

SUN – meeting 2019

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- RN, pediatrics
- MSc in Health Science,
- Senior lecturer, team leader
- Bridging the gap between theory and practice in nursing

Nursing Education Programme in Denmark

- 3 ½ years
- Approx. 2 years of theory and 1½ years of clinical practice



UCL Erhvervsakademi og professionshøjskole



What can you expect in the next hour?

- The past and simulation
- The present and simulation
- The future and simulation

The past and simulation

From "hands-on" in our skills lab to a simulation-based learning approach

Challenges? YES!

We thought we needed equipment... we did, but most of all we needed:

- Ideas for scenarios/learning by practicing ourselves and later teaching our colleagues
 - Inspiration from our national network on simulation-based learning and from e.g. Worcester and San Francisco
- How to ensure reflection and in this way bridge the gap between theory and practice
 - The Advocacy and Inquiry Method

The past and simulation

- Learning by using our SimMan3 G and ALS simulators (technical knowledge)
- How to make all the technical equipment work?
 - A person who liked to work with technical equipment
- Convincing our nice colleagues that simulation-based learning is a fantastic way for students to learn, appreciating many learning styles
 - We needed to go from hands-on learning to creating room for reflection (using theoretical arguments)
 - This is still a challenge.....

The present and simulation

- Lack of equipment? Not anymore 😊
- We have e.g. bought 4 nursing Anne simulators
- 1 ALS Man
- 1 SimMan 3 G
- Two years ago, we had a new simulation center and we now have 2 rooms with ALS and SimMan. Both rooms can be observed by people from another room. We also have a bedroom with 18 beds.



ALS MAN



SIM MAN 3 G



Maybe the largest patient room in Denmark?





Generation of ideas

- One thing is equipment ... another thing is generating ideas for scenarios and how we wished to work with reflection in connection with simulation-based learning
- Together with a colleague, I have been privileged to have the opportunity to participate in several simulation conferences both nationally and internationally. I have also been on exchange stays in the UK and USA

Generation of ideas

- Inspiration to our scenarios is collected both nationally and internationally
- All our theoretical semesters today include simulation, either low fidelity or high fidelity.
- Regardless of whether it is low or high fidelity, it is important that each scenario has a goal for learning outcome.

Which type of reflection?

- We heard, read and experienced the use of debriefing in connection with scenarios
- The focus was on making the scenario a success, i.e. it was often possible to repeat the same scenario. And often focus was on what did not go well in the scenario and not on what was a success and thus on curiosity and learning in this connection.

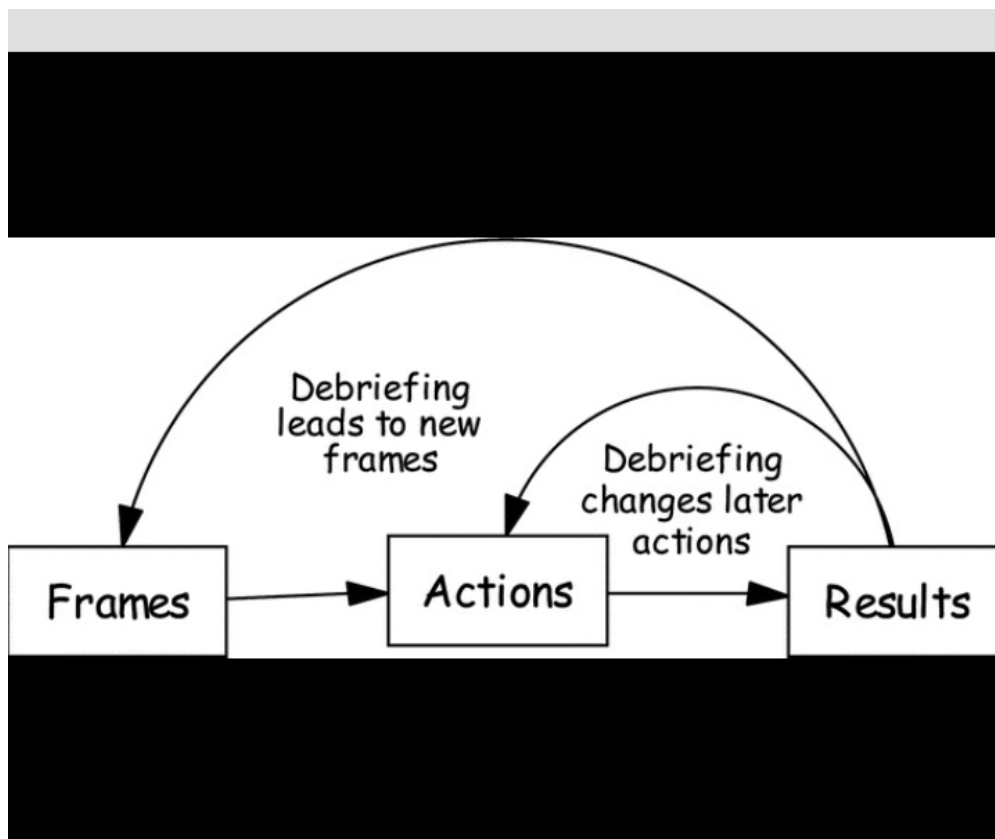
Which type of reflection?

