Incorporating Standardized Simulation into the Clinical Academy, a Transition into Practice (TIP) Program

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Recommended Citation
Reid, Rachelle, "Incorporating Standardized Simulation into the Clinical Academy, a Transition into Practice (TIP) Program" (2018). Books, Presentations, Posters, Etc.. 57.
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Incorporating Standardized Simulation into the Clinical Academy, a Transition into Practice (TIP) Program

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Neither the planner or presenter indicated that they have any real or perceived vested interest that relate to this presentation.
Session Objectives

• Describe evidence-based justification for incorporating simulation into Transition into Practice (TIP) programs
  • WHY

• Evaluate current simulation curriculum design and standardization process and compare with elements utilized by Providence St. Joseph Health
  • HOW

• Develop an outline for Transition into Practice simulation facilitator education and development
  • WHO
Honey Bee Facts

• The queen bee can live up to 5 years and her role is to fill the hive with eggs. In the summer, when the hive needs to be at maximum strength, she lays up to 2500 eggs per day.

• The queen bee has control over whether she lays male or female eggs. If she uses stored sperm to fertilize the egg, the larva that hatches is female. If the egg is left unfertilized, the larva that hatches is male. In other words, female bees inherit genes from their mothers and their fathers while male bees inherit only genes from their mothers.

• Larger than the worker bees, the male honey bees (also called drones), have no stinger and do no work at all. All they do is mating.

• The honey bee has been around for millions of years

• Honey bees are the only insect that produces food eaten by man

• Honey is the only food that includes all the substances necessary to sustain life, including enzymes, vitamins, minerals, and water

• Only worker bees sting, and only if they feel threatened and they die once they sting. It is estimated that 1100 honey bee stings are required to be fatal.

A little about you...

To join Poll Everywhere
Text: RachelleReid838 to 22333
Or
Web browser: PollEv.com/rachellereid838

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Providence St. Joseph Health

The Communities Our Family Serves

- Providence Health & Services
  - Western Washington, including Swedish Health Services and Pacific Medical Centers
- Providence Health & Services
  - Eastern Washington/Western Montana, including Kadlec Regional Medical Center
- Providence Health & Services
  - Oregon
  - Providence Health Plan
- Providence Health & Services
  - Northern California (Fresno, Stockton, Yuba, Calaveras Counties) including St. Joseph Heritage Healthcare
- Providence Health & Services
  - Southern California (Orange and San Bernardino Counties) including Hoag and St. Joseph Heritage Healthcare
- St. Joseph Health
  - West Texas
  - Eastern New Mexico, including Covenant Health and Covenant Medical Group FirstCare Health Plans

- 50 Hospitals
- 829 Clinics
- 23K Physicians
- 14 Supportive Housing Facilities
- 106K Caregivers
- 1.9m Covered Lives
- 90 Non-Acute Services
- High School, Nursing Schools and University
- 2 Health Plans
- 21b Revenue
- 23m Admits/Visits
- $1.3b Community Benefit

Providence St. Joseph Health Nursing Institute Clinical Academy
Our Journey – WHY?

Providence Nursing Institute

Nursing Strategy
Providence nurses play a critical leadership role in our core system strategy of creating healthier communities, together. As primary advocates for the vulnerable in our communities, we are committed to advancing this broader focus now, and into the future. We will do so by attracting and inspiring the best nurses, preparing for essential new nursing roles and competencies, and supporting all nurses throughout their careers.

A growing gap between number of qualified, experienced RNs available and the number of open positions

<table>
<thead>
<tr>
<th>The Challenges</th>
<th>27,000 Providence RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,000 Number of currently open RN positions</td>
<td>61st Percentile Ranking in Press Ganey’s national Patient Loyalty index database</td>
</tr>
<tr>
<td>390 Unmet demand for specialized nurses that agencies cannot fill, even when paying crisis rates</td>
<td>$196M Total 2014 direct costs for staff nurse turnover (including recruitment and training spend)</td>
</tr>
<tr>
<td>$63M Annualized 2015 overtime spend for nursing</td>
<td>25% Annualized percentage of 2015 new hire RNs that are expected to leave within first year of employment</td>
</tr>
<tr>
<td>$132M Annualized 2015 agency spend for nursing</td>
<td>Low nursing engagement due to staffing issues and a lack of development and growth opportunities</td>
</tr>
</tbody>
</table>

Nursing leaders reluctant to hire from large pool of new graduate BSN applicants due to a lack of experience and the time and expense required to orient
Clinical Academy Framework

