Using Simulation and TeamSTEPPS to Reinforce Nonvalidated Skills: “The Zombie Sim”

Many basic nursing skills are taught throughout the curriculum; however, at our institution, only a select few are validated. Students often spend a large amount of time practicing skills that are to be validated and less time on skills taught that are necessary to fulfill the nursing role as a caregiver and to ensure safe patient care. Our faculty noted a gap in the level of student performance on validated versus nonvalidated skills. To address this gap, we developed a clinical lab activity with peer instruction in a lab setting for first-semester nursing students, using the Team Structure principle from TeamSTEPPS (Agency for Healthcare Research and Quality [AHRQ], 2013) as a guide.

Prior to the activity, students were required to review the TeamSTEPPS pocket guide and watch a leadership video. TeamSTEPPS is a framework used to improve team performance (AHRQ, 2013). To begin this activity, students were divided into two teams during their assigned lab time. Each team was randomly assigned three nonvalidated skills. These skills included personal protection equipment (PPE), intake and output, feeding, ambulation assistance devices, restraints, and transferring.

Students were instructed to create a simulation scenario incorporating the three skills and to develop a validation tool for one of them. Students developed a checklist to validate the skill performed by other students. To incorporate the TeamSTEPPS principles of leadership and mutual support (AHRQ, 2013), students were given 1 hour to hold a team meeting for planning and setting up the scenario (TeamSTEPPS: Brief).

During the second hour of class, each team completed the other team’s scenario, and students were evaluated according to the team’s validation tool. Students were instructed to observe how their peers completed their scenario and to identify common themes or missed items (TeamSTEPPS: Situation Monitoring). Students then created a brief demonstration to explain these common themes and missed items (TeamSTEPPS: Feedback). At the end of the experience, students were encouraged to discuss team dynamics based on the TeamSTEPPS pocket guide (AHRQ, 2013) that they had read prior to class (TeamSTEPPS: Debrief).

The following time line was used:

- Hour 1: Group planning/scenario development and set up (TeamSTEPPS: Leadership, Mutual Support, Brief).
- Hour 2: Implement scenarios/validations.
  - 30 minutes: Meet back with group to discuss common themes/missed items (TeamSTEPPS: Situation Monitoring).
  - 15 minutes: Group 1 presents common themes/missed items (TeamSTEPPS: Feedback).
  - 15 minutes: Group 2 presents common themes/missed items.
  - Remaining time (if any): Review/discuss team strategies (TeamSTEPPS: Debrief).

The students embraced this assignment with energy and creativity. For example, one group selected a Halloween theme of “Zombie Apocalypse,” since this assignment took place during the month of October. This group had drawn restraints, personal protective equipment (PPE), and transferring from bed to stretcher. Their scenario included a patient who had been exposed to zombies, which required PPE for zombie isolation precautions, restraint application, and patient transfer to the CT scanner. This group used green cake icing to mimic “zombie drool” and had a peer play the role of the zombie-infected patient.

Students had an overwhelmingly positive response to this assignment. They were able to successfully create a scenario that included three skills, engaged their peers, and challenged the other group. Students also reported a sense of accomplishment. They met the learning objectives of the assignment, helped each other become proficient in skills taught earlier in the semester, and gained confidence in performing nonvalidated skills, all while having fun in the lab. Using the TeamSTEPPS guide (AHRQ, 2013) allowed students to learn about and apply team dynamic concepts. It also helped students understand how this model can be used to strengthen teamwork in clinical settings.

Reference

Nancy Claus, DNP, CRNP, NP-C
swan@uab.edu

Summer Powers, DNP, CRNP, ACNP-BC, AACC

Nancy P. Wingo, PhD
University of Alabama at Birmingham
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