ENHANCING CLINICAL REASONING: TEACHING THINKING THROUGH DEBRIEFING

Susan Gross Forneris, PhD, RN, CNE
Jone Tiffany, DNP, MA, RNC
Diana Odland Neal, PhD, RN
Mary Beth Kuehn, Ed.D, RN, PHN
Linda Blazovich, DNP, RN, CNE
A BIG THANK YOU TO INACSL FOR SUPPORTING OUR STUDY WITH THE DEBRA SPUNT MINI-GRANT. IT IS MUCH APPRECIATED!
LEARNING OUTCOMES

...describe the use of the Debriefing for Meaningful Learning (DML) tool as a methodology for debriefing

...discuss how the DML tool is used during a simulation scenario

...discuss the outcome of the DML methodology and the implications for nursing education
Part 1: The search for evidence
The search for evidence.....

St. Catherine University
Susan Gross Forneris, PhD, RN, CNE
Linda Blazovich, DNP, RN, CNE
Melanie Smerillo, RN, BSN

St. Olaf College
Diana Odland Neal, PhD, RN
Mary Beth Kuehn, Ed.D, RN, PHN

Minnesota Consortium for Nursing Education Research

Gustavus Adolphus College
Heidi Meyer, MSN, RN
Lynnea Myers, MSN, RN, CPNP

Bethel University
Jone Tiffany, DNP, MA, RNC
Ann Holland, PhD, RN
Clinical Reasoning
NOVICE NURSES SEE DIFFERENT CLINICAL SIGNS
Explore strategies that integrate content knowledge with knowledge of the context creating dialogue that invites questions in a reflective and critical manner.
Full Scale Study:
- Quasi-experimental, pre-test-post-test, repeated measure research design

Purpose:
- To determine if undergraduate nursing students demonstrate a positive change in clinical reasoning skills using the Debriefing for Meaningful Learning (DML) model
1. Does the use of the DML debriefing strategy positively impact the development of clinical reasoning skills in undergraduate nursing students compared to usual and customary debriefing?

2. Do nursing students perceive a difference in the quality of debriefing when the DML strategy is used compared to usual and customary debriefing?
DR. DREIFUERST’S THEORETICAL FRAMEWORK

- Constructivism
- Reflective Cycle (Gibbs, Farmer, & Eastcott, 1988)
- Interactive Learning Cycle from the Significant Learning Framework (Fink, 2003)
- E–5 framework for effective teaching (Bybee et al., 1989)
  - Engage
  - Explore
  - Explain
  - Elaborate
  - Evaluate
DML Student Worksheet

1. What is the first thing that comes to mind about the simulation experience?

2. What went right and why?

3. What would you do differently and why?

Framing: (What is the client’s story?)

Focused Key Problem/ND:
**Active Learning Approach**
- Form of clinical teaching
- Constructivist learning
- Promotes active learning
- Incorporates Guided Reflection
- Schon’s work –
  - Reflection in/on-action
  - Dreifuerst added ‘thinking beyond-action’

Faculty Programs & Resources

ACES
Advancing Care Excellence for Seniors

Case #1: Millie Larsen
Author: Cynthia Reese, PhD, RN, CNE
Professor
Lincoln Land Community College
Springfield, IL

Overview: Millie Larsen is an 84-year-old Caucasian female who lives alone in a small home. Her husband Harold passed away a year ago and she has a cat, Snuggles, who is very important to her. Millie has one daughter, Dina Olsen, who is 50, lives nearby, and is Millie’s major support system. Her current medical problems include: hypertension, glaucoma, osteoarthritis of the knee, stress incontinence, osteoporosis, and hypercholesterolemia.

Monologue: Millie is at the clinic for routine examination and medication follow up. She is taking several anti-hypertensive medications, diuretics, and analgesics. During the monologue, Millie provides important details of how she views her current life situation.
<table>
<thead>
<tr>
<th>ACES Millie Larsen Unfolding Simulations</th>
<th>Overview of Unfolding Simulation</th>
<th>QSEN Competency Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simulation #1</td>
<td>3:00 PM - Initial admission to the hospital from the outpatient clinic.</td>
<td>Beginner QSEN competencies - FOCUS on Patient Centered Care</td>
</tr>
<tr>
<td>Simulation #2</td>
<td>7:00 AM - Hospital stay Day 2</td>
<td>Intermediate QSEN competencies - FOCUS on Safety, Patient-Centered Care, Teamwork and Collaboration</td>
</tr>
<tr>
<td>Simulation #3</td>
<td>9:00 AM - Hospital stay Day 2 - discharge planning</td>
<td>Advanced QSEN competencies - FOCUS Safety, Patient-Centered Care, Teamwork and Collaboration, Quality Assurance, Informatics</td>
</tr>
</tbody>
</table>

