Taking Aim: Remote Teaching Challenges

Week #3 – Managing the Remote Nursing Capstone Experience

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Webinar Speakers

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Michelle Collazo, MS, RN, CHSE

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Simulation Response to Capstone Needs – Pre-licensure Baccalaureate Program

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University of Portland School of Nursing, Simulated Health Center
Who We Are

- Pre-licensure baccalaureate program
- Simulated Health Center
  - Dedicated interprofessional team
  - SP-focused Simulation experiences
  - Well-supported in Simulation!
- Curriculum revision impact
Our Response

- Prioritize seniors
  - May graduates – Capstone
  - August graduates – Population Health
- Replace portion of capstone hours – 55 hours
  - 5 E-Visit Simulations at 1:2 ratio – 11 hours/simulation
- Adapt Simulation cases into E-Visit format
  - SPs as patients
  - Progressive, unfolding cases
- Adapt the context of the stories
  - Reflected current quarantine circumstances, but focus of case varied
  - Added Charge RN/Clinic Lead role for capstone students
Our Process

- E-Visit Simulation Guides created
- Simulation team rehearsed
- Microsoft Teams platform
- Moodle/DocuCare for prep
- 4-hour simulation experiences
  - Familiar structure to students
  - 6-8 students per group
Linking to Outcomes

- Leveled up objectives/context to meet senior-level objectives
- Threaded through root cause analysis and leadership
- Strong theory-based debriefing
- Established a plan to contribute to the Clinical Evaluation Tool
Feedback & Evaluation

- Rich, thoughtful discussion
- Students adapted well to the platform
- Positive student response to cases
- Coordination with Course Lead Faculty
- Use of Clinical Evaluation Tool
  - Shared document to provide feedback
  - Ensure outcomes met
- SET-M
Associate Degree Nursing Capstone
Virtual Simulation Experiences

Melody Bethards, MSN, RN, CNE, CHSE,
HPS/Nursing Simulation Coordinator, Des Moines Area Community College
Moving Clinical and Simulation Experiences to Virtual

- 96 students across five different campuses.
- Not all students able to complete required 135 hours of 1:1 preceptor time.
- Iowa Board of Nursing allowing all clinical hours as simulation
  - Allows 1:2 ratio if justified
  - Does not specify simulation modality
- All students completing hours virtually using a 1:2 ratio (67.5 hours)
  - Virtual clinical (55.5 hours) - Available virtual simulation products that include feedback/debriefing component.
  - Virtual simulation (12 hours) face to face sessions with simulation faculty.
    - All virtual simulations include a prep worksheet sent to students no less than 24 hours ahead, prebrief guide, scenario progression guide, and debriefing guide.
Virtual Simulation Experiences

• Sessions are held 7 days a week at varying times each day
• Three different 3.5-hour sessions (½ hour credit given for completing prep worksheets)
  o Session A – Healthcare Systems
    ▪ Students take on role of members of a Risk Management Team
    ▪ Review three cases and provide recommendations
    ▪ Change roles with each case
  o Session B – Community Health
    ▪ Students take a field trip to remote First Nations people and Inuit community
    ▪ Tour nurses' station and explore community
    ▪ Participate in scenarios and compare/contrast nursing roles/responsibilities
  o Session C – Global Health
    ▪ Students take part in a COVID-19 pandemic scenario
Session A – Healthcare Systems

Associated Course Competencies/sub-competencies:

1. Appraise behaviors of a professional nurse.
   a. Reflect on personal and professional actions based on a set of shared core nursing values.
   b. Demonstrate transition to the role of the professional nurse within organizational systems

   a. Integrate clinical decision-making skills in the care of clients with complex health needs.
   b. Promote factors that create a culture of safety within the context of the healthcare team.

3. Appraise communication techniques.
   a. Manage communication, including the use of informatics, with clients, individuals, families, communities and colleagues.
Session A – Healthcare Systems

Situation:
You are members of the Risk Management Team at Global Health Hospital, a medium sized health system in a large Urban setting. Global Health Hospital system consists of 8 clinics, a small rural hospital outside of town, and a large size hospital in the urban area.

Activity 1: Determine Approach and Action Plan Process
- Determine the approach used to review the cases
- Review Action Plan Guidelines
  https://www.ashrm.org/sites/default/files/ashrm/Mono_ActionKnowledge.pdf
Session A – Healthcare Systems

Activity 2: Roles

• Students assume roles while for the cases.
• The following roles are provided as a starting point. Every student must have a different role. If there are more than 8 students in the group, roles will need to be added so there is a different role for each student.
• Responsibilities of these roles are discussed during prebrief
• Other roles and responsibilities are discussed and added to the team as needed.

