

Clinical Simulation and Learning Center's

Self-study for the

Society for Simulation in Healthcare

Accreditation

Core Standards

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List of Abbreviations

Abbreviation	Title
ASPE	Association of Standardized Patient Educators
BSN	Bachelor of Science in Nursing
CHSE	Certified Healthcare Simulation Educator
CON	College of Nursing
CSLC	Clinical Simulation and Learning Center
DNP	Doctor of Nursing Practice
DOE	Distribution of Effort
EHR	Electronic Health Record
FTE	Full Time Equivalent
INACSL	International Nursing Association for Clinical Simulation and Learning
IPE	Interprofessional Education
KSA	Kentucky Simulation Alliance
MJR	Major Job Responsibilities
MSN	Master of Science in Nursing
OSCE	Objective Structured Clinical Examination
PEARLS	Promoting Excellence and Reflective Learning in Simulation
PIP	Performance Improvement Plan
SCE	Simulated Clinical Experience
SP	Standardized Patient
SSH	Society of Simulation in Healthcare
UK	University of Kentucky
UKHC	University of Kentucky HealthCare

University of Kentucky, College of Nursing

SSH Accreditation

Core Standards

Core.1: MISSION AND GOVERNANCE

Core.1.a: Description of Mission and Governance

The University of Kentucky (UK), College of Nursing (CON) Clinical Simulation and Learning Center (CSLC) is interwoven in the clinical components of both the undergraduate and graduate nursing programs. The CSLC is supported and guided by the CON nursing administrative team and faculty through educational activities, research and financial support that align with the mission of the CON.

Core.1.a.i: Description of Mission and Vision

The CSLC Mission is to educate and facilitate patient care concepts in a simulated environment that promotes knowledge development, patient safety, skills application, clinical reasoning, and evaluation.

It is our Vision to use simulation, innovation and research to enhance education relative to patient care and promote patient safety. The CSLC is essential to the CON achieving the vision of being "one of the nation's top nursing programs in education, research, practice, and service."

The CSLC Mission and Vision are aligned with the mission and core values of the CON by "promoting health and well-being through excellence in nursing education, research, practice and service while fostering diversity and inclusion" in a simulation environment. Through simulation, the CSLC promotes excellence and growth of the undergraduate and graduate programs. Simulation promotes a "unique and innovative contribution" to healthcare utilizing current knowledge and evidence-based practice to guide the basis of the scenarios. Students can demonstrate collaboration that is open and respectful, utilizing effective teamwork in various diverse learning environments such as acute care, critical care, pediatrics, obstetrics and mental health areas of practice. Through simulation, students are given the opportunity to demonstrate and strengthen nursing leadership qualities, including interprofessional communication, delegation, prioritization, safety and professionalism that promote and enhance patient healthcare outcomes. The link to the CSLC Mission and Vision statement is available on the CON website.

Core.1.b.i: Organizational Structure

The CSLC is strategically organized and structured within the CON. The Director of the CSLC reports directly to the Assistant Dean of Academic Operations. The Director of the CSLC oversees the Simulation Instructional Support Specialist and Simulation Lab Coordinator Senior, as illustrated in Appendix A, CSLC Structure Chart. Simulation is an integrated component of the overall undergraduate nursing curriculum and an individual component in the curriculum of specific graduate nursing courses.

The Assistant Dean of Academic Operations reports to the Senior Associate Dean, who reports to the Dean. He/she has oversight of all simulation faculty and staff and is an ex-officio member

of the CSLC Advisory Council. The Associate Dean of Undergraduate Faculty & IPE Affairs sits on the CSLC Advisory Council as does the Associate Dean of MSN & DNP Faculty & Practice Affairs. They advise on issues and provide input as appropriate regarding program planning and outcome evaluation for their respective programs in the CSLC. Simulation faculty (Simulation Specialists) and staff (Simulation Instructional Support Specialist and Simulation Lab Coordinator Senior) work closely with the CSLC Director. CON faculty (both full- and part-time) who have dedicated time for simulation instruction in CSLC as part of their Distribution of Effort (DOE) are considered Simulation Specialists. These faculty report to the Assistant Dean of Academic Operations, and the Director of the CSLC provides oversight for day-to-day facilitation of simulation and assignments.

For course-related simulation events in the graduate program that occur in the CSLC, the course faculty and a Simulation Specialist are assigned as facilitators. For groups outside of the CON programs who request time in the CSLC for learning opportunities, a Simulation Specialist and/or the Simulation Lab Coordinator Senior are assigned without the group incurring a fee.

As illustrated in Appendix A, CSLC Structure Chart, the Director is responsible for day-to-day academic activities and operations of the CSLC. The Assistant Dean of Academic Operations provides administrative oversight. This includes assignment of resources and personnel. CSLC Simulation Specialist faculty facilitate and evaluate each simulation event. The Simulation Instructional Support Specialist manages the simulation schedule and student issues. The Simulation Lab Coordinator Senior ensures that all supplies, equipment, paperwork, and moulage needed are available for use in each simulation room and maintains the equipment and manikins.

Core.1.b.ii: CSLC Organizational Structure

The CSLC Director has oversight of the daily academic activities and operations of the CSLC. This is accomplished through staff and faculty support in the CSLC. Staff, the Simulation Instructional Support Specialist and the Simulation Lab Coordinator Senior report indirectly to the CSLC Director and directly to the Assistant Dean of Academic Operations. Both the Simulation Instructional Support Specialist and the Simulation Lab Coordinator Senior are a 1.0 Full Time Equivalent (FTE). Simulation Specialists are faculty who have time allotted to the CSLC for scenario development and facilitation. There are six (6) Simulation Specialists; two (2) have a primary role in the CSLC. The other four (4) are scheduled for specific days of the week in simulation. Two (2) of the Simulation Specialists are part-time clinical faculty. The other two (2) Simulation Specialists are full-time faculty in the CON. Each day in the CSLC is equivalent to 0.1 FTE which equates to 10% of their faculty DOE.

CSLC faculty and staff are continuously updated on simulation activities and operations by using *Booked* scheduling software and reviewing the schedule prior to the start of each semester. Links to scheduling information can be found on the CSLC simulation dashboard located via an internet link. The faculty and staff of the CSLC have a staff meeting twice a semester and as needed to communicate and address any concerns or issues within the CSLC. In addition, there are weekly huddles with faculty and staff to discuss any issues that have arisen. The daily schedule can be viewed when entering the CSLC via the television mounted at the entrance.

Core.1.b.iii: UK College of Nursing Organizational Chart
As illustrated in Appendix B, the CSLC is included in the UK College of Nursing Organizational Chart.

Core.1.c.i: Strategic Review and Governance Structure
The Dean of the CON has oversight for all academic and operational functions, including the CSLC, within the CON. The CSLC is an educational unit within the CON and is included in the Organizational Chart as illustrated in Appendix B. The Director is evaluated by the Assistant Dean of Academic Operations. The Assistant Dean of Academic Operations collaborates with the Senior Associate Dean and the Dean of the CON and other members of the administrative team to make decisions regarding the CSLC. The ongoing daily management of the CSLC is the responsibility of the Director. The staff of the CSLC report directly to the Assistant Dean of Academic Operations. Faculty with dedicated time in the CSLC have an indirect report to the CSLC Director. The CSLC Advisory Council meets twice a semester and once in the summer. The Council's primary role is to review proposed curriculum changes to determine the impact on the CSLC, approve CSLC Policies and Procedures, and advise the Dean of the CON via the Assistant Dean of Academic Operations of personnel, space, and equipment needs as illustrated in Appendix C, Clinical Simulation and Learning Center (CSLC) Advisory Council Administrative Bylaws. All curriculum changes are approved through the respective program committees with collaboration from the CSLC Director and the Assistant Dean of Academic Operations. The Associate Dean of Executive Administrative Operations & Finance sits on the Advisory Council to review and provide input regarding the financial picture of the CSLC and the CON.

