



## **Just in Time Training: Utilizing Simulation for Nursing Staff Development**

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# ANCC

Continuing Nursing Education



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# Disclosures

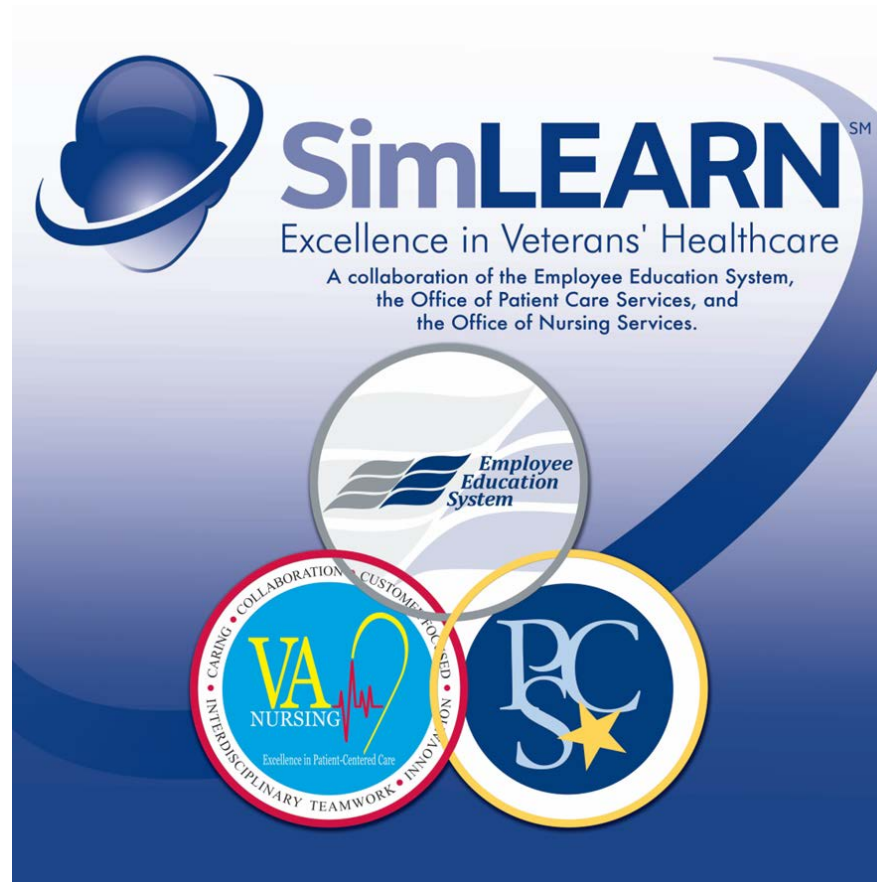
- Conflict of Interest
  - Tracey Robilotto & Lygia Arcaro report no conflict of interest
  - Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
  - Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest
- Successful Completion
  - Attend 90% of session
  - Complete online evaluation

# Objectives

Upon completion of this presentation, participants will be able to:

1. Identify 3 common barriers for utilizing simulation in staff development
2. Discuss 3 different simulation modalities and their benefits for nursing education
3. Explain the benefits of utilizing short in-situ simulation scenarios for high-risk low-volume patient care skills

# Purpose



# Overview

- Simulation in Nursing Education
- Simulation use in Professional Nursing Staff Development
- What are the Barriers?
- Using Simulation for High-Risk Low-Volume Patient Care Skills



# **SIMULATION IN NURSING EDUCATION**

VETERANS HEALTH ADMINISTRATION

# History of Mrs. Chase

- Martha Jenks Wheaton married Julian Chase MD in 1874
- Martha Chase began making fabric dolls in 1889, her dolls were eventually sold at Macy's and FAO Schwartz
- Martha Chase was asked to make an adult-sized realistic mannequin for demonstration purposes 1910; first named "Miss Demon Strator"
- First production mannequin called "Chase Hospital Doll" 1911
- Officially named Mrs. Chase in 1914



**"Mrs. Chase" demonstration doll, created 1911, rediscovered, Hartford Hospital, 2012**



# FIDELITY



“The degree to which a simulator replicates reality”  
(Lewis, Strachan & Smith, 2012)

# LOW FIDELITY



# MEDIUM & HIGH FIDELITY

- Medium fidelity models patient physiology through a special device ie: Heartsound trainer with specialized stethoscope
- High fidelity: Computer run patient physiology modeling
- Standardized patients





# SIMULATION UTILIZATION

- Combinations of fidelity used in pre-licensure nursing programs
- NCSBN position

