

Bedside Emergencies: Implementing the Flipped Classroom

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Introduction/Problem

Novice Med-Surg RNs (i.e. Med-Surg RNs with 0-2 years experience) are many times faced with bedside emergencies and are often overwhelmed due to a lack knowledge of appropriate interventions and lack confidence in their skills. There have been Bedside emergency courses in the past at the BIDMC that were 8 hour long lecture days, but due to a lack of conference room space, as well as difficulty recruiting expert lecturers for each topic more than once annually, and learner feedback for more hands on education, the course had been on hiatus for 3 years.

Aim/Goal

This "flipped classroom" program was created to increase the nurse's knowledge and confidence in managing acute clinical decompensations. The flipped classroom allows learners to obtain instructional/educational content online outside of the classroom setting, then engage in education content (i.e. simulation) live in a setting with an educator/guide.

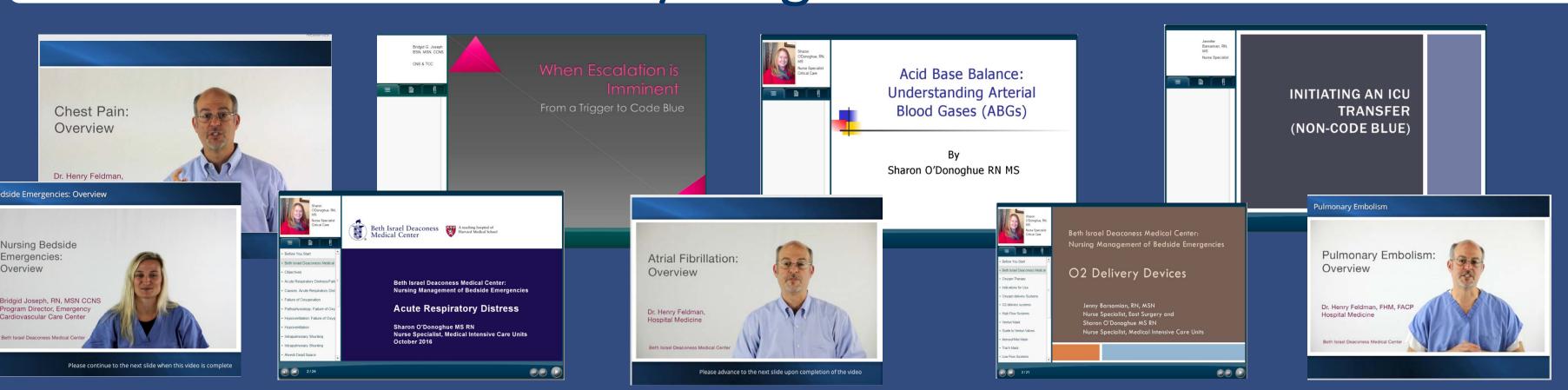
The Team

- > Jennifer Barsamian RN, MSN Med Surg Nurse Specialist East Campus
- > Bridgid Joseph BSN, MSN, CCNS, Program Director Emergency Cardiovascular Care Center
- > Henry J. Feldman, M.D., FACP, FHM Hospitalist, Division of General Internal Medicine
- Sharon O'Donoghue RN, MS, Nurse Specialist Medical ICUs
- > Jean Campbell RN, MS, Informatics Nurse Specialist
- > David V. Fobert ALM, Director of Educational Technology Carl J. Shapiro Simulation and Skills Center
- > Darren Tavernelli RN, RRT, Simulation and Skills Educator Carl J. Shapiro Simulation and Skills Center
- Michael McBride RN, BSN, Simulation and Skills Educator Carl J. Shapiro Simulation and Skills Center

The Interventions

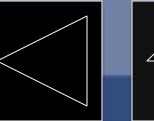
- > To make this important education more accessible to novice nurses, working within the confines of space, as well as the time required for experts to lecture, we reinvented the course to better meet the needs of the staff and Medical Center as a whole:
 - We decided to make utilize the flipped classroom to offer this course quarterly.
 - To allow for the experts to educate, we created pre-work (completed via myPATH) all recorded (video or voice over PowerPoint) by the experts to so they are able to educate without the need for them to be physically present.
 - A 4 hour live session created as a simulation based course, utilizing the Shapiro Simulation Center
 - The Pre-work in myPATH is a requirement to come and complete the simulation education
 - Classes were limited to sizes of 12 to allow for maximum hands on time and educational benefit

Results/Progress to Date



Two sessions have been completed 10.24.16 (10 Learners) and 2.16.17 (10 Learners) all completed the pre-work and 4 hour Simulation Sessions.