Core.1.c.ii: Governance Structure Oversight
The governance structure of the CSLC is illustrated in Appendix A and the final authority rests with the Dean. The CSLC Advisory Council membership includes the Assistant Dean of Academic Operations, the Associate Dean of Undergraduate Faculty & IPE Affairs, the Associate Dean of MSN & DNP Faculty & Practice Affairs, the Assistant Deans for the BSN and MSN/DNP Programs, the Director of the CSLC, the Simulation Instructional Support Specialist, faculty members involved in simulation activities, and the Associate Dean of Executive Administrative Operations & Finance. The Advisory Council functions to review proposed curriculum changes that involve CSLC and personnel to determine feasibility, review and approve CSLC policies, advise CON Dean via the Assistant Dean of Academic Operations on personnel needs for the CSLC, advise CON Dean via the Assistant Dean of Academic Operations on major equipment purchases, including new and replacement items, and advise CON Dean via the Assistant Dean of Academic Operations on CSLC space renovation. The Advisory Council has a close relationship with the CSLC as its primary function is support of the CSLC. The Director meets, as needed, with the Assistant Dean of Academic Operations and/or the Associate Dean of Executive Administrative Operations & Finance for items that require action outside of the meeting times with the Advisory Council. These items may include but are not limited to budgetary and staffing issues. All academic changes include oversight by the Assistant Dean of Academic Operations, respective Associate and Assistant Deans of the undergraduate and graduate programs, and the respective academic program committee that oversees curriculum.

Core.1.d.i: Strategic Planning Process
The Director is responsible for moving the CSLC forward, assuring that it aligns with the Mission and Vision of the CSLC and CON as well as the CON Strategic Plan. The CSLC Strategic Plan is a component of the overall CON Strategic Plan. The current five (5) year CON and CSLC Strategic Plans were developed in 2019-2020. The Dean of the CON has the primary responsibility of development and implementation of the Strategic Plan. The goals of the CSLC Strategic Plan were developed by the faculty and staff of the CSLC with significant input from the faculty and staff in the CON.

The faculty and staff of the CSLC meet annually to review progress and goals for the upcoming year. The progress and goals are published in the Academic Programs and Partnerships Annual Report in addition to goals for the upcoming academic year. Academic strategic planning is completed as part of the CON Strategic Plan. The CSLC Strategic Plan is developed by the CSLC faculty and staff and approved by the Director of the CSLC, the Assistant Dean of Academic Operations, and by the Dean.

Core.1.d.ii: Strategic Plan
The faculty and staff of the CSLC meet annually to review outcomes and establish goals in simulation, education and research. In addition, the current CSLC Strategic Plan was developed and implemented in 2019-2020. This Strategic Plan guides the program through the year 2025. See Appendix D for Clinical Simulation and Learning Center Strategic Plan.

Strategic Plan Goal 1: Maintain Standards of Excellence in Healthcare Simulation
1. Establish and maintain full accreditation by the Society for Simulation in Healthcare
2. Professional Development for faculty and staff engaged in simulation
3. Ensure psychological safety of participants

Strategic Plan Goal 2: Develop Simulated Experiential Learning Opportunities to meet the needs of internal (CON) programs and external programs with whom we partner
1. Implement simulation across undergraduate curriculum
2. Implement simulation across the graduate curriculum
3. Foster and develop relationships with internal (CON) and external users (Practice)

Strategic Plan Goal 3: Provide adequate Simulation Center Operational Standards to meet the needs of internal (CON) and external users
1. Ensure adequate staffing
2. Expand and increase equipment to meet the needs of the CON student enrollment
3. Maintain effective communication

Strategic Plan Goal 4: Foster and expand Healthcare Simulation scholarly activity
1. Develop a repository of simulation research activity in the CON
2. Support simulation scholarly activity

Core.1.d.iii: Anticipated Simulation Trends
The use of healthcare simulation has continued to grow in both the undergraduate and graduate programs in the CON. It is expected that graduate use of simulation will continue to expand. This

includes an increase in manikin based simulation for learning and competency. As the Doctor of Nursing Practice (DNP) program plans to increase the number of simulation learning modules within their specialty courses so will the need for the CSLC. With this anticipated growth, the number of student learners participating in simulation will also increase.

In addition, online simulation both in synchronous and asynchronous learning has already increased and will continue to increase as technology improves. Virtual simulation programs have been purchased for the undergraduate program to begin use with the new undergraduate student cohorts. The graduate program is providing Objective Structured Clinical Examinations (OSCE) online.

Due to the anticipated increase in face-to-face and online simulations, ongoing review is required to ensure that the needs of the CSLC users are met. Both physical space and virtual space will need to be scheduled and managed to meet all the needs. Scheduling of space or equipment must be requested via consim@uky.edu, utilizing the CSLC Room Request Form (Appendix E), or the Simulation Supply/Check-Out Agreement (Appendix F). The ongoing needs of the CSLC equipment are reviewed on a continuous basis. It is anticipated that within the next five (5) years some of the equipment will need to be updated.

Core.2: PROGRAM MANAGEMENT

Core.2.a.i: Budget Process

The budget process at UK is driven through the University Budget Office, which coordinates and provides leadership for university-wide financial and resource planning. This includes financial and resource analysis and planning; capital planning and budgeting; development of biennial budget requests and annual operating budgets; institutional data management; and budgetary and policy analysis.

The budget process is carried out through the Academic Units by the Provost Office. The mission of the Provost Budget Office is to facilitate effective stewardship of resources by providing leadership and support to enhance administrative and fiscal operations in all Provost Area Units.

The University has a Biennial Budget process; however, the budgets and expenditures of each unit/account are reviewed annually for appropriateness to mission and need.

The CSLC fiscal resources are provided from several sources with the majority of the support allocated from the administrative fees. These fees were requested and approved by the administration of the University during the time after the University had a series of budget cuts totaling six percent (6%) over three (3) years. The fee was instituted in the CON during 2009. The fees are charged through the University's billing process and deposited to the CON's account. The CON's budget is based on estimates made through the University's annual budget process. The second largest component is from the general fund of the CON. This is state appropriated support by the University. The smallest of the three (3) revenue sources is a gifts account – donations from supporters for improvements to the CSLC.

Each spring, after input from the CON's faculty and Associate Deans, Directors of centers, programs, etc., the overall budget for the CON is developed by the Dean and the Associate Dean of Executive Administrative Operations & Finance, and is presented to the administration of the University for approval. This request would include any CSLC fee adjustments, program modifications, major renovations, etc. When the budget process is complete, a consolidated budget is presented for final approval to the University Board of Trustees.

The CSLC Director sends out an email to all CON faculty and staff to determine equipment needs of the undergraduate, graduate, and simulation programs. The Associate Deans of the CON's graduate and undergraduate programs prioritize requests made for their specific programs. The CSLC Director and the Simulation Instructional Support Specialist develop the projected budget and finalize the actual budget annually. The CSLC Advisory Council approves the proposed CSLC budget.