*Table 1 – Integration of QSEN competencies leveled with ACES Millie Larsen Simulations*
HEALTH SCIENCES REASONING TEST (HSRT)

- “Measures high-stakes reasoning and decision-making processes”
- Form of the California Critical Thinking Test
- Designed broadly for health professions students

## HEALTH SCIENCES REASONING TEST (HSRT)

<table>
<thead>
<tr>
<th>General Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Instrument</strong></td>
<td>Self-administered, rating scale</td>
</tr>
<tr>
<td><strong>Available Date of Publication</strong></td>
<td>2006, 2008, &amp; 2011</td>
</tr>
<tr>
<td><strong>Languages</strong></td>
<td>Arabic, Chinese Simplified or Traditional Characters, Dutch, English, Farsi, Korean, Spanish</td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
<td>.77-.83</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time to Administer</strong></td>
<td>45-50 minutes</td>
</tr>
<tr>
<td><strong>Administration Types</strong></td>
<td>Online or Paper-and-Pencil</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>• Total score of critical thinking scales; and</td>
</tr>
<tr>
<td></td>
<td>• 5 scale scores</td>
</tr>
<tr>
<td></td>
<td>• Analysis and Interpretation</td>
</tr>
<tr>
<td></td>
<td>• Inference</td>
</tr>
<tr>
<td></td>
<td>• Evaluation and Explanation</td>
</tr>
<tr>
<td></td>
<td>• Deductive Reasoning</td>
</tr>
<tr>
<td></td>
<td>• Inductive Reasoning</td>
</tr>
</tbody>
</table>
DEBRIEFING ASSESSMENT FOR SIMULATION IN HEALTHCARE- STUDENT VERSION (DASH-SV)

- DASH used by peer-faculty to evaluate quality of debriefing
- DASH-SV reports quality of debriefing evaluated from a student perspective

<table>
<thead>
<tr>
<th>General Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Instrument</td>
<td>Self-administered, multiple choice</td>
</tr>
<tr>
<td>Available Date of Publication</td>
<td>2009, 2010</td>
</tr>
<tr>
<td>Language</td>
<td>English, German</td>
</tr>
<tr>
<td>Reliability</td>
<td>0.82</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to Administer</td>
<td>10-15 minutes</td>
</tr>
<tr>
<td>Administration Types</td>
<td>Paper-and-Pencil</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
<th>6 elements of effective debriefing:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• engaging learning</td>
</tr>
<tr>
<td></td>
<td>• engaging context</td>
</tr>
<tr>
<td></td>
<td>• engaging organization</td>
</tr>
<tr>
<td></td>
<td>• in-depth discussion promoting reflection</td>
</tr>
<tr>
<td></td>
<td>• identify areas of weakness and why</td>
</tr>
<tr>
<td></td>
<td>• Identify areas for improvement and why</td>
</tr>
</tbody>
</table>
Part 2: Operationalizing simulation and debriefing to enhance clinical reasoning
Does the use of the DML debriefing strategy positively impact the development of clinical reasoning skills in undergraduate nursing students compared to usual and customary debriefing?

Do nursing students perceive a difference in the quality of debriefing when the DML strategy is used compared to usual and customary debriefing?

Change in clinical reasoning as measured by improved scores on the HSRT exemplifies meaningful learning from the simulation experience.
METHODOLOGY

- Quasi-experimental, pre-test-post-test, repeated measure research design
- HSRT and DASH-SV curriculum requirements
- Students randomly assigned to traditional debriefing vs. DML debriefing

Change in clinical reasoning as measured by improved scores on the HSRT exemplifies meaningful learning from the simulation experience.
RESEARCH QUESTION #1

• Does the use of the DML debriefing strategy positively impact the development of clinical reasoning skills in undergraduate nursing students compared to usual and customary debriefing?

