

Using Simulation to Engage Learning: Post-Operative Surgical Bleed

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BACKGROUND

An innovative, perioperative program which incorporates simulation and flipped classroom methodology into the course content is being offered to senior nursing students in collaboration with area hospitals. Due the shortage of nurses in the Perioperative Area, especially the Operating Room, there is a need to hire new graduates (not traditional done in the past). Few nursing programs offer courses in perioperative nursing; simulation used as a teaching methodology for perioperative content is rare. The stimulation incorporates the materials learned through a semester long course in which a patient has just been transferred into the Recovery Room by the Operating Room Nurse. The patient is bleeding from his surgical incision.

OBJECTIVES

The identifiable actions that the student is expected to perform during this scenario are based on the nursing process and have been organized according to the Quality and Safety Education for Nurses (QSEN) quality and safety competencies.

The student will:

•Provide individualized patient-centered care by:

- Conducting a focused postoperative assessment
- Providing individualized teaching

•Function effectively as a member of the health care team by:

- Promptly notifying provider of patient status change using SBAR

•Implement best clinical practices by:

- Recognizing abnormal findings:
 - Hypotension
 - Low oxygen saturation level
 - Blood on surgical dressing
- Prioritizing and implementing appropriate interventions:
 - Initiating IV fluid bolus per order
 - Reinforcing surgical dressing
- Integrating current evidence-based research into clinical decision-making

•Promote safety for patient, self, and others by:

- Recognizing and promptly treating physiologic changes
- Following the 6 rights of medication administration

•Identify factors that influence quality of care by:

- Evaluating patient's responses to interventions
- Evaluating effectiveness of communication and teaching

•Utilize information technology to support patient care by:

- Accessing patient data, including prior care
- Documenting care in the electronic medical record

Pre-Simulation: Students were given chapters in their assigned book to read with a packet of information related to the patient they were going to receive the following information:

<i>What is it?</i>	The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition.
<i>Why Use it?</i>	The SBAR tool ensures completeness of information and reduces the likelihood of missed data. It allows for an easy and focused way to set expectations for what will be communicated and how it will be communicated. Standardizes communication between healthcare providers, doctor-nurse, nurse-nurse, doctor-doctor.
<i>How do I do it?</i>	S – Situation – what's going on (5–10 seconds) B – background – brief pertinent history, relevant context A – Assessment – what I think, conclusion R – Recommendation – what I need and in what time frame
<i>What will the Result look like?</i>	An example is shown on the reverse of this page.

DAY OF SIMULATION

- Students are given a pre-test before the simulation activity begins.
- Report is given to the students during hand off of the patients.
- The students are expected to work as a team but each student has an assigned role. One student will be the team leader and is responsible for collecting assessment data and calling the physician, another student completes the patient's physical assessment and the last student assesses the patient's IV lines, vital signs and surgical dressing.
- As they are assessing the patient, the simulator will tell the students she is feeling lightheaded and "funny".
- As the patient continues to complain of feeling dizzy and lightheaded, the vital signs and other important monitoring signs will begin to change.
- The students will then need to determine why the patient is lightheaded through the proper assessment techniques that they learned through their assigned readings.
- There are several specific assessment areas that need to be identified such as the patient's oxygen is not connected to the oxygen wall outlet, the patient's dressing is saturated with blood and the wrong IV solution is hanging.
- Students will call the surgeon on the phone to discuss concerns and receive orders.
- Students will implement orders.
- If students do not determine the correct course of action, the patient's condition will continue to deteriorate.



DEBRIEFING

Once the simulation is completed, students will discuss the simulation experience. It is important that the Debriefing exercise is done in a nonthreatening way in which students feel comfortable to express any concerns. The students will discuss what they felt went well in the exercise as well as what they could have done differently (weaknesses). The faculty will discuss areas of strengths and weaknesses. However, what is stressed the most is how the students responded to a situation that was unexpected and how they could improve after experiencing this simulation. Simulation gives the students the opportunity to make mistakes in a real-life environment without harming the patient. After the debriefing is completed, the students then would take the post test.

OUTCOMES

Students will gain confidence in patient care during a simulated experience in a safe and non-threatening environment. Students are expected to display evidence of critical thinking, decision making, prioritization, organization, problem solving, accurate physical assessment, and clinical judgment to carry out the assigned objectives of the simulated experience.

