Title:
The Use of Condition Mapping to Teach Situational Awareness

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Session Title:
Innovative Evidence-Based Strategies for BSN Education
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Keywords:
Prelicensure Clinical Education, Preclinical Preparation Methodologies and Situational Awareness,

References:


Abstract Summary:
Condition Mapping offers an alternative approach to traditional clinical preparation that facilitates prioritization, organization, and reflective reasoning in the clinical setting. The purpose of this presentation is to discuss Condition Mapping and methods to promote situational awareness in the clinical setting based upon Evidenced Based Education and best practices.
Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>1. Define Situational Awareness.</td>
<td>I. Background a. Traditional preclinical prep and effects on learning b. Electronic medical record and effects on learning c. Situational awareness and effective patient care management</td>
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<td>2. Identify strategies to promote SA in prelicensure student nurses.</td>
<td>II. Methods for effective situational awareness III. Results of condition mapping to teach situational awareness a. Informal i. Student Nurses ii. Nurse Educators b. Subjective iii. Student Nurses iv. Nurse Educators IV. Discussion</td>
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Abstract Text:

Prelicensure clinical education (PCE) is constantly evolving and increasingly challenging. Globally, Nurse Educators (NEs) strive to deliver the Advanced Beginners the professional workplace now expects by ensuring basic tenets of Situational Awareness (SA) and Clinical Reasoning (CR) are in place. NEs must develop and refine techniques to promote Student Nurse (SN) learning and teach effective SA.

SA and CR are not topics with standardized didactic content which complicates the effective delivery of this content and development of these skills (Ashley & Stamp, 2014; Cohen, 2013; Darcy Mahoney, Hancock, Iorianni-Cimbak, & Curley, 2013; Edozen, 2015; Foote, 2013; Fore & Sculli, 2013; Gu, Ha, & Kim, 2015; Jewell, 2013; Martin & Wilson, 2011; Robert, Tilley & Peterson, 2014; Stubbings, Chaboyer, & McMurray, 2012). A further complication of ensuring effective PCE is that SNs learn differently (Jewell, 2013; Turner & Keeler, 2015). NEs must find ways to promote each style, each motivator, for each SN.

Traditional Preclinical Preparation (TPP) has come into question with regard to efficient and practical use of time and thought processes of SNs (Turner & Keeler, 2015; Spadaccini & Esteves, 2014). TPP encourages everyone into a standard format not allowing for individuality or specificity, for the SN or for the patient. A common observation that seasoned nurses share is that new graduate nurses are spending hours at the start of their shift to gather patient information which then delays patient care. Starting assessments and medication administration an hour and a half into a shift is less than ideal. This is the pattern NE are perpetuating with TPP. Also, the lack of availability and accessibility of the Electronic Medical Record (EMR) for SNs and in some instances, faculty, adds to the difficulty of effective PCE (Brady, 2014; Bowers et al., 2011; Brooks & Erickson, 2012; Gardner & Jones, 2012; Koch et al., 2013).

A more productive preclinical preparation methodology that better utilizes SNs time and decreases stress by allowing SNs to come to clinical prepared but not burdened with non-applicable information is recommended. Condition Mapping (CM) was developed as an alternative to TPP. SNs were given the admitting diagnosis of their assigned patient and were then expected to research textbook parameters regarding definition, pathophysiology, diagnostics and medications. SNs presented to clinicals with a plan of care for their assigned patient and were able to individualize assessment and diagnostic data to trend for their patient as opposed to collecting a standardized set of data on each patient and then determine applicability to patient care.

SNs were able to present to clinical with basic textbook information which allowed for decreased anxiety with a sense of being prepared. SNs were then able to correlate real time data as it relates to their patient’s condition resulting in individualized patient care management. SNs, prompted by the self-
directed desire to know, were more integrated into the healthcare team. SNs collaborated with bedside staff who were readily able to access the EMR and quickly locate information as staff responded to SN concerns. An additional benefit of the CM approach to preclinical preparation was more effective use of preclinical prep time allowing SNs to present to clinical well-rested with a sense of preparation for what is to come.

The use of CM to facilitate the development of SA and CR proved effective to SNs and faculty. CM promotes organization and prioritization, two skills essential for effective patient care management and SA as well as attaching itself to the internal motivators for each SN. CM also addressed the time laden TPP and EMR accessibility concerns which in turn decreased the effect of these stressors on SNs. SNs were able to identify patterns and potential risks and readily plan to intervene to promote positive patient outcomes which is the basic foundation of SA and CR. CM allows SNs that need structure to proceed with a relatively standardized format for gathering patient information while allowing for individuality with the application to patient care. Ensuring that new graduate nurses are able to function as Advanced Beginners will improve healthcare delivery and patient outcomes across the globe.