RESEARCH QUESTION #1: MAYBE.
### HSRT Paired T-Tests

#### POST-SCORE
**t-Test: Two-Sample Assuming Equal Variances**

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>22.4133333</td>
<td>23.56410256</td>
</tr>
<tr>
<td>Variance</td>
<td>21.5700909</td>
<td>15.10622711</td>
</tr>
<tr>
<td>Observations</td>
<td>75</td>
<td>78</td>
</tr>
<tr>
<td>Pooled Variance</td>
<td>18.27394804</td>
<td></td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td></td>
<td>151</td>
</tr>
<tr>
<td>t Stat</td>
<td>-1.664578443</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.049035288</td>
<td></td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>1.655007387</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td>0.098070576</td>
<td></td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>1.97579889</td>
<td></td>
</tr>
</tbody>
</table>

---

---

### TREATMENT
**t-Test: Paired Two Sample for Means**

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>22.74358974</td>
<td>23.56410256</td>
</tr>
<tr>
<td>Variance</td>
<td>12.79054279</td>
<td>15.10622711</td>
</tr>
<tr>
<td>Observations</td>
<td>78</td>
<td>78</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>0.62998235</td>
<td></td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>t Stat</td>
<td>-2.248911076</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.013688327</td>
<td></td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>1.664884538</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td>0.027376654</td>
<td></td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>1.991254363</td>
<td></td>
</tr>
</tbody>
</table>

---

---

**This is another way to look at the data. This says the treatment group post scores are significantly different than the control group.**

---

---

**This says that students in the treatment group have a statistically significant improvement in their scores.**

---

---

**Control** | **Treatment**
---|---
**Pre**   | 22.07 | 22.74 |
**Post**  | 22.41 | 23.56 |
Do nursing students perceive a difference in the quality of debriefing when the DML strategy is used compared to usual and customary debriefing?
DASH-SV Paired T-Tests

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>37.45333</td>
<td>35.94667</td>
</tr>
<tr>
<td>Variance</td>
<td>13.35928</td>
<td>26.99712</td>
</tr>
<tr>
<td>Observations</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Pooled Variance</td>
<td>20.1782</td>
<td></td>
</tr>
<tr>
<td>Hypothesized Mean Difference</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>148</td>
<td></td>
</tr>
<tr>
<td>t Stat</td>
<td>2.053958</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) one-tail</td>
<td>0.02087</td>
<td></td>
</tr>
<tr>
<td>t Critical one-tail</td>
<td>1.655215</td>
<td></td>
</tr>
<tr>
<td>P(T&lt;=t) two-tail</td>
<td>0.041739</td>
<td>&lt;-- This means the difference is significant at the 0.05 level</td>
</tr>
<tr>
<td>t Critical two-tail</td>
<td>1.976122</td>
<td></td>
</tr>
</tbody>
</table>

Control 35.95
Treatment 37.45
Difference 1.5

This means the difference is significant at the 0.05 level.
WHAT DO THE RESULTS REALLY TELL US:

Dreifuerst’s raw scores illustrated a positive change in clinical reasoning skills with use of the DML debriefing model.

Statistically significant
N=238

MCNER full scale study findings illustrated a positive change in the raw scores in clinical reasoning,

Statistically significant – not strong
N=153
Learning Objectives – for faculty

• Perform a head-to-toe physical assessment and use the following assessment tools: SPICES and Confusion Assessment Method (CAM).

• Identify and discuss critical assessment findings: (elevated blood pressure and confusion) and relate which findings are commonly found in the older adult patient.

• Recognize geriatric syndrome(s) present in simulation: urinary incontinence and confusion.
Reflective Thinking (Elaborate) - Summarize “thinking like a nurse” – 20 min. on this page.

Describe a time during the scenario when you were thinking like a nurse?
Did the instructor get any signs that the student might be thinking like a nurse? Be sure to discuss these!
Thinking about the care you provided, what would you do differently next time?

Thinking-in-Action – Think like a nurse and act accordingly
What were the critical decisions?
What were you thinking when?
The thinking started to come together when?

