

UAC Simulation Guide

Mission

The Medical Education Division (MED) simulation mission is to educate and facilitate current patient care concepts in a safe simulated environment while promoting knowledge development, patient safety, skills application, clinical reasoning, and evaluation. Further, the goal is to:

- Serve a variety of specialties.
- Benefit learners at all skill levels.
- Accurately and fairly evaluate performance.

Definitions

Debriefing: Activities that follow a simulated experience allowing for reexamination and discussion of the Simulated Clinical Experience (SCE) to reinforce activities of the simulation and foster the development of clinical judgement and critical thinking skills (AHRQ, 2020).

Prebriefing: Assigned reading or activities prior to the SCE to prepare students for the simulation experience (AHRQ, 2020).

Safe Learning Environment: A learning environment where students can make decisions and take actions with support from leaders. These environments encourage practice and open communication during the learning experience (AHRQ, 2020).

Scenario: A description of a simulation including the objectives, a description of the clinical situation being simulated, staff and equipment requirements, and debriefing points (AHRQ, 2020).

Simulation: The use of structured activities that represent actual or potential situations in education and practice allowing for the development and enhancement of knowledge and skills in a safe learning environment (AHRQ, 2020).

Simulation Evaluations

Students evaluate each experience and provide the instructor insight on methods to improve through the student evaluation of the Simulated Clinical Experience Tool. The Director of Nursing Programs gathers the data and shares it with faculty members to adjust and make improvements as needed.

Students will be evaluated on their performance in the SCE by the performance indicators listing all points that should be included in the simulation, including critical points that must be met. The student will be evaluated by the simulation facilitator using the tool designed specifically for each scenario.

Program Outcomes

Upon completion of this program, the student will:

1. Demonstrate quality and safe care that supports a culture of health through evidence-based nursing.
2. Apply critical thinking necessary to provide patient-centered care to diverse populations.
3. Collaborate with interdisciplinary team members to provide leadership in all healthcare settings.
4. Integrate professional nursing practice through communication, knowledge, technology, and support of quality improvement measures.

Simulation Outcomes

Upon completion of SCE, the student will:

1. Implement the necessary knowledge and skills to prioritize and manage safe, effective care for all clients across the lifespan.
2. Advocate for clients experiencing acute, chronic and/or multisystem conditions.
3. Utilize the nursing process to assess, plan, implement, evaluate, and promote a culture of health and quality improvement for all clients.
4. Provide effective and therapeutic communication to diverse populations while demonstrating kindness and empathy.

Orienting Faculty to Simulation Activities

Faculty and clinical instructors involved in simulation activities will be oriented to the simulation lab and assist with activities with the assistance of the MED Program Technician. Faculty will receive a demonstration of the use of the equipment and materials specific to each lab. Faculty will have access to simulation scenarios through Laerdal as well as student and faculty expectations during the scenario, any pre-briefing activities related to the scenario, student evaluation and debriefing procedures.

Debriefing (Add Valt)

The debriefing process will begin with the facilitator asking students about their reactions and feelings towards the SCE. The instructor will work with the students to analyze and understand what occurred during the experience and methods of improvement. Finally, the student will develop statements identifying areas for skill improvement or knowledge expansion (California Baptist University, 2020).

The Simulation Debriefing Tool will be used to provide constructive criticism and positive insight from the student's opinion of the SCE. The students will be able to list any concerns or issues with the SCE as well as any aspects they found useful to the learning process. This will be discussed after each SCE with the simulation facilitator and is then uploaded into Blackboard, along with the SCE tool, after each simulation experience.

Simulation Utilization

Simulated Clinical Experiences will serve as a portion of clinical, meeting the ASBN requirement not to exceed 50% of clinical time. Simulation lab will be utilized to assist the learner in the nursing application process related to theoretical content. Simulation to clinical time ratio: one hour of simulation is equivalent to 2 hours of on-the-floor clinical time per industry standard. Simulation will reinforce topics from clinical practice that require reinforcement or may be difficult to find experience in an actual clinical setting.

Faculty Responsibilities

The obligations of the simulation facilitator(s) include but are not limited to:

1. Ensuring the appropriate lab areas are available for the allotted simulation time and that equipment and supplies are accessible and functional prior to the exercise.
2. Leaving the lab in clean condition. Students may be asked to help in the cleaning process if time allows.
3. Remaking beds or changing linens on patient beds, if needed.
4. Behaving in a professional manner at all times.
5. Providing appropriate feedback to learners to facilitate the optimal learning environment.
6. Promptly completing each clinical evaluation so the learner may receive written feedback.

