

Covenant School of Nursing
Instructional Module 4 Learning Guide
Topic: Simulation

Learning Goals/Outcomes

Upon completion of this experience, students will be able to:

- Critically examine complex medical/surgical scenarios using a holistic methodology to design safe and appropriate nursing care.
- Evaluate clinical nursing judgements in simulated complex medical/surgical scenarios regarding nurse communications with patient and interprofessional team, medication safety, diagnostic interpretation, and physical examination.

Pre-Simulation Activities Aimed at Preparation

Students will complete the required reading/viewing *prior to arriving* for high-fidelity and virtual online med/surg scenarios. HESI Simulation Learning and discussion board assignments are viewable in advance of med/surg scenarios.

Required Reading/Viewing:

All students will use material as assigned in "HESI Simulation Learning" to prepare to provide care for 4 (four) medical/surgical patients. Patient simulated scenarios will be based on:

-  Wallace Peterson = HESI Med/Surg Scenario 1
-  Margaret Chan = HESI Med/Surg Scenario 5
-  Arthur Harris = HESI Med/Surg Scenario 32
-  Agnes Taylor = HESI Med/Surg Scenario 39

- In "HESI Simulation Learning" there are 2 sections with activities for all 4 patients in each as follows:
 - Simulation Activities Section:
 - ✓ Skills Drills – view as desired to refresh your knowledge
 - ✓ Pre-Sim Exercises – complete with short answer
 - ✓ Pre-Sim Quiz – complete for self-learning - no minimum score required
 - ✓ Patient Report – examine closely and decide how to prioritize nursing care
 - ✓ Multimedia Resources – view as desired
 - Simulations Section:
 - ✓ Review electronic healthcare records. Examine provider notes, provider orders, vital signs, medication record, diagnostics and any other sections pertinent to the scenario.
- Discussion Board Assignment (questions primarily based on IM4's required clinical paperwork):
 - Students will click into "Groups" (left hand side of LMS) and find their assigned clinical week.
 - Once "in" their group, students will be able to view their assigned discussion questions.
 - ✓ For Tuesday: Students will answer the assigned discussion question for 2 patients and also review and provide feedback to 2 other students. Thus, each student will have a total of 4 posted comments (2 initial answers and 2 feedback answers).
 - ✓ For Wednesday: Students will craft an SBAR hand off report for the patient they provided care for on Tuesday. Students will also answer an assigned discussion question and provide feedback to 1 other students. Thus, each student will have a total of 3 posted comments (1 SBAR, 1 initial answer, and 1 feedback answer).

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Learning Activities/Assignments

Overall Guidelines:

- Review "Simulation Timeline of Activities" document found to find how/when/where the activities are scheduled.
- Review "Student Assignment" document to find assigned group and discussion board question(s).
- Attendance:
 - Simulation schedule includes preparatory time, discussion board activities, role play in high/fidelity and online simulation scenarios, and Teams meetings.
 - *Notify the instructor if you will be absent by 0715.*
 - Students may not leave early and will be actively engaged in learning throughout the designated timeframe.
- Confidentiality & Candor with Respect:

All aspects of simulation scenarios & student/faculty interaction are confidential. Students are prohibited from taking photos, video or audio recordings of simulations or scenario folder contents. During debriefing & throughout the simulation experience everyone is expected to participate with an open- mind in honest respectful discussions.
- Food/Drink:

Consuming food and drink is not allowed in the Simulation Center at Covenant Lakeside or at SimLife Center per TTUHSC policy. Students bringing water and snacks must keep them in their backpacks in the simulation area. We will have breaks periodically and students can snack in designated areas.
- Dress Code:

Students are to follow the Covenant School of Nursing Clinical Dress Code.
- Supplies to Bring:
 - Stethoscope
 - Watch
 - Pen/Pencil
 - Piece of paper to jot down report and other essential information
 - Laptop, ipad/tablet, or smart phone device to be able to access TEAMS, LMS, and HESI Simulation Learning EHRs.
- WiFi:
 - Covenant Simulation Center has wifi capability.
 - TTUHSC SimLife Center wifi = Guest password is guestguest.
- During COVID19 restrictions, students on campus in the simulation center are required to **wear a face mask AND face shield at all times.**

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Laboratory/Clinical Activities:

All students will participate in high-fidelity simulation and will role play one of the various parts needed to enact the scenario. Those students not in an “acting” role will be an active observer. Students will rotate through roles during simulation. Roles are as follows:

- Registered Nurse (x2): Students will act the part of a registered nurse and demonstrate all necessary skills to include necessary communication/coordination as dictated by their nursing judgement.
- Family Member (x1): Student will act the part of a family/friend member at the bedside. Students will interact with the patient or nurses as coached by the instructor.
- Patient’s Voice (x1): Student will be in the control room with the instructor and be the voice of the patient.
- Observer (all other students not assigned): Student(s) will use the observation tool to evaluate the scenario. The “Simulation Observation Tool” document will be utilized during the debrief following the scenarios to guide discussion.

