

## Creighton Simulation Evaluation Instrument Website Introduction – **Technical Skills**

The first behavior is *Uses Patient Identifiers*. For all medications and procedures, I feel that two identifiers are important. This has been something that we've expected in all the SIMs as well as in the clinical area. To me it's something that we use for safety.

Yes.

So looking at the arm band and asking the patient the date of birth, do we want that before medications and procedures, or just medications?

I think for anything before they put in the Foley, before they start the IV medications, before they do anything with the patient. Even the nebulizer would be important.

Okay.

And I think typically when our respiratory therapist comes in, they do some of this. They do the patient identifiers which is an advantage and a disadvantage. If they've done every single one and they forget one, do they not get the point?

They have to do it anytime they give them?

I think yes.

Okay, I agree too. I just wanted to make sure we are on the same page there, so two patient identifiers for all medications, IV fluids and procedures.

Yes.

The next behavior is *Utilizes Standard Precautions* including hand washing and I'm thinking for that one it's just basically hand washing before and after all patient contact and I'm also thinking gloves and I'm not thinking sterile at this point, but just gloves if it's appropriate so they should have gloves on if they are helping in the bathroom. Any type of contact of body fluid that they should have gloves and not just pretend to put gloves on.

I think that's important that they actually apply the gloves if it's necessary rather than just say 'I'm putting on gloves'.

We have the box of gloves in the room.

Hand washing...it's okay if they use the sanitizer? Sanitizer and gloves. Okay.

The next is *Administration of Medications Safely*. As far as the five rights those are going to be important. In the fundamentals book they also talk about the sixth right of documentation but we have decided not to do the documentation, so should we follow suit with that and just stick to the major five rights?

I think so.

And I think that would be a good way to bring up documentation in the debriefing, is to bring up that that is a sixth right and that that is something that would be expected of them as a part of that documentation piece even though we don't count it as part of their point for this.

What about the piece as far as the five rights you know one of those being the right dose. Sometimes we have dosage calculations included and in this SIM we do.

What do you think about having each of the students do the dosage calculation so that we can evaluate not just the two nursing students, the ones that are playing the nurse, but also the knowledge of the family and patient?

Yes, and I do usually do that anyways. I usually have the student playing the patient, I'll say 'here go ahead and calculate and tell me what you would give' and we'll see if they are on the right track.

And also the family members as an aside because that way everyone's involved. I think that's important.

I want to add to that I think we also need to talk about using the rate, like how fast should they get the medication like in this scenario we are giving Lasix, so how fast should they push the Lasix, what should the concentration be, do they need to dilute it? Is it compatible with the IV fluid, those sorts of things as well. I think that is just as important as the five rights or six rights.

I agree. I think those would need to be met in order for them to receive the point.

What if we can't see them? If, how much they are actually drawing up or if they check the compatibility? How else could we actually assess that? Should we have the patient ask? The family member asks how much are you giving...

We could do that.

...if they don't say and we can't see it well?

Well we could tell them up front maybe to announce I'm going to be giving 40 mg of Lasix and that's 40 mg in 4 mL. I'm going to give this over 4 minutes or whatever and maybe they will forget and if they forget, which is an honest mistake, then we could cue them or even ask them in post conference.

Because we try to zoom in with our cameras and everything, but we can't always catch it, so we can always do like you said have the patient say, oh what is that? That looks like a lot. How much are you going to give me?

Oh I don't usually get that much or something like that kind of prompts them that way. What do you think about that?

I think that would be good.

Okay, so I will put the five rights and then also the rate-how fast they get the Lasix, knowing the concentration, checking for compatibilities...

And the dosage calculation.

And the dose calculation by all.

Okay.

And a note to ourselves to prompt them to do that at the beginning and hopefully that will help with some of that.

Okay, we got that one.

The next behavior is *Manages Equipment, Tubes and Drains Therapeutically*. To me this is pretty straight forward, do they wipe the IV site before they give the Lasix as an example, do they wipe before they connect to the lock. Do they put the correct numbers into the pump, those types of things.

Yes, I think also priming the tubing when they do the IV fluid making sure that they have that primed ahead of time. Making sure they flush after they give the Lasix, using chloraprep to wipe their access sites before they use them since that's one of the newer protocols that we've adopted.

And once they put in the Foley too, not bringing it way above the bladder, those types of things.

I agree.

Okay, so not only, I'll put the correct IV access utilization, but I'll do correct use of pump and tubing and correct handling of Foley catheter drainage system.

Good.

The final objective is that they *Perform Procedures Correctly* and I think our main procedure here is the Foley catheter insertion and I think as long as they follow the steps for the protocol for foley catheter insertion and they maintain sterility. I don't care if they have to change their gloves three times because they contaminate, as long as they recognize when they contaminate, they change their gloves and they do it correctly, they get the point for that?

Yes.

What do you think about timing? Do we need to limit them as far as the amount of time we allot for, because I know sometimes the skill can take quite a bit of time out of simulation. Do you want to put a limit on it for them to get the point or...

I don't think that that's really necessary. I think making sure that they keep sterility is the most important thing. If it would be so long that it would be embarrassing a student, we may have to put some limits, but overall, I don't think it's necessary.

So the priority is correct technique, sterile technique.

And I think then we can give them some feedback at the end to give them ideas. Maybe they didn't have everything ahead of time ready. They didn't use their over bed table, things like that that can make them be more efficient that they just haven't learned yet and we can use that as a teaching moment, but I don't think we have to take off a point for that as long they've done everything correctly and figured that out.

I agree.

Okay, so I will put that. All right, what I am going to do now is take what I have kept track of during our discussion. I will go type this up into our format and I will e-mail it to you guys and you can let me know if I miss anything and otherwise, we will be ready for simulation.

Great.

Thank you.