

The Development and Evaluation of an Ebola High-Fidelity Simulation Scenario for Baccalaureate Nursing Students: A Pilot Study

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DISCLOSURES

- Conflict of Interest
 - -Alison H. Davis reports no conflict of interest
 - -Jennifer M. Manning reports no conflict of interest
 - -Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
 - -Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest
- Successful Completion
 - -Attend 90% of session
 - -Complete online evaluation







OBJECTIVES

- Upon completion of this presentation, participants will be able to:
- 1. Understand the process for the development of an Ebola simulation scenario
- 2. Identify the components of a pilot study
- 3. Describe appropriate PPE for an Ebola patient







Background

- High fidelity human patient simulation (HF-HPSim) an established teaching pedagogy in nursing education
 - 1990s
- Increases quality and quantity of learning experiences







Review of Literature

• Jeffries and Clochesy (2012), "Simulations can provide an innovative, experiential approach to teaching that actively involves students in their learning process. By interacting with simulations, the learner is required to use a higher order of learning than simply mimicking the teacher role model" (p. 359-360)







Review of Literature

- Active observation of students allows faculty to
 - Provide real-time positive feedback during **debriefing**
 - Learners experience the "light bulb" moment

(Henneman, Cunningham, Roche, & Curnin, 2007; Smith, 2009; Sullivan-Mann, Perron, & Fellner, 2009; Swenty & Eggleston, 2011; Weaver, 2015).







Background

- Current focus of HF-HPSim
 - Educate/enforce basic assessment skills
 - Expose students to critical events in the delivery of patient care
- Need for expanded focus
 - Recent communicable disease outbreaks







Background

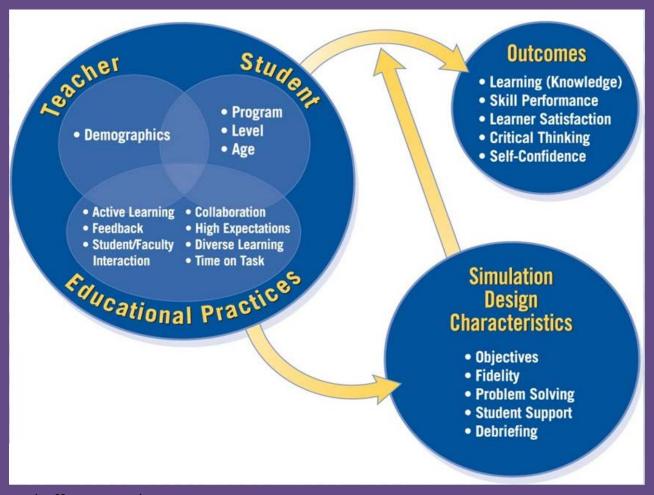
- Student nurses are unlikely to encounter care of an Ebola patient:
 - Rare occurrence
 - Need for highly skilled nursing care
- HF-HPSim is an ideal strategy
 - Safely exposes student nurses to the high level of care
 - Safely participate in direct patient care







The NLN/Jeffries Simulation Framework



(Jeffries, 2012)







Purpose

• To evaluate a newly developed Ebola simulation scenario in a baccalaureate nursing program.







Methods

- Design
 - Pilot study
 - Descriptive
- Sample
 - Purposive sample
 - Undergraduate BSN students
 - The inclusion criteria:
 - students enrolled in a senior level nursing course
 - ability to speak, read, and write English
 - 18 years or older







Methods cont'd

- Human Subject Protection
 - Participants were given:
 - Letter of invitation/consent
 - Photography consent
 - Only used for research purposes
 - Facial obscuring
 - Date, time, and location of the simulation
 - Neither researcher was currently serving as a faculty to study participants
 - Full exempt approval received
 - Health Sciences Center IRB







Methods cont'd

- Setting
 - High-fidelity human patient simulation lab
 - 5th floor of school of nursing
 - Private area
 - Pre-briefing
 - Debriefing
 - Survey completion







Methods cont'd

- Educational intervention (Ebola scenario)
 - Provides goals
 - Synopsis
 - Supply list
 - Mannequin preparation directions
 - Including fluorescent agent
 - Pre-briefing points
 - Link to a 13-minute video
 - CDC PPE donning and doffing procedures for Ebola
 - http://www.medscape.com/viewarticle/833907







