



# **Remediation of Clinical Skills Using High-Fidelity Patient Simulation**

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# Session Description

This presentation will examine how a school of nursing addressed the issue of nursing students' unsatisfactory clinical skills progression. A remediation program including assessment, documentation, guided practice, and return demonstration within the context of a simulated patient scenario will be explored. Attendees will receive examples of a clinical skills checklist, remediation referral form, and remediation tracking tool for modification to their specific use.

# Objectives

- Examine the incidence of unsatisfactory performance of clinical skills.
- Explore the program developed by one school of nursing to remediate clinical skills.
- Share specific documents prepared for the remediation program.



# Today's Clinical World

- Clinical sites per SON scarce
- Increased use of adjunct faculty
- Staff nurses not always the best teachers
- Up to 10 students per clinical instructor
- Higher patient acuity / fewer staff nurses
- More “observational only” clinical experiences



# Our Challenge

- Students make errors in clinical facilities
- Clinical groups of 10 student nurses
- Lead Course Faculty also has clinical group
- No standard documentation for errors
- Overuse and misuse of “Clinical Warning”



# PERSON Clinical Warning

## Clinical Warning Report

Student: \_\_\_\_\_ Date \_\_\_\_\_

• Description of the Problem:

• Action Plan:

• Expected Outcomes (and deadlines):

### Signatures:

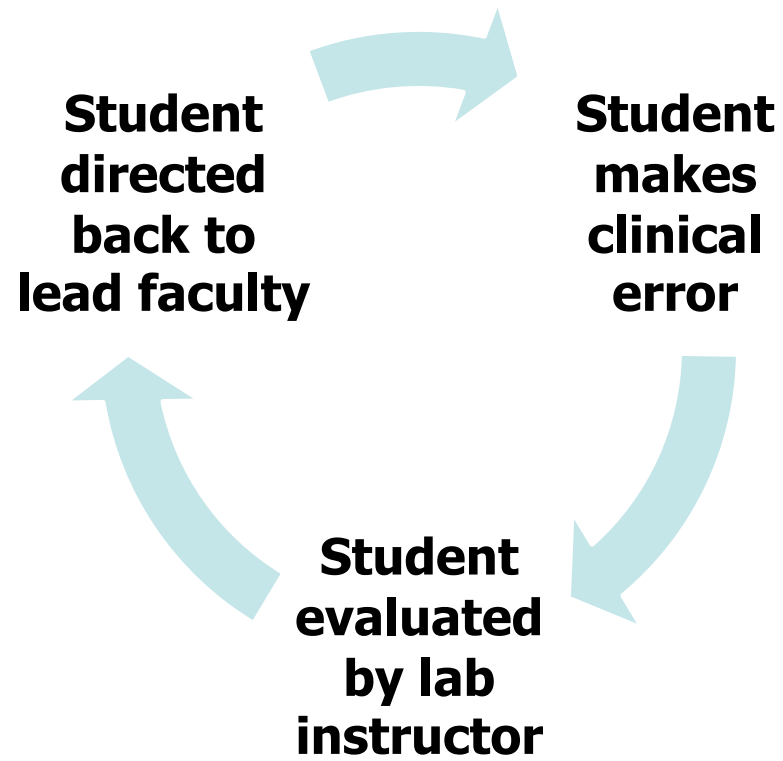
Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty \_\_\_\_\_ Date \_\_\_\_\_



# PSO Previous Procedure

- No point of instruction for student





# What the Literature Says

- Hutton & Krull Sutherland
  - Clinical remediation can increase retention & graduation rates
  - Remediation provides additional attention for marginal students without compromising the needs of other students
  - Remediation provides a second opinion of a student's performance and increases due process given to the student
  - Confidentiality may be compromised



# What the Literature Says

- Culleiton

- Identification of the need to take action to remedy a situation that if left unresolved, will result in unfavorable outcomes, whereas implementing intervention strategies will successfully address the situation
- Remedial efforts must be individualized to each student



# What the Literature Says

- Tanda & Denham
  - Satisfactory clinical grades should include psychomotor skills and decision-making abilities
  - Longer hours in clinical sites does not always translate into better student outcomes
  - Wise use of clinical laboratory enhances psychomotor skills



# What the Literature Says

- Lapkin, Levett-Jones, Bellchambers, Fernandez
  - Critical patient incidents often involve poor clinical reasoning by new nursing graduates
  - Use of simulation can lead to quality outcomes in high-risk professions
  - Simulation can improve knowledge acquisition, critical thinking, ability to identify deteriorating patients