The Clinical Academy

- Curriculum is grounded in constructivist adult learning theory utilizing the blended and flipped learning mode
- Curriculum design teams, in partnership with Human Resources and Finance, included system leadership, nursing executives, clinical educators, content experts, and bedside nurses representing 7 geographic regions within 5 states

Curriculum includes the following three elements:

| Core Fundamentals | The purpose was to provide educational and social support to new graduate nurse residents over a period of 12 months
|                   | Structure and content was informed by the National Council of State Boards of Nursing (NCSBN) Transition to Practice Program, QSEN competencies, and evidence-based literature resources |
| Clinical Specialty Training | Curriculum for all new graduate or new-to-specialty nurses in the following specialties: Medical/Surgical, Perinatal, Perioperative, Critical Care, Emergency Department, Orthopedics/Spine, Oncology, Neonatal Intensive Care, Behavioral Health, Care/Case Management, Step-down/Progressive Care, and Cardiovascular Lab |
| Immersive Specialty Simulation | QSEN competencies are the foundation for specialty simulation and, along with individual scenario objectives, focus each debriefing on how the practical application of QSEN competencies in everyday clinical practice will improve the quality and safety of healthcare |
Exploration Into How Simulation Can Effect New Graduate Transition

• Confidence
• Communication with Patient and Coworker
• Critiquing
• Theory to Practice Application
• Big Picture of Patient Care
• Responsibility for Independent Practice

Simulation As an Orientation Strategy for New Nurse Graduates: An Integrative Review of the Evidence

- Socialization to the professional role
- Competence and confidence in self-performance
- Learning in a safe and supportive environment

NCSBN National Simulation Study

No statistically significant differences at four points:

• Clinical competency as assessed by clinical preceptors and instructors

• Comprehensive nursing knowledge assessments

• NCLEX® pass rates

• Manager ratings of overall clinical competency and readiness for practice at 6 weeks, 3 months and 6 months

Brain Break
Our Journey – HOW?

December 2015

• System-wide Transition into Practice Program (TIP) kick-off: The Clinical Academy

January 2016

• Clinical Academy Simulation Council
Curriculum Design and Standardization

2016 Specialties

• Core Fundamentals
• Emergency Department*
• Obstetrics*
• Critical Care*
• Medical / Surgical*
• Telemetry*
• Perioperative Services*

* Includes immersive simulation experiences

Process

Specialty groups provide topics and exemplars
Simulation council author scenarios
Specialty groups review and publish

Lessons Learned

• Provide guidelines for appropriate simulation content
• Limit the number of scenarios per specialty
• Foster true system-wide collaboration
Curriculum Design and Standardization

2017 Specialties
• Preceptor
• Mentor
• Behavioral Health*
• Care / Case Management*
• Oncology*
• Orthopedics / Spine*
• Neonatal Intensive Care*
• Stepdown / Progressive Care*
• Cardiovascular Lab*
• Critical Access*

* Includes immersive simulation experiences

Process

Simulation experts provide specialty groups principles for simulation content inclusion and abbreviated scenario template

Specialty groups collaborate with simulation experts to select topics and create scenarios

Specialty groups review and publish

Lessons Learned
• Provide a way to customize / add pertinent details
• Prioritize scenario rank by specialty
• Design methods to engage observers
Curriculum Design and Standardization

2018 Specialties
• Home Health/Hospice*
• Ambulatory Care*
• Pediatrics*
• Post-Anesthesia Care Unit*
• Endoscopy*
• Nurse Leader Fellowship
• Nurse Educator Fellowship

* Includes immersive simulation experiences

Process
Brain Break
Our Journey – WHO?

December 2015
- System-wide Transition into Practice Program (TIP) kick-off: The Clinical Academy

January 2016
- Clinical Academy Simulation Council

September 2016
- Simulation Facilitator Workshop kick-off
## Simulation Facilitator Workshop