- Due to financing and planning, we are not able to repeat the scenarios. Some scenarios are repeated, but only because students are assigned new active or observer roles
- We believe that eventhough students were allowed to repeat the scenarios, it would not improve their performance in clinical practice. This is because situations are always context-dependent.

Which type of reflection?

- We use the Advocacy and Inquiry Method
- By using this method we believe simulation narrows the gap between theory and practice. This is because the students reflect either during or after the scenario and they argue based on their theoretical knowledge.

The "Non-judgmental" approach to debriefing.



Frames are invisible, but inferable; they are in the mind of trainees and of instructors. Actions (including speech) are observable. Most results (e.g., vital signs, order/chaos) are also observable.

Source

There's No Such Thing as "Nonjudgmental" Debriefing: A Theory and Method for Debriefing with Good Judgment

Simulation in Healthcare1(1):49-55, April 2006.

How simulation narrows the gap between theory and practice

- A lesson = 45 minutes is typically divided into:
- 10 min. preparation of students (create security), scenario lasting approx. 10 minutes and we spend the last 25 min. on the Advocacy and Inquiry Method
- Each scenario has few learning goals (KISS = keep it simple students). This does not mean, however, that scenarios cannot be complex.

Definition of simulation

- Simulation is used as a method to simulate parts or all aspects of a given situation to allow the student to experience the situation as credible and realistic. Through the application of knowledge, action and reflection the student obtains a theoretical understanding, a sense of coherence and practical skills
- (The health education programmes, UCL 2016)

The present and simulation

- At the 1st semester, all scenarios are about basic nursing: bed bath, oral care, injection technique, circulation (blood pressure and pulse), temperature, respiration, secretion and use of catheter etc.
- When the students practice e.g. Insertion of a catheter, they practice communication in nursing at the same time. This means that a co-student who has the patient role and talks to the student nurse. When the patient is informed about what is going to happen ??? This also teaches the students the technical skills but also to communicate with the patient at the same time.
- Når patienten er informeret om hvad der skal ske anvendes der et simulator underliv.

The present and simulation

- At 2nd semester: Old age scenario with pre-, per- and post-operative nursing (high fidelity)
- At 3rd semester: Pedagogical/counselling exercise, clinical leadership of patient, citizen and treatment pathways, administration of medicine. Linked to a child with either Type 1 diabetes or asthma.

The present and simulation

- At 5th semester, the acutely and critically ill patient is in focus and students work with: anaphylactic shock in connection with blood transfusion, the acute surgical patient with acute abdominal problem, reception of the acutely ill child. COPD, patient discharge to own home and the dying/dead patient (sculpturing)
- At 7th semester, elective subjects where we work with the scenario from Wocheater, which we are going to do at the workshop later today, with medical cardiology patients in a room with four beds. The students' own experiences from clinical practice are simulated and followed by reflection (this is a huge success)

We are very fortunate

- We have an RN, Elin, who loves technique and who manages the programming SIM man 3G before the scenario and who runs the technique and voice the SIM man 3G during the scenario
- The lecturer can be present together with the students and observe the interventions initiated.

Pedagogical foundation

- Problem-based learning is our basic pedagogical approach
- This fits the Advocacy and Inquiry Method
 - The lecturer facilitates students' reflection and use of theoretical arguments
 - The lecturer facilitates the students' attention to the problems at stake and what kind of knowledge they may lack.

The present and simulation

- Where are we today? We have simulation-based learning at all semesters
- We use both low and high fidelity and sculpturing
- We still work on getting all colleagues to use the Advocacy and Inquiry Method
- I have just finished a pilot project on how to qualify colleagues' competences in simulation-based learning.

What is sculpturing?

- Special method where students are assigned a role each; the simulation takes place in silence. This means the students have to use touching/movements to move a person. They are not allowed to talk during the scenario. This method is used at the 5th semester and there is specific focus on ethics and the role of the professional.

The future and simulation

- Be better at using video recordings from the scenarios for subsequent reflections
- Keep the simulation center open to students so they can come and practice without a lecturer. Has been tried but students did not show up
- Think interprofessionally and develop a small hospital running in three-day shifts with both day and night shifts
 - We have both radiographer, physiotherapy, occupational therapy and medical laboratory scientist students.