

Learning Together: Using Intraprofessional Simulation to Enhance Role Development of Nurse Midwifery and Accelerated Baccalaureate Nursing Students

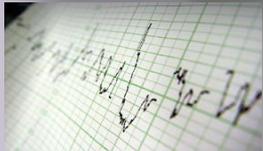
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Introduction

Pilot project combining 13 Accelerated Baccalaureate (AccBacc) nursing students and 7 Nurse-Midwifery (NMW) students

Purpose

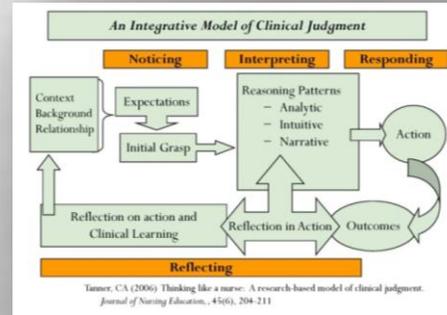
- Allow students to demonstrate level-appropriate clinical judgment and decision-making
- Allow students to practice within their role and scope
- Foster interaction across undergraduate and graduate programs



Simulation Cases

1. Postpartum hemorrhage
2. Antepartum bleeding/threatened miscarriage
3. Precipitous labor (2-part scenario)

Expectations of the AccBacc students were to provide nursing care for the simulated patients and to communicate their findings to the provider (NMW student.) Expectations of the NMW students were to exhibit clinical judgment appropriate to their role and to direct the care of the patient.



Conceptual Model of Clinical Judgment in the Curriculum

Student Preparation for Simulation	
Kathie McCourt, BSN/PMN	
Review Prior to Simulation Session: Review all health information and pathophysiology, pharmacology, and laboratory studies Director of Case, Clinician Patient Clinical Practice Scenario: Postpartum Hemorrhage/Vaginal Delivery	
Chief Case History Katie is a 30-year-old, Gravida 7, Para 6-0-6 woman who delivered by HVC 2 hours ago. She had a postpartum hemorrhage in a prior OB/GYN delivery. She is breastfeeding "Baby 7". Labor was 7 hours and delivery was precipitous. Patient has not requested any pain relief, did not have optimal. Estimated blood loss was 500ml, initial transfused 4 L of delivery.	
Past Medical History Vaginal deliveries x 6. No pertinent medical or surgical history. Tubal sterilized for tomorrow AM	
Allergies/Intolerances None	
Medications Prenatal vitamins	
Vitals BP 120/70, HR 90, RR 18, T 37.2, SpO2 98% on RA	
Labs Labs (Send from Dr. Student's room): Hct 19.0%, Hb 6.0 g/dl, CBC (1), UOB (1), ABG (1)	
Orders: • Start IV: normal saline and postpartum vaginal delivery • VS every 30 minutes at initial, q 4 hours until stable, then q 8 hours • 1000 cc normal saline over 4 hours (1000 cc NS) • IV fluids: D5W 100-150 cc/hr, D5W 150-200 cc/hr, D5W 200-250 cc/hr, T > 38 C, UOP > 120 ml, q 4 hours • Start NG tube: 16 Fr nasogastric tube - initially open to air • Start: Regular IVC (1000 cc) to be given over 4 hours • Precipitous labor look for patient stability, VS and bleeding status, and transfuse > 500cc until PO • Antepartum medications: (1) 600 mg PO q 6 hours PRN for pain • Antepartum 1000mg PO q 6 hours PRN for pain • Antepartum 1000mg PO q 6 hours PRN for pain • Fentanyl 200 mcg PO q 2 hrs with food • Discharge 1000mg PO BID with water • Discharge 800mg PO q 6 hours PRN for pain • Cefazolin sodium 500 mg IV q 8 hours PRN for infection • IV fluids: D5W 100-150 cc/hr • Postpartum analgesia: PRN only • Metoprolol 50 mg PO BID for BP < 140/90 • Metoprolol 800 mg PO once time	
Dr. Sign: R.K. C.M.	

Preparation provided to students prior to simulation sessions



Outcomes

Both levels of students were enthusiastic participants in the simulations and were able to meet the stated expectations. Learning occurred both during the scenarios and the debriefings. The simulations

- Allowed AccBacc students to become socialized to the role of the NMW as an obstetric care provider
- Allowed the NMW students to engage independently in the role of provider
- Provided AccBacc students the ability to preview graduate nurse-midwifery education and the NMW role



Discussion and Conclusions

- Sessions proved to be an efficient use of faculty, staff, time and space
- Sessions provided faculty with an opportunity to observe students engaging in independent decision-making and application of skills

Future plans

- Further integration of simulation into the nurse midwifery curriculum
- Further use of simulation as a means to enhance role development
- Development of future research projects