December - Review of Account

- Income/Revenue is reviewed to determine if it is meeting the expenditure demand for account/area
    - Current payroll is reviewed for validity and correctness, and staffing demands (FTE, anticipated changes).
    - Examined to determine if
        - Expense allocation met current demand; is there a surplus or shortage; future funding needs.
        - Capital Expenditures have been made; what are the current needs and projected future demands?
        - Capital Expenditures will NOT be made during this fiscal year, will there be a need during the next fiscal year? If so, what amount of financial resources need to be budgeted?
    - Previous year CSLC budget (actual budget) is reviewed by the CSLC Advisory Council.

January - Submission of Fee Increase/Decrease if Needed

- If, after the review of account, it is determined that the income/revenue is not meeting the need of the activity in the CSLC
    - Request for upcoming academic year equipment needs are sent to faculty and staff.
    - CSLC Director will submit a fee increase through the budget process.

February - March

- Salary and Fringe Benefit amounts are set by the University
    - Simulation account is reviewed for impact as the budget for the new year is planned.
    - Budget needs are reviewed, and plans are made for new budget year.

April - May

- Budget is established to meet the strategic goals for the upcoming year and submitted along with the CON's budget to the University.
- The CSLC projected budget is approved by the CSLC Advisory Council.

Clinical Simulation and Learning Center Financial Support

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Revenue					
Student Fees	$ 298,759.00	$ 362,958.00	$ 384,841.00	$ 392,150.00	$ 405,166.00
General Fund/State Report	$ 85,500.00	$ 88,065.00	$ 94,279.00	$ 112,658.00	$ 114,398.00
Gifts	$ 12,000.00	$ 12,000.00	$ 12,000.00	$ 12,000.00	$ 12,000.00
Total	$ 396,259.00	$ 463,023.00	$ 491,120.00	$ 516,808.00	$ 531,564.00
Expenses					
Faculty	$ 305,464.00	$ 218,586.00	$ 259,485.00	$ 176,673.00	$ 181,161.00
Staff	$ 69,651.00	$ 108,651.00	$ 87,174.00	$ 104,635.00	$ 104,635.00
Equipment		$ 10,670.00	$ 12,251.89	$ 14,778.68	$ 7,910.59
Supplies		$ 13,459.00	$ 15,033.50	$ 15,294.31	$ 15,664.86
Capital Equipment			$ -	$ 62,032.79	$ 92,890.79
Conference		$ 280.00	$ 590.00		$ 3,594.91
Nurse Packs	$ 13,250.00	$ 11,148.00	$ 13,574.00	$ 16,755.00	$ 21,092.50
Laundry	$ 331.00	$ 558.00	$ 1,486.25	$ 1,023.40	$ 922.50
Memberships	$ 532.00	$ 1,087.00	$ 532.00	$ 4,002.00	$ 1,590.00
Travel	$ 673.00	$ 2,241.00		$ 4,505.93	$ 3,974.21
Total	$ 389,228.00	$ 364,439.00	$ 390,126.64	$ 399,700.11	$ 433,436.36
Balance	$ 7,031.00	$ 98,584.00	$ 100,993.36	$ 117,107.89	$ 98,127.64

Core.2.a.ii: Program Current Financial Status

The financial status of the CSLC is sound with the continuation of student fees for the funding of adequate faculty, staff, and equipment. All operation needs, including purchases of major equipment and capital needs, are currently met by the student fee account that funds the CSLC. As earlier described, the CON CSLC is supported through a semester fee that is part of the CON's undergraduate and graduate student cost. While in some instances, this may not appear to be a stable funding resource for ongoing fundamental teaching. However, for this institution, the semester and course fees are utilized extensively.

The CSLC also has a Gifts account. This is an account comprised of donations to support the CSLC. In the past, the Gifts account has been one of the focused giving options during our Annual Phonations. The account is not utilized to cover personnel costs and may not be utilized every year; however, it is a resource that is available to help cover the cost of equipment and used for other purposes as needed. Additionally, with the assistance of the CON's Development Director, we continue to explore other possible funding opportunities which include organizations/foundations that support teaching technologies.

Core.2.a.iii: Program Financial Sustainability
The CSLC funding base is through fees that are collected each fall and spring from all students along with their tuition. The fees are built on the costs/expenses of the CSLC and other expenses then billed one (1) time per semester to the students. The fees cover the operating expenses and some of the capital expenses of the CSLC. Depending on the level of capital expense, a request for additional coverage may be made to the Dean of CON or Associate Dean of Executive Administrative Operations & Finance for support.

Operating and capital resources for the CON are supported largely through the availability of non-recurring funds and fund balances of the CON. The non-recurring funds are usually made up of funds that are freed up by grants – both research and other, and by faculty who practice. Through this activity by our faculty, funding that supports their salaries and benefits are available to use to support the college in other ways.

Budgeting for the CSLC is based on the anticipated enrollment of students and the total fee per semester/academic year. Historically, we plan our budget on a "fund balance" within the account. Challenges have been experienced, such as those that the pandemic has brought, including what occurs when we are not "hands-on" teaching in the CSLC, and students are not utilizing all of the equipment, experiences, and opportunities in the lab. We have been able to expand our teaching to virtual mode, utilizing staff and videoing, streaming, etc., and we have utilized funds from the account to purchase other items that students may use at home.

The University President has inquired if the fees are necessary and we have been able to demonstrate the need. Growth in simulation funds will come from an increase in student enrollment in both the graduate and undergraduate program. Because the opportunities for more clinical sites in this area are unlikely, funding would be made available by the University for faculty, and/or a change to regulations to include simulation in the funding that is received for actual clinical hours in a hospital/clinic.

Core.2.b.i: Program Oversight
The Assistant Dean of Academic Operations maintains administrative oversight of the CSLC function, including overall evaluation of the faculty and staff.

The CSLC Director is a 1.0 FTE faculty Lecturer position. Specific responsibilities for this role are included in the Position Description in Appendix G. The CSLC Director maintains oversight of both the daily academic activities and operations. This includes personnel assignments, simulators, rooms, equipment, manikins and supplies. The Director is responsible for determining the simulation schedule for the undergraduate program along with the Simulation Instructional Support Specialist. The scheduling for simulation used in the graduate program is based on the needs of the individual courses following the Policy and Procedure for scheduling.

The CSLC faculty and Simulation Specialists facilitate simulated experiences which include evaluation of students. As assigned by the CSLC Director, the Simulation Specialists develop, review, and update simulation scenarios annually to assure relevance.

The Simulation Instructional Support Specialist is responsible for managing the daily simulation schedule, assisting the students in arranging group times that do not conflict with their schedule and overall business operations of the CSLC.

The Simulation Lab Coordinator Senior is responsible for maintenance and inventory of the equipment, manikins, and supplies. They ensure that all supplies, equipment, paperwork and moulage (the art of applying mock injuries for the purpose of training medical and military personnel) are available and ready to use in each simulation room. They maintain and troubleshoot all technology, including hardware and software; assist with the facilitation of simulation through the use of technology; and ensure that Simulation Specialists and other faculty using the CSLC have what they need and that it is operational. In addition, the Simulation Lab Coordinator Senior assists the Simulation Instructional Support Specialist with operation of the CSLC as needed.

Core.2.b.ii: Program Personnel Communication

Before the beginning of each academic semester, a CSLC faculty/staff meeting is held to communicate the upcoming semester's simulation schedule. The CSLC Director assigns faculty and staff to specific Simulated Clinical Experiences (SCE) and reviews the assignments and schedule at the staff meeting based upon the Schedule of Undergraduate and Graduate Simulated Clinical Experiences (Appendix H.1-H.6).

