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CELEBRATING CHRISTOPHER

MAY 2020

We continue
and commit
Christopher



Background & Problem

- Clinical placements and access to electronic medical records are challenges for nursing, allied health, and interprofessional education (Smith, Corso, & Cobb, 2010; Smith & Seely, 2010; Smith, Spadoni, & Proper, 2013).
- Academic programs integrate alternative experiences in curricula to augment knowledge, skill, competency, and literacy development.
- Second edition of Creating Science Curriculum needed content on simulation and virtual health records



Background & Problem

Simulation-based learning

- Provides safe environments for meaningful, experiential learning of advanced and complex material in nursing practice
- Challenge is the intentional contemplation and integration of the human caring experience into the simulated care experience using virtual EMRs

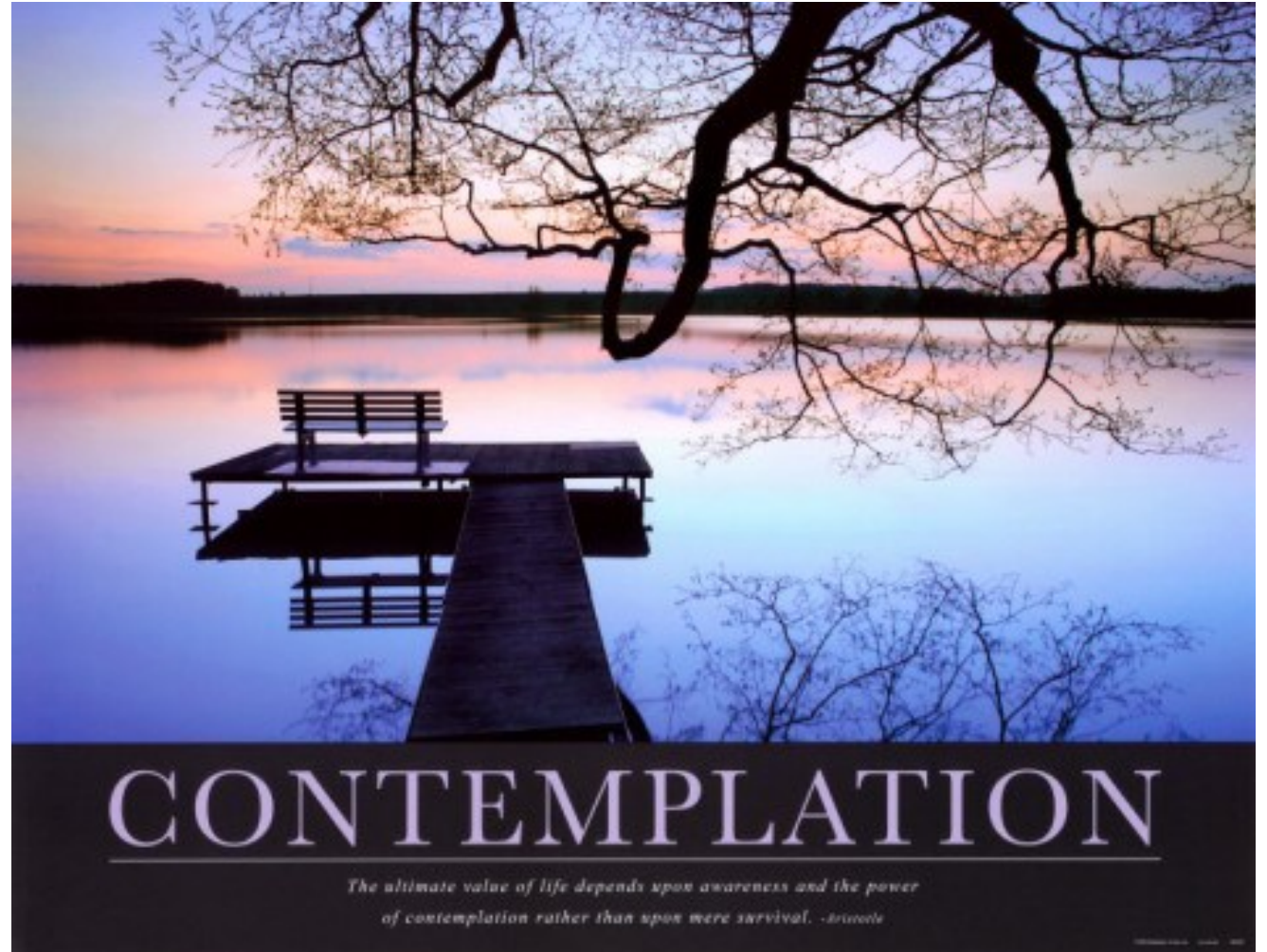
Problems:

- Technical dehumanization
- Reduction into parts and data producing objects
- Data-close not Caring-close
- Lack of instruction in how to use technology in a caring way



