

Microskill Development 2.0:

Directing our attention and managing distractions



2023NLNSUMMIT

Introduction & Disclosure

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The NLN is a strategic partner with
Laerdal medical and collaborates to
provide scenario content for
educational solutions.



Learning Outcomes

01

Describe the intersections between languishing, flow and attention

02

Identify the barriers to attention

03

Apply strategies of directing attention and managing distractions to clinical situations



Invitation for Dialog

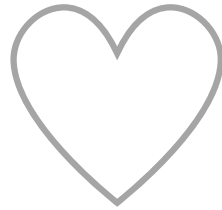
How are we doing - Check-In



What are some limited resources?



Time

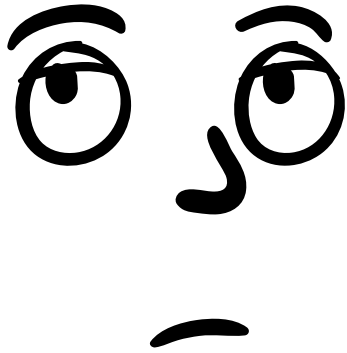


Compassion

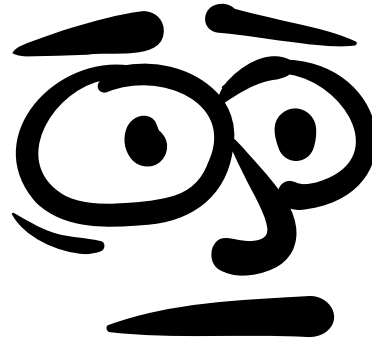


Attention

What's the result of limited resources?



- Languishing



- Burnout



- Turnover

What's the cure?

Mindfulness
Awareness
Tools
Practice
Connection
Flow





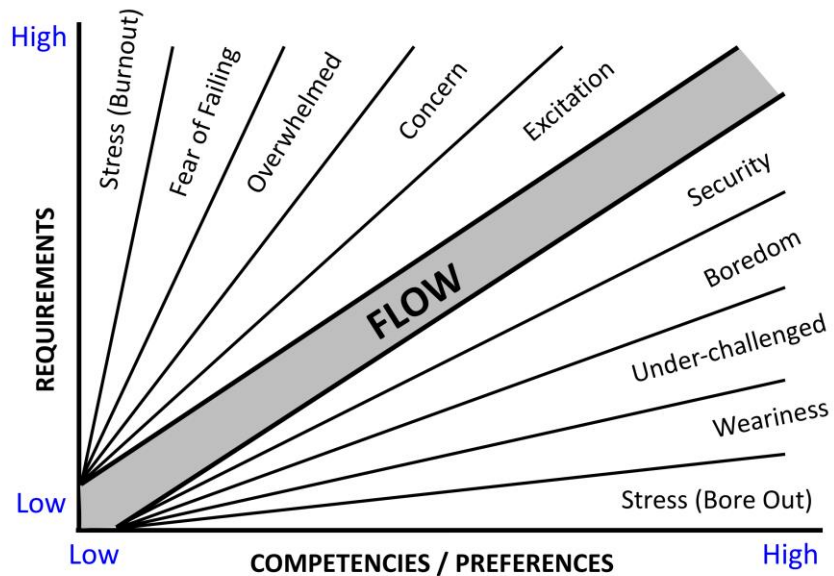
What's flow got to do with it?



