

## Virtual Student Clinical Experiences using IPE Simulation Modules

<https://jhu.mediashareiq.com/>

### Available to all schools of nursing in the state of Maryland:

The on-line IPE Simulation videos found on this website were originally created to meet IPE accreditation requirements, but they can also be used to meet CLINICAL REQUIREMENTS.

Please follow the **FACULTY INSTRUCTIONS** provided to create an account and to log on. Then, select a course(s)/module(s) for use in your curriculum:

- 1) Interprofessional Care Coordination Rounds
- 2) Readmission Reduction - Interprofessional Home Visit
- 3) Preventing Medication Errors - Structured Interprofessional Bedside Rounds (SIBR)
- 4) Discharge Planning during Team Rounds - Structured Interprofessional Bedside Rounds (SIBR)

To use a course/module for clinical instruction, provide students with the website

<https://jhu.mediashareiq.com/> and **LEARNER INSTRUCTIONS** for creating an account and logging in, along with the TITLE of the module which you will be using with them. You might consider:

- A. Adding student pre-assignment(s) to the Student Version such as requiring students to develop a plan(s) of care, including citations and evaluation. (See suggested clinical objectives below)
- B. Assigning students to view the video (either synchronously in a Zoom/online group) or asynchronously
- C. Conducting a post-conference discussion, either synchronously or asynchronously

### MODULES AVAILABLE:

#### Module 1: Interprofessional Care Coordination Rounds

##### Case Overview:

This simulation depicts interprofessional conference room care coordination rounds. Professionals participating include nurse, case manager, physician, physical therapy, social worker, and pharmacist. They discuss three patients: past history, history of present illness, present condition and management, and new management plans and plans for transfer or discharge.

Patient #1 Mr. Taylor: 63-year-old male with Chronic Obstructive Pulmonary Disease (COPD), congestive heart failure (CHF), coronary artery disease (CAD), and hypertension (HTN) who presented to the Emergency Department last evening with a CHF exacerbation. Interventions included a chest x-ray, intravenous furosemide and oxygen.

Patient #2 Mrs. Jones: 75-year-old female who was admitted to the ICU one month ago with a stroke and left sided weakness. Her ICU course was complicated by ventilation issues, pneumonia and sepsis. She has been on the medical floor for one week and she recently developed a VTE. She is currently being treated with a heparin drip. The team plans to switch to oral anticoagulation and plan for discharge to the rehabilitation service.

Patient #3 Mr. Washington: 80-year-old male with Type II Diabetes and hypertension. This is his 3rd hospitalization for hyperglycemia (glucose 850 mg/dL on admission) who was treated with IV insulin and fluids. He lives at home with his wife and needs medication counseling

##### Clinical Objectives:

1. Mr. Taylor: Review pathophysiology and management of patients with CHF exacerbation
2. Mrs. Jones: Review pathophysiology of patients with stroke and residual weakness
3. Mr. Washington: Review pathophysiology and management of patients with Type II Diabetes
4. Describe priority nursing interventions for each patient above

## **Module 2: Readmission Reduction- Interprofessional Home Visit**

### Case Overview:

Lester Washington, date of birth 05/05/1940, is a male with a history of type 2 diabetes and hypertension was discharged from the hospital one week ago. His admitting diagnosis was uncontrolled diabetes with extreme hyperglycemia (850mg/dl). He now requires several new medications and diet changes. An interprofessional team (nurse, pharmacist and physician) will make a home visit to assess his adherence with the prescribed treatment regimen and his current health status. The simulation begins with an interprofessional team arriving at the home.

### Clinical Objectives:

1. Review Type 2 Diabetes pathophysiology and management
2. Identify risk factors that led to hospitalization of this patient (diet, med adherence, access to meds, patient and family understanding of disease and therapies)
3. Identify challenges and barriers to discharge teaching in the hospital (learning environment, verbal and written instructions, follow-up, teach back)
4. Create a diet or medication teaching plan
5. Describe assessment of risk factors for re-hospitalization when discharged to the home setting.

## **Module 3: Preventing Medication Errors**

### Case Overview:

This simulation depicts structured interprofessional bedside rounds. A team of professionals which include a nurse, physician, and pharmacist, discuss patient Mrs. Jones, a 75-year-old female who was admitted to the ICU one month ago with a stroke and left sided weakness. Her ICU course was complicated by ventilation issues, pneumonia and sepsis. She has been on the medical floor for one week and has recently developed a VTE. Mrs. Jones is currently being treated with a heparin drip. The team plan is to switch to oral anticoagulation and plan for discharge to the rehabilitation service. The interprofessional team will meet with her to discuss her treatment plan, new medications, and transfer to rehabilitation.

### Clinical Objectives:

1. Identify post-operative complications in patients with prolonged hospitalization and immobility (VTE risk, pulmonary complications, deconditioning, psychosocial).
2. Discuss interventions for VTE prevention (SCD and SQ prophylaxis)
3. Discuss interventions for VTE management: IV agents and conversion to oral therapies (different agents)
4. Explain the miscommunication that occurred about the medication error
5. Discuss ethical principles than impact the rationale for revealing the error to the patient
6. Create a teaching plan for preparing the patient to be discharged re medication (apixaban)
7. Create a concept map

## **Module 4 Discharge Planning during Team Rounds: Structured Interprofessional Bedside Rounds**

### Case Overview

This simulation depicts discharge planning during structured interprofessional bedside rounds (SIBR). The patient, Mr. Alex Taylor, is a 63-year-old male with Chronic Obstructive Pulmonary Disease (COPD), congestive heart failure (CHF), coronary artery disease (CAD), and hypertension (HTN) who presented to the Emergency Department last evening with CHF exacerbation. Treatment Interventions included a

chest x-ray, intravenous furosemide and oxygen. The interprofessional team will meet with him to discuss his present treatment plan and potential discharge.

Clinical Objectives:

1. Review pathophysiology of a patient with CHF, COPD, hypertension
2. Prioritize nursing interventions for a patient with CHF exacerbation
3. Describe medications used for a patient with CHF exacerbation
4. Create a discharge/teaching plan for a patient with CHF exacerbation include risk factors

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