Please note, roles will not be known until arriving to the simulation center. Not all students may be able to be a nurse or family member or be the voice of the patient in the scenario. However, all students must be actively engaged in the learning activity throughout the entire experience.

Reflection Activity:

Use IM4 Clinical Reflection tool for simulation reflection. Student are to maintain privacy of all involved. *Reminder: No names of any person(s) are to be used (real or simulated) in your paperwork. Doing so will result in an unmet for paperwork.*

- Submit via simulation instructor’s LMS Dropbox by 0830 on Thursday
- Submission labelled: [Last Name.First Initial_Reflection_SIM](#)
- Contact simulation instructor within 7 calendar days if any question on feedback.

Evaluation Methods

During simulation, students will be evaluated using the course clinical evaluation tool. Particular attention will be given to:

- Pre-simulation activities for thoroughness, thoughtfulness, and collegiality.
- Simulation participation with regards to professional behavior and nursing judgement.
- Participation in debrief component of simulation.
- Self-reflection submission as directed in the tool.

*Should students need remediation; additional learning activities may be assigned as needed. Such activities may include (but are not limited to) deliberate practice, post simulation exercise or quiz, or short essay on a particular topic.

Texas DECs	QSEN Competencies
<p><u>Knowledge:</u></p> <ul style="list-style-type: none"> ▪ Member of the Profession: A.1a-c, 2-4; B.1.a-e; 3-5, 7 ▪ Provider of Patient-Centered Care: A.2a,b., 3; B.1,4,5,7,9-11; C.1a,b,2b,3,4a,b; D.1-5; E.1-3, 9-13; F.1-2; G.1-3. ▪ Patient Safety Advocate: A.1-5; B.1-3; C.1-2; D.1.a-c; F.1-2. ▪ Member of the Health Care Team: A.1-2; 4.b; 5.a,b; B. 1-3, C.3-4; D.1-4; 	<ul style="list-style-type: none"> ▪ Patient-Centered Care ▪ Teamwork & Collaboration ▪ Evidence Based Practice ▪ Safety ▪ Informatics

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<p>E.1-2; F.1- 4</p> <p><u>Clinical Judgments and Behaviors:</u></p> <ul style="list-style-type: none"> ▪ Member of the Profession: A.1, 3.a,b; B.2a, 3a-c,4a-c, 6a-c, 8, 9; ▪ Provider of Patient-Centered Care: A2; B.2,3a,4,5,7; C.1,2,3c,4,7; D.1-4; E.1-13; F.1-6; G.1-7. ▪ Patient Safety Advocate: A.3-5; B.1-9; C.1; D.1.; F. 2-3. ▪ Member of the Health Care Team: A.1-3; B.1-3, C.1b, 2a,b; D.1-2; E.1a,b,c, 4; F.1-3 	
Graduate Competencies & Student Learning Outcomes	NCLEX Test Plan
<ul style="list-style-type: none"> ▪ Implement a plan of care that integrates adult patient-related data and evidence-based practice. ▪ Communicate effectively with members of the healthcare team. ▪ Apply evidence-based research in nursing interventions. ▪ Incorporate nursing and healthcare standards with dignity and respect when providing nursing care. ▪ Recommend resources most relevant in the care of patients with health impairments. ▪ Participate in the development of interprofessional plans of care. ▪ Evaluate the effectiveness of teaching plans implemented during patient care. ▪ Deliver effective nursing care to patients with multiple healthcare deficits. 	<ul style="list-style-type: none"> ▪ Safe/Effective Care Environment: Management of Care, Advocacy, Client Rights, Interdisciplinary Team, Confidentiality, Continuity of Care, Establish Priorities, Information Technology ▪ Safety & Infection Control: Infection Control, Accident/Error/Injury Prevention, Reporting Variance, Safe Use of Equipment, Standard Precautions ▪ Health Promotion/Maintenance: Aging Process, Health promotion/Disease Prevention, Self-care, Techniques in Physical Assessment ▪ Psychosocial Integrity: Sensory/Perception Alteration, Cultural Awareness, Family Dynamics, Therapeutic Communication, Therapeutic Environment ▪ Physiological Integrity: Basic Care & Comfort, Assistive Devices, Elimination, Non-pharmacological Comfort Interventions, Mobility/Immobility, Nutrition & Hydration ▪ Pharmacological Therapies: Adverse/Contraindications/Side Effects, Interactions, Expected Actions & Outcomes, Dosage Calculation, Medication Administration, Parenteral/Intravenous Therapies, Pharmacological Pain Management ▪ Reduction of Risk Potential: Changes in vital signs, Diagnostic Tests, Laboratory Values, Potential for complications of Diagnostic Tests/Treatments/Procedures, System Specific Assessments ▪ Physiological Adaptation: Alteration in Body Systems, Fluid and Electrolyte Imbalances, Illness management, Pathophysiology
Concepts	Faculty
Nursing knowledge, skills, attitude and judgement	Elizabeth Tombs MSN, RN, CNM
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