Educational Intervention (con't)

- Unfolding case
- Organized in four (4) phases or states
 - Contains minimal expected participant behaviors
 - Teaching points for debriefing
 - Participant preparation questions
 - Patient background
 - Initial set of healthcare provider orders







Educational Intervention con't

- Prior to scenario
- All participants assigned role
 - Assessment nurse (2)
 - Treatment nurse
 - Medication nurse
 - Recorder nurse
 - Safety nurse
 - Observer
- Given 10 minutes to discuss roles, nursing priorities, interventions, ask questions







Abridged Ebola Scenario

State	Descriptio n	Simulat or Actions	Healthcare Provider (HCP) Orders	Learner Expected Behaviors	*Faculty Role
	Learner's Preparatio n for Scenario	HR= 110, BP 106/50, RR 22 Breath Sounds = clear; Heart Sounds = S1S2; Bowel Sounds = hyperac tive; AA&O X4 Red lesions on trunk and arms bilateral ly.	 Hold in ED Activity as tolerated VS Q4 IV 0.9%NS at 150mL/hr Clear liquid diet as tolerated Acetaminophen 650mg PO/PR prn fever, achiness Keep O2 saturation ≥ 95%. 	1. Actively engaged in prebriefing. 2. Reviews patient background and first order set.	1.Preparation of room and simulator with fluorescent agent and moulage(simulated rash). 2. Prebriefing of learners including CDC donning/doffing video.







1	Baseline	No	1. Initial	Provide additional
	ED	change	assessment &	assessment details when
	Assessme	in	evaluation of	learner's request, i.e.
	nt	vitals.	data.	temperature, complaints of
		Reports	2.	nausea, lab results.
		"I	Communicate	2. Provides additional orders
		returned	d with patient	once learners call with
		from a	regarding	assessment results, i.e. rash,
		Peace	symptoms.	elevated temperature, travel
		Corp		to Africa within 10 days.
		mission	3. Reports	
		10 days	assessment	
		ago to	findings to	
		Liberia"	HCP.	
			4.	
			Administers	
			acetaminophe	
			n.	
			5. Begins IV	
			infusion	







2 =	Patient	HR=	Once learners notify	1.	Provide additional
	Deteriorati	122,	HCP:	Reassessment	assessment data when
	on	BP=	1. Increase IV to	of patient.	learners request, i.e.
		102/40,	200mL/hr	2.Recognitio	temperature, rash is now
		RR= 30;	2. Vital signs every 15	n of	spreading, tender abdomen.
		SPO2=	minutes.	respiratory	
		90%	3. Stat labs: CBC,	distress.	
		RA	CMP, ABG, ALT/AST,	Elevates	
		Breath	PT/PTT, polymerase	head-of-bed.	
		Sounds	chain reaction (PCR),	4. Maintains	
		= clear;	enzyme-linked	PPE.	
		S1S2	immunosorbent assay	Notifies	
		present;	(ELISA), IgM, IgG	HCP of	
		Bowe1		assessment	
		sounds=		findings.	
		hyperac			
		tive;			
		A&O			
		X4			
		Pt %			
		increasi			
		ng			
		nausea,			
		diarrhea			
		,			
		headach			
		e (4/10),			
		&			
		shortnes			
		s of			
		breath			
				i	





3	Stabilizing	HR=10	No new orders.	1.	1. With the patient
		2, BP		Reassessment	stabilizing, the faculty
		102/50,		of patient.	announce the learner's shift is
		RR= 22		2. Maintains	over.
		SpO2=		PPE.	
		96%		3.	
		Breath		Communicate	
		sounds=		s with patient	
		clear;		concerning	
		Shortne		condition.	
		ss of		4. Reports	
		breath		assessment	
		decreasi		findings to	
		ng;		HCP.	
		S1S2;		5. Once	
		Bowel		receive	
		sounds=		announcemen	
		hyperac		t that the shift	
		tive		is over,	
		A&OX		doffing of	
		4		Ebola PPE.	







4	Doffing	1. Doffing	1. Faculty assume the role of
	PPE	PPE	the observer as Ebola PPE is
		according to	doffed.

		CDC guidelines.	
Debriefing			

^{*}Faculty = researcher for this pilot study.















