**Introduction**

A new approach to teaching is required to broaden a student’s commitment to quality and patient safety. Prelicensure students understandably limit their focus to their own practice when providing patient care. To assist students in seeing beyond their own work and as part of a health care team, simulation of accepting a patient from another RN was created. In this patient room, multiple errors are evident and the student must respond by identifying what must be acted upon. A patient safety exercise was conducted during National Patient Safety Week to encourage them to think beyond their own frame of reference. Student volunteers developed a set of prescriber’s orders and created this Room of Horrors. The student response was positive however the identification of errors did not correlate with their level of progress within the program. The need to develop tools reflective of differing levels of nursing education was identified. These tools will assist faculty to develop an increased awareness of possible clinical practice errors while assisting students to proactively provide a safer patient environment.

**Objectives**

1. Identify skill level progression of undergraduate, baccalaureate students that can be applied to a patient safety scenario.
2. Classify patient safety issues according to student’s level of program progression
3. Create tools to identify students knowledge level for identifying patient safety issues

**Background**

The Room of Horrors exercise had been held for 2 consecutive academic years. Student volunteers created a prescriber order sheet and set up the patient simulation. Errors ranged from the bed in the high position to the wrong IV solution infusing to a plate of food that was inappropriate given the dietary restrictions. Students created a report of lab values, a prescriber order sheet and a past medical history.

Undergraduate students were recruited to attend between classes and during the university’s community time. Students who participated had their names entered into a drawing. One student from the sophomore, junior and senior class won a gift certificate to the university bookstore for participation in this event.

Each participant was provided with a clipboard on which they could record the errors identified. Upon completion, a sheet with the actual errors described was provided.

The outcome of this event was that students liked it however their ability to identify errors did not show a pattern. Students at the senior level did not show a greater ability to identify errors than did the sophomores.

**What to do next?**

What was needed was stratification of expected levels of knowledge and skills, and repeated exposure to those scenarios to create an attitude of patient protection from harm.

Formulate a comprehensive view of making this Room of Horrors stronger:

- Develop a comprehensive patient scenario that offers challenges at all levels of baccalaureate education
- Identify issues of patient safety that range from basic to complex
- Create tools to identify students at a specific educational level and determine their ability to recognize issues of patient safety

**Aligning Student KSA’s with a Patient Scenario**

A senior nursing student was recruited to identify student KSA’s development during the curriculum. There is the expectation of what faculty expect students to know however students bring a perspective to which we might not be aware. Student met with faculty weekly for 7 weeks as work was done regarding faculty expectations vs. what students are able to assimilate. Students utilized textbooks required throughout curriculum, clinical evaluation tools and teaching materials from standardized testing company.

**What is a 59-year-old male who has come to the emergency department with shortness of breath and no relief from nitroglycerine. A 12-lead EKG shows a NSTEMI Myocardial Infarction. JH has been placed on a continuous cardiac monitor and vital signs are being taken every 15 minutes. He is in bed and says he is experiencing a pain level of 8 on a 0-10 scale. He reports to smoking up to half a pack of cigarettes a day, but has intentions of stopping. He has a history of chronic hypertension, coronary artery disease and GERD.**

**Alignment with a Patient Scenario**

**Name:** JH  
**DOB:** 11/09/1958  
**Age:** 59  
**Medical Record #:** 12345678

- **Height:** 5’11”  
- **Weight:** 97.7 Kg  
- **Allergies:** None  
- **Code Status:** Full Code  
- **Diet:** Cardiac Diet (Low Sodium and Fat)  
- **Physician:** John Smith (123)-456-7890  
- **Unit:** Emergency Room, Bed 10  
- **STATUS:** Admission  
- **Observation/ Medical Floor _**  
- **Admitting Diagnosis:**  
  - Acute MI  
  - Chronic Hypertension  
  - Coronary Artery Disease  
  - Upper GI bleed  
  - GERD

**Academic Level**

<table>
<thead>
<tr>
<th>1st year</th>
<th>Sophomore year</th>
<th>Junior year</th>
<th>Senior year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed raised in the highest position</td>
<td>O2 set at wrong level</td>
<td>Wrong medication left at bedside</td>
<td>No SpO2 continuous monitoring device at bedside</td>
</tr>
<tr>
<td>Nasal cannula is not in the patient’s nose</td>
<td>Bed not in lowest position</td>
<td>Incorrect medication labels on medication bottle</td>
<td>Wrong blood hanging (patient is +H negative, R+ positive is hanging)</td>
</tr>
<tr>
<td>Bloodstains on wall</td>
<td>Wrong name on ID bracelet</td>
<td>Assess HBP and identify why MI had occurred</td>
<td>Identify abnormal lab values (low BIC, High BUN)</td>
</tr>
<tr>
<td>Patient supine (sign above bed says have at 30 degrees)</td>
<td>Medication left on bedside table</td>
<td>Patient NPO yet food tray is sitting at bedside</td>
<td>Understand Signs and Symptoms of GI bleed</td>
</tr>
<tr>
<td>Foley catheter on bed instead of hanging on side</td>
<td>Foley catheter on bed instead of hanging on side</td>
<td>Patient is NPO</td>
<td>Read a rhythm strip and assess for myocardial ischemia</td>
</tr>
</tbody>
</table>

**Behavioral Expectations**

- Identify and report patient protection needs
- Identify issues of patient safety
- Respond to errors as a team
- Communicate patient protection needs
- Identify their own practice when providing patient care

**References**


**Implementation**

Utilize a Strategic Plan Grant which has been awarded by the university to implement this patient safety work in the 2017-2018 academic year.

Recruit students to lead simulation scenario  
- Develop prescriber sheet for scenarios
- Create simulated patient room with identified errors
- Encourage students to participate during National Patient Safety week
- Assist and engage students during scenario
- Create check sheets for each year of academic study

Collect and analyze data for student ability to identify errors consistent with their level of coursework.

Develop additional scenarios to represent patients across the lifespan and those with special needs.

**Conclusions**

Student involvement to create a Room of Horrors provides vital information as to the level of patient safety awareness at the undergraduate level.

Students at all levels will make observations as to what they perceive is an error.

Information derived from this simulation will inform faculty as well as students as to their understanding of patient risks in the acute care setting.

**Acknowledgements**

Special thanks to Katie Quigley BSN, RN for her work in developing these tools. Thank you to Salem State University for providing a Strategic Planning Grant for providing the means to make this initial work possible.