On a daily basis, CSLC faculty and staff are kept up to date on simulation activities and operations by using a scheduling software called *Booked* and via the television monitor at the entrance to the CSLC which posts the daily simulation schedule. All CSLC faculty and staff have full access to *Booked*, which is hosted on the CON server and enables them to manage, schedule, and track resources (rooms, personnel, equipment, manikins, and simulators). The Simulation Instructional Support Specialist is responsible for entering all scheduling requests. Any changes after the initial schedule is made are sent via email by the Simulation Instructional Support Specialist.

The CSLC weekly huddles are conducted for quality improvement and are also useful in communicating updates and changes as needed.

The CSLC maintains a simulation dashboard which is hosted on the CON server and contains items (camera, scheduling, surveys and other tools) needed for simulation. All simulation faculty and staff have password protected access to cameras and *Booked*. The CSLC Director and Simulation Instructional Support Specialist have access to student surveys, as they are used in program review. The Director conducts meetings at least twice a semester, or more frequently if needed, with the CSLC faculty and staff. During these meetings, the schedule, aggregate data from evaluations, assignments, changes, and other relevant topics are discussed.

Core 2.c.i: Resources
The CSLC provides both simulated and non-simulated experiences for the students in the CON and as well as groups outside of the CON. Non-simulated experiences include didactic courses utilizing the CSLC classrooms, peer tutoring, or any request that does not incorporate simulation. All requests to utilize the CSLC must follow CSLC Policy and Procedures and simulation best practice. Requests made by CON faculty and staff receive priority over outside groups. Graduate program requests will be given priority during immersion, but need to have requests in by September 1st for spring semester, and April 1st for fall semester and will be scheduled in the order they are received. Request for rooms or equipment must be on the Clinical Simulation & Learning Center Room Request Form (Appendix E) and are sent to consim@uky.edu. After these dates, the rooms will be opened for requests outside of the graduate program. Undergraduate program requests to schedule either a lab or simulation experience in the CSLC are due by June 1st for the fall semester and November 15th for the spring semester. The lab and simulation experiences are requested by email to consim@uky.edu. The Simulation Instructional Support Specialist monitors the account daily and enters the requests into the *Booked* scheduling software, including the person requesting, date, time, and resources needed. The Director develops the simulation schedule based on the established prioritization criteria. These criteria are: 1) graduate requests during immersion dates; 2) CON courses with a skills lab component; 2) courses with simulation activities; 3) other requests by the CON faculty; and 4) requests from outside the CON.

All courses with simulation are held to the International Nursing Association for Clinical Simulation & Learning (INACSL) Standards of Best Practice: Simulation. The CSLC rooms are scheduled based on the needs for courses within a program to meet the program outcomes. Once this simulation schedule has been set, any requested changes are approved by the Director depending on the availability of both personnel and the equipment needed. If a scheduling conflict occurs, the Director talks with the involved parties to determine if either can use a proposed alternate date. If neither can use the alternate date, the Director takes the issue to the Assistant Dean of Academic Operations for assistance in resolving the conflict. If necessary, the CSLC Advisory Council will review the issue and advise.

The CSLC also receives requests from University of Kentucky HealthCare (UKHC) and UK colleges/departments to use the facility during the semester. These requests may be granted after the deadline for the CON requests has passed. Outside requests are then granted on a first come, first served basis. Examples of these requests include: Advanced Trauma Life Support, Medical School, Resident Program; and UKHC Nursing Staff Development. These requests can be for rooms and/or equipment and must follow the Policy and Procedures of the CSLC. There are no charges for outside users and, if needed and available, simulation personnel will provide support.

Core.2.c.ii: Scheduling Conflicts
The use of prioritization of the simulation resources has been beneficial in resolving scheduling issues as well as the use of simulation activities. This is illustrated in the following three (3) examples:

1) When multiple graduate courses request space at the same time, the priority is given to the course that sent the request in first or has a lab component with the course (see email example below)

Email example

[Faculty member],

You have requested Wednesday Sept. 3rd from 12p to 5p for NUR 941/943 to include radiology, central line, and ultrasound. We will be able to provide you rooms 401 and 403 which combined has a student capacity of 15. I suggest you have the rooms opened and have 1 side for central line and the other for ultrasound. Have 6 students attend at one time and split into 2 groups of 3. One group practices central line while the other practices ultrasound. You will have to clean the equipment between each group of 3 and between each group of 6. We will not be able to accommodate the radiology power point and case study because it is not hands on and can be completed over Zoom or in a classroom in the college.

At this time we only have one central line trainer. It is on the priority list of equipment purchases that I have sent to Karen Minton. I will inform you if we get the authorization to purchase an additional central line trainer before the event date.

The graduate program has been given priority scheduling on the immersion dates but additional graduate faculty have made requests on that date and time.

You have requested FCCS to occur on 9/4 for 30 students and 3 spaces. We can schedule you in 401 and 403 in the main CSLC on that date and time. As an open room, 401 and 403 student capacity is 15. If you would like 2 separate spaces, 401 student capacity is 6 and 403 student capacity is 6.

We can also schedule you in room 102 (capacity of 6) and/or the 3rd floor student lounge (capacity of 6) in addition to 401 and 403. Keep in mind that if we separate the rooms, students are not allowed to transition. The instructors would need to transition or have 1 instructor facilitating the experiential learning in each room.

If you would like to spread out the times when the students attend, rooms 401 and 403 are available all day on 9/4. I am unable to schedule you in other rooms in the CSLC because there are other graduate requests that have to be accommodated.

One last item. We do not have any requests from you for immersion II in November. We just want to be sure we have not missed anything.

Please let me know which options you would like us to schedule and your plans for implementation of the events. If you have not already sent the rationale for why these events need to occur in the CSLC, please send that as well.

Thank you,

Jennifer
Jennifer Dent DNP, MSN, RN, CHSE
Director, Clinical Simulation and Learning Center
Coordinator Nursing Education Internship Program
University of Kentucky
751 Rose Street, Rm 405N
Lexington, Ky. 40536-0232
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2) The undergraduate program needed to make alternate arrangements for a course, NUR 223, during the graduate immersion dates. The following is the information that was sent to them when confirming their requests: *Lab on 9/3 has been input ONLY as 7:30a-1:00p in room 407 (graduate arrives at 2p that day); room 407 is not available on 9/4 due to graduate program - - have only input Vital Sign Mastery that day as 10a-3p in 407B/D/E.*

3) We were not able to accommodate any outside users during the fall 2020 semester due to constraints related to COVID-19. The following information was sent to the staff that schedule Advanced Trauma Life Support: *We are currently reviewing our CON room requests. Because of scheduling priority and due to our limited room size capacity, we are not expecting availability within the CSLC for outside group events this fall.*

Core.2.d.i: Policy and Procedures
See the CSLC Policies and Procedures Manual.

Core.2.d.i.1: Confidentiality Procedures
Video recordings of simulation are considered confidential. All students, whether actively participating or observing, must agree to maintain confidentiality of a scenario. This includes participating in real time or viewing of video footage. Videos of simulation will be maintained on a password-protected system that can be accessed by CSLC faculty and staff. Signs are posted on the doors of all rooms where videoing will take place as well as the CSLC entrance.

All students will be required to sign a Clinical Simulation and Learning Center Confidentiality Agreement and Consent to Video Form (Appendix I). Refusal to sign this agreement will result in the inability to participate in activities in the CSLC. Student signature of this document indicates their agreement to maintain strict confidentiality of all involved during the simulation activities. In addition, they agree to report any violations of confidentiality to the simulation facilitator and course faculty. The agreement specifies that disclosure of confidential information is a breach in the professional nurse code of conduct and it impacts the learning of future students. The students must indicate whether they agree to authorize the UK CON and CSLC to video record for faculty review, public relations, advertisement, promotional, and/or fundraising activities.