Thinking-on-Action rationale after action
Reflecting on the actions after the fact – providing the Rationale for why something was done

1. Get meds going
2. Discern the nature of her confusion - assess WBC -
3. Discern the impact of lab values on other body systems
4. Safety and physical and psychological – geriatric syndromes

<table>
<thead>
<tr>
<th>Action</th>
<th>Budgetary Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Get meds going</td>
<td>Assist with decreasing BP – return to baseline</td>
</tr>
<tr>
<td>2. Discern the nature of her confusion</td>
<td>12,000 WNL at least currently baseline mental status with</td>
</tr>
<tr>
<td>3. Discern the impact of lab values on</td>
<td>daughter, urinary output-use of the confusion scales – CAM</td>
</tr>
<tr>
<td>other body systems</td>
<td>(Na- slightly high and K- at the bottom level 3.5- how might</td>
</tr>
<tr>
<td>4. Safety and physical and psychological</td>
<td>this impact her cardiac (K+-excitability) function or</td>
</tr>
<tr>
<td>– geriatric syndromes</td>
<td>neurological - Neuro function - restlessness</td>
</tr>
<tr>
<td></td>
<td>Complete appropriate assessments - SPICES, CAM,</td>
</tr>
<tr>
<td></td>
<td>- maintain a safe environment. Pt. and family ed. on next</td>
</tr>
<tr>
<td></td>
<td>steps</td>
</tr>
</tbody>
</table>
Part 3: Building Expertise
HOW EASY IS IT FOR YOU TO MAKE TRANSITIONS IN YOUR TEACHING?

1. Piece of cake.
2. I need the details and some control.
3. I trust everything to others.
4. I would rather die than change.
WHAT INITIAL REACTIONS DO YOU HAVE TO THE PHRASE “ACTIVE LEARNING”

1. This will mean more work for me.
2. I will have difficulty giving up some of the classroom control.
3. I am not sure I am comfortable with students directing the learning.
4. I’ll have to prepare for the unexpected questions.
LET’S MEET MILLIE!
Faculty Nutshell:
Millie Larsen has been newly admitted to the care unit after an overnight observation in the ED due to new confusion. The focus of the simulation: students’ recognition of confusion, use correct assessment tools (SPICES, CAM), determine source of confusion, differentiate geriatric syndromes, specifically differentiate confusion as delirium and not dementia.
ConsultGeriRN.org

Assessment Tools - Try This:® and How To Try This Resources

The Hartford Assessment Try This:® Series offers assessment tools on a variety of topics relevant to the care of older adults. The How to Try This series is comprised of articles and videos presenting cases studies demonstrating the use of the Try This:® series. How to Try This articles and videos are listed under their respective Try This article.

Try This Issue 1 - SPICES: An Overall Assessment Tool of Older Adults
- How To Try This (Article) - Fulmer SPICES
- How To Try This (Video) - SPICES: An Overall Assessment Tool

Try This Issue 2 - Katz Index of Independence in Activities of Daily Living (ADL)
- How To Try This (Article) - Monitoring Functional Status in Hospitalized Older Adults
- How To Try This (Video) - Katz Index of Independence in Activities of Daily Living

resources

- Advance Practice Faculty Resource Center
- Apps
- Aging Associations & Societies
- Assisted Living/Nursing Home/Long-term Care
- Baccalaureate Nursing Competencies
- Clinical Teaching Modules
- Educational Resources
- eNewsletter
- En Español
- Geriatric Pictures
- Geriatric Topics
- Gerontological Certification FAQs
- Gerontology Centers/Education Centers/Institutes
- GNEC Gerontological Nursing Education Podcasts
- Hartford Geriatric Nursing Initiative (HGNI)
Learning Objectives – for faculty

Perform a head-to-toe physical assessment and use the following assessment tools: SPICES and Confusion Assessment Method (CAM).

Identify and discuss critical assessment findings: (elevated blood pressure and confusion) and relate which findings are commonly found in the older adult patient.

Use SBAR techniques when communicating with other members of the health care team.

Recognize geriatric syndrome(s) present in simulation: urinary incontinence and confusion.
LET’S WATCH A DEBRIEFING USING A TRADITIONAL DEBRIEFING MODEL
# Debriefing Assessment for Simulation in Healthcare (DASH) Student Version©

## Element 3
The instructor structured the debriefing in an organized way.

<table>
<thead>
<tr>
<th>Overall Rating Element 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- The conversation progressed logically rather than jumping around from point to point.
- Near the beginning of the debriefing, I was encouraged to share my genuine reactions to the case(s) and the instructor seemed to take my remarks seriously.
- In the middle, the instructor helped me analyze actions and thought processes as we reviewed the case(s).
- At the end of the debriefing, there was a summary phase where the instructor helped to organize observations together and raise the case(s) to ways I can improve my future clinical practice.

