

## Creighton Simulation Evaluation Instrument Website Introduction – **Critical Thinking**

The next section of the instrument that we need to discuss is Critical Thinking and the first behavior that we need to talk about is *Interprets Vital Signs* including temperature, pulse, respiration, blood pressure and pain. I think the main thing here under interpreting vital signs is that we want them to notify the provider of any abnormal results, so as long as they notify the provider, I think they have figured out that something is wrong, if they weren't abnormal, they wouldn't have notified them.

That's a good point. Is reporting, my question is, is reporting those abnormal to the provider the same as interpreting them?

Well, what if we, I guess since we play the provider in this scenario typically, what if we could prompt them with some questions or even during debriefing prompt them with some questions to help ensure that they really did realize that the findings were abnormal. That they realize the temperature was elevated or the respiratory rate was elevated, those kinds of things and even pull in some of the non nurse players, non nurse students that were playing other roles to make sure that they understood that?

I think we could probably catch some of that in the debriefing.

If we ask too many questions during the scenario it might kind of stump them up a little bit and debriefing might be a little bit easier place for them to answer those questions to get that connection.

We want the student to notify the provider of abnormal results and that they are able to answer questions whether it is within the simulation or during debriefing.

Okay, that's fine.

And it kind of matches this next section, interpreting the labs. Again, I think I want them to identify the patient has an elevated white blood cell count when they call the provider. I want them to identify that they have infiltrates on chest x-ray and anything else other than that, that we would like to emphasize, I think we can catch in debriefing.

I agree. I think as long as they can answer those questions again, we've got the same point.

Okay, so I will put down that they recognize the white blood cell count abnormality, the chest x-ray abnormality and again that they are able to answer questions within the simulation or during debriefing.

Sounds good.

The next behavior is *Interprets Subjective and Objective Data* and it really goes along with the first two components that we talked about, recognizing the relevant from irrelevant and the one piece of data that I think is really important is the lung sounds. Can they go beyond identifying them, but also recognize which what is important?

One thing we could do is when students call the provider (which would be us) and let us know the patient's assessment we could ask them 'what did their lungs sound like?' if they don't tell us and to see if they say 'clear' or if they just say 'bad' or if they actually give us 'crackles' or 'rales' or something like that and that will kind of allow us to really get that information and make them be sure that that is what they heard. Even if need to check with another student.

I would be okay with that.

In the second stage they do, the simulator has an increase in crackles in the lungs, so being able to recognize why that's important and matching it with fluid balance...

And maybe we can get some of that part in debriefing as well.

To pull that out if they don't present it to us which may happen.

Yes.

Okay, so I have identified lung sounds, able to answer questions. Does that cover what we talked about?

I think so.

The next behavior that we have under Critical Thinking is *Formulates Measurable Priority Outcomes*. How can we get the group who does simulation first to give us the priority outcomes?

I think, they've all been presented with the scenario and with the order set, so I think if we could just take a moment with them in the SIM room prior to it beginning and saying, after you've read this scenario and after you see this set of orders, what do you believe are the priority outcomes for this patient before you've even seen them, you can establish the top three.

These are senior level students.

Yes.

They are getting reading to go out to preceptorship or actually might be coming back from preceptorship depending on if we are doing accelerated or traditional students, but either way they should be able to start thinking about those things in their head, so I'm okay with that, giving them that chance to do that.

We can also have them put it on a white board if we wanted to have them put that up there. I like having maybe just an overall discussion though, not just including the nurses, but also the patient and the family member before they step into those roles so they are all on the same page.

Yes. That's a good idea.

Make everybody do that before they go into their roles that they were given.

I like that.

So the next step flowing right from that would be are they performing outcome driven interventions throughout the scenario? And I think they need to be able to apply the oxygen and elevate the head of the bed (we start the scenario out with the patient flat and the patient is in some distress). I want to know that they recognize, if I raise the head of the bed that's going to assist this patient, so are they elevating the head. Did they call to get the nebulizer administered? And administering the Lasix.

Okay.

In order to help with that fluid overload. Those are all outcome driven interventions.

On our order sheet do we also have that they need to start IV fluids too as well?

Yes.

So we want them to go ahead and hang those IV fluids too?

Yes.

And I think one thing I noticed, I think we did this intentionally too on the order sheet, is that we put the nebulizer at the very bottom of the order. I kind of want to see that they are doing that early on and not going down the orders in order.

Do you guys agree with that?

I do.

So, I'll put we want them to apply the oxygen, get the head of the bed up, get them their treatment and kind of do those in a relatively rapid manner.

Right.

Get the IV fluids hung.

Yes.

And so then to get that Lasix initiated when the order is given, does that sound correct?

Yes.

Okay, the next behaviors *Provides Specific Rational for Interventions* and I think that is pretty basic. They should be able to answer the patient and/or the family member's questions, so they may say 'why am I getting that Lasix' and they can give them a reasonable answer for that.

Yes.

Okay, so maybe that they can answer questions within the simulation and even maybe during debriefing if we don't get some of that out of them? Okay and I think the next one is very similar to that. It's *Evaluates Interventions and Outcomes*. I think we'll see some of that because they will have done a care plan with the group and we can look at what they have written there but then in the debriefing we can go through and look at and truly evaluate what they did, what went well, what could they have done, do they need to re-evaluate what they did and come up with new interventions, that sort of thing?

Yes and bring it back to those outcomes that we wrote on the white board. Did you meet these and if not, why and how would you change your plan of care?

Right because perhaps one of their outcomes was an education one due to the patient's history of smoking with oxygen on and things like that and maybe they never did get to that one, but they could talk about well it was an acute situation and this is something we would have done before discharge.

Okay, so then evaluating interventions and outcomes, do you think that we should then have them come back to the white board where they had written their outcomes prior to the simulation and assign those outcomes either met or not met and then explain why they gave them that assignment and then how might they change their plan of care to get the patient to meet those outcomes. Does that sound okay?

I think that's really a good way.

For the last piece under Critical Thinking, *Reflects on the Simulation Experience*, I was thinking again having them come together as a group and really spending some time discussing the strengths, what did they do really well? The weaknesses, what areas could they improve on and how they feel about the simulation experience.

I think it's also important that everyone participates as a group.

So that we illicit some information from each of the members?

Okay, so I will put down that we want them to include strengths, weaknesses and that each student participates in order to get the point.

Okay, and that wraps up critical thinking.