Core.2.d.i.2: Physical and Psychological Safety
In the event that a participant or visitor is experiencing undo stress, anxiety, or emotional distress, a member of the CSLC faculty or staff will intervene to assist the participant in reaching the appropriate campus service. If this occurs during a SCE, the facilitator will notify an available CSLC faculty, staff, course coordinator, or the appropriate director. Campus Resources include the Crisis Hotline at (859) 257-3815, the Counseling Center at (859) 257-8701, and the UK Police Dispatch at (859) 257-1616. To ensure psychological safety during SCE, a Simulation Room Orientation (Appendix J) will be conducted during the pre-brief. Please refer to the scenario template for specific information related to the pre-brief as well as the Simulation Room Orientation document. The pre-brief helps to establish the safe learning environment.

To ensure psychological safety, debriefing must follow the INACSL Standards of Best Practice: Simulation^{SM}Debriefing. PEARLS (Promoting Excellence and Reflective Learning in

Simulation) is the debriefing method used and pre-written debriefing questions must be provided as part of the scenario design. All questions must be worded to encourage student reflection. The debriefing should be conducted in a way that allows the students to self-reflect and be active in the learning.

The safety precautions enforced in the CSLC and other clinical settings follow the Undergraduate Student and Graduate Student Handbooks and include the Student Health Emergencies and Immunization Requirements. To enter the CSLC, you must have badge access. Only CON faculty, staff, students, and those designated by the CSLC Director have access to enter the CSLC. Friends of nursing students are welcome if the nursing student is present and it is after business hours. Friends are not permitted in the CSLC for events such as First Aid Friday study sessions.

Good body mechanics are imperative when dealing with heavier equipment. Individuals within the CSLC are trained to move heavy equipment and manikins. In all simulation rooms and competency rooms, sharps containers are available for use. Sharps are to be disposed into the red sharps containers (colors may vary). Once the sharps container is full, it is removed and replaced with a new container. A pickup is scheduled with environmental services to dispose of the full containers.

All heavy foot traffic areas are to be free of clutter to prevent the risk of falling. This includes electrical wires, chairs, personal property such as bookbags, handbags, and nursing student packs.

If an accident occurs, it is to be immediately reported to the CSLC Director.

Core.2.d.i.3: Simulated Resource Safety

All CSLC-owned medical equipment will be labeled "Not for Human Use." All medications used must be simulated and all carts that stock simulated medication will be labeled "Not for Human Use." Prior to use of needles in educational activities in the CSLC, sharps containers need to be placed in easily accessible areas of activity. Replacement sharps containers can be found in the CSLC supply room. When sharps containers are ready for disposal, environmental services are notified to pick up and dispose of sharps containers according to their policy. When animal parts are used for educational purposes, the coordinator of the educational activity will need to make arrangements for animal parts disposal. All sharps are disposed of in sharps containers. Simulated blood and/or bodily fluids are used in the CSLC, and may have the appearance of actual blood or bodily fluids, but are utilized for moulage. There is no special cleaning needed for simulated blood or bodily fluids prior to reuse.

Core.2.d.i.4: Simulation Equipment Maintenance

The Simulation Lab Coordinator Senior holds the responsibility of ensuring proper warranties are in effect for applicable simulators. Upon expiration of initial warranties, warranties will be renewed for an additional period. This will be capped at seven (7) years per simulator. The documentation of the warranty will be kept electronically on the simulation shares site and a hard copy will be kept in the 405C office. After that time, the Simulation Lab Coordinator Senior will

maintain the simulator until such point that it is beyond repair or its useful life is deemed expired.

New high-fidelity simulators are purchased with a warranty level that provides annual preventative maintenance. If the company provides a technician, then preventative maintenance will be completed by the company. Otherwise, the Simulation Lab Coordinator Senior will use the supplies and instructions to complete the process.

Medium-fidelity and task training items will be inspected and repaired during the post-semester cleaning/maintenance sessions.

All CSLC equipment is stored in the CSLC, which is located in CON room 405 and can be accessed by CON faculty and students through badge access. Badge access allows all-hours access to common areas, such as classrooms 407/413, and equipment stored on the blue carts located in the back hallway leading to rooms 401/403. Simulation rooms and additional equipment storage areas are to be locked at the completion of each day or use. CON instructors for the State Registered Nurse Aide (SRNA) courses have access after-hours to a key lockbox and code.

Core.2.d.i.5: Video Recording Safety

Video recordings of simulation are considered confidential. All students, whether actively participating or observing, must agree to maintain confidentiality of the scenario. This includes participating in real time or viewing of video footage. Videos of simulation will be maintained on a password-protected system that can be accessed by CSLC faculty and staff.

All students will be required to sign a Clinical Simulation and Learning Center Confidentiality Agreement and Consent to Video Form (Appendix I). Refusal to sign this agreement will result in the inability to participate in activities in the CSLC. Students signing this document indicate their agreement to maintain strict confidentiality of all involved during the simulation activities. In addition, they agree to report any violations of confidentiality to the simulation facilitator and course faculty. The agreement specifies that disclosure of confidential information is a breach in the professional nurse code of conduct and it impacts the learning of future students. The students must indicate whether they agree to authorize the UK CON and CSLC to video record for faculty review, public relations, advertisement, promotional, and/or fundraising activities.

All simulation scenario documentation is located on a permission-based accessible shares file online on the UK CON server. Permission is granted by the CSLC Director. All simulation faculty and staff have access to the simulation shares file. Student sign-up and attendance records are kept on the UK *Canvas* portal. Simulation faculty, staff, and course faculty have access to the specific cohort's simulation *Canvas* site.

All simulation and competency room recordings are automatically retained on a secure network recorder locked in the simulation staff offices.

Core.2.d.i.6: Video Data Retention
As per the Kentucky University Model series U0401, the retention policy for these recordings is as follows:

> "Retain materials that are not picked-up and any related records until one (1) year after date distributed, then destroy."

Additionally, if there is a student appeal, then the record must be retained for three (3) years after the appeal is completed. Records pertaining to an announced audit or a legal hold must be retained until the audit report is completed and any follow-up plus ten (10) years after the litigation has ceased.

Core.2.d.i.7: Resource Prioritization
Graduate requests for rooms or equipment will be given priority during immersion but need to have requests in by September 1st for the spring semester and April 1st for the fall semester and will be scheduled in the order they are received. Request for rooms or equipment must be on the Clinical Simulation & Learning Center Room Request Form (Appendix E) and sent to consim@uky.edu. After these dates the rooms will be opened for requests outside of the graduate program.

Undergraduate requests for rooms or equipment must be on the Clinical Simulation & Learning Center Room Request Form (Appendix E) and need to be sent to consim@uky.edu by June 1st for the fall semester and November 15th for the spring semester and will be scheduled in the order they are received.

Following these dates, the rooms will be opened for requests from groups outside of the CON. The Simulation Instructional Support Specialist will schedule the rooms and/or equipment in the *Booked* scheduling software. Any conflicts will be forwarded to the CSLC Director. Final approval will be made by the CSLC Director.

Courses with a lab component will have priority use over classrooms in the CSLC. CON simulation events will take priority over outside entities. Priority of use is determined by the CSLC Director and reviewed by the CSLC Advisory Council as needed.

