Integration of Student Objectives in Simulation

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Abstract

The integration of student objectives within a simulation laboratory of a nursing program allows the faculty to track how the objectives are met within simulations. Clear objectives allow the faculty to tailor education experiences to student needs as well as to the needs of the profession. An outside observer can objectively evaluate consistency among simulations, whether simulations meet student objectives, whether the faculty are evaluating student objectives consistently, and whether the students recognize the objectives within the simulation experience.

Keywords: Simulation, student objectives, evidence based education

*Highlights:*

* Simulation within nursing curriculum requires outcomes with clear student objectives.
* Evaluation tools aligned with student objectives aids in data collection of outcomes.
* Literature review validates current practices and highlights areas for growth.

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Integration of Student Objectives in Simulation

Integration of evidence based education practices within a community college nursing simulation lab requires analysis of student objectives, current practices within simulation, and assessment of existing simulation templates and evaluation tools. Seamless integration of student objectives into simulation allows faculty to evaluate how students are meeting program objectives. Assessment of multiple faculty members’ conduction of simulation may reveal a lack of continuity in regards to how simulation is valued by faculty and students, how simulation is run, how evaluation is completed, and if student objectives are met or not met. In a project conducted in a community college, an outside observer was allowed access to simulation to assess the process of simulation, of student evaluation, and to present evidence based education practices within simulation. An outside observer has the ability to objectively assess continuity and faculty commitment to simulation. A collaborative effort to further the achievement of student objectives in a fluid, leveled, continuous manner is accomplished with the support of the simulation coordinator and the curriculum director of the nursing program within the community college setting. The goals of this project are to assist in continuity across all simulations by developing tools that adequately assess achievement of student objectives and to present evidence based education practices to the faculty of this community college. The planning phase of this project began with establishing connections with a community college and familiarizing the faculty with the outside observer. Discussion and refinement of the project continued throughout the Fall 2014 semester, with planned implementation in Winter semester 2015. A literature review was planned to run simultaneous with observation of simulation. Simulation student evaluation tools and simulation templates were reviewed and updated to align with new student objectives recently adopted by the nursing program. Following the observation of simulations, evaluation of findings was presented to all faculty along with evidence based education practices in simulation.

# Planning

The logic model of change theory as described by Maura MacPhee (2009) aligns practice-academic partnerships. This model is based upon beginning with the end in view; what are we trying to accomplish? Once the initial need for change is identified, and the key stakeholders are identified, the planning stage begins. The planning phase is followed by implementation and evaluation. This model communicates the essential elements of the change: input (underlying issues, ideas, literature review), process and activities (literature review, observation of simulations, creation of evaluation tools), output (evaluation tools and presentation of evidence based practice), and outcomes (improved student simulation experience). Prior to implementation of a project to introduce evidence based education practices within the nursing simulation laboratory of a community college, one semester was spent in integrating into the nursing program through mentorship with the curriculum director, meetings with the simulation coordinator and director of the nursing program, and attending staff meetings. Projects were proposed and refined until the final defined project of focusing upon student objectives within simulation and presenting evidence based education practices within simulation to the faculty was agreed upon by all parties. A literature review was completed to determine the need for this project as well as to prepare for presentation of findings to the faculty. The project was aligned to Quality and Safety Education in Nursing (QSEN) competencies and National League of Nursing competencies. A failure mode and effects analysis (FMEA) was conducted to determine areas that would potentially lead to discord or possible failure of the project. The foci of the observations of simulation were preparation of the student, initiation into the simulation, instructor involvement, length of simulation, whether the simulation is repeated or evolving, how debriefing is conducted, whether pre and post testing is conducted, and what follow up takes place post simulation.