### Day One

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0900</td>
<td>Reflection and Welcome</td>
</tr>
<tr>
<td></td>
<td>Ice Breaker Activity</td>
</tr>
<tr>
<td></td>
<td>Overview of Workshop</td>
</tr>
<tr>
<td>0900-0945</td>
<td>Prebrief: The What, Why, and How?</td>
</tr>
<tr>
<td>0945-1000</td>
<td>Break</td>
</tr>
<tr>
<td>1000-1100</td>
<td>Introduction to Debriefing</td>
</tr>
<tr>
<td>1100-1200</td>
<td>Debriefing Practice - Pictionary</td>
</tr>
<tr>
<td>1200-1245</td>
<td>Lunch (on own)</td>
</tr>
<tr>
<td>1245-1345</td>
<td>Simulation Fidelity</td>
</tr>
<tr>
<td>1345-1400</td>
<td>Break</td>
</tr>
<tr>
<td>1400-1445</td>
<td>Difficult Debriefing</td>
</tr>
<tr>
<td>1445-1600</td>
<td>BLS Simulation Scenarios and Debriefing Practice</td>
</tr>
<tr>
<td>1600-1630</td>
<td>Wrap up and Questions</td>
</tr>
</tbody>
</table>

### Day Two

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0815</td>
<td>Reflection</td>
</tr>
<tr>
<td></td>
<td>Welcome Back</td>
</tr>
<tr>
<td></td>
<td>Ice Breaker Activity</td>
</tr>
<tr>
<td>0930-1030</td>
<td>Group Scenarios: Prep and Set-up</td>
</tr>
<tr>
<td>1030-1045</td>
<td>Break</td>
</tr>
<tr>
<td>1045-1200</td>
<td>Group 1 Scenario (15 minutes)</td>
</tr>
<tr>
<td></td>
<td>Group 1 Debriefing (30 minutes)</td>
</tr>
<tr>
<td></td>
<td>Group 1 Debrief Debriefing (30 minutes)</td>
</tr>
<tr>
<td></td>
<td>Lunch (on own)</td>
</tr>
<tr>
<td>1200-1245</td>
<td>Group 2 Scenario (15 minutes)</td>
</tr>
<tr>
<td></td>
<td>Group 2 Debriefing (30 minutes)</td>
</tr>
<tr>
<td></td>
<td>Group 2 Debrief Debriefing (30 minutes)</td>
</tr>
<tr>
<td>1245-1400</td>
<td>Lunch (on own)</td>
</tr>
<tr>
<td>1400-1415</td>
<td>Group 3 Scenario (15 minutes)</td>
</tr>
<tr>
<td></td>
<td>Group 3 Debriefing (30 minutes)</td>
</tr>
<tr>
<td></td>
<td>Group 3 Debrief Debriefing (30 minutes)</td>
</tr>
<tr>
<td>1415-1545</td>
<td>Break</td>
</tr>
<tr>
<td>1545-1630</td>
<td>Wrap up and Questions/Parting Thoughts/Workshop Evaluation</td>
</tr>
</tbody>
</table>
Prebrief

Learning Objectives:

• Define pre-briefing to better understand the purpose

• Describe 4 standardized components for Clinical Academy Simulation Experiences pre-briefing
  • Code of Conduct
  • Orientation to simulation environment
  • Roles and expectations
  • Review objectives
Debriefing

Introduction to Debriefing

- Define debriefing and explain its imperative role in Simulation.
- Describe the necessary components of debriefing, including qualities of a good debriefing
- Summarize the main components of the three phases of debriefing
- Compare four methods of debriefing and contrast their strengths and weaknesses
Pictionary
Fidelity

Learning Objectives:
• Describe the purpose of fidelity in teaching with simulation
• Compare differences between simulator, functional & environmental fidelity
• Review simulation scenarios for opportunities to use moulage and staging to promote realism and enhance fidelity (day 2)
• Identify and explore available resources for moulage recipes, materials, supplies and equipment (day 2)
• Demonstrate setting up a simulation scenario using moulage and staging (day 2)
Difficult Debriefing

Learning Objectives

• Describe multiple principles that can be utilized in difficult debriefing situations

• Identify 4 common difficult debriefing situations and strategize methods to manage
Putting it all Together
Participant Take – aways
Lessons Learned

• One hour lunch
• Focus on Facilitator role
• Parking Lot – don’t be timid to use it
• One instructor per scenario group (day 2)
• Provide pre-written scenarios
• Offer CNE
• Meet your learners where they are
Outcomes

Why?  How?  Who?

First Year Turnover as of Feb 2018

- Providence Health & Services: 19.41%
- Clinical Academy: 9.34%

51% Reduction

Avoided Approximately

- 200 RNs first year turnover
- $14M in turnover costs (posting, recruiting, hiring, pre-boarding, onboarding, simulation, precepting and other training)
I feel confident in my ability to manage a similar patient in the clinical setting

- **Strongly Agree**
- **Agree**
- **Disagree**

N = 933

41% Agree

58% Disagree

1% Strongly Agree
Questions?