Core.3: RESOURCE MANAGEMENT

Core.3.a.i: Simulation Modalities
All simulation activities must follow the INACSL Standards of Best Practice: Simulation, and each simulation activity requires objectives that align with the course objectives as determined by the appropriate CON curriculum faculty. The simulation modalities used in the CSLC include manikin-based, low fidelity (task trainer), embedded participants, and standardized patients (SP). Each simulation modality is selected based on the scenario objectives and is included on the University of Kentucky College of Nursing Scenario Development and Tracking Form (Appendix K). The CSLC Director ensures that the appropriate simulation modality is chosen to best meet the objectives of the SCE. All simulation activities need final approval by the CSLC Director, who is a Certified Healthcare Simulation Educator (CHSE) two (2) weeks

prior to the event to ensure alignment with simulation standards and the training mission of the CSLC. Objectives need to be sent when scheduled.

The CSLC does not have a SP program housed within the CON. When SP's are required, the SP program in the UK College of Medicine, Clinical Skills Training and Assessment Center (CSTAC) is utilized both in space and resources (https://meded.med.uky.edu/clinical-skills-training-and-assessment-center-cstac). Another collaboration for simulation modality usage is the UK HealthCare Simulation Center (https://ukhealthcare.uky.edu/uk-healthcare-simulation-center). This collaboration provides skills training for the graduate program students in the CON using task trainers that we have not purchased.

Core.3.a.ii: Simulation Equipment & Resources

The CSLC consists of ten thousand (10,000) square feet of space designated for experiential learning. Contained in the CSLC are simulated hospital rooms, exam rooms, and other treatment areas that incorporate audiovisual equipment that help students to receive hands on feedback through video recordings. These areas are designed to provide students with a realistic learning environment to maintain environmental fidelity. In the CSLC, there are high-fidelity simulators and task trainers that are specifically designed to assist students and learners in applying skills and knowledge needed by healthcare professionals. Undergraduate students participate in manikin-based simulation, which involves interacting with high-fidelity manikins and performing various skills. During these simulations, students have access to mock Electronic Health Records (EHR) along with various pieces of medical equipment to provide a more realistic environment. For a more individual experience, we utilize low-fidelity manikins or task trainers that allow students to practice psychomotor skills. See Appendix L for the Simulation Inventory List.

Core.3.a.iii: Assessment of Simulation Equipment Purchasing Process

The Simulation Lab Coordinator Senior stays up to date with new advances in simulation technology and informs the Director when new technology is introduced that pertain to the goals of the CSLC. Equipment and technology needs that meet the goals and mission of the CSLC are reviewed on an annual basis with the faculty and staff of the CSLC and its Advisory Council. This is incorporated into the budgeting process so that funds can be allocated as needed to best meet the program needs. Any needs for additional equipment and/or poorly functioning equipment can be introduced at the CSLC weekly huddle for discussion. This allows for review and improvement opportunities to ensure that CSLC needs are met outside of the annual review.

All supply and equipment purchases must be approved by the CSLC Director. Supply and equipment purchase approval is made based upon what is needed to meet the objectives of the activity. The CSLC Advisory Council oversees the prioritization of equipment purchases. New supply purchase requests should be submitted to the CSLC Simulation Instructional Support Specialist two (2) months prior to the date needed and new equipment requests should be submitted to the CSLC Director three (3) months prior to the date needed. Any last-minute ordering requests will be made at the discretion of the CSLC Director and based on the ability to accommodate the request.

The CSLC Director must approve any new proposals to purchase new equipment based upon the objectives of a specific proposed simulation activity. The Director will collaborate with the requestor to determine the equipment needs and if it meets the goals and objectives of the CSLC.

The Simulation Lab Coordinator Senior is responsible for the maintenance of equipment, management of warranties within the CSLC, and the maintenance after each use of high-fidelity simulators. The individual users are responsible for maintenance of all other equipment after each use. The maintenance instructions for equipment can be found on the CSLC shares file.

Core.3.b.i: Simulation Physical Spaces
The CON CSLC has approximately ten thousand (10,000) square feet that includes four (4) classrooms (light gray), four (4) simulation rooms (light blue), six (6) exam rooms (dark blue), offices and storage (dark gray). The four (4) classrooms are utilized primarily for courses in both the graduate and undergraduate programs that incorporate a lab component with the course. The classrooms can also be used for pre-briefing and debriefing during simulation activities. Three (3) of the four (4) simulation rooms are designed to replicate hospital rooms at the UK Chandler Medical Center for acute care and intensive care. Restrooms are located adjacent to the CSLC on the fourth floor of the CON building.

Core.3.b.ii: Simulation Space Photos & Floorplan

Simulation Floor Plan:



See Appendix M for photos of the areas of the CSLC.

Core.3.c.i: Lists of Simulation Activities
The list of simulation activities is captured by utilizing raw data from the *Booked* scheduling software imported in to the CSLC Event Activity form (Appendix N). Data from the CSLC Event Activity form is used to determine CSLC usage, space, equipment, and personnel needs. The name, date, types of learners, number of learners and event length are entered into the

Booked scheduling software. See Appendix H for the Schedule of Undergraduate and Graduate Simulated Clinical Experiences.

Core.3.c.ii: Total Number of Learner Hours in Simulation
Data regarding learner hours is captured utilizing the raw data from the *Booked* scheduling software imported in to the CSLC Event Activity form (Appendix N). Learner contact hours are defined as the number of learners multiplied by the number of hours of simulation.

Core.4: HUMAN RESOURCES

Core.4.a.i: CSLC Director CV
See Appendix O for CSLC Director CV

Core.4.a.ii: CSLC Director Biosketch
See Appendix P for CSLC Director Biosketch

Core.4.a.iii: CSLC Director Qualifications
The Director of the CSLC, Dr. Jennifer Dent, is academically and experientially prepared for the position. Dr. Dent is a Certified Healthcare Simulation Educator (CHSE). She earned a Doctor of Nursing Practice with a focus in organizational leadership and a Master of Science in Nursing with a focus in rural public health nursing education. Her clinical experience has included medical/surgical nursing, perioperative nursing, and obstetric nursing. She has didactic, clinical, and simulation education experience. She began her educational experience teaching clinical in an Associate Degree nursing program. From there, she taught the medical/surgical courses in an Associate Degree program that included didactic, clinical, lab, and the implementation of simulation in the program. Initially, she was the Simulation Specialist for the undergraduate program at the UK CON and promoted the use and growth of simulation. Due to growth and organizational structure change, she transitioned into the role of Director of the CSLC. She has attended various professional development opportunities in the area of simulation. She is an active member of the International Nursing Association for Clinical Simulation & Learning via committee work on the Governance Committee. Dr. Dent is a co-founder and the President of the Kentucky Simulation Alliance (KSA).

Core.4.a.iv: CSLC Director Authority
The CSLC Director has the authority for operations of the program by being the indirect supervisor to all CSLC simulation staff and faculty (Appendix A, CSLC Structure Chart). All simulation activities must be approved by the CSLC Director during the development phase. The CSLC Director maintains oversight of all requests regarding space, supplies, and equipment.

Core.4.a.v: CSLC Director FTE Allocation
The CSLC Director is a 1.0 FTE faculty position with the DOE divided by percentage. The percentage of time allotted to the Director for administration of the CSLC is twenty percent (20%); instruction in the CSLC – sixty-five percent (65%); healthcare simulation research – five percent (5%); service (professional simulation organization committees and service to the CON) – five percent (5%); and professional development in healthcare simulation – five percent (5%). The CSLC Director's primary responsibility and time is allotted to administration and

instruction in the CSLC. Examples of instruction in the CSLC include facilitating SCE, simulation scenario development and maintenance, and student support and oversight of the undergraduate student study hall (First Aid Fridays) that includes peer tutors and teaching assistants. The administration in the CSLC includes all oversight of daily operations and academics. This includes approval of schedule, simulation events, purchasing of equipment and supplies, assignment of Simulation Specialists to simulation events, and oversight of simulation staff.