## Element 4
The instructor provoked in-depth discussions that led me to reflect on my performance.

<table>
<thead>
<tr>
<th>Overall Rating Element 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- The instructor used concrete examples—not just abstract or generalized comments—to get me to think about my performance.
- The instructor's point of view was clear. I didn't have to guess what the instructor was thinking.
- The instructor listened and made people feel heard by trying to include everyone, paraphrasing, and using non-verbal actions like eye contact and nodding, etc.
- The instructor used video or recorded data to support analysis and learning. If someone got upset during the debriefing, the instructor was respectful and constructive in trying to help them deal with it.

## Element 5
The instructor identified what I did well or poorly—and why.

<table>
<thead>
<tr>
<th>Overall Rating Element 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- I received concrete feedback on my performance or that of my team based on the instructor's honest and accurate view.
- The instructor helped me explore what I was thinking or trying to accomplish at key moments.

## Element 6
The instructor helped me see how to improve or how to sustain good performance

<table>
<thead>
<tr>
<th>Overall Rating Element 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- The instructor helped me learn how to improve weak areas or how to repeat good performance.
- The instructor was knowledgeable and used that knowledge to help me see how to perform well in the future.
- The instructor made sure we covered important topics.

*Copyright, Center for Medical Simulation; [www.medicalsimulation.org](http://www.medicalsimulation.org), 2010*
LET'S WATCH A DEBRIEFING USING DEBRIEFING FOR MEANINGFUL LEARNING
DEBRIEFIN G ASSESSMENT FOR SIMULATION IN HEALTHCARE (DASH) STUDENT VERSION ©
Discussion: “What is your reaction to this debriefing method in comparison to U/C debriefing”
WHAT DOES IT MEAN TO “THINK LIKE A NURSE”
WHAT DOES THIS LOOK LIKE?
Theoretical Perspectives
What does it mean to be critical?

- More than just a composite of knowledge, skills, abilities
- Emphasis on reflective dimension of critical thinking
- Focus on being critical; use of context in constructing knowledge
- Dynamic nature of critical thinking and the link to thinking in practice
Towards a Conceptual Understanding of Thinking in Practice:

6 months into practice when guided in their thinking

Focus of Contextual Learning Intervention
To evaluate critical thinking

Description of Critical Thinking

Pattern of being intentional and reflective

Reflection
Thinking intentionally to take the appropriate right action

Time
The use of past experience to discern change over time

Dialogue
Questioning thinking and nursing action to enhance their effectiveness as a member of the care team

Context
A broader patient care view

Themes – Time Period Three
Emergence of self as the intentional critical thinker

Figure 5 – Summary of Findings Months Five and Six

Theme: Critical thinking as intentional, reflective thinking
TEACHING THINKING

More than:
- Articulating content knowledge
- Organization of tasks
- Time management
- Demonstrating competencies

More of:
- Dialogue
- Critical questioning
- Thinking out loud
- Connecting thinking and doing
## Instructor Guide to Teaching Thinking

©Adapted with permission – Reflective Practice Intervention – C. Peden-McAlpine and S.G. Forneris (2005)

<table>
<thead>
<tr>
<th>Share the patient’s story</th>
<th>Have the student share their patient’s story</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the student’s thinking?</strong></td>
<td>Ask the student to talk about her thinking as it relates to the story of practice that she shared (e.g. what guided her thinking, what was she thinking about, etc.) Envelope other students in the story, sharing their thinking – what are their ideas?</td>
</tr>
<tr>
<td><strong>Instructor impressions (Role modeling)</strong></td>
<td>Discuss your impressions of her (and other students) thinking What is your thinking? How might you (the instructor) have worked through the situation</td>
</tr>
<tr>
<td><strong>MAKE THE LINK</strong></td>
<td>Make any links you think should be highlighted between the student’s thinking and the knowledge connected to it – (e.g. how was empirical knowledge used and/or how did one pattern influence another pattern, etc.) BE SPECIFIC in discussing the links. Help guide them to be able to articulate “what they know” – and “how they know it” – How might the student have thought about this situation previously and how does she think her thinking has now changed? If there appears to be a gap in student knowledge or thinking, ask “How can we help you to further develop your knowledge in this area?” As the instructor, share how you manage the gap – what do you do to help enhance your learning and use of your knowledge</td>
</tr>
<tr>
<td><strong>Explore other examples</strong></td>
<td>Explore other practice situations students may have encountered that were similar to the story shared</td>
</tr>
<tr>
<td><strong>Integrate into practice</strong></td>
<td>Discuss with the student how this story might be influencing her practice and the development of her thinking as she moves forward. Identify a similar situation for which learning can be transferred. What does she know now – what does she think she needs to know going forward?</td>
</tr>
</tbody>
</table>
Pt. Story