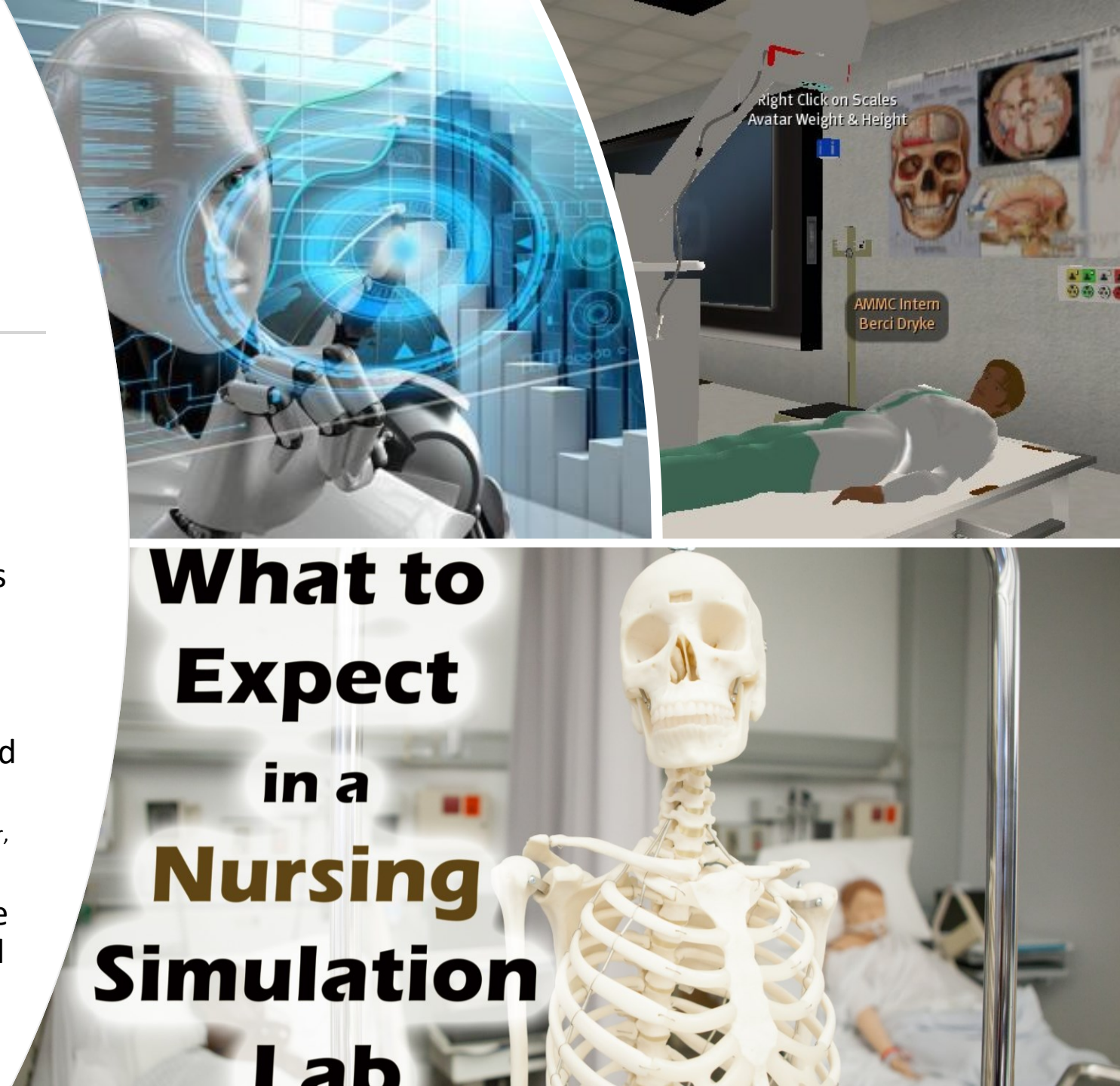
Convergence of Virtual Simulation-Based Learning Environments & Unitary Caring Science

- To preserve human caring as imperative to all patient encounters, whether simulated or in practice, and whether in academic or clinical settings.
- Intentional contemplation of caring in simulated, virtual patient care
- Emphasis on the caring relationship – not just the validation of technical skills
- Intentional design and use of caring science



Simulated Caring using Technology

- Computer-based simulation, task and skill trainers (e.g. low to medium fidelity), and full-scale simulation (e.g. high fidelity), which may include aspects of the previous categories (Seropian, Brown, Gavilanes, & Driggers, 2005).
- Aim of these alternative learning experiences is to recreate, or simulate, the clinical environment and caring experience.
- Strong theoretical and research evidence supporting its use in education and practice and has been endorsed by National League for Nursing (NLN) and the NCSBN (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014; NLN, 2015a, 2015b).
- Boards of nursing across the United States have approved for up to 50% of pre-licensure clinical training hours to consist of clinical simulation (Florida Board of Nursing, 2020; Persico, 2018).