Core.4.b.i: CSLC Personnel
See Appendix Q for the CSLC Simulation Instructional Support Specialist Job Description, which is a 1.0 FTE.

See Appendix R for the CSLC Simulation Lab Coordinator Senior Job Description, which is a 1.0 FTE.

See Appendix S for the Lecturer/Simulation Specialist Job Description, which is a variable FTE. There are multiple Simulation Specialists who are faculty that have simulation as part of the DOE (See Core.4.b.iv).

Core.4.b.ii: CSLC Accreditation Biosketches
See Appendix T for the CSLC Simulation Instructional Support Specialist Biosketch.

See Appendix U for the CSLC Simulation Lab Coordinator Senior Biosketch.

Core.4.b.iii: Program Staff Qualifications
Paula Kral MSN, RN, CHSE (Senior Lecturer)
In 1980, Paula Kral received her BSN degree from Eastern Kentucky University. In 1986, she completed her MSN in adult nursing with a functional area in education. Mrs. Kral began utilizing simulation in 2009, and in November 2018, she became a Certified Healthcare Simulation Educator (CHSE). She has attended multiple professional development programs with a focus on simulation. She assists with annual UK CON simulation conferences participating in demonstrations of simulation scenarios and panel discussions. Mrs. Kral's clinical practice has been in the areas of medical/surgical, critical care, adult, and pediatric hematology oncology. In addition, she has experience in IPE working with standardized patients and as a facilitator. See Appendix V for Mrs. Kral's CSLC Senior Lecturer Biosketch.

Stephanie Kehler PhD, RN (Lecturer/Simulation Specialist)
Dr. Kehler received her BSN as a second-degree student in 2013 and her PhD in 2017, both from UK. In January 2020, she became a Certified Healthcare Simulation Educator (CHSE). The concentration of her research has been the study of women's health during pregnancy, focusing on high-risk pregnancies, mental health wellness, and inflammatory response. She began teaching patho-pharmacology in January 2018. She started utilizing simulation in 2017 as a part-time simulation faculty. Her full-time faculty teaching distribution of effort is primarily in simulation. She has attended multiple professional development programs with a focus on simulation including a Nursing Faculty Development Simulation Workshop (2018 2019, 2020), and Simulation Facilitators Workshops (2017, 2018) at UK. Her clinical practice has been in the

intensive care unit. See Appendix W for Dr. Kehler's CSLC Lecturer/Simulation Specialist Biosketch.

Malik Underwood – Simulation Lab Coordinator Senior
In 2019, Malik Underwood received his BS in Education with a specialization in Kinesiology from UK. He started working in the CSLC in July 2019 as the Simulation Technician and later moved into the Simulation Lab Coordinator Senior position in March 2020. Mr. Underwood maintains all technology within the CSLC which includes but is not limited to troubleshooting faulty hardware. Additionally, his duties include creating scenarios for simulation, managing supplies, and facilitating online scenarios.

Carol Simpson - Simulation Instructional Support Specialist
In 1992, Carol Simpson received her BA in both Business Administration and Accounting from Midway College. She started working in the CSLC in September 2017 as the Lab Assistant and later moved into the Simulation Instructional Support Specialist position in February 2018. Ms. Simpson is responsible for handling the operations, instructional support, and program review of the CSLC. Additionally, she regularly participates as an online patient or family member in simulation scenarios. She has spent time traveling with nursing and dental students to Kentucky rural counties as part of the hCATS to Appalachia interprofessional experience.

Core.4.b.iv: Simulation Personnel Program Support
The CSLC staff and faculty support is adequate to meet the needs of the academic program. Dedicated Simulation Specialist faculty facilitate SCE. Dedicated staff support the Simulation Specialist facilitators as well as the Director. The CSLC Director maintains daily oversight of simulation faculty and staff as well as oversight of all activities in the CSLC to ensure both Policy and Procedures and simulation best practices are met. The Simulation Instructional Support Specialist responsibilities include operations, program review, and student support. The Simulation Lab Coordinator Senior is responsible for the daily preparation of rooms scheduled for SCE, technical support for simulators, information technology support, and maintenance of equipment with help from Simulation Specialist faculty as needed, creation of scenarios for simulation, managing supplies, and facilitating online scenarios. Simulation Specialists are faculty that have time allotted on their DOE for simulation. There are seven (7) faculty, including the CSLC Director, which are considered Simulation Specialists and have had specific training in healthcare simulation facilitation. Paula Kral has eighty percent (80%) of her total DOE allocated to simulation. Stephanie Kehler has seventy percent (70%) of her DOE allocated to simulation. Julia Hall, Carole Haurylko, Bonita Moore, and Krystle Maynard all have twenty percent (20%) of their DOE allotted to simulation and facilitate simulation at a minimum of one (1) day per week. Other faculty have had simulation facilitation training and are available as needed, including Tammy Courtney and Christy Hubbard. All other courses (graduate, skills lab, and non CON users) and events in the CSLC are conducted by course specific faculty as assigned by the designated program and include, as needed, support from a Simulation Specialist and/or simulation staff. Each day of the academic year has at a minimum of two (2) simulation faculty to facilitate SCE and two (2) staff to ensure operations are met and technology is functioning properly.

Core.4.c.i: Simulation Personnel Orientation
All faculty Simulation Specialists new to simulation are oriented to the role through educational activities provided through the National League for Nursing and/or the Simulation Facilitator Workshop, as well as a process of orientation to the specific Policies and Procedures related to simulation education at the CSLC by the Director. New Simulation Faculty Orientation includes the simulation space, mentorship in facilitating and debriefing simulated clinical experiences (Appendix X).

Simulation Specialist faculty have had simulation training by completing the National League for Nursing courses of Simulation Pedagogy: What Every Nurse Educator Needs to Know, Debriefing Foundations, Evaluating Simulation, and Maximizing Realism and/or a simulation facilitator training that is based on the INACSL Standards of Best Practice: Simulation and the National League for Nursing/Jeffries Simulation Theory.

In addition, each new Simulation Specialist works with an experienced Simulation Specialist faculty member as a preceptor in facilitating simulation. The new Simulation Specialist will not facilitate simulation on their own until both the experienced simulation faculty and the new faculty agree that they are ready. All Simulation Specialists are required to attend the Annual Faculty Development Workshop: Simulation.

CSLC staff are oriented using the INACSL Standards of Best Practice: Simulation Operations. The CSLC Director and/or appropriate faculty or staff work with new staff in the orientation to operations and simulation. See Appendices Y and Z for the New Simulation Instructional Support Specialist Orientation and the New Simulation Lab Coordinator Senior Orientation. The CSLC staff (Simulation Instructional Support Specialist and Simulation Lab Coordinator Senior) also attend the Simulation Facilitator Workshop to gain an understanding of healthcare simulation principles and best practice. The staff receive training on all operations, programs utilized, simulation space, and other specific areas as needed. The Simulation Lab Coordinator Senior is given contacts to other Simulation Lab Coordinators across the state through the KSA.

