

Health Educators Conference Simulation to Replace Clinical: Addressing Challenges in Maternal Newborn Exemplar

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Conflict of Interest

The presenters of this CNE activity have disclosed no relevant financial relationship with any commercial companies pertaining to this activity.

Learning Objectives

- Identify two ways to create a high-fidelity simulation
- Compare two methods of debriefing to use in simulation
- Develop a plan for implementation of high-fidelity simulation to replace clinical

Clinical Experiences



- Clinical experiences are a valued traditional learning experience
- The role of the nurse must be experienced in a practice environment
- Nurses need strong clinical judgment to provide safe, effective, quality care leading to good patient outcomes.

Ironside, McNelis & Ebright, 2014

Benner, Sutphen, Leonard, & Day, 2009; Institutes of Medicine (IOM), 2011

Clinical Experiences

- Clinical experiences are inadequate in number and complexity, specifically in specialty areas such as mental health, pediatrics and maternal-newborn

Pauly-O'Neill, Prion, & Lambton, 2013

- Opportunities for learning and applying clinical judgment are limited
 - Restrictions from clinical sites – frequency, number of students
Ironsides & McNelis, 2010
 - Maternal-newborn units have additional barriers

Cudé & Winfrey, 2007; Hathorn, Machtmes, & Tillman, 2009; Mahlmeister, 2008; Sittner, Hertzog, & Fleck, 2013

Simulation

- Simulation is widely accepted as an appropriate teaching method for nursing education

Hayden, 2012; Hovancsek, 2007; Hyland & Hawkins, 2009; Jeffries, 2014; Nehring, 2008

- Clinically realistic simulation may be an appropriate replacement for clinical experiences

Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014; Jeffries, 2005

- No significant differences in clinical judgment when simulation replaced 10%, 25% and 50% of all clinical experiences

Hayden et al., 2014





What do you understand about the MN Board of Nursing Simulation guidelines?

How many of you are using simulation to replace a clinical experience (counting simulation as clinical hours)?

What experiences are you replacing? Why?

What percent of total clinical hours are in simulation?



What do we need to know

- High fidelity simulation with high level of interactivity and realism may be used in part to meet the requirements related to clinical experiences
- No more than 50% of the time designated for clinical learning
- Planned course of events and applies evidence-based best practices to improve or validate competence
- Equipment and resources (physical and human) must be sufficient to support student learning

Revisor of Statutes, State of Minnesota, 2016a;

Revisor of Statutes, State of Minnesota, 2016b



Faculty Responsibilities

Faculty must oversee the learning activities

Faculty with documented education and training in the use of simulation develop, implement and evaluate the experience

Faculty with subject matter expertise AND training in simulation using evidence-based techniques conduct the prebrief and debrief

Revisor of Statutes, State of Minnesota, 2016a;

Revisor of Statutes, State of Minnesota, 2016b



Design, Implementation and Evaluation

Each student has opportunity to demonstrate clinical competence while in the role of the nurse

- Groups of 3-5 students per facilitator is recommended(Jeffries, 2012, pp. 82; INACSL, 2016).

Design, implementation and evaluation are based on nationally recognized evidence-based standards for simulation

Revisor of Statutes, State of Minnesota, 2016a;

Revisor of Statutes, State of Minnesota, 2016b

What are nationally recognized evidence-based standards for simulation?

- The INACSL Standards of Best Practice: SimulationSM are living documents that communicate the best practices on how to design, conduct, and evaluate simulation.
- Approved by several external reviewers, including NLN, SSH and several nursing, medical and dental professional organizations.

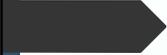
International Nursing Association for Clinical Simulation & Learning, 2015

Nine Standards:

- Simulation Design
- Outcomes and Objectives
- Facilitation
- Debriefing
- Participant Evaluation
- Professional Integrity
- Simulation-enhanced Interprofessional Education
- Simulation operations
- Simulation Glossary

Simulations

Time	Simulation
1330 – 1430	Normal postpartum & newborn
1430 – 1500	Delivery with Mama Natalie & Prompt Break
1500 – 1600	Postpartum hemorrhage
1600 – 1630	Debrief



Final Thoughts and Questions

- List one plan you have for implementation of high-fidelity simulation to replace clinical for your pre-licensure students.
- What will you take away from today's learning that you will incorporate into simulation?



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