

Instant Replay

A Pediatric Simulation Revisited

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Objectives

At the end of this session the participant will be able to:

- define instant replay as it relates to simulated clinical experiences (SCE).
- explore strategies nurse educators can use when implementing instant replay in simulation.
- discuss the positive student outcomes utilizing instant replay in simulated clinical experiences.

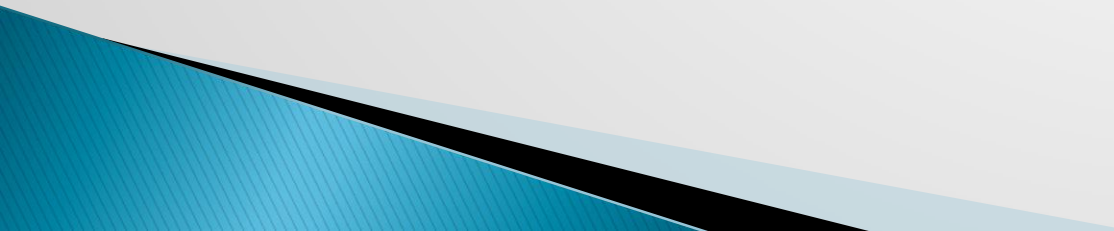
Theoretical Framework for Simulation and Replay Design

- ▶ To increase the student's:
 - knowledge or understanding
 - confidence
 - competence (practice makes perfect!)
 - clinical reasoning/judgment
 - satisfaction in learning
 - *communication skills*
 - *collaboration skills*
 - *knowledge and application of the QSEN competencies*

Who? What? When? Where? Why?

- ▶ Actual implementation began in peds rotation in early spring semester 2010
 - Now in OB, med surg and advanced med surg/leadership
- ▶ Roles
 - Same versus different
- ▶ Debriefing
 - Before and after
- ▶ Challenges and successes
 - Time frame
 - Role assignments
 - Evaluation (data collection)
 - Student responses (see eval tool)

Quality and Safety Education in Nursing (QSEN)

- ▶ Patient Centered Care
 - ▶ Teamwork and Collaboration
 - ▶ Evidence Based Practice (EBP)
 - ▶ Quality Improvement (QI)
 - ▶ Safety
 - ▶ Informatics
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Patient Centered Care

Knowledge	Skills	Attitudes
Examine nursing roles in assuring coordination, integration, and continuity of care	Assess own level of communication skill in encounters with patients and families	Value continuous improvement of own communication and conflict resolution skills

Teamwork and Collaboration

Knowledge	Skills	Attitudes
Describe own strengths, limitations, and values in functioning as a member of a team	Function competently within own scope of practice as a member of the health care team	Acknowledge own potential to contribute to effective team functioning

Evidence Based Practice

Knowledge	Skills	Attitudes
Demonstrate knowledge of basic scientific methods and processes	Base individualized care plan on patient values, clinical expertise and evidence	Value the need for continuous improvement in clinical practice based on new knowledge

Quality Improvement

Knowledge	Skills	Attitudes
Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	Use quality measures to understand performance	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals

Safety

Knowledge	Skills	Attitudes
Discuss effective strategies to reduce reliance on memory	Demonstrate effective use of technology and standardized practices that support safety and quality	Value own role in preventing errors

Informatics

Knowledge	Skills	Attitudes
Describe examples of how technology and information management are related to the quality and safety of patient care	Seek education about how information is managed in care settings before providing care	Value technologies that support clinical decision-making, error prevention, and care coordination

▶ “One needs practice to achieve mastery, a body of experience before one achieves real success. And if what we are missing when we fail is individual skill, then what is needed is simply more training and practice.”

- *Atul Gawande, 2009*
- *The Checklist Manifesto; How to Get Things Right*

**Maurine Church Coburn School of Nursing
Monterey Peninsula College
Simulated Clinical Experience (SCE)
Instant Replay**

DIRECTIONS: Please respond to the following statements by circling the response that best describes your opinion. Thank you

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1. The instant replay experience reinforced areas of practice where I feel strong.	SA	A	N	D	SD
2. The instant replay experience allowed me to strengthen areas where I need more practice.	SA	A	N	D	SD
3. I felt that the instant replay simulation environment was a safe place for learning to take place.	SA	A	N	D	SD
4. I feel more confident to practice in an actual clinical setting because of instant replay.	SA	A	N	D	SD
5. The debriefing session following the initial simulation provided valuable feedback.	SA	A	N	D	SD
6. The debriefing session following the instant replay was valuable.	SA	A	N	D	SD
7. The time frame for the initial simulation was adequate.	SA	A	N	D	SD
8. The time frame for the instant replay was adequate.	SA	A	N	D	SD
9. The time frame for the initial debriefing session was adequate.	SA	A	N	D	SD
10. The time frame for the debriefing session following the instant replay was adequate.	SA	A	N	D	SD