**What to
Expect
in a
Nursing
Simulation
Lab**

Reconcile Incongruence

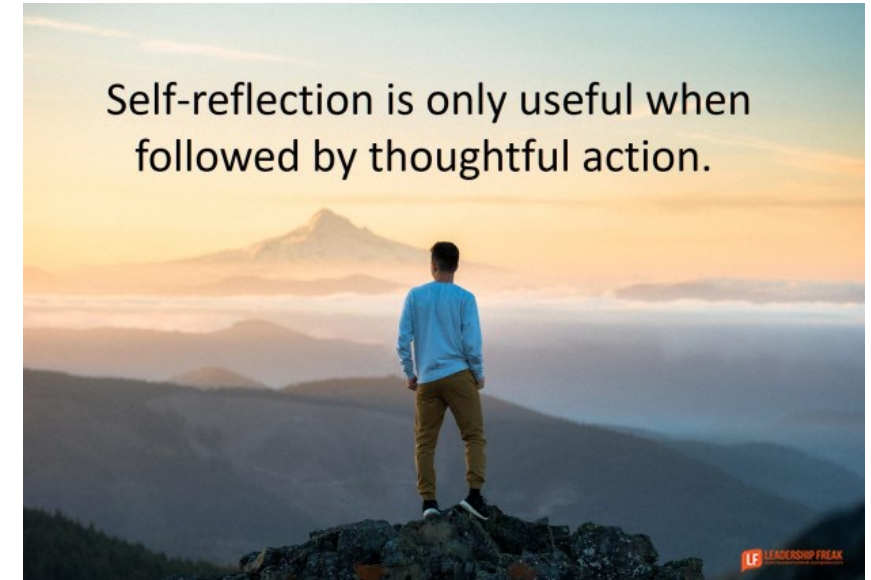
- Expert Caring & Technical Adeptness
- Locsin (2005)
 - Use of technology to know the person as a whole
 - Caring intervention
 - Not becoming a “Robonurse”
 - Overly concerned with completion of technical tasks rather than caring connection
 - Data and Technology allows the opportunity to explore the use of the authentic self



Reflective and Confluent Education

- Intentional contemplation
- Refocus on caring and the healing relationship
- Make aware of own caring – Critical Reflection
 - Humanistic and technical aspects
 - Clarifies both caring and technical skills
- Integrate affective learning with cognitive or psychomotor training
- Cause an emotional response
- Adult learning principles
 - Draws on previous experiences and knowledge to create NEW understanding
 - Care Studies

(Finch, 2008; Glembocki & Dunn, 2010; Keatley, 2008; Misch & Peloquin, 2005)



Simulation in a Virtual EMR Grounded in Caring Science

- Perceived real patient caring scenarios
- Virtual representation of an actual situation
- Infusion of the simulated care experience with the affective domain of learning
- Connect the technical with the emotional response
- Promote understanding through self-reflection
- Nurse – Technologic caring





Watson Caring
Science Institute

SPRINGER PUBLISHING COMPANY

WATSON'S CARING IN THE DIGITAL WORLD

A GUIDE FOR CARING WHEN INTERACTING,
TEACHING, AND LEARNING IN CYBERSPACE



Kathleen Sitzman
Jean Watson

“Cybercaring”

- Allows the student to see what they can do
- Self-efficacy
- Simulated virtual caring experience
- “Cybercaring” – Dr. Jean Watson

Fidelity

- Requires “faithful adherence to truth or reality” (Lopreiato, 2016, p. 12)
- **Conceptual** (Dieckmann et al., 2007, 2009; Rudolph, Simon, Rivard, Dufresne, & Raemer, 2007)
- **Equipment and environmental** (Rehmann, Mitman, & Reynolds, 1995)
- **Physical** (Alexander, Brunyé, Sidman, & Weil, 2005; Dahl, Alsos, & Svanaes, 2010; Dieckmann, Gaba, & Rall, 2007)
- **Perceptual** (Alessi, 2000a, 2000b)
- **Phenomenal** (Dieckmann et al., 2007, 2009)
- **Semantical** (Dieckmann et al., 2007, 2009)
- **Emotional or psychological** (Beaubein & Baker, 2004; Dahl et al., 2010; Munshi, Lababidi, & Alyousef, 2015)



INACSL Standards & Criteria

1. Perform a needs assessment to provide the foundational evidence of the need for a well-designed simulation-based experience.
2. Construct measurable objectives.
3. Structure the format of a simulation based on the purpose, theory, and modality for the simulation-based experience.
4. Design a scenario or case to provide the context for the simulation-based experience.
5. Use various types of fidelity to create the required perception of realism.
6. Maintain a facilitative approach that is participant centered and driven by the objectives, participant's knowledge or level of experience, and the expected outcomes.
7. Begin simulation-based experiences with a pre-briefing.
8. Follow simulation-based experiences with a debriefing and/or feedback session.
9. Include an evaluation of the participant(s), facilitator(s), the simulation-based experience, the facility, and the support team.
10. Provide preparation materials and resources to promote participants' ability to meet identified objectives and achieve expected outcomes of the simulation-based experience.
11. Pilot test simulation-based experiences before full implementation.



