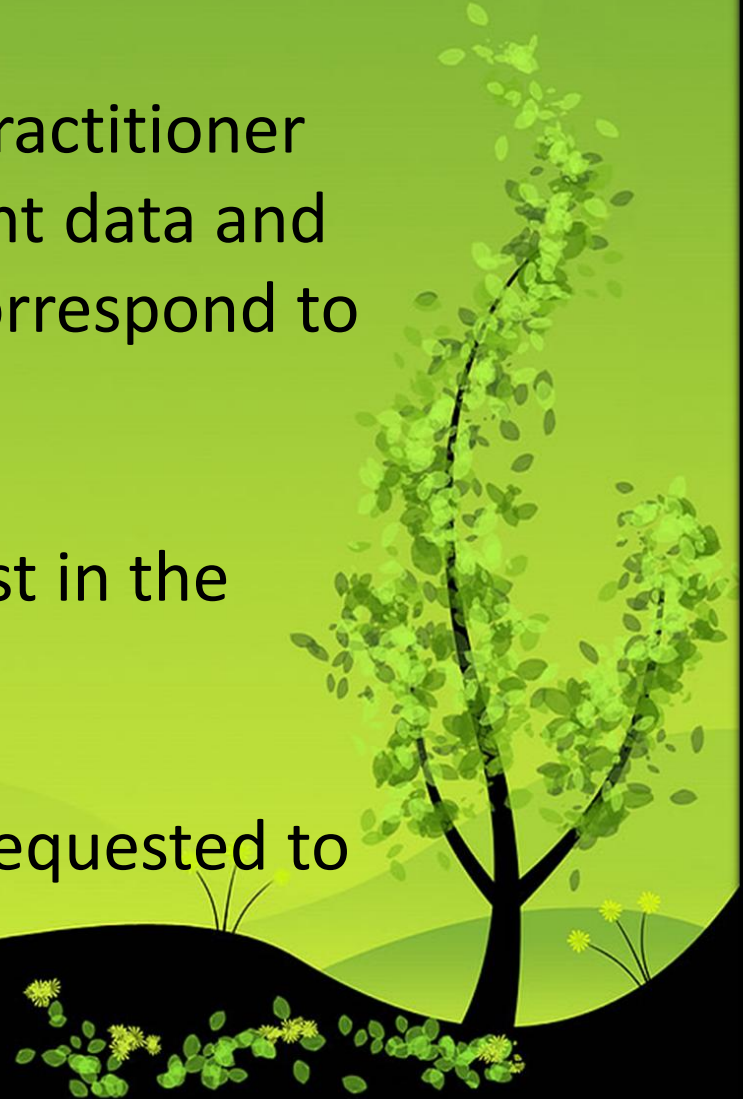


The Leadership Simulation:

The nurse provides the nurse practitioner with the appropriate assessment data and then they relay orders which correspond to the situation.

The audience is allowed to assist in the scenario.

Everyone, upon conclusion, is requested to give feedback.



The Leadership Simulation:



Student feedback:

“I learned how to prioritize patients. It was spontaneous and unordered – that’s reality!”

“I liked working with my peers. I learned how to delegate and how to determine the most critical patient.”

“I learned how important it is to communicate!”

“I learned how to critically think about treatments and interventions for the four different patient diagnoses. (Diagnoses that we will definitely encounter during our nursing practice.)

“I would have liked to break down into smaller groups, so everyone could have gotten a chance to do a role.”

“It needs to be more structured.”

Future Implications:

Leadership.

Delegation.

Learning through chaos.

Transforming practice.



Questions?



Resources:

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