

Simulation's Learning Transactions

Background

Simulation's learning transactions are examined using classroom discourse analysis. The learning transactions include Teacher-Student interaction, whispered Student-Student interaction, role play conversation: Student-Patient, and Healthcare Provider-Student interaction. Each transaction provides unique learning opportunities for the students.

Participant Roles

Teacher has two roles. When the teacher is speaking it is labeled T. When the patient is speaking it is labeled TPat. The teacher is both T and TPat.

Primary Nurse (PriN): Oversee patient care, assessment, delegation of interventions, and stay with patient at the bedside.

Second Nurse (SecN): Work with Primary RN at bedside, call healthcare provider, use Situation, Background, Assessment, Recommendation (SBAR) communication technique.

Charge Nurse (ChN): Manages medications and intravenous (IV) lines and runner for supplies and equipment.

Recorder (RecN): Record vital information related to the patient: vital signs, lab values, assessment findings, new orders.

Observer (ObsN): Record details of scenario: makes notes for use in the debrief at the conclusion of the scenario.

The background information for the scenario is reviewed at the beginning of the scenario. This patient is a 76-year-old female whose chief complaint at her healthcare provider's office was frequent dyspepsia and epigastric pain relieved by antacids. She also complained of rapid weight loss and feeling fatigued. After a series of tests, a biopsy was performed which confirmed gastric cancer. A partial gastrectomy was performed three days ago to remove the cancerous lesion. She is exhibiting signs of depression because of her recent diagnosis.

Students are told they are a team delivering care to the patient and asked to make a plan for the way they will provide the care to the patient. They take a few moments to plan. The transcription begins as the students enter the patient room and begin caring for the patient: Amanda Brown.

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Brown, Amanda
MRN: 0798642
DOB : 7/13/31
MD: Dr Jenessa Chavez

Doctor's Orders

Date/Time

04/25/2008

1. Digoxin 0.25mg PO every day
2. Heparin 5,000units SQ every day
3. Oxycodone 5mg/acetaminophen 325mg 1-2 tabs PO every four hours prn pain
4. Morphine 2mg IVP every 2-3 hours prn for severe pain
5. Promethazine 25mg IM every four to six hours prn nausea
6. Saline lock
7. Post gastrectomy clear liquid diet advance to full liquid as tolerated
8. Physical therapy for strengthening
9. Compression hose or sequential compression device (SCD)
10. Oxygen at 2-4LPM via nasal cannula to maintain SpO2 greater than 94%
11. Intake and Output every shift
12. Incentive spirometer every two hours while awake
13. Ambulate with assist
14. PTT daily and notify physician of results

J.L. Chavez MD

Teacher-Student Interaction

Data Set I

	(Medication preparation)	(At the patient bedside)
a.	RecN: <i>Morphine is an IV push</i>	
b.		SecN: <i>Did you assess her down here?</i>
c.	T: [What's her dose of morphine?	PriN: [<i>Yah, it's intact</i>
d.	ChN: What's that?	
e.		SecN: <i>(inaudible) OK</i>
f.	T: What's her dose of morphine that you're gonna give?	
g.		SecN: <i>(shaking head no)</i>
h.	ChN: It's 2 mg IV push	
i.		PriN: <i>just serosanguineous</i>
j.	T: So, how much is in that syringe?	
k.		SecN: <i>Yah, it's serosanguineous</i>
l.	ChN: Um 1 ml	
m.		PriN: <i>(smiles) inaudible</i>
n.	T: So, how much is in that 1 ml?	
o.	ChN: <i>Um, should be one.. so it should be less,</i>	
p.	S: <i>Yah</i>	
q.	ChN: <i>right. It should be less. Can you check um my dilution?</i>	
r.	SecN: <i>Which one is it?</i>	
s.	ChN: <i>The [morphine</i>	
t.	SecN: <i>[morphine</i>	RecN: <i>ask if she's in [(inaudible)</i>
u.	SecN: <i>Is it 30mg/ml?</i>	
v.	ChN: <i>[There is... 10mg/ml</i>	PriN: <i>[Could you please tell me your name?</i>
w.		TPat: <i>[My name is Amanda</i>

Five minutes later all 5 students are now working on the medication calculation:

Student-Student Interaction

a.1.	ObsN: <i>Show me how you do it</i>
b.1.	SecN: <i>It's right here</i>
c.1.	ChN: <i>Cuz if you're going to give 5mls there's only (.) there's only 2mls in here</i>
d.1.	S: <i>inaudible</i>
e.1.	PriN: <i>How many, how much mls are you supposed to give her?</i>
f.1.	ChN: <i>We're still trying to figure it out</i>
g.1.	Ss: <i>Laugh</i>
h.1.	ChN: <i>Cuz I, cuz I thought it's order over</i>
i.1.	SecN: <i>2 mls</i>
j.1.	ChN: <i>Order over half times whatever</i>
k.1.	S: <i>(inaudible) so</i>
l.1.	SecN: <i>Yah 0.2</i>