Educational intervention cont'd

- Debriefing
 - Formal session following the scenario
 - Reinforce
 - -Ebola knowledge
 - Donning/doffing procedures
 - Clarification of confusing points
 - Review of the high-points of scenario
 - Review of if minimal expected behaviors were met by participants







- Demographics
 - Age, gender, race, ethnicity and level of student in BSN program







- Simulation Design Scale (SDS; Student Version)
 - Measures presence and importance of five design features of the simulation:
 - Objectives
 - Support
 - Problem solving
 - Feedback
 - Fidelity
- 20 items; 5 point Likert scale







- Educational Practices Questionnaire (EPQ; Student Version)
 - Measures presence and importance of four educational practices:
 - Active learning
 - Collaboration
 - Diverse ways of learning
 - High expectations
- 16 Item; 5 point Likert scale







- Student Satisfaction and Self Confidence in Learning Instrument (SSSCL)
 - Measures student satisfaction and self confidence in knowledge acquired during simulation
- 13 item; 5 point Likert







Research Questions

- **RQ1.** How do baccalaureate nursing students rate the presence and importance of design features of an Ebola simulation?
- **RQ2.** How do baccalaureate of nursing students rate educational practices of an Ebola simulation?
- **RQ3.** What are baccalaureate nursing student perceptions of self-confidence after the Ebola simulation?
- **RQ4.** What are baccalaureate of nursing student satisfaction levels after the Ebola simulation?







Results- Demographics

	n=7	Percent (%)
Female	7	100
Non-Hispanic	7	100
Caucasian	5	71
African - American	2	29