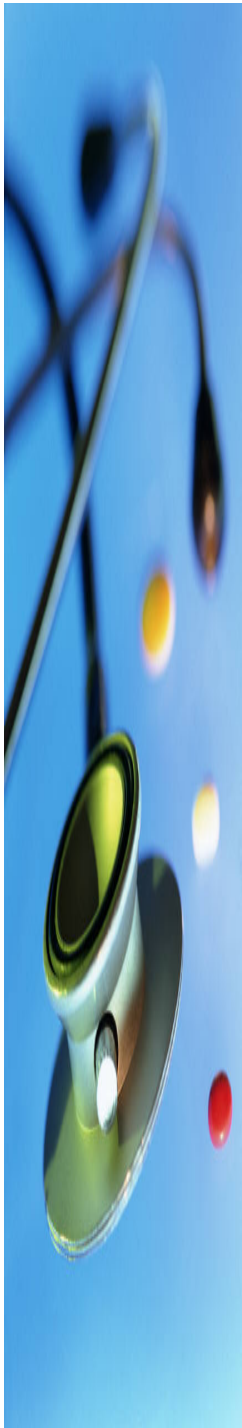


# PSON Revision of Clinical Warning Policy / Procedure

- Changed to “Unsatisfactory Clinical Progress”
- Included specific action plan
  - Date of completion
  - Referral to lab instructor if warranted
- Required to “close the loop”

# Unsatisfactory Clinical Progress

**Purpose:** To report student unsatisfactory clinical progress, develop an action plan for satisfactory clinical progress and make recommendations for **remediation**, correction, or dismissal.





**Policy:** ...issued a clinical warning,  
removed from clinical...for one or more  
of the following:

- failing to...

- meet course/clinical objectives
- implement principles or skills
- demonstrate professional conduct
- demonstrate safe nursing practice
- follow the dress code



**A student may be dismissed at any time during a course and removed from clinical for one or more of the following:**

1. ...behaviors that place others at risk
2. inability to maintain satisfactory clinical progress
3. inability to meet terms for remediation and correction
4. failing to follow substance abuse policy
5. requiring an inordinate amount of faculty guidance or remediation
6. receiving a third clinical warning while in the program



Course Faculty completes UCP → Copies distributed  
Conference with student → review UCP → document  
action plan → student may add comments

Action plan indicates **expected outcomes and  
timeline**

**Failure to complete the action plan and  
demonstrate satisfactory remediation,  
correction and clinical progress will result  
in course failure and dismissal from the  
school.**



Student \_\_\_\_\_ Date Completed \_\_\_\_\_

Course \_\_\_\_\_ Clinical Area \_\_\_\_\_

Status:  Clinical Warning  Dismissal

Faculty comments, course objectives not met satisfactorily and unsatisfactory behaviors demonstrated by student in clinical practice

Student Comments

Action Plan for remediation and correction (does not apply to dismissal)

Expected Outcomes and deadline for correction

Final Review/Resolution

Previous clinical warning Total \_\_\_\_\_ Course(s) \_\_\_\_\_

Action plan completed with satisfactory clinical progress and status

Action plan not completed satisfactorily, course failure and dismissal

6. Date student may return to clinical practice \_\_\_\_\_

**Signatures date issued:**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

**Signatures final review:**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

SKILL TO BE REMEDIATED	CONTENT	LAB PERFORMANCE
	<b>Admission/Assessment</b>	
	Physical Assessment of the Adult	
	Common Dysrhythmia	
	Physical Assessment of the Infant/child	
	<b>Vital Signs</b>	
	Temperature	
	Pulse	
	Respirations	
	Blood Pressure	
	Ht./Wt.	
	Pain	