## 1.1 Literature review1

Simulation is a constantly evolving practice within education and needs to be empirically evaluated to determine continued effectiveness (Bland, Topping, & Wood, 2011). Simulation also allows students to interpret and practice concepts within the context of patient care, thereby allowing the important core concepts of a nursing program to be highlighted and discussed (Berragan, 2013). In order to effectively integrate simulation into the nursing educational curriculum, one must understand the underlying philosophy and desired outcomes of the program. A logically constructed and integrated change better serves the undergraduate nursing population and better prepares the student for the clinical experience and clinical practice (Robinson & Dearmon, 2013). Jeffries (2005) states clear student objectives and outcomes are necessary for a successful simulation experience. The cogent implementation of simulation experience reflecting the core objectives of the program allows the student to move beyond passive absorption of knowledge to application of knowledge as well as improving critical thinking skills and information seeking behaviors (Harris, 2011). “Faculty must be willing to allow students’ outcomes to dictate their teaching methodology” (Harris, 2011. p. 26).

Multiple studies have revealed that students consider simulation to be a very satisfying learning opportunity. Levett-Jones et al, in 2011, indicated that education psychologists believe that student satisfaction builds self-confidence which in turn helps with skill and knowledge acquisition. Blum, Borglund and Parcells (2010) extrapolate the success and practice within the simulation setting to increased confidence and improved performance in the clinical setting. The review of literature supports the preparation of the student prior to simulation. Franklin, Burns, and Lee (2014) completed a systematic review of novice nurses’ perception of confidence and the education practices surrounding simulation. The novice nurses were asked questions to determine whether they clearly understood the objectives and purpose of the simulation, whether they felt they had enough information to perform within the simulation, and whether enough information flowed from the simulation to aid in problem-solving. The importance of the pre-simulation preparation is clear: the student feels increased confidence going into simulation, can extrapolate information from the preparation into the evolving simulation and looks for more information to assist in problem solving.

Deciding how much faculty involvement is dependent upon the goal of simulation. Jeffries (2005) delineates the faculty role in relation to the goal of simulation in terms of whether the simulation is a learning experience versus an evaluative experience. If the simulation is a learning experience, guidance by the faculty is expected whereas in the evaluative form faculty involvement is minimal and distant. However, Jeffries also states that the student learning is increased when faculty members are present to answer questions. Manz et al (2013) explored consistency in simulation evaluation. The authors attributed an increase in consistency of evaluation within simulation to significant directed discussion among faculty members as to the key behaviors and actions that must be demonstrated by the students during the simulation experience. The authors state without this discussion no consensus can be reached and consistency cannot be achieved (Manz et al, 2013). Debriefing is the opportunity to deflate gently, reflect on the process, and talk out the nervous energy, as the students confront their own insecurities and perceived inadequacies. Levett and Jones (2014) explore the use of video recording in debriefing as well as instructor led versus student led debriefing. The authors state the student led debriefing allowed the participants to explore perceived weaknesses and have greater control of the process. Video recording playback during debriefing can increase student understanding of outcomes (Levett & Jones, 2014). Jeffries (2005) describes a well-planned debriefing as an opportunity for reflective learning as well as a positive reinforcement for meeting the objectives of the simulation.

**1.2 Competencies**

The National League of Nursing (NLN) Core Competencies for Nurse Educators (2007) states that nurse educators are responsible for implementation of a variety of teaching strategies, design of curriculum based upon evidence based education practices, and integration of technological opportunities into a multicultural, learner centered teaching environment. The NLN further states it is a core competency that a nurse educator use evidence based education practices in the design and implementation of assessment of student learning and evaluation of student competence. Finally, as pertinent to this project, the NLN states that a nurse educator must actively support, revise, and/or integrate program outcomes. This project seeks to address these core competencies of the nurse educator by evaluating the core outcomes of the nursing program within the simulation practice, the simulation templates, and to align the evaluation tools of simulation to better reflect the desired student goals. The table below aligns NLN Core Competencies with the project of integrating student objectives into simulation.

