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Acute Care Across Care Settings:
Teaching Novices Expert Eye Gaze in Simulation

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Percentage of Fixations (1 student in Phase 1)

- Percentage of Fixations for 1 student in Phase 1
- Delivery the theory in lectures with regards to medicines management
- Set the learning objectives
- How did it go?
- Address concerns
- Review learning points
- Plan ahead

References:
Imperial College London (2012).
Serious harm warning over delays in treating patients with high potassium levels

NHS Improvement has warned that patients with high levels of potassium in their blood may have come to severe harm because medics left them for hours on end without review or said the next urgent review is for the next day.

The warning comes after cardiac arrests in hyperkalaemia patients/7025545.article
Introduction/Learning Outcomes:

The learning outcome for this activity was to teach novices to recognise the deteriorating patient using simulation and to advocate the “end of the bed look”, as nurses often develop visual skills over time by anticipating patient’s decline before objective evidence becomes available (Douw, Schoonhoven, Holwerda, Huisman-de Waal, Zanten, Achterberg & Hoeven, 2015).

At the University of Portsmouth, nursing students have lectures on pharmacology and drug errors, including the anticipated physiological response. These drug errors were then replicated in simulation using high fidelity simulators.
Study Design/Methodology:

The simulated monitor was switched off to encourage the development of the novice’s eye gaze to recognise the deteriorating patient from visual cues. In order to develop visual cues, we designed 4 drug error scenarios; asthma, hyper-kalemia, pulmonary embolism and anaphylaxis. All four scenarios ran simultaneously.

Groups of 4 nursing students rotated between the stations, each having the opportunity to take the role of: recording the patient’s history, completing the National Early Warning Score (NEWS) 2 (Royal College of Physicians, 2017) completing a physical examination and asking debrief questions. The scenarios had a 10 minute time limit to encourage teamwork.
Summary of results:

All 84 students were able to identify the correct medical condition for all 4 of the drug error scenarios.
Conclusion/Major Findings:

The informal student feedback was positive and indicated that the session was perceived to be beneficial. The time limitation factor encouraged good teamwork, leadership skills, good communication, decision making, task management and time management.
Hi Kirsty.
Thank you for your email. It was wonderful to speak with Suzanne yesterday regarding my placement so far and how much I have gained in such a short time.

We discussed how my knowledge and understanding had developed through the use of simulation. The scenarios have encouraged me to be prepared in situations that I would have little or no knowledge in. My first week I encountered a patient with hyperkalemia and was asked about medication I discussed with the nurse and stated we had learnt about this situation with simulations and the nurse was impressed with my knowledge. I had not before realized how much I had learnt within simulations until I put it to practice (in real life) it was very empowering and has helped towards my confidence.

I value simulations and the depth of knowledge and understanding that can be gained through the use of them allowing me to develop skills and the understanding of conditions that I may not necessarily see out in practice. Thank you for all the effort you put in to the unit as without them I most certainly would not be at the level I am currently at. And as Suzanne said. I am doing a good job and I am proud. :)
Best wishes
Any Questions?

Jim was famous for his riveting research debriefs.
References:


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