1. Staff RN
2. Nursing Manager
3. Nurse Practitioner
4. Case Manager
5. Risk Manager
6. Member of Hospital Ethics Committee
7. Chief Nursing Officer
8. Chief Operating Officer
Session A – Healthcare Systems

Activity 3: Risk Management Case Reviews

Student Information:
• To prevent presumptions about a case, the Risk Management Committee members do not get information about cases ahead of time. All members receive the information at the same time.
  o All these cases are real. They are real people telling their stories.
  o All cases are in the past. They have already happened, and we cannot change the outcome.
  o Our job is to review the case and offer recommendations/determine a plan of action.

Scenarios:
• From Global Network for Simulation in Healthcare
  o Found at http://www.gnsh.org/30-minute-weekly-initiative/teamenagements/
• Gwen Cox – focus is on unit-based issue
• Alicia Cole – focus is on facility-based issue
• Sam Morrish – focus is on entire health system issue
Session A – Healthcare Systems

Alicia Cole:

Alicia- young adult female, admitted for surgery to remove two uterine fibroids with expected hospital stay of 2 days
Session A – Healthcare Systems

Alicia Cole:

http://www.qnsh.org/30-minute-alicia-cole/

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Session A – Healthcare Systems

Evaluation

- Students complete an online evaluation after each session
  - Rate how virtual simulation meet course objective
  - Evaluate simulation learning experience and facilitator.
  - Identify global concepts covered.
  - Provide example of something you learned related to the global concept(s) identified.

<table>
<thead>
<tr>
<th>Global concepts Identified by Faculty</th>
<th>% of Students who Identified same Global Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>80.00%</td>
</tr>
<tr>
<td>Safety</td>
<td>93.33%</td>
</tr>
<tr>
<td>Communication</td>
<td>88.33%</td>
</tr>
</tbody>
</table>
Session A – Healthcare Systems

Select Student Comments:

• Professionalism
  o Explored ways to implement changes to prevent patient harm from different leadership perspectives.
  o Leadership and looking at different leadership skills.
  o I learned about different professional roles on the interpersonal healthcare team.

• Safety
  o Patient safety was shown and how small mistakes can cost a whole human life.
  o Safety was a major concept explored in this simulation experience. We were provided a number of scenarios revolving around patient safety, and how mistakes or omissions to care can have long lasting and incredibly profound impacts on patients. Safety was explored during this sim by discussing how lack of patient safety can have a negative outcome for patients.

• Communication
  o Communication was sorely lacking in all of the patient scenarios. This contributed to the poor outcomes.
  o I learned how a break in communication between health providers can be detrimental in patient safety.
  o Communication was a huge key concept for this experience. We looked at how important it was to communicate with others in the healthcare system and our patients and how if there is a lack of communication we are putting our patients at an increased risk of harm.
Graduate Capstone Experiences

Jenny O’Rourke, PhD, APN-BC, CHSE, Assistant Professor & Associate Dean Graduate Programs, Loyola University
Graduate Examples

1. Telehealth
2. Care Transition/Provider Exchange
3. TeamStepps
Telehealth-Learning Objectives

- Students will analyze the concept of telehealth
- Students will differentiate between the benefits and challenges of telehealth
- Students will identify the cultural, ethical, and legal principles of telehealth
- Students will demonstrate proficiency with the tools utilized in telehealth
- Students will examine how rural providers may use telehealth to access specialties or consultation
- Students will identify current regulations regarding reimbursements of telehealth visits
- Students will demonstrate concepts learned in the didactic and simulation portion of the course in the clinical setting

Arends et al., 2019
Telehealth – Didactic

https://learntelehealth.org/course/an-introduction-to-telehealth/
PATIENT INFORMATION

Mr. Veto Russo, 59 y/o male, has been told to call telehealth services from home to be triaged for flu like symptoms.

Patients are being encouraged to stay home unless the situation warrants an 'ER' visit; thus, your objective is to determine if emergent care is necessary.

https://app.pcs.ai/selection/simulators

Telehealth – Virtual Case

https://app.pcs.ai/selection/simulators

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Welcome, Dr. ORourke!

To invite someone to your waiting room, share this link:

https://doxy.me/drjenny2020

Upgrade to Professional or Clinic account, starting at $29/mo

Telehealth – SP Case

https://doxy.me/

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Care Transition with Provider Exchange

Synchronous Class

Interprofessional Conflict Resolution

https://www.youtube.com/watch?v=sdJvTlIts6k

Taking Aim: Remote Teaching Challenges
Selected Resources

- https://learntelehealth.org/course/an-introduction-to-telehealth/
- https://app.pcs.ai/selection/simulators
- https://doxy.me/
- https://www.youtube.com/watch?v=sdJvTIlts6k
Final Thoughts

Reflections
Thank you for joining us!

The webinar recording will be posted on the Coronavirus Resource Center within two business days.

Thank you to our speakers!

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Next Webinar:
Friday, April 24 at 12 noon EDT

Managing Chaos and Creating Calm

Presented by:
Beverly Malone, PhD, RN, FAAN
CEO, National League for Nursing