|  |  |
| --- | --- |
| NLN |  |
| Competency I:  Facilitate Learning | Aligning simulation with student outcomes creates a supportive environment that favors continuity from classroom, through simulation, and into clinical |
| Competency II:  Facilitate Learner Development and Socialization | Alignment of evaluation tools between clinical and simulation allow the faculty to assist the students in effective and supportive peer and self-evaluation |
| Competency III:  Use Assessment and Evaluation Strategies | Assessing evaluation tools maintains the integrity of the student objectives within the simulation, observing faculty in simulation allows the observer to see consistencies/inconsistencies related to student objectives |
| Competency V:  Function as a Change Agent and Leader | Using a culturally appropriate and collaborative approach to introduction of evidence based education practice into an established simulation lab, assessing existing protocols, and strategizing for implementing change |
| Competency VI:  Pursue Continuous Quality Improvement in the Nurse Educator Role | Immersion in a unique academic environment with exposure to different education philosophies creates broader perspective |
| Competency VII: Engage in Scholarship | Research into evidence-based education practices in simulation and integration of student objectives into simulation allow for exploration of education techniques which allow faculty to meet the needs of the students while working within a framework that allows extraction of data for further refining of curriculum and simulation approaches |
|  | **Halstead, J. A. [Ed.] (2007). Nurse educator competencies: Creating an evidence-based practice for nurse educators. National League of Nursing. New York, NY.** |

The Quality and Safety Education for Nurses (QSEN) competencies are woven throughout the simulation experience, and examining current simulation practice allows the nurse educator to revitalize and ground the learning experience in the core outcomes of the program (Sherwood & Barnsteiner, 2012). The QSEN competency of Patient Centered Care aligns with the community college’s nursing program’s Core Objective of Human Flourishing by educating students to provide coordinated care that is based upon the preferences of the patient and the patient’s family as well as valuing the diverse patient population and what cultural needs they bring to healthcare. The QSEN competency of Teamwork and Collaboration is reflected in the Core Competencies of Professional Identity and Spirit of Inquiry, whereupon the student learns the value of the interdisciplinary team approach and how the different members of the healthcare team interact to assist the patient in achieving goals. The QSEN competency of Evidence-Based Practice and the competency of Quality Improvement align with the community college’s nursing program Core Competencies of Professional Identity and Spirit of Inquiry by teaching the value of searching out evidence based nursing practices and implementing these best practices with every patient, while continuously seeking out the validating information for best practices (QSEN, 2014).

The same QSEN competencies and Core Competencies of the nursing program can be applied to the project of integrating student objectives into simulation. The Patient Centered Care is reflected in the culturally competent and supportive approach to assessing and proposing evidence based educations practices to the faculty. Teamwork and Collaboration speaks to the joint effort between the faculty, the simulation coordinator, the curriculum coordinator, the director of the nursing program, and the observer is assessing simulation practices and aligning evaluation tools. The Evidence-Based Practice and Quality Improvement are evident in the effort to increase consistency and increase awareness of evidence based education practices in simulation (QSEN, 2014). The table below delineates the Quality and Safety Education for Nurses competencies with associated knowledge, skills, and attitudes that are associated with the integration of student objectives within simulation.

|  |  |
| --- | --- |
| QSEN |  |
| Patient Centered Care | **Knowledge:** Analysis and coordination of care in a culturally appropriate and supportive manner, as is consistent with the MCC School of Nursing Outcome: Human Flourishing |
|  | **Skills:** provide care based upon elicited preferences of the patient and/or patient’s family, as is consistent with the MCC School of Nursing Outcome: Human Flourishing |
|  | **Attitudes:** Value and respect individual patient preferences, as is consistent with MCC School of Nursing Outcome: Professional Identity |
| Teamwork and Collaboration | **Knowledge:** able to describe the contributions of other health care professionals, and how these professionals impact patient care, as is consistent with MCC School of Nursing Outcome: Professional Identity and Spirit of Inquiry |
| Evidence-Based Practice | **Skills:** research and appraise current research and develop guidelines and suggestions to improve current practices, as is consistent with MCC School of Nursing Outcome: Professional Identity and Spirit of Inquiry |
| Quality Improvement | **Knowledge**: Understand the strengths and limitations of research in guiding best practices in education, understanding the change theory involved, MCC School of Nursing Outcome: Professional Identity and Spirit of Inquiry |
|  | Quality and Safety Education for Nurses Institute. (2014). Pre-licensure KSAS. Retrieved from http://qsen.org/competencies/pre-licensure-ksas/ |