- Confused/disoriented
- 84 y.o., widow, last yr. Harold
- Hx: HTN/dehydration
- Cook, garden
- Daughter: Dina
- Snuggles: Cat
- Spiritual
- Lives: done, active in church
- Sees family often
- Financial issues: med cost
- Loss of pensions

Problems

- Confusion
- Dehydration
- UTI - ↑ WBC, bacteria, blood
- Hypernatremia: 149
- HTN: 180/110
- CAM 1, 2, 3, 4
- Delirium/Dementia
- Safety Risk
84 yo Female
lives alone - widow (1 yr.)
Dina - daughter (lives nearby)
Snuggles - cat
Involved church 
Cooks
Garden - roses
Friends church - other support 
meds - lots - polypharmacy > 5 meds
Stressors

Confusion - things

80/110
110/160
Confusion
UTI
Dehydration
Na - 149

HTN - chronic 
Chol. 
med compliance
* ACE inhibitor - captopril
* Beta blocker - metoprolol

Lasix (co-admin)

↓ BP
↓ WBC
↑ I & O

Delirium - acute
Hydration
Dementia - gradual

Assess
* confusion
* falls
* labs - WBC UA culture

HTN - meds
UTI - meds
NOW IT’S YOUR TURN – LET’S WATCH ANOTHER SIMULATION AND GIVE YOU THE CHANCE TO STRATEGIZE HOW YOU MIGHT TEACH THE STUDENTS TO THINK LIKE A NURSE
Faculty Nutshell:
Millie Larsen has sustained a fall following her admission. While her cognition is improving, from a safety standpoint, she requires assistance with ambulation. The key focus of this simulation is for students to recognize the need for accurate assessments of patient’s level of function and use of proper assessment skills and screening for safety and transition from acute care.
Simulation Learning Objectives – for faculty

Perform a head-to-toe physical assessment and use the following assessment tools: SPICES, Confusion Assessment Method (CAM), Katz Index of Independence, and Hendrich II Fall Risk Model. (Identify changes in cognition from simulation scenario #1 (cognition has improved))

Recognize conflict between daughter and client regarding discharge plan and communicate therapeutically with patient and daughter.

Identify issues related to the transition of care specific to the patient in this simulation. (risks and benefits of discharge to home)

Identify and discuss geriatric syndromes evident in the simulation: fall risk, confusion, incontinence.

Safely administer medications.
MILLIE LARSEN – SCENARIO 2
SMALL GROUP WORK
HOW WOULD YOU GUIDE THE THINKING?
ROLE CALL

It’s your turn – show us your thinking
OK...SO WHAT?
LESSONS LEARNED
WHAT WE LEARNED

Achieving Learning Outcomes
WHAT WE LEARNED

Curriculum Enhancements
Educational strategies need to focus on enhancing clinical reasoning through a learner-centered approach that guides thinking through the use of reflection & dialogue to make an inferential link between thinking & doing. (Forneris & Peden-McAlpine, 2007, 2009)
CHALLENGES AND OPPORTUNITIES FOR CHANGE

Faculty Development
CHALLENGES AND OPPORTUNITIES FOR CHANGE

Clinical Partner Development
CHALLENGES AND OPPORTUNITIES FOR CHANGE

Improving Patient Care Outcomes
FACULTY RESOURCES

Hartford Institute for Geriatric Nursing

http://consultgerirn.org/resources

NLN ACES

http://www.nln.org/facultyprograms/facultyresources/ACES/index.htm

NLN SIRC (Simulation Innovation Resource Center)

http://sirc.nln.org/


THANK YOU FOR YOUR KIND ATTENTION!!!
QUESTIONS?????