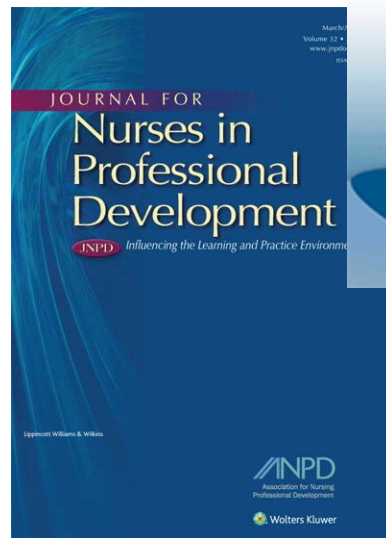


# **Simulation use in Professional Nursing Staff Development**



# LITERATURE REVIEW

- Code team training
- Emergency response training
- Critical care emergencies
- New grad into ICU
- Change in condition

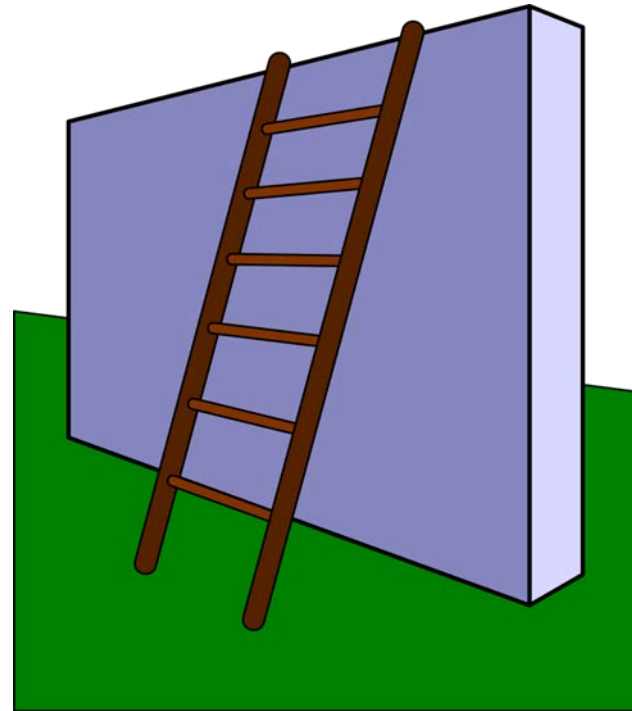




# **WHAT ARE THE BARRIERS?**

# WHY AREN'T WE USING MORE SIM?

1. Intimidated by equipment
2. Cost of equipment
3. Lacking education on using equipment
4. Educator opinion of simulation
5. Time away from clinical area
6. Limited staffing
7. Staff attitudes toward simulation







# **USING SIMULATION FOR HIGH-RISK LOW-VOLUME PATIENT CARE SKILLS**

# OVERCOMING BARRIERS

BARRIER	WHAT WE DID
Intimidated by equipment	Became familiar with functions
Cost of equipment	Used staff members as standardized patients ; outfit from home; make-up
Lacking education on using equipment	Engaged Simulation Technicians and had hands-on practice
Educator opinion of simulation	Emphasized no mannequin was injured; became familiar with NCSBN study
Time away from clinical area	Planned ahead, scheduled weekly sessions
Limited staffing	Used communication technology
Staff attitudes toward simulation	Created inclusive environment, all opinions count

# STANDARDIZED PATIENT, HIGH FIDELITY MANNEQUIN, AND MOULAGE

- 3 Step Approach:
- Standardized Patient
  - Asked staff members to assume roles in video
  - SMEs developed script for each role
  - Reviewed and did a dry run
  - Taped in the simulation room
  - Reviewed the video and made changes on any bloopers; ensured safe nursing practice portrayed
  - Reviewed again

# STANDARDIZED PATIENT, HIGH FIDELITY MANNEQUIN, AND MOULAGE

- 3 Step Approach:
- High Fidelity Mannequin
  - Familiar with the mannequin and what is “under the skin”
  - Familiar with the manufacturer’s instructions and cautions regarding the equipment
  - Did not use the full menu of features
  - Individualized to what was needed



Micah Zimmerman, Minneapolis VAMC

# STANDARDIZED PATIENT, HIGH FIDELITY MANNEQUIN, AND MOULAGE

- 3 Step Approach
- Use of Moulage
  - Protected surface of mannequin
  - Tested make-up first
  - Used easily removable make-up
  - Scrutinized finished product to be sure there was fidelity



# BARRIERS AND STAFF DEVELOPMENT

- Important to overcome barriers to arrive at opportunities for improving staff development
- Education
- Use of inclusion
- Everyone's part in the process is significant
- Imagine the benefits

# IMPORTANCE OF SCHOLARSHIP

- Network and share best practices
- Consider educational research studies to go beyond “feelings of confidence” and move towards patient outcomes
- Publish results widely
- Paramount to get the message out

## CONTACT US

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