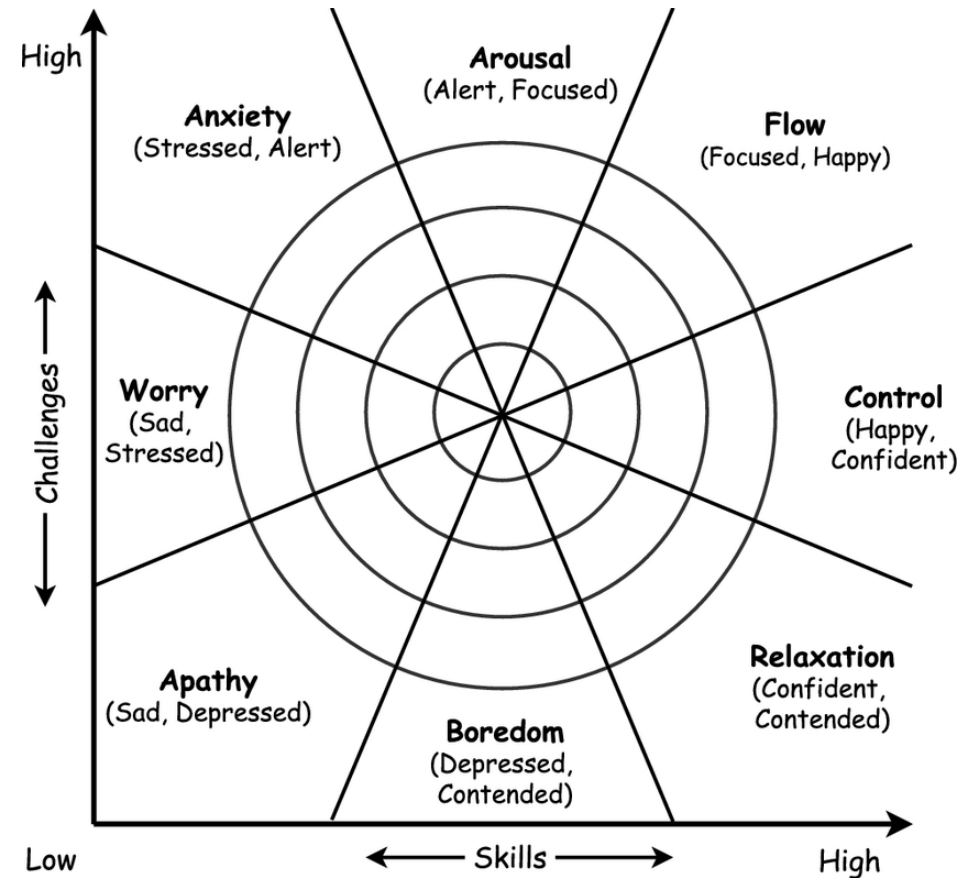
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Modified "Flow" Model

Based on Mihaly Csikszentmihalyi & Norbert Bischof

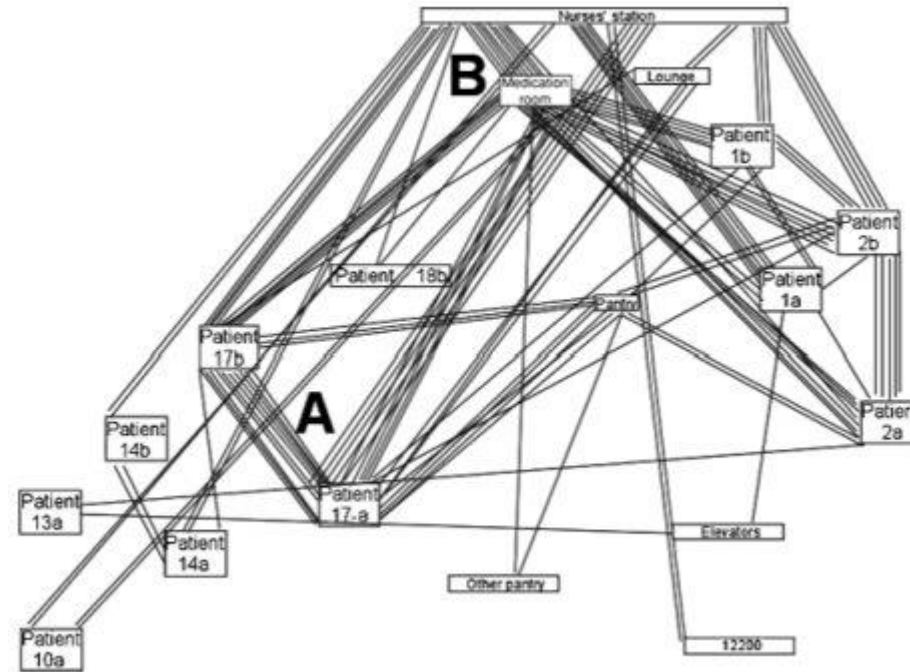


By Identity Compass International
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What keeps us from flow?

