

**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 Preparation

Students will complete the required reading/viewing *prior to arriving* for high-fidelity med/surg scenarios. HESI Simulation Learning and discussion board assignments are viewable in advance of the high-fidelity 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 (two) sections with activities for all 4 patients in each as follows:
 - o Simulation Activities Section:
 - ✓ Skills Drills – view as desired to refresh your knowledge
 - ✓ Patient Report – examine closely and decide how to prioritize nursing care
 - ✓ Multimedia Resources – view as desired
 - o Simulations Section:
 - ✓ Review electronic healthcare records. Examine provider notes, provider orders, vital signs, medication record, diagnostic tests, and any other sections pertinent to the scenario.

Learning Activities/Assignments

Overall Guidelines:

- See Simulation Assignment sheet - Review and Complete pre-scenario work.
- Attendance:
 - o Simulation schedule is Tuesday & Wednesday from 0730 – 1630.
 - o *Notify the instructor if you will be absent 30 minutes prior to scheduled start time.*
 - o 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 and confidential discussions.
- Food/Drink:

Consuming food and drink are 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. Masks and face shields are always to be worn

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- Supplies to Bring:
 - Simulation Observation Tool
 - Stethoscope
 - Watch
 - Pen/Pencil
 - Paper to write on, Medication and Critical Thinking sheets
 - Laptop, iPad/tablet, or smart phone device to be able to access TEAMS, LMS, and HESI Simulation Learning EHRs.
- Wi-Fi:
 - Covenant Simulation Center has Wi-Fi capability. Password is Guest
 - TTUHSC SimLife Center Wi-Fi = Guest password is guest.

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.
- **Visitor** (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.

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Texas DEC's	QSEN Competencies
<p>Knowledge:</p> <ul style="list-style-type: none"> ▪ Member of the Profession: A.1a-c, A.2-4; B.1.a,b,e; B.2.a,b; B.3; B.4; B.6.a; B.7.c; B.8; D.2,3. ▪ Provider of Patient-Centered Care: A.1- 4; B.1- 7, 9, 11; B.10 - 12;C.1 - 8; D.1-5; E.1-6; E.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; A.4.b; A.5.a,b; C.1; C.3- 8; D.1-4; F.1- 4; G.1-4 <p>Clinical Judgments and Behaviors:</p> <ul style="list-style-type: none"> ▪ Member of the Profession: A.1, 2, 3a,b; B.2.a,b; B.3a-c; 4.c; B.5.a-c; B.6.a,c; B.8; B.9; C.2; C.5; D.1. ▪ Provider of Patient-Centered Care: A1-4; B.1-8; C.1-7; D.1-4; E.1-13; F.1-6; G.1-7. ▪ Patient Safety Advocate: A.3-4; B.1- 9; C.1-3; D.1-3.; F. 2-3. ▪ Member of the Health Care Team: A.1-3; C.1-2.a,b; 3-4; D.1-2; E.1-4, 6-7; F.1-3; G.1-4 	<ul style="list-style-type: none"> ▪ Patient-Centered Care ▪ Teamwork & Collaboration ▪ Evidence Based Practice ▪ Safety ▪ Informatics
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. <p>Deliver effective nursing care to patients with multiple healthcare deficits.</p>	<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	Tammy Nesbitt, DNP, RN, CNE
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