Quote



*"Maybe this one moment,
with this one person,
is the very reason we're here
on earth at this time..."*

from
"The Caring Moment" by Jean Watson

Thesis

- Professional definitions, models, matrices, standards, and best practices in simulation must be revisited to include the **Caring Fidelity™** dimension and caring science literacies.
- Otherwise, interprofessional teams will lack the needed caring literacies, processes, and language for their professional practice.



Fidelity: Key aspects & dimensions AHRQ

1. Degree to which simulation replicates realism
2. Ability to reproduce relational attributes
3. Level of learner sense-making
4. Dimensional factors (e.g. conceptual, physical, equipment, environmental, and psychological).





DEFINITION

Needed language

- Despite the extensive etymological research and provided healthcare simulation language . . .
- No **etymological or conceptual definitions** for caring, caring moments and experiences, or **caring fidelity in simulated healthcare experiences** were provided by the AHRQ experts.

Unitary Caring Science (UCS) Language

- **Axiological perspective** (*study of values*)
 - UCS provides a space to shift healthcare simulation beyond the conventional approach of valuing technical competency to one of valuing (*veritas*) and centering (*caritas*) the learning experience on the “human-universe-health-healing process” and reality (Watson, 2018, p. 10).
- **Aim** = to move beyond task-consciousness to caring literacy consciousness (Lee, Palmieri, & Watson, 2017).





Fidelity etymology . . .

- Because fidelity requires “faithful adherence to truth or reality” (Lopreiato, 2016, p. 12).
- Simulated learning experiences of care and caring moments require the same faithful attunement to the caring reality as to the technical reality.

Caring Fidelity™

“The degree to which healthcare simulation-based educational methodologies and narrative pedagogies create mimetic-diegetic attunement through immersive caring-healing experiences by intentional cultivation of learner a) caritas-veritas literacies and processes; b) contemplation, action, reflection, and reflexivity; and c) caring praxis.”

(Christopher, 2020: Hills & Watson: Chapter 17)

- **Mimesis**

- Imitates or reproduces immersive human caring-healing experiences by intentional cultivation

- **Diegesis**

- Telling of a care story/ care study through narrative and narration

- **Attunement**

- How responsive and adaptive one is to another's caring needs
 - Caritas-veritas literacies and processes
 - Contemplation, action, reflection, and reflexivity
- *Caritas Praxis* (Micro-Practices)
 - Ethics of face and hands, and *Caritas Heart*



- The centering-self stage of simulation in caring studies occurs during the pre-briefing and briefing portions.
- Allows learners to develop caritas literacy through centering both self and heart through caring consciousness and intentionality before entering the simulated, caring-healing experience via computer-based and high-fidelity manikin caring studies.
- The centering process serves as the pause that allows for authentic presence of self by the student and educator.
- The process would be like centering-self outside of a patient's room before entering.



Centering-Self

Centering-Self

- Prior to the briefing narrative session with the educator, learners may complete a variety of instruments to measure caring behaviors, including self-rating of **caritas** (Sitzman & Watson, 2019).
- **Watson Caritas Self-Rating Score©.**
Watson, Brewer, and D'Alfonso (2012)



Mindfulness

- One technique used by educators to center-self and as a tool for learner centering is pre-briefing mindfulness activities. (Cunningham et al., 2017)
- Center-self fosters situational awareness, reduction in performance anxiety, and healthy life skills beyond the simulation (Molloy, Cunningham, Cleary, & Dial, 2019).



Caring-Healing Experience

- The portion of the simulation, or implementation stage, shifts into the demonstration of caritas processes, professional praxis, and technical competencies, skills, and attitudes.
- Allows learners to appreciate and give attention to (caritas) and value (veritas) the caring moment.
- Narrative storytelling, using evolving caring studies, guides the simulated caring-healing experience.
- The educator reads a portion of the caring study, and then pauses to ask learners guided questions aligned with the caritas process, practices, and literacies.
- The evolving caring study continues with educator reading the narrative, pausing, and asking guided questions.
- As learners engage in the transpersonal caring-healing experience with the high-fidelity manikins or standardized patients, learners demonstrate caritas-veritas processes and literacies as well as technical caring practices.