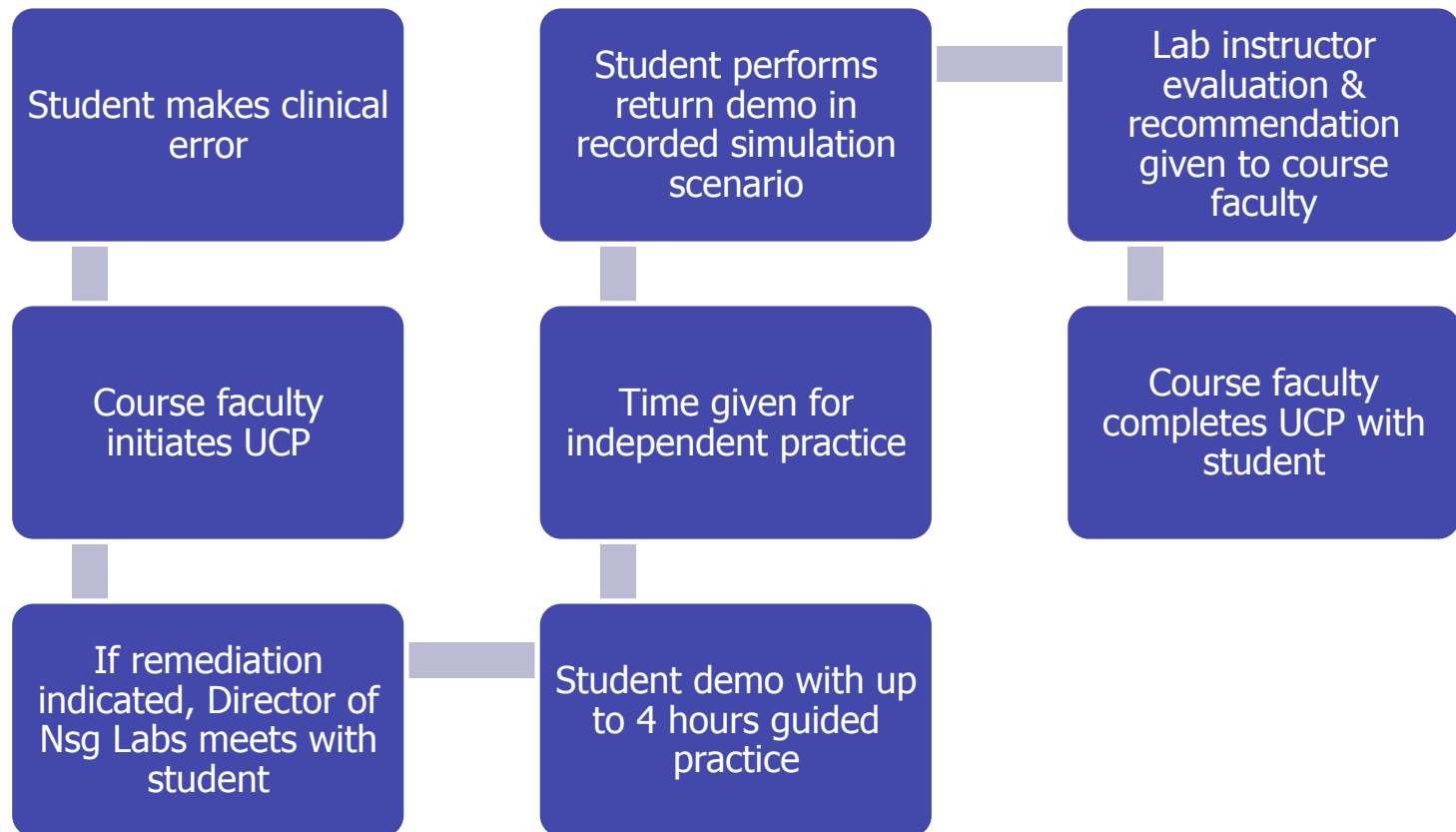


# Lab Support of UCP

- **Remediation** must be included in action plan of UCP if needed
- No more than 4 skills per referral
- Initial meeting with **Director of Nursing Labs**
- Student's return demo must be **videotaped in scenario context**
- **Documentation** throughout process

# Revised Procedure

- Includes guided instruction, independent practice, return demo in recorded simulation





# Remediation Scenarios

- Basic assessment & vital signs
- IV fluid & drug administration and monitoring
- Medication administration & education of patient
- **Subcutaneous Heparin administration**
- **Insulin mixing & administration**



# Return Demonstration Video

- Position student & supplies
- Audio & video equally important
- Basic patient safety must be included
- Drug calculation & administration
- Evaluator is **not** the simulation operator

# Always Include

- Use of patient identifiers
- Bed position & call bell
- Manual vital signs
- Proper positioning of patient
- Use of reference material
- Therapeutic communication
- Hand hygiene





## Example of Remediation Simulation Scenario

- I will have a video clip of myself showing a remediation

# Remediation Statistics

## 8/10 to 12/10

Disposition	No. of Students	% of Total	Notes
Satisfactory – return to clinical site	5	55%	1 subsequently dismissed; 1 failed theory; 1 graduated; 2 performing sat.
Unsatisfactory – recommend dismissal from program	3	33%	All 3 dismissed, 1 now in litigation
No return demo per Lead Faculty	1	11%	Student performing at minimum level

# Lessons Learned

- Students & faculty have increased understanding of purpose for remediation
- 4 hours of guided practice is beneficial
- Simulation scenarios recreate clinical site performance & anxiety level of student
- It's hard to argue with filmed evidence
- DO NOT compromise established procedure





# References

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# Questions and Answers



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