


From Didactic to Fantastic: Professional Nursing Orientation Transformed (C851)

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OSF Healthcare

- 11 hospital health system
 - Michigan and Illinois
 - 1500 beds total
- Catholic, not for profit
- JUMP Trading Simulation and Education Center




"Serving with the Greatest Care and Love"



Objectives

- Discuss the burning platform for change
- Identify steps to transform professional nursing orientation
- Describe the simulation process including simulation with documentation
- Demonstrate infusion pump application



Why Change

- Adult learners acquire knowledge differently
- Newer generation is accustomed to active learning
- Evidence supports simulation

- Intrinsic factors within our organization
 - Desire to function as a healthcare system
 - Simulation center
 - Evaluations of nursing orientation



The Transformation

- The Team
 - Utilization of the Governance structure
- System Education Council
 - Representatives from each OSF facility across the care continuum
 - Work group distribution
 - Simulation
 - Skills stations
 - Small group discussions
 - Continued work during council time as well as report out of workgroup



Simulation

- The focus of workgroup
 - Scenarios involve in-depth learning that requires submersion into a realistic clinical setting
 - Scenarios where learning takes place during the debriefing of the simulation so that all learners are included in the discussion
 - Focus on crucial conversations and situations that require the ability to apply concepts they have been taught in nursing school



Skills Stations

- The focus of workgroup
 - Selection of the skills that require a deeper dive into organizational specific processes
 - The ability to not only have hands on application of selected skills but also review the organizational specific guidelines for each selected procedure
 - Hands on demonstration of specific skills guided by regulatory compliance



Small Group Discussions

- The focus of workgroup
 - Sections of orientation requiring underlining discussion
 - Components requiring background education for successful completion of simulations



Timeline

- Continuous work over a nearly two year period
 - Sustainability
 - In conjunction with the new simulation building
 - Culture change
 - Change in ownership of workgroups



The Space

Jump Trading Simulation and Education Center

- Virtual patient care area with six general patient rooms and two intensive care patient rooms, two nurses stations, four debriefing rooms, a large briefing theater, and a skills lab for the skills stations
 - Use of mannequins and standardized participants.
 - Standardized participants are actors who are trained to follow scripts within each scenario
- (I will talk to Kyle and try to cut the section of the video that shows the space at Jump – only portray the VPU, VICU areas)

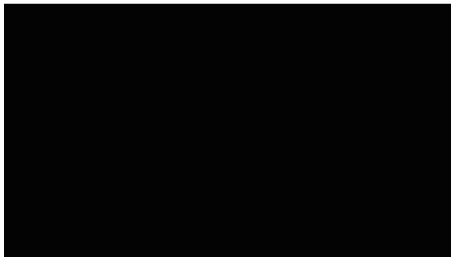


Simulations

- One size fits all
 - Change in condition
 - Patient safety
 - Conflict management
 - Patient hand-off
 - Code blue
 - Repeat the code blue simulation so the learners have the ability to apply what they learned
- Standardized participant vs mannequin



Change in Condition

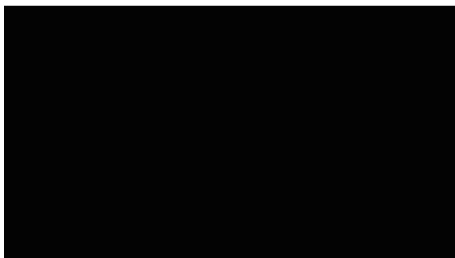


Change in Condition

- SBAR communication
- Chain of Command
- Rapid response/assessment team



Safety Group



Patient Safety

- Fall precautions
- Medication safety
- Patient education

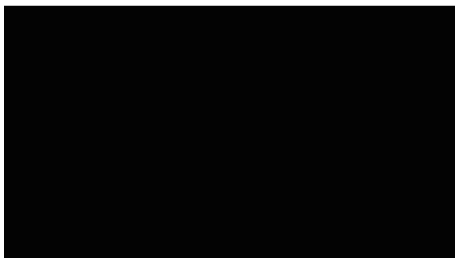


Conflict Management

- Accountability
- How to confront someone



Hand Off Report



Patient Hand-off

- Safety checks
- SMART goals
- Critical assessment pieces



Code Blue

- Basic BLS
- Role delineation
- Clear communication
- Call out-check back



Simulations with Documentation

- Blood administration
- Teachback
- High-risk medications



Tablet Application

Demonstration



So many learners, so little time

- Active learners vs Passive learners
- Live video feed
- Group debriefing



Outcomes

- Learner satisfaction
- Cost savings
- Consistent message across the ministry
 - Employees can move hospitals
 - Ministry-wide float pool



References

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Questions

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