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Jacksonville University

Caring-Healing Experience

- EHR Go™ a simulated-EMR caring tool and facilitator versus a caring disruptor or barrier.
- Learning objectives, performance expectations, and outcomes value both technical caring practices and caritas-veritas processes.

Caring-Healing: Mr.
Charles Bishop
(Advanced)



Application Activity: Simulated Caring-Healing Experience for Mr. Charles Bishop (Advanced) - Educator Guide

The following simulated caring-healing experience application activity integrates Caring Science (Watson, 2018) throughout. Caring Fidelity™ (Christopher, in press) is conceptualized and operationalized in the caring experience, as the degree to which healthcare simulation-based educational methodologies and narrative pedagogies create mimesis through immersive caring-healing experiences by intentional cultivation of learner a) caritas-veritas literacies and processes; b) contemplation, action, reflection, and reflexivity; and c) caring praxis.

The overarching goal of the activity, therefore, is to move beyond the traditional focus on technical competence. Caritas processes and caring literacy (Watson, 2018) are integrated through Caring Fidelity™. The application activity includes technical practices but frames the practices through a caring lens. Before initiating the simulation, educators may obtain baseline Caritas measures to assess and evaluate learner development of Caritas practices and literacies throughout the course and program.

The simulated caring-healing experience begins by the educator facilitating centering-self and heart as learners enter into the caring-healing experience simulation. A guided script is provided for the centering-self mindfulness process. Once learners are heart-centered, the educator continues with the simulation briefing for the caring-healing experience.

Simulated Caring-Healing Experience

Centering-Self (Pre-Briefing & Briefing)

Pre-Briefing Information:

Prior to the Briefing Stage of the simulated caring-healing experience, provide learners with an overview of mindfulness principles and strategies that will be used to center-self and heart through intention. Watson's (2018) Caritas/Veritas literacies and processes are integrated throughout the experience.

- Reinforce that the centering process serves as a pause to allow for authentic presence of self in the caring-healing experience and is similar to pausing prior to entering a patient's room.
- Through the centering-self process, learners are invited to practice and embrace loving-kindness and equanimity toward self and others (*Caritas Process 1*).
- By centering on the present caring moment, learners employ *Caritas Process 2* by being authentically present before entering the Briefing Stage.
- Through Caritas Processes 3-4, learners enter into the experience of another and allow for the other (person being simulated) to enter into the learner's experience. This process promotes human dignity, ethical care, and self-awareness through authentic, caring-healing relationships.

*For additional information and handout on the core concepts of Jean Watson's Theory of Human Caring®/Unitary Caring Science®, please visit the Watson Caring Science Institute at the following website. The handout may also be shared with learners as part of the pre-briefing information to provide context to the caring-healing experience.

Website: <https://www.watsoncaringscience.org/files/PDF/watsons-theory-of-human-caring-core-concepts-and-evolution-to-caritas-processes-handout.pdf>

Pre-Briefing Measures:

- Educators may elect to use valid and reliable instruments to measure self-rated *Caritas* and mindfulness.
 - *Caritas Measurement:*
 - One such instrument by Watson, Brewer, and D'Alfonso (2012) is the Watson Caritas Self-Rating Score®.
 - The instrument includes a five item Likert-type scale with 1 meaning Never and 7 meaning Always.
 - The instrument also includes a yes or no item asking if the nurse learner would recommend the hospital to someone they loved. This item would not be applicable.
 - Finally, a qualitative item asks the nurse learner to share any notable caring or uncaring moments they have experienced.
 - Reported reliability was Cronbach's α of .84 and exploratory factor analysis yielded a single factor which explained 61.6% of the variance.
 - Use of such measures allow learners to be aware of and reflect upon their caritas and to be sensitive to the development of self and others.
 - Such cultivation and deepening awareness of self and then going beyond self is exemplified in Caritas Process 3 (Watson, 2018).
 - Caring measures may be used pre- and post-simulation, at key intervals in the education program, and in professional practice for contemplation, action, reflection, and reflexivity to cultivate caring praxis.
 - Reference:
 - Watson, J., Brewer, B. B., & D'Alfonso, J. (2012). *Watson caritas self-rating survey* (WCSR) ©. Boulder, CO: Watson Caring Science Institute. Retrieved from http://www.watsoncaringscience.org/wp-content/uploads/2012/09/WCPS- Self-Rating_Final1.pdf
 - Other measures of caring:
 - Sitzman, K. S., & Watson, J. (2019). *Assessing and measuring caring in nursing and health sciences: Watson's caring science guide* (3rd ed.). New York, NY: Springer Publishing Company.