Overwhelm
Alarm Fatigue
Distractions
Interruptions
Our brain



Potter, et al, 2005

Let's find some flow



Techniques – how we do something



Tools – what we use to do something



Skills – multi-step process



Technique: Gathering Cues

Skim

Quickly review material looking for key, specific data

Survey

Scan for big picture summary

Sleuth

Investigative dig for data

Stack

Make mental or written notes of tasks to-do

Dela-Cruz, 1994 &
Jackson, et al 2021



Tool: Managing Our Attention

Flashlight

Focused attention, details

Floodlight

Broad attention, big picture

Whiteboard

Attention to stacks, get mindful

Jha, 2021



Skill: Prioritization using CURE



CRITICAL



URGENCY



ROUTINE



EXTRAS

Nelson, et al 2006

Skill: ARISE

Appreciate	Appreciate the importance of Situational Awareness
Recognize	And analyze the cues
Invite	Invite opportunities to become more Situationally Aware
Speak	Communicate the definition of SA in the form of questions
Engage	Take action, identify next 3 steps

ARISE: Situational Awareness



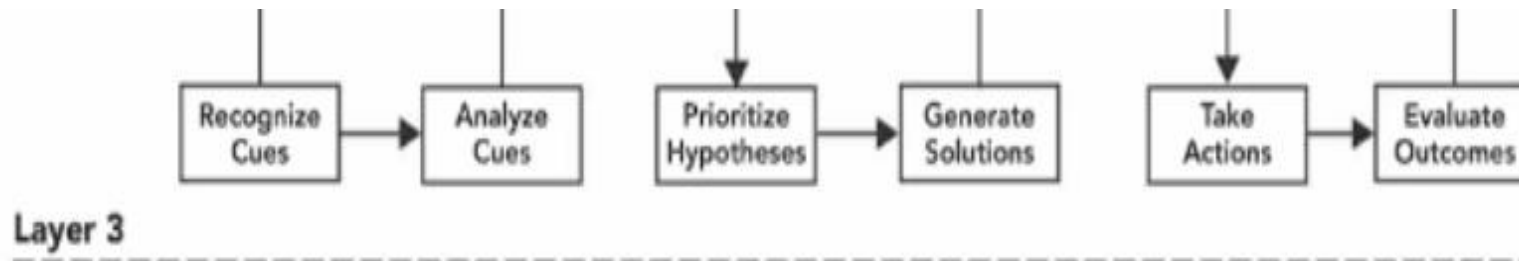
PERCEPTION



COMPREHENSION



PROJECTION



Endsley, 1988

Debora	Brandon
<p><u>Situation:</u> Deborah Enriquez is a 35-year-old female who suffered an injury to her lower left leg when she fell getting out of her car in the parking lot where she teaches. She sustained a noncomplicated tibia–fibula fracture of her left leg and is one day postoperative for an open reduction internal fixation under general anesthesia.</p> <p><u>Background:</u> She is single and has a history of hypothyroidism. She takes levothyroxine and a multivitamin.</p> <p><u>Assessment:</u> Neuro: Alert and oriented x 4. . Vital Signs: Respirations 20/min and oxygen saturation of 99% on room air, HR of 88 bpm, BP of 112/78 mm Hg, and temperature of 36.8°C. Pain: Reports 2-3/10 after given one tablet of oxycodone/acetaminophen 10/325 mg at 0400. Respiratory assessment: Lung sounds were clear bilaterally. Cardiovascular: Hear sounds normal. Warm pink toes and brisk capillary refill (less than 2 seconds) with pedal pulses +2 bilaterally. Neurovascular: No reported numbness or tingling of lower extremities. Reports sensation with toes on both feet and move them when requested. IV: Peripheral right forearm with lactated Ringer’s solution running at 50 mL/hr. Plan: Left for Physical therapy (PT) evaluation this morning. Surgical site: Knee-length ACE wrap covering the dressings on her left leg and has a non-weight-bearing status. The dressing is dry and intact with a small amount of old blood. Skin: 3-inch abrasion on her right knee and 2-inch abrasion on her left forearm. The left leg is elevated on a pillow. <u>Recommendation</u> Follow-up postoperative observation, monitor her for pain. Just returned from PT, they are getting her back to bed.