Creighton Simulation Evaluation Instrument Website Introduction – Assessment

The first component of the instrument that we want to look at is Assessment. We are going to look at the first behavior listed under Assessment, which is Obtains Pertinent Subjective Data. What I am thinking for this section is that they (the students) can do a general status of the patient and do some focused respiratory questions based on the knowledge that they already have from their history and orders and then fill in some of those gaps. I think that would be sufficient for subjective data.

I think that’s good. I also was thinking that maybe, you know we talk about pain being the fifth vital sign. Do you think that we need to include pain assessment as part of the Obtains Pertinent Subjective Data? Do we have pain assessment as far as quality, timing? What makes it better? What makes it worse?

So that would be in addition to getting the pain score with the vital signs?

Yes, that’s what I was originally thinking. Do we want them to go deeper or is that not what we want them to get out of this scenario?

I think that it would be nice, but I don’t think it’s a priority for this scenario to have that. It could be something we could bring up in debriefing.

Okay.

So you think as long as we get a general status and a focused respiratory history that that would be sufficient enough to get the point for this and then anything above that would be more of a ‘nice to know’ and we could bring it out at debriefing?

Yes.

Yes, because the point of this scenario is respiratory distress and COPD, so that’s fine with me.

Okay, I am going to put us down for a general status assessment and focused respiratory assessment.

Then the next behavior under there would be Obtaining Pertinent Objective Data and for this I was back to vital signs. I was thinking they need to do a full set of vital signs including pain as the fifth vital sign. Doing a focused respiratory exam, lung sound, visual things that we are observing for that and then also a quick head to toe. I was thinking cardiac, vascular, respiratory and also a mental status check. Do you think I am missing anything, or how much of the head to toe do you feel is important for this scenario to get the point?

Just a brief mental status, I don’t think a real in depth neuro assessment is necessary, but cardiovascular, respiratory and then also just a brief peripheral vascular assessment so that we know we’re checking extremities for edema, pulses, circulation.

So if they don’t do a GI assessment, we can talk about that in debriefing, but not necessarily take off that point for that?
Okay.

What about labs?

I believe that’s important as well.

Okay.

We have a basic metabolic and a CBC and a chest x-ray.

Right.

So I want them to look at those pieces of information as part of their objective data.

And it also will have ABG’s and that might be really important to also look at in this case with the COPD patient.

So we decided we needed to look at vital signs, including pain as the fifth vital sign. We need to look at labs including chest x-rays, a focused respiratory assessment and a quick head to toe including a mental status, cardiac, respiratory and peripheral vascular. They need to do all those components to get the point for this section?

I agree.

The next behavior is Perform Follow-up Assessments as needed and looking at how the patient responds to the Albuterol treatment would be very important including subjective response. That’s pretty clear cut in terms of what they have to do. Is there any other follow-up assessment that would be important in this case?

They must redo the respiratory assessment. Re-listen to those lung sounds. Look at the pulse ox, make sure that they are reassessing the 02 sats after the treatment and then like you said, I like the idea of doing that subjective response to the Albuterol treatment. How do you think we can identify if they are recognizing that subjective response? Could we have the ‘patient’ expect them to understand what their signs and symptoms should be when they get an Albuterol treatment?

Yes.

And then have the student nurse pick up on that?

We may have to cue that student as by means of the patient if she doesn’t pick up on the faster heart rate, but yet feeling better because of getting more air.

We could even say to the student who’s the patient, how do you expect you would feel if you just received an Albuterol treatment. What is it about the Albuterol to kind of cue them but still expect them to be able to answer that question?

Yes.
And I think that’s a good way to get those other team members involved that might not necessarily be functioning in the role of the nurse. The student that’s functioning in the role of the patient it will assess his or her knowledge as well.

That’s really a good point.

So the two main things that I am going to write down is that we want a respiratory assessment after the treatment and that we want them to be aware of the subjective response to Albuterol that their patient might have.

Yes.

Good. The next behavior is *Assesses in a Systematic and Orderly Manner using Correct Technique*. Since the respiratory assessment is very important that probably should be a priority so that should be done first along with that listening to lung sounds. I think that listening posteriorly is the most important, but what do you think? Do you think they need to do both anterior and posterior, or just posterior?

I would like that they did both, but I think they have to do the posterior to get the point. If they just do an anterior assessment, I don’t think that’s sufficient because they are not going to get those lower lobe sounds and I also think that they have to listen on skin. I think if they listen over a gown that they should not get the point for this because this is all about technique and we had taught them from the beginning and emphasized this throughout clinical that they must listen on the skin so I think they have to be posterior at a minimum, on skin and proper location. What do you guys think?

I agree.

Okay, so I will put down that we want the respiratory assessment done first as the priority and then we want them to listen posteriorly, that’s mandatory and it has to be on skin with relatively proper locations to get the point?

Sounds good.

Okay great. That is the end of assessment.