◦ *Mindfulness Measurement:*

- The Cognitive and Affective Mindfulness Scale – Revised (CAMS-R; Feldman, Hayes, & Kumar, 2007) or other like instruments may be used by learners to self-rate mindfulness.
- The CAMS-R includes 12 items measuring the four domains of mindfulness (attention, present-focus, awareness, and acceptance/non-judgement) and are calculated as one mindfulness score.
- Feldman et al. (2007) reported Cronbach's α between .81-.85, demonstrating acceptable internal consistency reliability, as well as evidence of convergent and discriminant validity.
- Mindfulness to center-self fosters situational awareness, reduction in performance anxiety, and healthy life skills beyond the simulation (Molloy, Cunningham, Cleary, & Dial, 2019).
 - Reference:
 - Molloy, M. A., Cunningham, R., Cleary, J., & Dial, M. (2019). Enhancing situational awareness by using mindfulness during simulation. *Nurse Educator*, 44(6), 307. doi: 10.1097/NNE.0000000000000669

Centering-Self Mindfulness Script:

Before you enter into the caring-healing experience with your learners, we invite you to center-self through the same mindfulness process. Some educators attune the centering-self mindfulness experience through use of Tibetan singing bowls, relaxing music, nature sounds like ocean waves. We invite you to individualize the process for your learners and preferences.]

Centering-Self Mindfulness Script:

1. I invite all of you to find a relaxed, comfortable position (e.g. seated in a chair or comfortable standing position). [pause]
 - a. Keep your back upright but not rigid. [pause]
 - b. Next, rest your hands wherever you find comfortable. [pause]
 - c. Close your eyes or gaze downwards. [pause]
2. Now notice and relax your body. [pause]
 - a. Notice any tight areas or tension. [pause]
 - b. Relax them. [pause]
 - c. Turn your attention to your breath. [pause]

Briefing:

Patient scenario synopsis:

Educator reads:

The case begins with Mr. Bishop, a 68-year-old African American male, just having been admitted to the ICU. He has a medical history of congestive heart failure, hypertension, hyperlipidemia, atrial fibrillation and is a former smoker. He has been admitted to the hospital with complaints of a 12-pound weight gain, difficulty breathing and edema in his lower extremities. Mr. Bishop is experiencing severe dyspnea, sinus tachycardia with an irregular rhythm, generalized edema, orthopnea, weakness and fatigue.

Caring-Healing Experience (Implementation)

The caring-healing experience portion of the simulation, or implementation stage, shifts into the demonstration of caritas processes, professional praxis, and technical competencies, skills, and attitudes.

Educator reads:

During the admission process and initial admission assessment, Mr. Bishop shared that his wife of 50 years had passed away last month, and he is having difficulty adjusting to this loss.

Educator Pauses & Asks: (Coach learners to respond as if they are the nurse in the narrative)

- 1) What struck you about Mr. Bishop's clinical and emotional concerns? (Caritas Process 5)

Technical Caritas Practices & Learning Outcomes

Use of high-fidelity manikins or standardized patients, and use of the EHR Go™ simulated electronic health record, creates mimesis through immersive caring-healing experiences. Learners should achieve the following technical caring competencies and practices. Learning outcomes may be adapted for interprofessional education (IPE).

Kaiser Permanente's NCAL Patient Care Services (2012) has aligned the nursing process with caring science theory, caritas processes, and caring literacy through development of the *Caritas in Action* nursing process framework. Caritas in Action serves as a best practice for operationalizing caritas processes with supporting evidence and outcomes. Caring practices are further delineated by each phase of the nursing process. Kaiser Permanente's Caring Science: Caritas in Action website provides resources that educators may use during the stages of the simulated caring-healing experience. Some of the resources include videos, audio files, flyers, facilitator guides, and reflective exercise handouts. See provided link for details.

Suggested Technical Caring Practices and Learning Outcomes:

1. Demonstrate caring literacy and caritas processes. [IPE](#)
2. Create a plan of care that demonstrates caritas in action. [IPE](#)
3. Effectively demonstrate the nursing process aligned with caritas in action.
4. Recognize the pathophysiology contributing to the patient's current health status. [IPE](#)
5. Identify primary nursing diagnosis.
6. Identify relevant healthcare information in the patient's medical record. [IPE](#)
7. Complete a focused physical assessment to determine priority nursing interventions through critical thinking.
8. Demonstrate medication administration following the 5-Rights.
9. Identify indications, contraindications, and potential adverse reactions of administered medications.
10. Document assessment data and medication administration in patient chart.
11. Implement patient safety measures. [IPE](#)
12. Explain physical assessment findings and diagnostics related to patient condition. [IPE](#)
13. Interpret diagnostic findings to determine priority nursing interventions through critical thinking.
14. Implement physician orders. [IPE](#)
15. Prioritize interventions and document in the patient's care plan. [IPE](#)
16. Provide relevant patient and family teaching. [IPE](#)
17. Demonstrate therapeutic communication. [IPE](#)
18. Demonstrate accurate and professional communication with healthcare team members verbally and through EHR documentation. [IPE](#)
19. Demonstrate critical thinking skills. [IPE](#)

