Bridging Concepts and Practice Across Academia: SPHM Across Nursing Programs
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Conflict of Interest Statement

The presenters have no actual, potential, or perceived conflicts of interest to disclose.

Objectives

- Examine the use of SPHM in health education classes: both face to face and online
- Discuss various teaching/learning strategies to incorporate SPHM across a school of nursing
- Describe lessons learned from various in-class and on-line learning strategies to help facilitate thinking and problem solving for SPHM
Use of SPHM in Health Education Classes

• Review of the Literature
  – Urgent Need in Nursing Programs (Powell-Cope, et al, 2018)
  – Musculoskeletal injury prevention (Venditelli, et al, 2016)
  – Organizational safety practices and culture (Lee & Lee, 2017)

Classroom SPHM

• Undergraduate 2nd degree BSN students
  – 16 month program
  – Clinical begins after the first 6 weeks in Health Assessment course

Week 4

• 1 hour lecture
  – the importance of mobility to an individual’s overall wellness
  – the problems associated with immobility
  – nursing interventions that may improve patient’s mobility
  – safety for patients and nurses when assisting patients with mobility

• 1.5 hour lab session
  – Identify tools that can improve safe patient handling and mobility
  – Identify resources for safe patient handling and mobility
  – Practice using lift equipment for safe patient handling and mobility

All Clinical experiences
  – Students are able to use lifts and provide quality care to their clients

Simulation Lab SPHM

Access to SPHM technologies:
- Institutional commitment to the SPHM initiative

Proper instruction on use of lift equipment:
- Lab instructors' comfort with use of equipment
- Dedicated time for student instruction and hands-on practice
- More frequent exposure than "one and done"
- Partnerships with PT/OT/Ergonomics

Attention to the environment of care:
- Building or retrofitting ceilings to support ceiling lifts
- Wide doorways & adequate space to maneuver
- Portable lifts in bathrooms
- Installation of flooring that facilitates smooth movement of wheeled heavy loads
Planting the seeds for SPHM…

- A paradigm shift to safety must start in nursing education programs
- A culture of safety must be established in the simulation lab setting
- Early exposure to the benefits of early mobilization and the hazards of immobility is essential

Being Creative to Incorporate SPHM

- Installation of ceiling lift when designing new lab space
- Donation of a bariatric bed from the vendor; inquire about “permanent” donation…give recognition to vendor
- Repurposing older functional lifts from the hospital
- Create a simulated bathroom in the lab space

Realistic Practice Environment

I hear and I forget.  
I see and I remember.  
I do and I understand.  
Confucius
RESPECT* in Care of Bariatric Patients

R—Rapport
E—Environment=Equipment
S—Safety
P—Privacy
E—Encouragement
C—Caring=Compassion
T—Tact

*Bejciy-Spring, S.M. (2008)

On-line Teaching/Learning - Syllabus

Course Number: N516
Course Title: Obesity Across the Lifespan: Fundamental Considerations for Healthcare Providers

Course Description: The purpose of this course is to help students develop the core knowledge, skills and values essential to provide safe, quality care to obese patients across the lifespan. Through experiential learning activities, students will explore the influence of multiple determinants of obesity from a biopsychosocial perspective. Clinical decision making and obesity-targeted treatment modalities are emphasized to optimize patient-family outcomes.

Enrollment Eligibility: Successful completion of physical assessment course N518 Health Assessment and Nursing Skills Across the Lifespan, or N519 Physical Assessment and Diagnostic Reasoning in Advanced Practice Nursing

On-line Teaching/Learning
Short Video Clips: Safe Equipment Use

Hyperlinking is key!!!


Hyperlinking is key!!!
Duke MOVES Assessment Tool (front)

Duke MOVES Assessment Tool (back)

Short Video Clips
Lessons Learned (just getting the ideas on a slide)

- Important to take time to assess foundational beliefs/biases about SPHM
  - Difficult to make it stick if folks are practicing the way they have always done it (i.e., takes too long to get a lift)

- Partnerships with other disciplines has to be a win-win relationship
  - Teaching new nurses in authentic, simulation helps improve the knowledge and skills (i.e., stage is set for the incoming workforce)
  - Onboarding occurs early on, embedded as a part of the normal workflow (i.e., not viewed as disruptive to go get a lift or other equipment)
  - Health system has opportunity to use simulation space for education/training of licensed providers

- Training videos need to be evidence-based with verbal explanation of SPHM techniques or key points
  - A lot of work is needed to create, but allows for standardization of care delivery
  - Sustainability (can be used multiple times)
Questions & Discussion

When it is obvious that the goals cannot be reached, don't adjust the goals, adjust the action steps.

Confucius

Thank you for coming!

References