</p>	<p><u>Situation:</u> Brandon Williams is a 62-year-old male who underwent a laparoscopic hemicolectomy with direct sutured anastomosis 3 days ago due to a localized perforated colon from diverticulitis.</p> <p><u>Background:</u> He has a history of diverticulitis, bilateral cataracts, and primary hypertension is well controlled. He smokes a 1/2 pack of filtered cigarettes per day.</p> <p><u>Assessment:</u> Neuro: Alert and oriented x4 Vital signs: RR of 18/min with an oxygen saturation of 97% on room air, HR of 65-70 bpm, BP of 110/70 mm Hg, temperature of 36.8°C (98.2°F). Pain: He received oxycodone/acetaminophen 10/325 mg at 0300 for abdominal pain level of 6/10. Respirations: Unlabored. Diminished breath sounds bilateral bases; needs encouragement to use the incentive spirometer. Heart tones are S1, S2, no murmurs. Cardiovascular: Peripheral pulses are 2+, and his extremities are warm and pink. CRT < 2 seconds. Peripheral IV catheter right arm. bowel sounds GI: Slightly tender, soft, nondistended abdomen. He has been taking a regular diet since yesterday and tolerating it well. LBM this morning. Genitourinary: Indwelling urinary catheter removed; voiding without issues Surgical Site: Four small sutured abdominal incisions without redness, swelling, or drainage and his abdomen is soft without distention. No drains in situ. Labs: Drawn and send an hour ago and results are still pending. <u>Recommendation:</u> Brandon Williams was walking in the hallway, and he seems to be making good progress. However, the UAP just now reported that Brandon called reporting leg pain.</p>

Report

Today, you are assigned to:
Step 1: Receive SBAR Report
Technique:
Tool:
Skill:
Question: Did you understand everything from report? Do you have remaining questions?

Determine relevance of cues.
Step 2: Circle all important or relevant cues within the SBAR
Technique:
Tool:
Skill:
Question: Did some cues stand out to you? Which ones? Why? Highlight the most important cues.

Prioritization - Vertical

Prioritize care for each patient.

Step 3: For each cue circled, identify the “To-Do’s” or nursing actions for each individual patient (table below)

Technique:

Tool:

Skill:

Question:

To-Do's with Stacked Actions			
Deborah		Brandon	
Cue	Stacked Actions	Cue	Stacked Actions
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Prioritization - Horizontal

Prioritize care.

Step 4: Consider both patients.
Prioritize care for all assigned patients.
What order will you plan to see patients? What order will you stack actions? (Table below)

Technique:

Tool:

Skill:

Question: Is there a clear priority? If not, what might you do to clarify and determine which patient to see first?

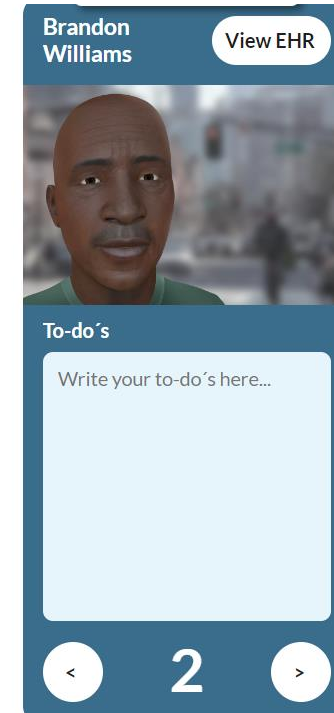
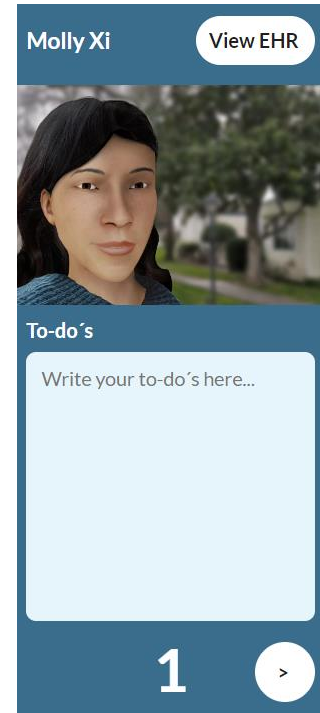