For more information, contact:



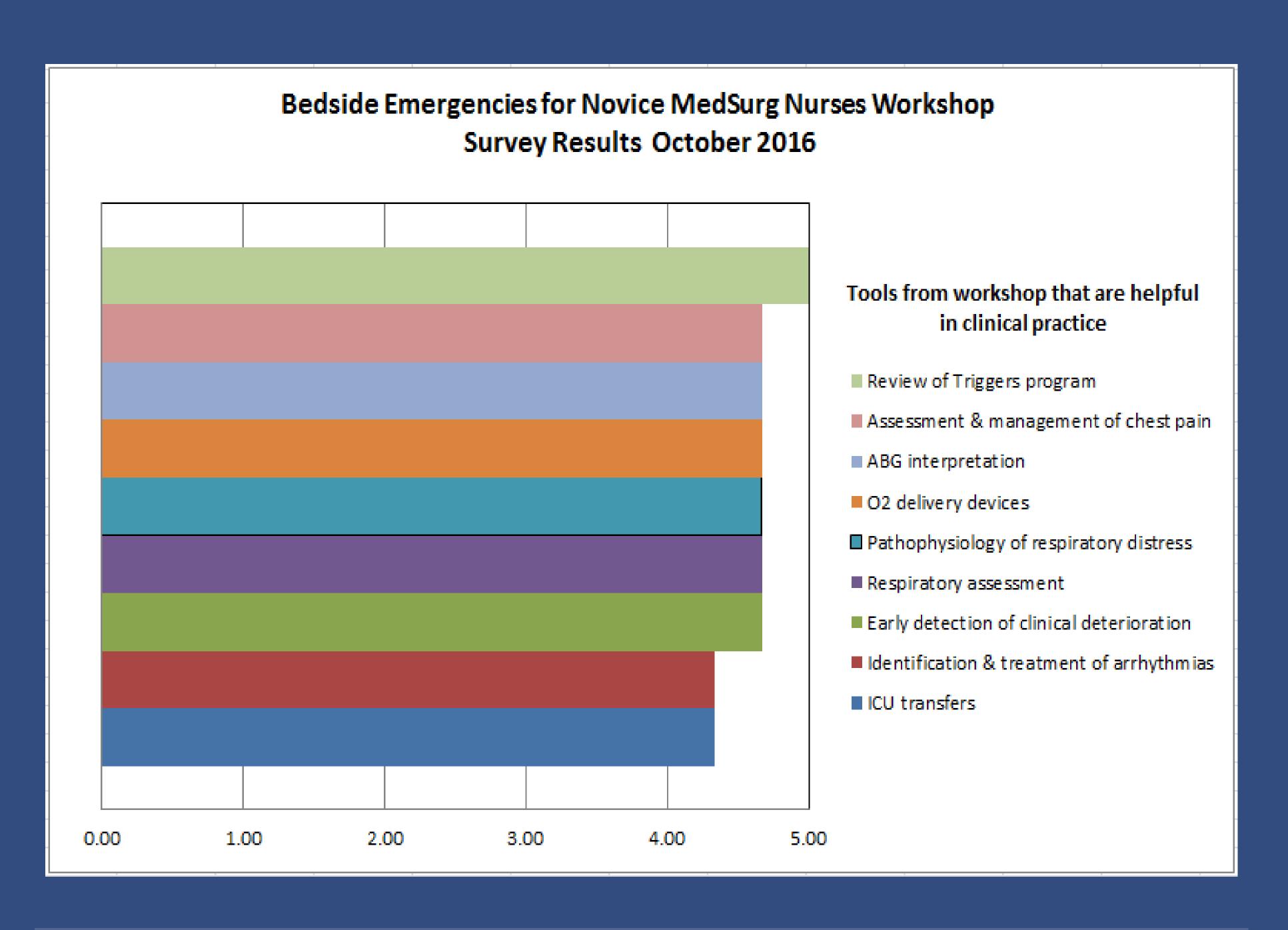


Bedside Emergencies: Implementing the Flipped Classroom

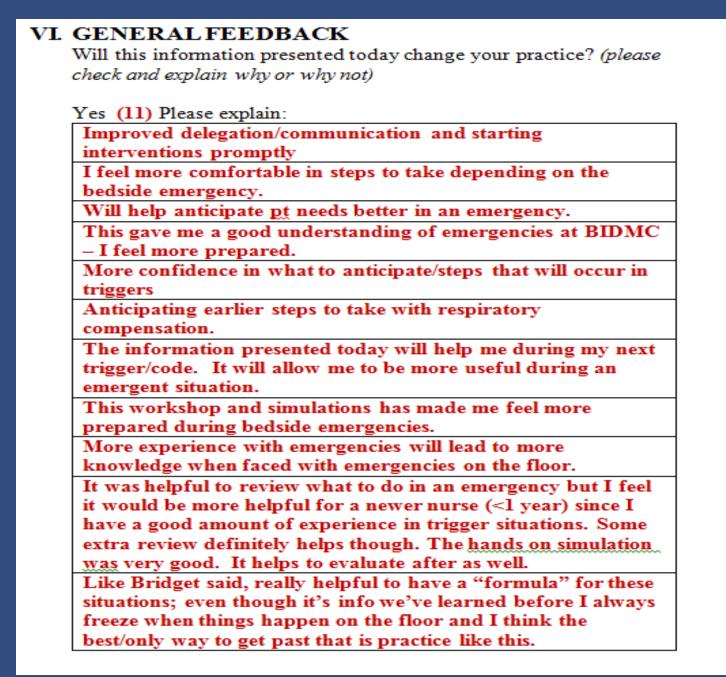
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More Results/Progress to Date



Overall, respondents reported that the workshop helped to assist their clinical practice in the areas focused on in the pre-work and simulation.



VI. GENERAL FEEDBACK Will this information presented today change your practice? (please check and explain why or why not) Yes (10) Please explain: I think it will make me more efficient dealing with emergencies. It will make me more confident when emergencies arise. I have gained a better understanding of management and treatment of afib with RVR. When to trigger, what interventions to implement prior to team arriving Made me more aware of my surroundings and what I have available to me as a nurse, increased my confidence. Much better general understanding of how to "calmly" care for patients in several emergent situations. More confidence when dealing with bedside emergencies. I will feel more comfortable calling a trigger if necessary and what to do for my patient while team is on the way Helped me to learn how to better identify AND react to bedside emergencies and helped me to know things I needed to ask more about Experience with a nonrebreather – never used one before. Always utilize help.

Feedback from staff was overall positive!

Lessons Learned

- Giving staff two or more weeks to complete the pre-work is needed due to the density and amount of learning required.
- Each session of learners has different learning needs and questions regarding the pre-work, however being
 prepared with a bank of educational tools for heart block arrhythmias and ABGs to reinforce the education
 had proved helpful
- We created a folder with all simulation needs and scripts for the use of Sim Center staff and coordinators for the program to reinforce the educational needs

Next Steps

- > We have scheduled May 2017 and September 2017 Bedside Emergencies Simulation sessions
- Moving forward, other Med Surg Nurse Specialists and Unit Based Educators will be trained to run the simulations to allow for more frequent offerings
- Sessions and education will be improved based upon learner feedback from immediate post evaluations and three month evaluations
- > The pre-work and simulations will be updated to meet the needs of the learners and Medical Center.

For more information, contact: