COLORADO MESA UNIVERSITY

Home Environment Safety Simulation

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Department of Health Sciences

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Objectives

1. Identify three teaching strategies useful in a simulation environment

2. Create a simulation environment area preparing SNs for Home Environment Safety Assessment

3. Prepare the Home Room Environment with needed equipment for SNs to assess safety

Relevant Literature

❖ Integration of QSEN competencies when designing simulation scenarios (Jarzemsky, Mc Carthy, Ellis, 2010).

❖ Little room of errors (Arends, 2010).

❖ The development of evidence-based clinical simulation scenarios: Guidelines for nurse educators (Waxman, 2010).

Relevant Literature (Cont.)

❖ Simulation in nursing education: A review of the research (Sanford, 2010).

❖ Using simulation technology for undergraduate nursing education (Medley & Horne, 2005).

❖ Simulation techniques to bridge the gap between novice and competent healthcare professionals (Galloway, 2009).

❖ Creating a home care simulation laboratory (Simones, 2008).

❖ Curriculum and program evaluation (Keating, 2006).

❖ The evaluation process: An overview (Bourke, & Ihrke, 2009).

Introduction

❖ Development of the Home Environment safety Simulation

❖ Creating a clinical simulation at Colorado Mesa University (CMU)

❖ Critical thinking skills used during simulation

Background

❖ Raise awareness in the home setting to identify potential injury.

❖ Teach assessment skills for injury prevention.

Teaching Goals

❖ Sharpen student nurses (SN)
   observational skills

❖ Increasing educational opportunity of SNs

❖ The project goal is to Identify potential hazards; Understand risk of identified hazards; Educates clients about hazards.

1. Know what hazards to look for
2. Learning the importance of hazard identification
3. How to talk with client about those hazards

Purpose

❖ Increase SNs awareness of the importance of identifying safety hazards

❖ Increase SNs observational abilities of how to identify hazards

❖ Help SNs practice and learn skills
   allowing for errors and growth

❖ Teaching SNs before going out on first
   home visit

Rationale

❖ Enhance clinical reasoning and self-confidence

❖ Opportunity to engage in a safe clinical experience

❖ A beneficial learning experience prior to an actual home visit

Rationale (Cont.)

❖ QSEN Competency---Safety

❖ Identify hazards and then communicate concerns related to hazards to faculty.

❖ Demonstrate strategies to reduce risk of harm to the client.

Method

❖ **Three Strategies:**

1. Pre-test

2. 30-minute lecture

3. Post-test

❖ Content

1. Lecture on home safety

2. Simulation application

3. Hazard identification

❖ Lessons learned

1. Case study role-playing scenarios added
2. Debriefing with the Nurse Family Partnership (NFP) RNs
3. Evaluation Questionnaire

❖ Colorado Mesa University enrolls 36 students a semester.

❖ 90 hours of clinical for community health each semester.

❖ Total of 3,240 clinical hours needed to have SNs obtain different experiences.

The First Home Environment Lab

❖ Created for SNs to access household hazards
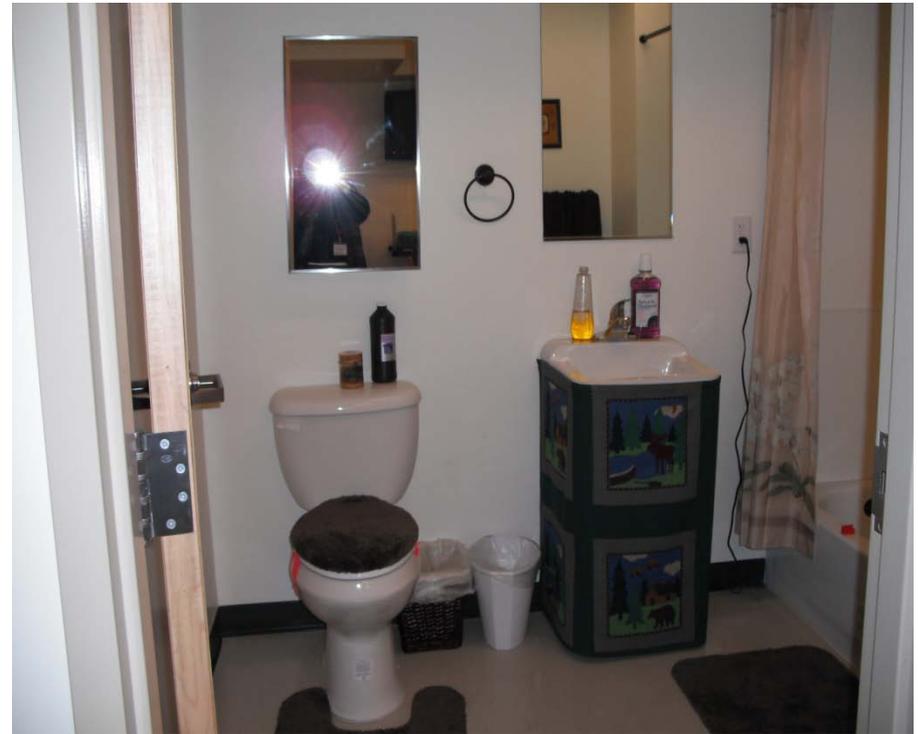
The First Home Environment Lab

The 2ⁿᵈ Home Environment Lab

❖ Updated to a house
❖ Giving SNs more opportunity

The 2ⁿᵈ Home Environment Lab

❖ Cost effective teaching strategy

❖ Supplies were donated

Evaluation

❖ Formative

1. On-going assessment of project from start to finish

2. On-going feedback from faculty throughout the development of the project

Evaluation (Cont.)

❖ Summative

1. Pre-test
2. Post-test
3. Debriefing
4. Evaluation questionnaire

Outcomes

❖ 109 students have gone through the simulation since spring of 2011.

1. Pre-test score 85% -95%
2. Post-test 98% -100%
3. Evaluation questionnaire

❖ 85% of the students had positive attitudes towards simulation in the community setting.

❖ 95% of the students had a stimulated learning experience

❖ 100% of the students felt that role-playing increased their educational strategies to teach families

❖ Debriefing – 100% of the students felt that this was helpful.

    1. Safe environment for critical learning experience

Conclusion

❖ SNs relied on the information taught in the pre-simulation.

❖ The residential home versus the homeroom on campus

Conclusion (Cont.)

❖ Important to build resources for project

❖ Lessons learned

    1. Increase difficulty of pre & post-test
    2. Increase challenge of simulation environment
    3. Smaller groups preferred, but limited resources

Summary

❖ The Home Environment Safety Simulation will continue to be utilized at CMU each semester.

❖ Level IV senior SNs will use the simulation lab before going out on their first home visits.

❖ Will continue to improve and grow the Home Environment Safety Simulation.

Questions

References

❖ Arends, R. (2010). Little room of errors. *Quality & Safety Education for Nurses.*   Retrieved December 12, 2010 from http:// www.qsen.org/teachinstrategy.php?id=/3

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❖ Galloway, S. (2009). Simulation techniques to bridge the gap between novice and competent healthcare professionals. Retrieved November 19, 2010 from http://www.nursingworld.org/MainmenuCategories

❖ Keating, S. B. (2006). Curriculum and program evaluation. In S. B. Keating (Eds), *Curriculum development and evaluation in nursing* (pp. 255 274). Philadelphia, PA: Lippincott Williams &Wilkins.

❖ Jarzemsky, P., Mc Carthy, J., Ellis, N. (2010). Integration of QSEN competencies when designing simulation scenarios. *Quality & Safety Education for Nurses.* Retrieved December 12, 2010 from http://www.qsen.org/teachinstrategy.php?id=/3

❖ Medley, C. F., & Horne, C. (2005). Using simulation technology for undergraduate nursing education. *Education Innovations, 44*(1), 31-34.

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❖ Simones, J. (2008). Creating a home care simulation laboratory. *Journal of Nursing Education 47*(3), 131-133.

❖ Sanford, P.G., (2010). Simulation in nursing education: A review of the research. *The qualitative Report 15(4), 1006-1011.*

❖ Waxman, K. T. (2010). The development of evidence-based clinical simulation scenarios: Guidelines for nurse educators. *Journal of Nursing Education, 49*(1), 29-35