**1.3 Failure Mode and Effects Analysis**

The failure mode and effects analysis was conducted over the course of several meetings with the curriculum director and during discussions in curriculum and simulation meetings. The key points of change that may create areas of friction are the integration of the core objectives into the simulation handbook and documentation, integration of evidence based education practices into simulation, and assessment of the how the faculty conduct simulation. The underlying current of having an outsider evaluate how simulation is conducted across the spectrum may create fears of individuals being evaluated rather than the process being assessed. With the core objectives being integrated and implemented in simulation, the focus was on how to support the faculty in this change and create the easiest transition from a framework of holism to human flourishing within the simulation lab. Presentation of evidence based education practices in simulation was engaging and supportive rather than dismissive.

1. **Implementation**

Implementation of integrating evidence based education practices with the community

college’s nursing simulation laboratory began with building a clear understanding of the simulation process in its current form. This was accomplished by reviewing simulation templates, evaluation forms, and simulation handbook. Understanding of the integration of student objectives and expectations of the students was accomplished by reviewing curriculum framework and the nursing program’s student handbook. Clarification and summary of the foci of the assessment of simulations as conducted by all faculty was completed and include assessing the preparation of the student for simulation, how the students are initiated into each simulation, the level of instructor involvement (do faculty cue students, pause simulation to discuss a situation, let simulation progress at the students’ discretion), length of simulations, are the simulations repeating or evolving, how is debriefing conducted (student led, faculty led, Socratic questioning), is pre- and post-testing utilized, and is there any follow up post simulation. This was completed in the first weeks of the winter semester.

Analysis of the simulation templates and evaluation tools as well as integration of the student objectives of Human Flourishing, Spirit of Inquiry, Nursing Judgment, and Professional Identity revealed the need to simplify the evaluation tools and to clarify the linking of the student objectives to specific knowledge, skills, or attitudes which the student must demonstrate or verbalize within the simulation. With the simulation coordinator’s assistance and guidance, the templates and evaluations tools for post-partum hemorrhage, neonatal respiratory distress, pediatric asthma and leg fracture, psychosis, delirium, and safety simulations were updated with simplified evaluation tool and integrated template (see appendices 1 and 2). This was completed throughout the semester.

1. **Evaluation of Findings**

Evaluation tools and templates were presented to the faculty during simulation meetings.

Feedback was sought and given on the workability of the evaluation tools and specificity of student actions, behaviors, and skills that faculty wanted to see in each simulation. These actions, behaviors and skills were integrated into the evaluation tools and aligned with student outcomes and presented to the faculty again. When the tools met everyone’s approval, a vote was taken, and the tools were, one by one, adopted into the simulation protocol. This process was completed for simulations involving pediatric leg fracture and asthma, cerebral hemorrhage, delirium, safety, unstable angina, post-partum hemorrhage, neonatal respiratory distress, DVT, and psychosis. Faculty stated that the new evaluation forms were easy to follow and use to evaluate the students’ performance. Furthermore, the clear alignment of student participation with student objectives allows for easy access to data to determine whether course outcomes are being met in simulation.