Suggested Technical Caring Practices and Learner Performance Expectations:

1. Document accurately and appropriately in the EHR using one or more of the following:
 - a. Vital Signs tab
 - b. Clinical Head to Toe Assessment
 - c. Progress Note [IPE](#)
 - d. SBAR note [IPE](#)
 - e. Care plan that demonstrates caritas in action [IPE](#)
2. Perform focused assessment. [IPE](#)

Guided Reflective Practice

Communitas through Guided Reflective Practice (Debriefing)

Reflection of one's practice is an essential step in the simulated experiential learning experience. Historically, debriefing has been approached from a judgmental perspective, focusing on errors, deficiencies, and failure. Learners subsequently feel demoralized. Use of the caring science provides the opportunity to reframe the debriefing process from one of "judgmental debriefing to debriefing with good judgment" (Rudolph et al., 2007, p. 365). Additionally, the debriefing phase may be transformed through caring science into *Communitas*, which fosters a sense of collective belonging and learning (Watson, 2004).

The good judgment model, developed by Rudolph et al. (2007) for debriefing, uses an advocacy-inquiry approach which is more congruent with *Communitas* than the traditional debriefing approach. Psychological safety is foundational to the *Communitas* debriefing process and includes meaning-making and sense-making systems. The *Communitas* briefing process is further reframed with appreciative observations and insights by the educator. Rudolph et al. noted that the cornerstone of the good judgment approach is the inclusion of the learner's unique perspective as well as the expertise of the educator. This is furthered through the collective learning and guided reflection.

The *Communitas* advocacy-inquiry approach includes transparent talking and guided reflection. Rudolph et al. conceptualized advocacy as an observation or statement and inquiry as a question. Additionally, educators guide the good judgment approach to ensure critical thinking, clinical reasoning, reflection and reflexivity of the caring-healing experience and the transpersonal caring process.

Communitas Debrief – React

Begin by ensuring psychological safety and providing learners with an orientation to the *Communitas* debriefing process. The React phase encourages learner participation and allows the building of rapport, trust, a sense of belonging, and formation of a transformational, collective reflective experience.

Initial guided reflection might include:

- What went well?
- What might you do differently?
- Which caritas processes did you use and why?

Communitas Debrief – Understand

The purpose of the understand phase is to uncover thought processes and other factors that lead to a particular behavior or caring practice and to help learners find ways to improve caring literacy and technical performance. The advocacy-inquiry method, proposed by Rudolph et al. (2007), is used by the educator to guide the process.

- Observe a caring-healing experience or technical caring practice
- Comment on the observation
- Explore the drivers behind the learner's thinking
- Discover with the learner ways to attend to the caritas process or the technical caring practices

Communitas Guided Reflective Practice

The *Communitas* debriefing stage concludes with guided reflection. Learners are invited to reflect on the simulated caring-healing experience.

- How are you feeling?
- What did you learn from this caring-healing experience?
- How will you apply what you learned in your professional practice?

Book title: Creating a Caring Science Curriculum

Section or Part title (if applicable, or if known): Chapter 17

Chapter title: Simulation, Narrative Pedagogy, & Caring Fidelity™ - The New Reality < Caring Fidelity™ narrative pedagogy, narration, consciousness, humans, competency-Based Education/methods*, teaching/methods, simulation training, empathy, models/educational, science/methods>