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	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
11. Overall, the instant replay was a valuable learning experience.	SA	A	N	D	SD
12. I would like the instant replay to occur each time I participate in simulation.	SA	A	N	D	SD
13. Changing roles in the instant replay was beneficial.	SA	A	N	D	SD
14. I would prefer staying in the same role in the instant replay as in the initial simulation.	SA	A	N	D	SD
Please comment on the following items:					
What aspect of the replay was the most helpful?					
What aspect of the replay was the least helpful?					
What, if anything, would you change about this replay experience?					
1/10					

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	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1. The instant replay experience reinforced areas of practice where I feel strong.	SA N=8	A N=12	N N=6	D N=74	SD N=0
2. The instant replay experience allowed me to strengthen areas where I need more practice.	SA N=58	A N=42	N N=0	D N=0	SD N=0
3. I felt that the instant replay simulation environment was a safe place for learning to take place.	SA N=65	A N=25	N N=8	D N=2	SD N=0
4. I feel more confident to practice in an actual clinical setting because of instant replay.	SA N=56	A N=41	N N=3	D N=0	SD N=0
5. The debriefing session following the initial simulation provided valuable feedback.	SA N=93	A N=7	N N=0	D N=0	SD N=0
6. The debriefing session following the instant replay was valuable.	SA N=91	A N=9	N N=0	D N=0	SD N=0
7. The time frame for the initial simulation was adequate.	SA N=89	A N=7	N N=4	D N=0	SD N=0
8. The time frame for the instant replay was adequate.	SA N=82	A N=14	N N=1	D N=3	SD N=0
9. The time frame for the initial debriefing session was adequate.	SA N=32	A N=63	N N=3	D N=0	SD N=0
10. The time frame for the debriefing session following the instant replay was adequate.	SA N=78	A N=17	N N=5	D N=0	SD N=0

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	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
11. Overall, the instant replay was a valuable learning experience.	SA N=96	A N=4	N N=0	D N=0	SD N=0
12. I would like the instant replay to occur each time I participate in simulation.	SA N=84	A N=8	N N=8	D N=0	SD N=0
13. Changing roles in the instant replay was beneficial.	SA N=83	A N=10	N N=3	D N=4	SD N=0
14. I would prefer staying in the same role in the instant replay as in the initial simulation.	SA N=9	A N=17	N N=0	D N=74	SD N=0
Please comment on the following items:					
What aspect of the replay was the most helpful?					
What aspect of the replay was the least helpful?					
What, if anything, would you change about this replay experience?					
1/10					

“Being able to correct what was done wrong. To be able to put into practice what we have learned. Helps reinforce that learning.”

“Having a better understanding of how to make each choice. Confidence was increased by being able to correct a mistake instead of going away thinking I did something really wrong.”

“Replay lessens the stress which makes for more clear thinking. I gives you a chance to see what were priorities; to use your critical thinking skills.”

“Seeing results of timely interventions to prevent further patient injury.”

“None.”

“Not much excitement
because we already knew the
scenario.”

“It is a little overwhelming
doing it again right after but
worth it for the learning.”

“Keeping the same roles would be helpful.”

“Maybe change the scenario a little on the replay.”

“Changing roles or having same role depends if you were an active role in the first scenario. It would be good to reinforce what you did (in the active role) if you could do it again during the replay.”

Recommendations for Instant Replay

- ▶ 1. Differentiate responses based on level of learner (i.e. 1st year versus 2nd year) when collating data
- ▶ 2. Consider a shorter evaluation tool
- ▶ 3. Level the replay based on the level of the learner
- ▶ 4. Change the scenario (slightly) but maintain the objectives of the simulation (i.e. SBAR)
- ▶ 5. Consider giving report before assigning roles
- ▶ 6. Utilize as many active roles as possible
- ▶ 7. Don't tell students ahead of time that they will participate in a replay
- ▶ 8. Develop a champion on your faculty who will use instant replay

References

- Bambini, D., Washburn, J., & Perkins, R. (2009). Outcomes of clinical simulation for novice nursing students: communication, confidence, clinical judgment. *Nursing Education research*, *30(2)*, 79–82.
- Bryson, E., Levine, A. (2008). The simulation theater: a theoretical discussion of concepts and constructs that enhance learning. *Journal of Critical Care*, *23*, 185–187.
- Cronenwett, L., et al. (2007). Quality and safety education for nurses. *Nursing Outlook*, *55(3)*, 122–131.
- Jeffries, P. (2007). *Simulation in nursing education*. New York: National League for Nursing.

References

- ▶ Lasater, K. (2007). Clinical judgment development: using simulation to create an assessment rubric. *Journal of Nursing Education, 46(11)*, 496–503.
- ▶ Prion, S. (2008). A practical framework for evaluating the affect of clinical simulation experiences in prelicensure nursing education. *Clinical Simulation in Nursing, 4(3)*, 69–78.
- ▶ Sears, K., Goldsworthy, S., & Goodman, W. (2010). The relationship between simulation in nursing education and medication safety. *Journal of Nursing Education, 49(1)*, 52–55.