Chart Review and Re-Prioritize

Plan Care
Step 5: Chart Review
Technique:
Tool:
Skill:
Question: Did you discover any new cues? If so, add them to your “To-Do” list using the table in Step 3

Reprioritize Care
Step 6: Restack priority actions for all patients using the table in Step 4.
Technique:
Tool:
Skill:
Question: After the chart review, does the prioritization in Step 4 change? What changed? Why?

Assessment

Deliver Care
Step 7: Safety assessment (from the door)
Technique:
Tool:
Skill:
Question: What did you notice? Did anything surprise you? If so, why and how might that impact next actions?

Video

Assessment

Deliver Care
Step 8: Patient assessment (with patient)
Technique:
Tool:
Skill:
Question: What did you notice? Did anything surprise you? If so, why and how might that impact next actions?

Video

Restacking

Restack
Step 9: Manage interruptions in care
Technique:
Tool:
Skill:
Question: When you receive new data while providing care, how did you manage it? How did it impact priorities?

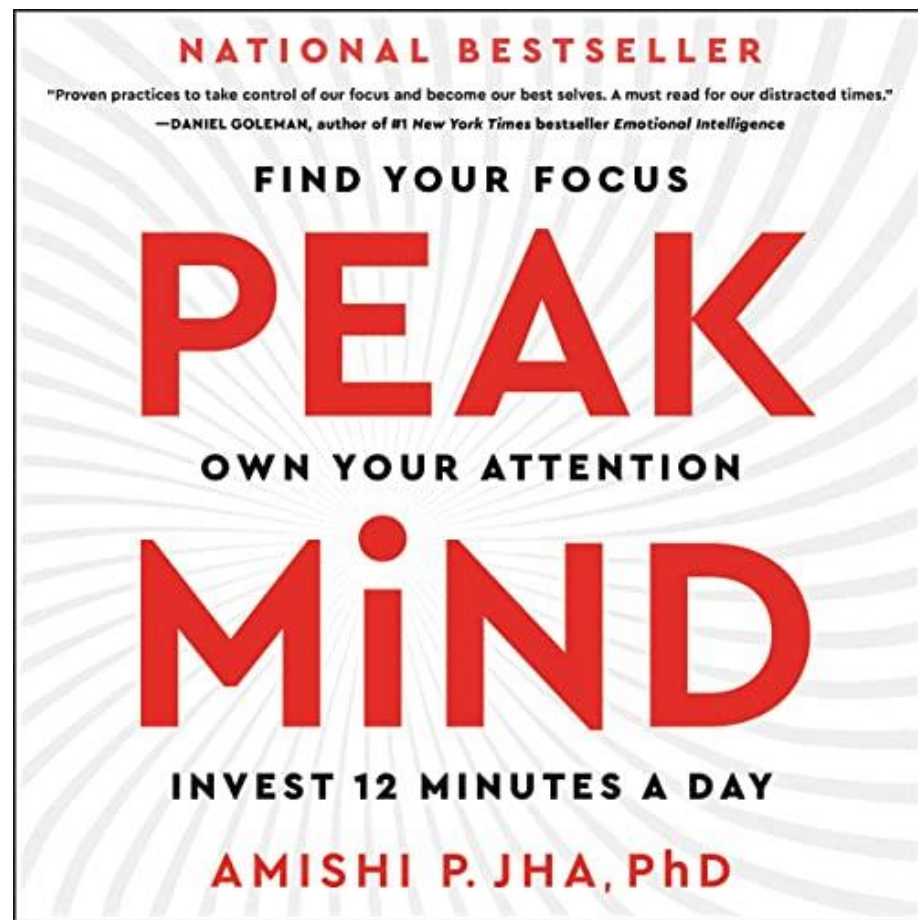
Video

Next steps!



How are we? Check-Out





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