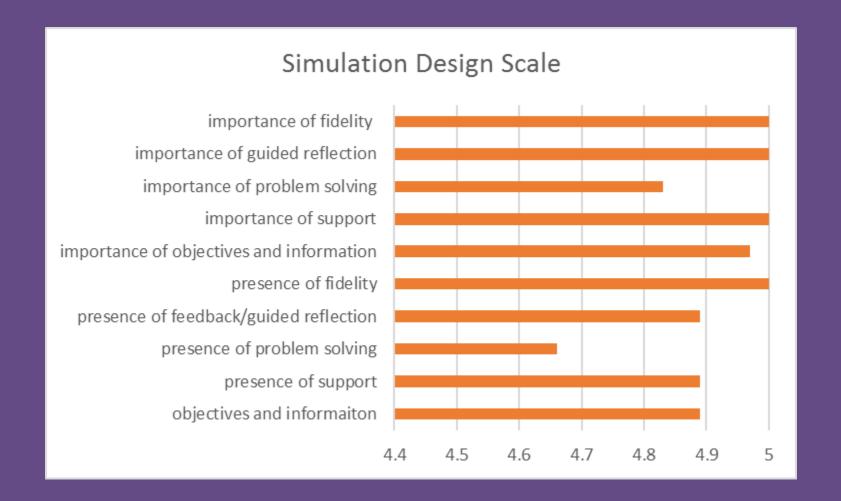
• mean age- 25







Results – SDS

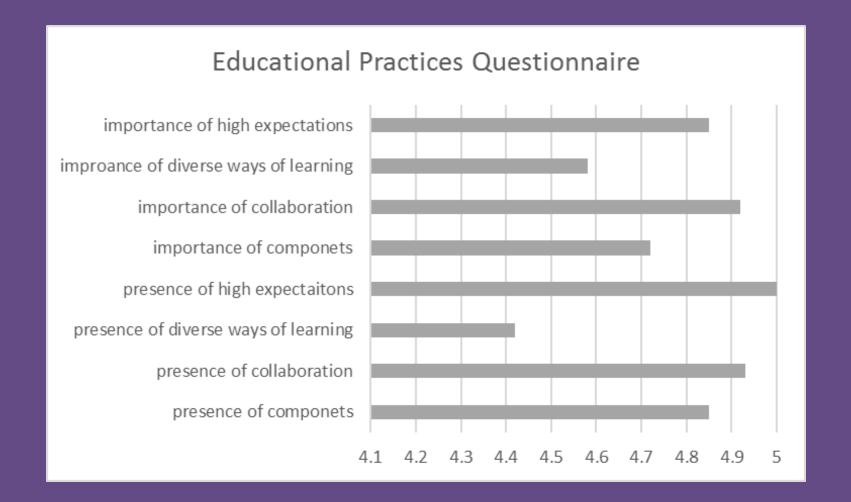








Results – EPQ





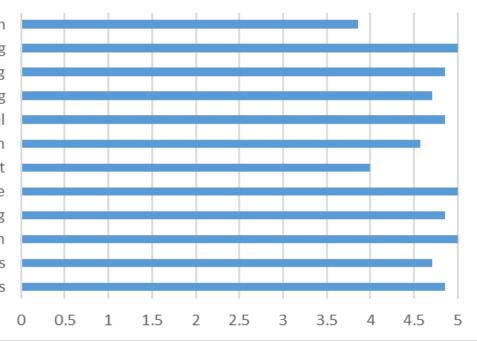




Results – SSSCL

Student Satisfaction and Self Confidence

instructor should tell the student what content to learn student understands how to use simulation for learning student understand how to obtain help with learning student is responsible for learning resources were helpful content was relevent for curriclum confidence in content teaching style was suitable materials motivated learning enjoyed the simulation variety of learning materials effective teaching methods









Discussion

- RQ1
- How do baccalaureate nursing students rate the design features of an Ebola simulation?
 - Participants highly agreed the five key design features of the SDS-Student Version were present and important for the scenario content.
 - One exception
 - Participants did not highly agree with the presence of their ability to problem solve through independently set patient goals during the simulation.







Discussion

- RQ2
- How do baccalaureate of nursing students rate educational practices of an Ebola simulation?
 - Participants highly agreed with the presence and importance of the majority of all components of the EPQ.
 - Exception
 - Participants indicated diverse ways of thinking were not as present in the HF-HPSim.







Discussion

- RQ 3 & 4
- What are baccalaureate nursing student perceptions of self-confidence after the Ebola simulation?
- What are baccalaureate of nursing student satisfaction levels after the Ebola simulation?
 - Results from the SSSCL indicated the participants were highly satisfied and self confident in learning during the HF-HPSim.







- Scenario designed to engage the participants in inquiry and discovery surrounding Ebola.
 - Engagement in scenario equal participants
 - Recognized the signs and symptoms of Ebola
 - Reinforced assessment skills
 - Planned care for an Ebola patient
 - Identified and demonstrated the appropriate donning and doffing of Ebola PPE







- Fluorescent agent to simulate Ebola contamination.
- Scanning of the participants before the formal debriefing session revealed several participants had "contaminated" themselves during the scenario.
- Point of contamination was unknown initially.







- Timeframe before the formal debriefing was instrumental.
 - Participants candidly discussed their thoughts and feelings about the scenario
 - Why did this occur?







- Debriefing process
 - Assisted participants to relate all simulation activities together and build a bigger picture of an Ebola patient.
 - Initial cues
 - History triggers,
 - Who to call when Ebola is suspected I
 - Addition to the healthcare provider
 - Difficulties associated with Ebola PPE
 - Challenges surrounding patient care







Limitations

- Use of a small, purposive sample
 - n=7
- Pilot study
- Single site







Recommendations for Future Study

- Specific role of a participant assessment
 - Difficulty communicating to other team members while fully donned in PPE
 - Ability to assess a patient in Ebola PPE
 - Ability to give medications in PPE
- Examination of different participant roles r/o levels of "contamination"







Recommendations for Future Study

 Assessing outcomes of scenario with varying levels of participants







Recommendations for Future Studies

Further exploration of timeframe before the formal debriefing

Replication with larger sample size

• Multiple site study







Conclusions

 Results indicated the Ebola HF-HPSim scenario was highly inclusive of key design features and educational practices:

- Objectives/information
- Support
- Problem solving
- Feedback
- Fidelity
- Active learning
- Collaboration
- Diverse ways of learning
- High expectations.







Conclusions

- Participants
 - Highly satisfied and confident in their learning
 - Additional knowledge gain
- Scenario reinforced standard precautions

- Newly developed Ebola scenario successful
 - Illustrated the importance of complex PPE procedures







Questions?







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