Assessment of simulation as conducted by eight of the full time faculty within the program of nursing of a community college was completed using the foci of the preparation of the student for simulation, how the students are initiated into each simulation, the level of instructor involvement (do faculty cue students, pause simulation to discuss a situation, let simulation progress at the students’ discretion), length of simulations, are the simulations repeating or evolving, how is debriefing conducted (student led, faculty led, Socratic questioning), is pre- and post-testing utilized, and if there was any follow up post simulation. Findings were presented to the faculty as a whole in an end of semester meeting, along with the literature review pertaining to specific areas within the assessment. Minor differences in conduction of simulation were noted including one section who had minimal student preparation for simulation, one section who was more likely to have greater instructor involvement within the simulation, and one section that had instructor directed debriefing. During the presentation of evidence based education practices within simulation these differences were discussed and evidence from the literature review presented in a way to engage discussion and to aid decision making in future simulations.

The student preparation involving the use of a “ticket to ride” admitting the student into simulation already was already established, if not used by all. The literature review indicated increased student confidence, increased student satisfaction, and increased integration of skills and knowledge acquisition (Levett-Jones et al., 2011). Student initiation into simulation was similar across all observed simulations: preparation paperwork was collected, the simulation set up was explained, and a chart review and/or report was given to the students. Instructor involvement was discussed with the evidence pertaining to whether faculty considered simulation to be a learning experience or an evaluative experience. Discussion was led regarding integrating an evaluative simulation in the final semester of the program. Length of simulation was discussed including the breakdown of preparation prior to starting the active portion of the simulation, how long the simulations ran, and the length of debriefing. All simulations ran a similar pattern and length of time. Evolution of the simulation and repetition of the simulation was explored. All observed simulations evolved with students switching roles midway through. A discussion was led on whether repeating the scenario would be beneficial to a more complete integration of student objectives. In one observed simulation, the faculty allowed students who had performed poorly to repeat the simulation after debriefing. The students’ performance was greatly improved and confidence was restored. Debriefing was discussed at length with evidence presented regarding the value of video playback during debriefing. The value of having the students lead debriefing with occasional redirection by faculty was presented and discussed. No pre- and post-testing was conducted in any of the simulations, and the idea was presented that this would be a way to obtain data for future research into simulation effectiveness in meeting student outcomes. The discussion on follow-up post simulation included possible remediation, addressing missing links, rebuilding confidence, the student evaluation forms, and student evaluation of the simulation experience. Observed simulations were uniform in that students were required to delineate nursing diagnosis, interventions, and outcomes following debriefing. The faculty do not use the very functional student evaluation forms already in place, and a robust discussion regarding this ensued. The general consensus from the faculty was that the same information is gleaned from the student evaluation forms repeatedly, thereby negating the usefulness of gathering the data in an ongoing manner. The suggestion was presented that while the evaluations from the students may be similar, the process also validates the students’ perception of simulation, thus adding to their empowerment (Jeffries, 2005).

Following the presentation of evidence based education practices in simulation, the faculty broke into groups and reviewed the templates and evaluation tools one final time. Few changes were suggested, however, a great deal of discussion arose regarding ways to improve the simulation experiences. Integration of the evidence presented was discussed at length.

1. **Future Opportunities**

Addressing the autonomy of nursing faculty while maintaining consistency in simulation is a challenge that will remain after the completion of this project. Ongoing support and presentation of evidence based simulation education practices will reinforce the importance both of simulation in and of itself and the faculty role with simulation. Reinstatement of the use of the student evaluation of simulation would be a possible avenue for the faculty to re-explore. The integration of pre- and post-testing remains a possibility, with the subsequent data gathered useful to support use of simulation in achieving student outcomes.

**Conclusion**

Immersion into the simulation culture of the community college revealed a cohesive faculty following intentional processes to create an effective simulation experience with clearly defined student objectives. Aligning the simulation templates and evaluation tools with the newly adopted program outcomes allows the faculty to easily evaluate student performance in simulation and obtain quantifiable data regarding student outcome achievement. Presentation of evidence based education practices in simulation provides the faculty with information to move the simulation experience forward. The implications for nursing education include the seamless integration of simulation within the nursing curriculum with specific student objectives. These clearly delineated objectives allow for creation of evaluation tools that are easy to use and contain quantifiable data for measuring program outcomes. The presentation of literature review not only validates current effective practices but highlights opportunities for growth.