<i>m.1.</i>	<i>ChN: That's what I thought</i>
<i>n.1.</i>	<i>ObsN: Yah, it's 0.2</i>
<i>o.1.</i>	<i>ChN: So my thing is how do we get this out? How do we get to point 2?</i>
<i>p.1.</i>	<i>SecN: We, I think we have to waste</i>
<i>q.1.</i>	<i>ObsN: You have to waste (inaudible) another (inaudible)</i>

Teacher-Student Interaction

Data Set II

- aa. T: But, remember this part here is supposed to be kept sterile.
- bb. RecN: uhmm
- cc. T: So, I don't know, you had the cap off a really long time..
- dd. *ChN: [Can we swab it?*
- ee. T: [I'm just not sure.
- ff. Ss: [laugh
- gg. T: [laugh
- hh. T: I'm not sure.
- ii. Ss: laugh
- jj. T: But um. But um. But in real life everytime you take a cap off .. don't spend a lot of time doing other things once the cap is off you know ..
- kk. ChN: uhmm
- ll. T: because you have to really keep your eye on that so um .. I think we need another syringe. But in real life if this was contaminated, what we would have to do because this is a narcotic.. [it would either have to be wasted
- mm. *ObsN: [we would*
- nn. T: or there would have to be another way to extract it which there would be another way to [extract it.
- oo. *RecN: [extract it*
- pp. *ChN: Yah*

	(Medication preparation)	(Talking to each other)
qq.	T: There's a rubber stopper there so you could swab that um and then take a sterile syringe and then draw out what you need	
rr.		Ss: inaudible
ss.		SecN: <i>Where would we put it if it's an IV push?</i>
tt.	T: Well once you have it in your syringe remember most syringes	
uu.		ChN: <i>Oh yah we can take it off and turn it into an IV push.. right?</i>

- vv. T: This is an insulin syringe, right?
- ww. ChN: uhmm
- xx. T: But if you drew it into a syringe that wasn't an insulin syringe, like this (.) or
- yy. Ss: Oh yeah ↑ intonation

Student-Student Interaction

Data Set III

- aaa. ChN: I'm like how do I use that? And then when I opened it up oh there's a way to like put it in.
- bbb. Rec: uhmm
- ccc. ChN: It's been so long since I've seen these ya know
- ddd. Rec: uhmm
- eee. Obs: Did you guys have to calculate this one?
- fff. Sec: Yah
- ggg. ChN: Yah
- hhh. Obs: But that one is already in (Inaudible)
- iii. ChN: per ml
- jjj. Sec: so we just
- kkk. ChN: I took out, I took out 1 ml because it's 25mg/ml

Role Play Interaction: Patient-Student

Data Set IV

- A. ChN: Hi I finally have your morphine.
- B. Ss: laughs
- C. TPat: OK, good I'm glad
- D. ChN: Sorry about the wait, we were trying to figure it out [first.
- E. TPat: [ok
- F. ChN: Can you tell me your birthdate?
- G. TPat: July 13th, 1931

	(Students talking to the patient)	(Students talking to each other at the bedside)	(Students talking to each other away from the patient)
H.	ChN: OK, great		
I.	<i>S: [inaudible</i>	<i>ChN:[So I will do this flush ..</i>	
J.		<i>Sec: first swab</i>	
K.		<i>Rec: there you go</i>	
L.		<i>ChN: so swab</i>	
M.		<i>Sec: Then, essentially this would have been sterile</i>	
N.	S: inaudible		
O.	ChN: so just a little poke		
P.	TPat: that feels kind a cold		
Q.	ChN: OK, Now we're gonna give you the med		
R.	TPat: OK		
S.		Sec: Oh, where is it?	

	(Students talking to the patient)	(Students talking to each other at the bedside)	(Students talking to each other away from the patient)
T.		<i>RecN: that's different</i>	
U.		<i>SecN: OK so we would give an IV push in about 2 minutes or 5, 15 seconds?</i>	
V.		<i>RecN: 2 minutes</i>	
W.	ChN: OK so here comes your med		
X.	TPat: OK		
Y.		SecN: OK	
Z.		ChN: OK, that's flushed right in	
AA.			RecN: (inaudible) she use the restroom?
BB.			PriN: I helped her do that
CC.		ChN: OK	
DD.	TPat: You know I don't think I have cancer. I think the doctor made a mistake.		
EE.		<i>SecN: Ok, positive pressure</i>	
FF.		<i>ChN: Yah, alright when you push in lock it up</i>	
GG.		<i>SecN: what with the med or the</i>	
HH.		<i>RecN: no as you were pushing it in, as you were pushing it in</i>	
II		<i>SecN: want to lock it first and then put positive pressure</i>	
JJ.		<i>ChN4: OK good</i>	

KK. SecN: Alrighty how are you feeling right now?

LL. TPat: Well, I still feel pain but I'm not so much nauseated anymore.

MM. ChN:OK [good

NN. Ss: [good

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Transcription Conventions

. or (.) pause
.. or (..) longer pause
... or (...) still longer pause

[overlap
[overlap

italics whispering

(inaudible) unclear utterance or word

- cut off word Ex. Th- the thing is

? high/rising intonation indicating the speaker is asking a question

. falling intonation indicating the speaker has completed a sentence

↑ intonation indicating the speaker is making a discovery

References

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