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Virtual Medication Reconciliation Simulation with Senior Nursing Students

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Virtual Medication Reconciliation Simulation with Senior Nursing Students

The COVID-19 pandemic created a sudden shift in delivery of nursing education and simulation training for nursing faculty and students. Although nursing schools incorporate medication safety and the six rights of medication administration into education, medication management/reconciliation is often neglected in the curriculum. Recent graduate nurses may assume pharmacists or physicians perform this task, however, the nurse is typically responsible for entering the patient's medication list into the computerized system during admission, and then the physician reconciles the list of home medications. Recent graduate nurses may be unprepared for the amount of time and attention required to complete an accurate medication list for the patient during admission, especially when family members may not be available to help clarify medications due to pandemic-related visitor restrictions. It is essential that medication management/reconciliation is incorporated into nursing school curriculums to help nurses transition into practice and improve patient outcomes. Initially, an in-person simulation incorporating patient communication and medication management was developed, however, in response to the COVID-19 pandemic, the simulation was moved to a virtual format. Implementation of a virtual simulation was more cost effective, and overall, students expressed positive feedback about the content and format of the simulation.

Keywords: Simulation, Medication Safety, Nursing Students, Virtual Simulation, Reconciliation, Medication management

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Problem

The Joint Commission recognized medication reconciliation at the forefront of patient safety when the goal of maintaining an accurate list of patients' medications was published as a National Patient Safety Goal in January 2020. Nursing programs consistently teach the concept of the six rights of medication administration, but may fail to incorporate medication management into the curriculum. This in turn can have a negative impact on patient outcomes and medication management safety when nurses transition into practice. Initially, a simulation with actors was planned. However, due to COVID-19 restrictions, the simulation was moved to a virtual format and we were challenged to create a virtual simulation with limited resources.

Solution

A virtual medication reconciliation was created via Google sites with interactive features including videos and scripts between the characters in the simulation. In the scenario, the patient was admitted to the hospital without family members present, reflective of current situations related to COVID-19 visitor restrictions, and the nurse had to contact the local pharmacy, patient's daughter, and the patient's primary care provider to obtain an accurate medication list. There were several miscommunication scenarios that were displayed in the simulation. The scenario reveals that the patient was taking an incorrect dose of a heart failure medication due to miscommunication, which may have contributed to the hospitalization. This simulation was implemented with twenty-three senior level students enrolled in an Associate Degree of Nursing program after receiving institutional IRB approval.

Lessons Learned/Future Recommendations

Two qualitative questions were administered via a survey after consent from participants was obtained. Feedback from students was very positive and the majority reported they enjoyed the virtual format and scripts between characters. Responses were analyzed for themes, which included improving communication, effectiveness of virtual format, and the need to utilize interdisciplinary team resources.

Future implementation of this project is sustainable and should be shared among nursing educators for the largest impact. The virtual format of this educational activity allows for nursing educators to effortlessly incorporate the simulation into their nursing curriculum, with little to no cost associated with implementation. The ultimate goal of this project was to make a positive impact on improving patient safety regarding medication reconciliation. In considering the impact of COVID-19 on the presence of family in the hospital setting, equipping nurses to facilitate accurate and efficient medication reconciliation by utilizing available resources became paramount. Implementation of a virtual simulation was more cost effective, and overall, students expressed positive feedback about the content and format of the simulation. Virtual simulation is an effective and affordable alternative to physical simulation, especially in consideration of COVID-19 restrictions.