Appendix 1

**NUR 131 Simulation Evaluation**

**Pediatric Asthma and Fractured Leg**

|  |  |  |  |
| --- | --- | --- | --- |
| **Specific Simulation Learning Objectives: Students will:** | **MMet** | **UUnmet** | **Comments** |
| 1. **(2.0)** *Use information and technology to obtain data that impacts nursing care* |  |  |  |
| * Required prep. paperwork submitted, Reviews patient chart prior to simulation |  |  |  |
| 1. **(1.0)** *Utilizes appropriate school-aged communication skills with child* |  |  |  |
| * Introduce self to child |  |  |  |
| * Introduce and include parent in patient care |  |  |  |
| * Explain procedures step by step |  |  |  |
| * Answer any questions with honesty |  |  |  |
| 1. **(4.0)** *Practices personal and professional behaviors that maintain safe patient care*   **(2.0)** *Assess and monitors physical environment for safety of the client* |  |  |  |
| * Wash hands |  |  |  |
| * ID patient |  |  |  |
| * Use gloves when appropriate |  |  |  |
| * Side rail down with assessment |  |  |  |
| 1. **(3.1b)** *Demonstrates physical assessment techniques* |  |  |  |
| * Assess vital signs including pain score of affected leg |  |  |  |
| * Physical assessment with focus on respiratory (wheezes) |  |  |  |
| * Physical assessment with focus on affected leg (ORIF) |  |  |  |
| 1. **(3.4)** *Identify basic priorities of care. (asthma and post op ORIF)*   **(4.2)** *Maintains a professional relationship with health team members* |  |  |  |
| * Identifies decreased pulse oximetry, increased respiratory rate |  |  |  |
| * Identifies wheezes |  |  |  |
| * Assess affected leg for CTMS, pain |  |  |  |
| * Identifies need for Team Assistance as needed (surgeon/respiratory) |  |  |  |
| 1. **(3.4)** *Implement nursing interventions to meet patient’s basic health care needs*   **(3.3b)** *Medication safety* |  |  |  |
| * Apply nasal cannula and elevate HOB |  |  |  |
| * Assist with inhaler utilizing spacer |  |  |  |
| * Elevate affected leg and apply ice bag to ORIF site |  |  |  |
| * Administer pain medication as needed |  |  |  |
| * Patient teaching related to inhaler/spacer and pain management. |  |  |  |
| 1. **(3.2)** *Distinguishes between nursing diagnosis and medical problems* |  |  |  |
| * Impaired gas exchange |  |  |  |
| * Ineffective breathing pattern |  |  |  |
| * Acute Pain |  |  |  |
| * Knowledge deficit r/t inhaler use and/or pain management |  |  |  |