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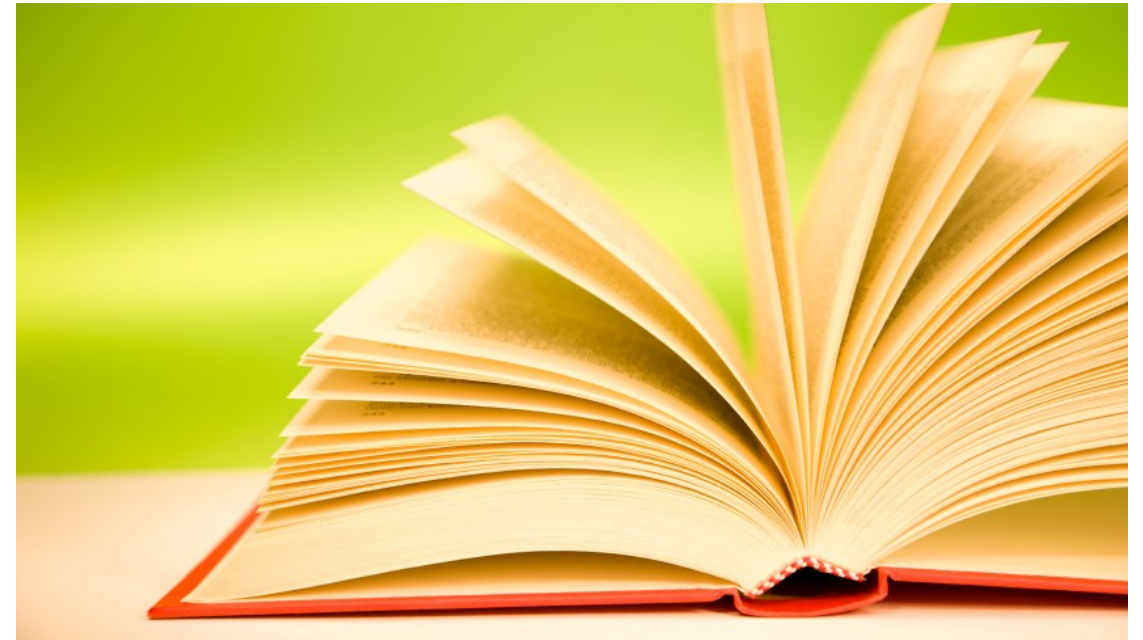
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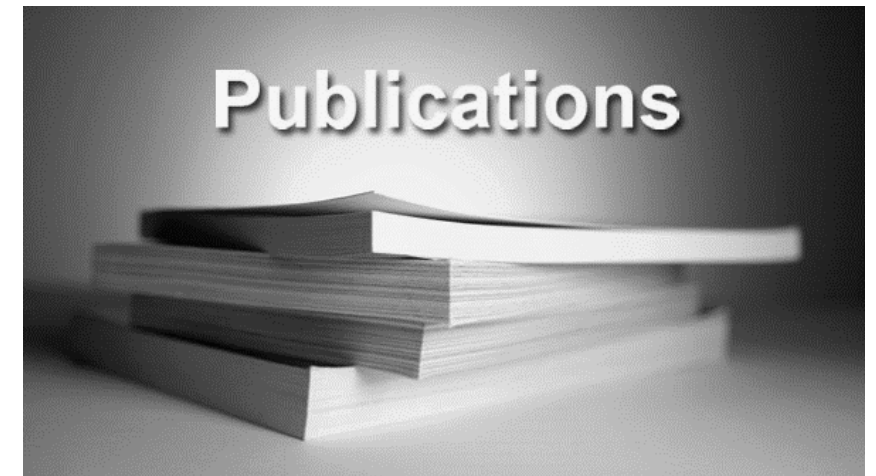
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- de Tantillo, L., & **Christopher, R.** (2020). Transforming graduate nursing education during an era of social distancing: Tools from the field. *Nursing Education Today*, 92. <https://doi.org/10.1016/j.nedt.2020.104472>. Available at <https://www.sciencedirect.com/science/article/pii/S0260691720304639?dgcid=coauthor>



Presentations

- **Christopher, R.** (2020). *Converging simulation-based learning environments and human caring science*. Accepted Abstract: Sigma's 31st International Nursing Research Congress, Abu Dhabi, UAE.
- **Christopher, R.** (2020). *Converging simulation-based learning environments and human caring science*. Accepted Abstract: Sigma's 31st International Nursing Research Congress, Abu Dhabi, UAE.
- **Christopher, R.** (2020, February). *Appreciative inquiry: Florida Board of Nurses Association strategic planning retreat*. Maitland, FL. (**Invited presentation**)
- **Christopher, R.** (2019, November). *Empowering & developing HIM professionals through joy in work*. 19th IFHIMA International Congress, Dubai, United Arab Emirates.
- Johnson, K., & **Christopher, R.** (2019, September). *This is my story: The use of patient personalization posters to improve critical care nurses*. (Abstract). WCSI/GAHCE Global Human Caring Conference, Victoria, BC, Canada.
- **Christopher, R.** (2019, September). *Converging simulation-based learning environments and human caring science*. WCSI/GAHCE Global Human Caring Conference, Victoria, BC, Canada.
- **Christopher, R.**, & Benson, L. (2019, September). *Transforming the future through Florida Nurses on Boards: A Call to Action*. Howie-in-the-Hills, Florida. FNA Membership Assembly. (**Invited presentation**).
- **Christopher, R.** (2019, July). *The business case for improving joy in practice*. **Invited** international Keynote podium presentation at the 2nd Healthcare Management Congress, Ulm, Germany.
- **Christopher, R.** (2019, July). *The business case for improving joy in practice*. Sigma's 30th International Nursing Research Congress, Calgary, Alberta, Canada.
- **Christopher, R.** (2019, May). *Joyful teaching and learning – Active learning for cultivating a sense of wonder*. BHAC National Summit on Building Cultures of Well-Being, Columbus, OH.



Next?

- Mindfulness Certification
- ? Yoga Certification
- *Caritas* Coach
- From Behind the Mask – Caring for Joy during Times of Crisis
- Study Caring Fidelity and Measure Outcomes – Grant
- Review of Joy Literature
- Caring for Joy during Pregnancy

