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Chappell, Michelle and Covill, Carl

Simulation not for Dummies 2: Preparing students for primary care experience

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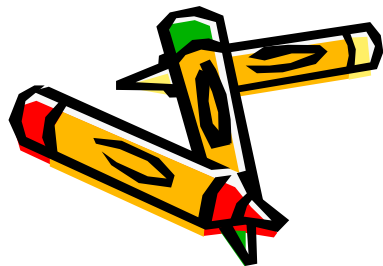
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Simulation not for Dummies



Presented by: **Carl Covill, Jean Hayles & Michelle Chappell (Lecturer's Adult Nursing, University of Huddersfield)**

June 2010.

"Preparing students for primary care experience"



Abstract:

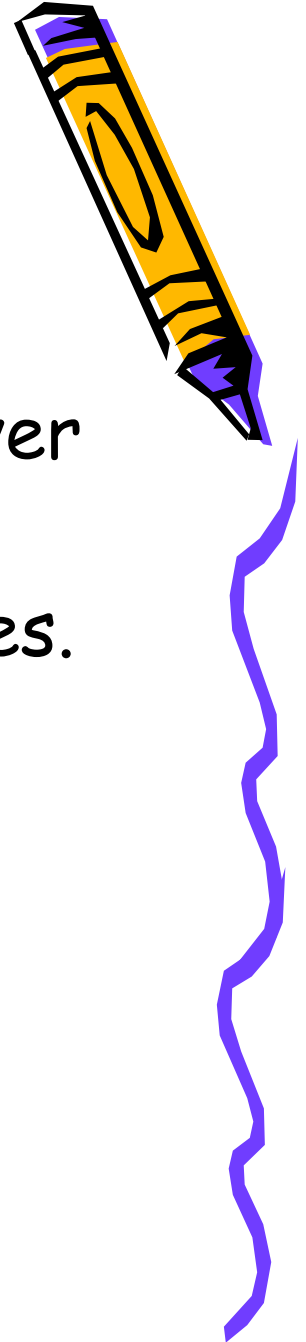
Developments in student nurse curriculum and advancements in community practice imply that future practice will be community orientated Darzi (2008); hence it is fundamental to develop educational strategies which directly relate to skills using simulation as a learning method (Garside and Prescott 2009).

A literature review aims to determine the need for development of primary care skills by identifying and evaluating formal/informal methods required to develop student understanding of the needs of patients in a primary care setting (Modernising Nursing careers 2006).



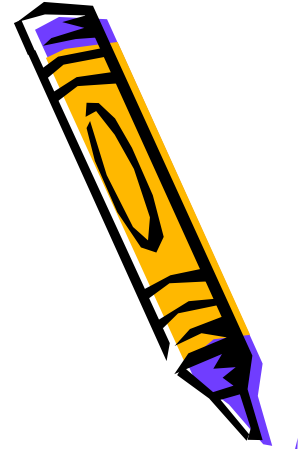
Overview

- Simulation 300hrs NMC requirement over 3years.
- 2nd year run concurrent practice modules.
- Link acute care to Long term condition management." seamless service"
- Manikins V live character acting.
- Communication techniques.



Introduction

- One scenario- 3 work stations, student moves between these.
- None use of manikin - appropriate communication- develop patient centred care.
- Use of concurrent modules - develop transferable skills
- Recognise the need to use the same skills in differing ways.



Session Plan for Care Planning - Used Currently at Huddersfield

Aim:

To Enable students to differentiate between the several processes involved in care planning and the communication styles required to be effective.

Objectives for the learners to:

1. Differentiate between assessment processes - models and 4 domains (A.P.I.E).
2. Work through a recognised assessment process.
3. Assess why a care plan is required.
4. Plan the care process.
5. Implement care plan and identify consequences.
6. Evaluate care plan and identify legal requirement



Case Scenario - Holistic assessment.

Acute History:

- in patient 2/52
- fell at home - laceration back of her head, healed & stitches removed
- problems hearing on ward when noisy
- discharged home.

Past Medical History:

- anaemia B12 deficiency
- Frail/tired
- deteriorating eye sight
- States no hearing defect

Social/History:

- lived in family home all her life with sister (died last year)
- neighbours claims client has problems up keeping property - garden untidy
- neighbours and parish provide some informal care
- does not drive
- finance age pension - friends help when required

Plan:

- district nurse visit at home to assess needs



Miss Rutherford aged 93.



District nursing team you have 15mins to:

Read the scenario and advocate a plan of care for Miss Rutherford from ONLY one of the 3 perspectives below.

1. SOCIAL/ PSYCHOLOGICAL PERSPECTIVE

Come up with a **care plan** that will reflect the issues around this.
Who could be involved and why.

2. ENVIRONMENTAL

Assess her needs at home and document who could you involve to make her as safe as possible.

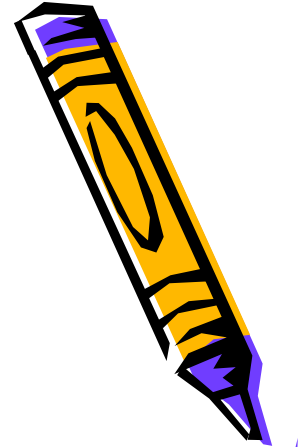
3. PHYSICAL ASPECTS

Identify care needs that may be improved by multi professional working.

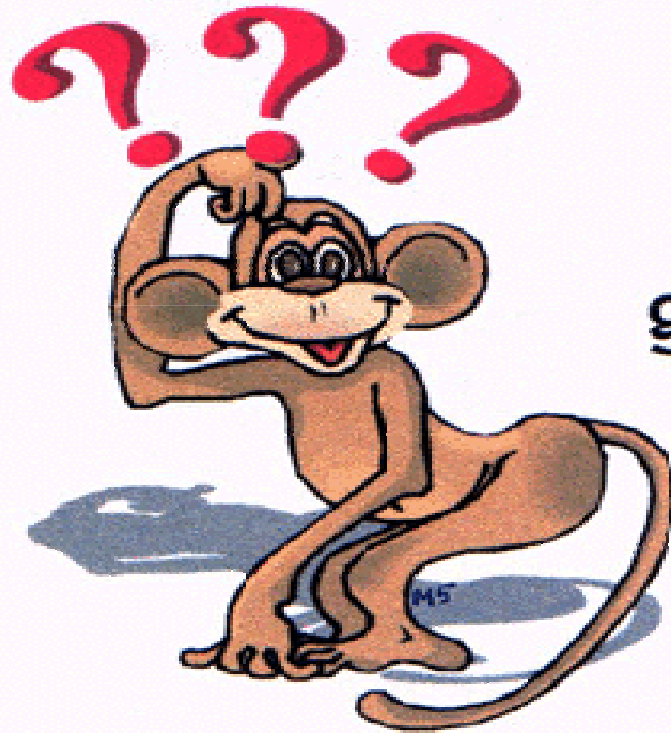


Conclusion

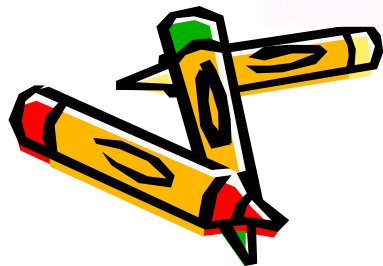
- Reflect on ways to deliver patient assessments.
- The 2 approaches to holistic management
- ABCDE V COMMUNITY ASSESSMENT.
- Use of transferable skills.
- Students "fit for practice" in any location.
- Develop realistic care strategies and proactive management.



Any Questions?



Questions
are
guaranteed in
life;
Answers
aren't.



THANK YOU