Appendix 2

**NUR 131 SIMULATION**

**Pediatric Asthma and Leg Fracture**

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| **COURSE OBJECTIVES**    **1.0 HUMAN FLOURISHING**  ** Applies Maslow’s Human Needs theory to the nursing care of patients and their families.**  ** Applies developmental theory to the nursing care of patients and their families.**  ** Applies family theory to the nursing care of patents and their families.**  ** Assesses the patient’s stress adaptation response.**  ** Seeks patient and family involvement in decision making.**  ** Uses therapeutic communication skills that promote dignity, self-determination, and personal growth of the patient and family.**  ** Incorporates cultural beliefs of patient and family into the plan of nursing care.**  **2.0 SPIRIT OF INQUIRY**  ** Uses best current nursing evidence in the delivery of nursing care.**  **3.0 NURSING JUDGMENT / NURSING PROCESS – 3.1 Assessment**  **– 3.1a Health History / Interviewing**  ** Adapts interviewing skills and uses observations to obtain a health history from patients and their families.**  **3.1b Physical Assessment**  ** Adapts physical assessment skills to age and patient’s developmental level.**  **3.2 Problem Identification (Nursing Diagnosis)**  ** Distinguishes between nursing diagnoses and medical problems.**  **3.3 Planning – 3.3a Decision Making / Prioritizing**  ** Collaborates with the patient to prioritize nursing care based on patient health needs.**  **3.3b Safe Practice – Medication Safety**  ** Makes safe medication administration decisions based on sound knowledge of pharmacology and patient health needs.**  **3.4 Nursing Intervention**  ** Promotes physical and psychological safety for patients, family, support persons, staff, and self.**  ** Implements nursing interventions based on priorities.**  ** Implements nursing interventions for the patient undergoing diagnostic testing or therapeutic procedures.**  **3.4a Teaching**  ** Teaches patients and family self-care based on assessed learning needs.**  **3.5 Evaluation**  ** Reports met and unmet patient outcomes to appropriate team members.**  ** Begins to identify the reasons for unmet outcomes.**  **3.5a Quality Measures**  ** Gathers data to measure quality.**  **4.0 PROFESSIONAL (NURSE) IDENTITY – 4.1 Legal Scope of**  **Practice**  ** Maintains the professional boundary between patient care and personal self- disclosure.**  ** Practices personal and professional behaviors that maintain safe patient care.**  **4.1a Documentation**  ** Differentiates priority documentation.**  ** Documents in a timely manner**  ** Documents significant patient outcomes.**  **4.2 Ethical and Professional Responsibilities**  ** Applies ethical standards to nursing practice.**  ** Maintains a professional relationship with diverse patients and families.**  **4.2a Team Member**  ** Maintains a professional relationship with health team members.** | **Psychomotor Skills Required Prior to Simulation:**   * Pediatric assessment * Pediatric vital signs * Pediatric pain assessment   **Activities Required prior to Simulation:**   * **Completion of BB case model: attach copy** * **Review of pathophysiology of patient problems** * **Review of pediatric vs normal range** * **Review developmental tasks of school-age child.** * **Review of therapeutic communication techniques** * **Review of Teaching learning principles** * **Review of Pediatric pain assessment tools. (6 years)**   **Student Information Needed Prior to Scenario:**  Orientation to pediatric Vital Sim simulator.  **Guidelines /expectations for scenario.**  **Participants explained heir assigned roles.**  **Participants given time frame expectations.**    **Specific Simulation Learning Objectives: Students will:**    **1. 2.0 Spirit of Inquiry:**  *Uses best current nursing evidence in the delivery of nursing care. (Submits required prep paperwork prior to start of simulation and reviews patient’s chart).*  **2. 1.0 Human Flourishing:**  *Applies developmental theory to the nursing care of patients and their families. (School age child).*  *Seeks patient and family involvement in decision making. (parent)*  *Incorporates cultural beliefs of patient and family into the plan of nursing care. (African American)*  **3. 4.0 Professional (Nurse) Identity** *Practices personal and professional behaviors that maintain safe patient care*  **4. (3.1b) Physical Assessment**  *Adapts physical assessment skills to age and patient’s developmental level. (School-aged child)*  **5. (3.3, 3.4) Nursing Interventions**  *Implements nursing interventions based on priorities. (asthma, then leg pain) Collaborates with patient to prioritize care*  **(4.2) Team Member** *Maintains a professional relationship with health team members*  **6. (3.3b) Safe Practice-Medication Safety**  *Make safe medication administration decisions based on sound knowledge of pharmacology and patient health needs. (Rapid acting inhaler use. Recognize oxygen as a medication. Pain medication as needed for leg pain).*  **(3.4) Nursing intervention** *Implement nursing interventions to meet patient’s basic health care needs*  **(3.4a)Teaching** *Teaches patients and family self-care based on assessed learning needs (proper use of inhaler)**and pain management*  **7. (3.2) Problem Identification** *Distinguishes between nursing diagnosis and medical problems* | | | |

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