Student Simulation Experience Expectations

Simulation requires active participation for all learners. Students must adhere to the simulation lab rules at all times. Simulators and manikins are to be handled gently and treated with dignity and respect – the same manner they would be handled if they were human beings.

Simulations will receive attention and respect from all participants. There should be no discussion of simulation experiences outside of the lab unless proctored and supported by the simulation facilitator. Each experience will have a session for debriefing, either at bedside or in a separate room for reflection. Learners will be given feedback with the use of the Simulation Debriefing Tool.

Professionalism

Students are to remain professional in all parts of simulation including interactions with manikins, other students, faculty, and staff.

Dress Code

Students should present to the simulation lab as if they were presenting to the clinical setting following the clinical dress code outlined in the LPN Student Guide.

Communication

Students will always maintain an open line of communication with the simulation facilitator(s). Areas of communication include but are not limited to:

- location
- progress
- questions
- clarifications

Manikin Use and Simulation Lab Conduct

1. Students should approach SCE as a real-life situation, utilizing concepts of safety, infection prevention, and HIPAA guidelines.
2. Students should remain professional and courteous during all clinical activities and remain confidential regarding other students' performances during SCEs.
3. Students should arrive at the simulation lab prepared with all materials needed for the SCE and having completed any pre-simulation activities.
4. NO food or drink is allowed in the simulation labs.
5. Simulation faculty and staff have the right to remove a student from the SCE if rules of conduct are violated per the LPN Student Guide.

Simulation Lab Rules

1. No use of betadine or iodine.
2. No food or drink.
3. All electronic devices must be put away and on silent mode.
4. Patient beds and other equipment are for use with practice, simulations, and check-offs only.
5. All sharps, including glass vials and clean, used needles are to be disposed of in the designated sharps containers.

Accidental Needle Stick Procedure

In the event a student is accidentally stuck with a needle, the following procedure will ensue:

1. Notify the faculty member immediately.
2. Students will follow CDC guidelines related to exposure.
3. The incident will be documented, and a related incident form should be completed.
4. Students will be encouraged to contact their PCP or proceed to the nearest Emergency Department. Students must use primary health insurance first as the student liability insurance is considered a secondary source.

References

Agency for Healthcare Research and Quality. (2020). Healthcare simulation dictionary.

Retrieved from <https://www.ssih.org/dictionary>

Arkansas State Board of Nursing. (2017). Arkansas board of nursing. Retrieved from

<https://www.healthy.arkansas.gov/programs-services/topics/arsbn-criminal-background-checks>

California Baptist University. (2020). Clinical simulation debriefing tool. Retrieved from

https://calbaptist.edu/files/8114/0742/7327/debriefing_tool.pdf

Clarkson College. (2014). Simulation lab handbook. Retrieved from

<https://www.clarksoncollege.edu/default/assets/File/SimulationLabHandbook.pdf>



UA Cossatot

Student Evaluation of Simulated Clinical Experience (SCE) Tool

Simulated Experience: _____ Date: _____

Name (optional): _____

Please rate the following statements on the scale provided. Mark NA if you have no experience with the statement.	Do Not Agree	Somewhat Agree	Strongly Agree	Not Applicable
The instructor's questions helped me to think critically.	0	1	2	NA
I feel better prepared to care for real patients.	0	1	2	NA
I developed a better understanding of the pathophysiology of the conditions in the Simulated Clinical Experience (SCE).	0	1	2	NA
I developed a better understanding of the medications that were used and discussed in the SCE.	0	1	2	NA
I feel more confident in my decision-making skills.	0	1	2	NA
I am more confident in determining what to tell the healthcare provider.	0	1	2	NA
My assessment skills improved.	0	1	2	NA
I feel more confident that I will be able to recognize changes in my real patient's condition.	0	1	2	NA
I am able to better predict what changes may occur with my real patients.	0	1	2	NA
Completing the SCE helped me understand classroom information better.	0	1	2	NA
I was challenged in my thinking and decision-making skills.	0	1	2	NA
I learned as much from observing my peers as I did when I was actively involved in caring for the simulated patient.	0	1	2	NA
I was able to learn how to collaborate and work as a team member within our simulation group.	0	1	2	NA
Debriefing and group discussions were valuable.	0	1	2	NA
Simulation was a positive learning experience.	0	1	2	NA

Comments:



UA Cossatot

Simulation Debriefing Tool

Events and Observations during Simulation	Outcome/Reaction /Action

Summarize what you learned from this experience.

What are some things you can improve on?

What changes can you make after this simulation to better improve your clinical practice?