The CSLC Director is oriented using the same information as included in the Simulation Specialist Faculty Orientation, with the addition of administrative information. See Appendix AA for the New Clinical Simulation and Learning Center Director Orientation. Professional development leadership opportunities are provided through UK Human Resources as well as leadership conferences through the American Association of Colleges of Nursing. The Director will also attend the International Meeting on Simulation in Healthcare (IMSH) and the INACSL annual conference.

Core.4.c.ii: Simulation Process Improvement
The CSLC Director schedules regular staff meetings for CSLC faculty and staff at a minimum of two (2) times a semester and as needed. In addition, the CSLC Director, faculty, and staff communicate via email for any needs to be addressed prior to the scheduled staff meetings. CSLC faculty and staff attend the CSLC weekly huddle (see Core.5.a.i). The CSLC faculty and staff also have a shared Outlook calendar that indicates vacation time or any other information that would be pertinent to communicate. The CSLC Director will notify simulation faculty and

staff of any CSLC closure or emergency by email and text. See Appendix AB for CSLC Staff Meeting Minutes Example.

Core.4.c.iii: Simulation Professional Development
Ongoing professional development opportunities are provided by hosting a simulation conference annually that the CSLC faculty and staff attend. In addition, CSLC faculty and staff are members of the KSA and attend meetings regularly.

Funding for the CSLC Director to attend the Society of Simulation in Healthcare (SSH) and INACSL annual conferences shall be included in the budget each year. This is subject to change at the discretion of the Dean of the CON. Funding for simulation faculty to attend a simulation conference each year will be included in the annual budget. See Appendix AC for the Professional Development Attendance Records.

Core.4.c.iv: Simulation Program Personnel Evaluation
CSLC staff are evaluated annually by the Assistant Dean of Academic Operations. This annual performance evaluation is based on the position's major job responsibilities (MJR). If the staff member receives a rating of'1 - Does Not Meet Expectations - on any individual MJR, a Performance Improvement Plan (PIP) (Appendix AD) is required. The PIP can also be included as part of other corrective action. In addition, Simulation Specialists and scenario design are evaluated with each SCE by the students/participants. One (1) time during the academic year, Simulation Specialists are evaluated via peer evaluation using the Simulation Facilitator Peer Review form (Appendix AE) and CSLC Simulation Survey (Appendix AF).

Core.5: PROGRAM IMPROVEMENT

Core.5.a.i: Quality Management System
We utilize the CSLC Weekly Huddle Board (Appendix AG) to identify and address issues for program quality improvements. The Huddle Board consists of multiple sections, including areas for quality improvement, and focuses on non-curricular improvements. We identify quality improvement areas through discussions including anticipated issues, opportunities for improvement, things to do (based on the anticipated issues and opportunities with personnel assigned to review), in progress, completed, and resolution. As items are met, we update our Strategic Plan. The Simulation Instructional Support Specialist logs and tracks all items through resolution on the Completion Log for Huddle Board (Appendix AH). These are from areas that are high risk/high impact as well as the activities that affect achievement of the CSLC Strategic Plan.

Core.5.a.ii: Simulation Examples of Improvement
Types of improvement that have occurred include clearer communication and addition of new ideas that improve the overall function and experiences in the CSLC. Other improvements include clarity of roles within the CSLC, needed resources, and new program addition suggestions. Items are logged on the Completion Log for Huddle Board (Appendix AH) and tracked by Item Description, Things to Do Date, Action for, In Progress Date, Completion Date, and Resolution.

Core.5.b.i: Process for Addressing Concerns and Complaints
Concerns and/or complaints should be made to the CSLC Director. Concerns are identified as situations needing to be addressed but are not as urgent as a complaint. Complaints are identified as unacceptable situations occurring within the CSLC. Concerns and complaints are differentiated by concerns being less formal than complaints. Concerns can be addressed on the Huddle Board (Appendix AG) as opportunities for improvement, whereas complaints are formally addressed to the CSLC Director. Both are valued in the quality improvement process and are discussed as needed during the CSLC weekly huddle and the CSLC Advisory Council. The CSLC Director will work to resolve the dispute and/or implement changes, as necessary. In addition, areas identified for improvement can be placed on the Huddle Board (Appendix AG) to be reviewed weekly. Concerns and complaints will be discussed as part of the standing agenda of the CSLC Advisory Council meetings. At the discretion of the CSLC Director, any complaint may be addressed prior to the next scheduled Advisory Council meeting. Scheduling conflicts will be resolved first by taking into account groups with priority scheduling. Courses with a lab component will have priority use over classrooms in the CSLC. CON simulation events will take priority over outside entities. Priority of use is determined by the CSLC Director and reviewed by the CSLC Advisory Council, as needed. Any group receiving priority scheduling that has made requests on or before the fall and spring semester deadlines will be booked for the scheduling time that has a conflict. After the spring and fall semester deadline, conflicts will be resolved by the date that the request was received. In the event of overbooking, the group that first requested the time will be scheduled and the other group will be offered other available dates. Outside groups are encouraged to schedule during times when the CSLC is not being utilized by CON groups (spring break, summer, and December). However, outside groups will not be limited to these times after the spring and fall semester deadlines for scheduling are met.

Core.5.b.ii: CSLC Concern Responses
The graduate program expressed a concern over the CSLC Policies and Procedures Manual being undergraduate focused and requested that additional time be allotted for simulation for the graduate program. This was addressed at the CSLC Advisory Council and it was decided to revise the CSLC Policies and Procedures. The CSLC Advisory Council (which consists of graduate and undergraduate faculty and leadership) reviewed and made edits to the Policies and Procedures manual. The new Policies and Procedures Manual was voted on and approved 1/15/2020. No complaints have been brought forward.

Core.6: INTEGRITY

Core.6.a.i: CSLC Ethical Standards
The CSLC faculty, staff, and students uphold the profession's standards of clinical practice. These are based on:

- Code of Ethics for Nurses with Interpretation Statements, (American Nurses' Association [ANA], 01/2015)
- Nursing: Scope and Standards of Practice, (2nd Edition, American Nurses' Association [ANA], 2010)
- Nursing's Social Policy Statement: The Essence of the Profession, (American Nurses' Association [ANA], 2010)

- Quality and Safety Education for Nurses (QSEN), (American Association of Colleges of Nursing [AACN], 2011)
- The Standards of Advanced Practice Nursing, Second Edition (2010)
- The Health Care Colleges Code of Student Professional Conduct
- Healthcare Simulationist Code of Ethics, Society for Simulation in Healthcare (2018)

Professionalism is a core concept for the CSLC. Professionalism is commitment to self-conduct and demeanor that demonstrates the values of nursing and supports autonomous practice. These values include continuing pursuit of knowledge, ethical conduct based on American Nurses Association (ANA) Code of Ethics, accountability, respect for human dignity and social justice, and participation in development of new nursing knowledge and evidence.

Core.6.a.ii: CSLC Ethical Standards Compliance
The CSLC meets these standards by implementing simulation and practices that reflect respect for others, focus on patient and family, maintaining privacy and speaking out on questionable practice, accountability, maintenance of competence, empowerment to influence healthcare, advancing the profession through practice, interprofessional collaboration, and maintaining nursing values. Students who do not adhere to professional standards of practice or do not engage in the tenets of professionalism will be removed from the simulation environment. The simulation and course faculty will review the situation and recommend appropriate action which may include a course penalty and remediation.

Core.7: EXPANDING THE FIELD

Core.7.a.i: CSLC Simulation Field Expansion

Society of Simulation in Healthcare	International Nursing Association for Clinical Simulation and Learning	Kentucky Simulation Alliance
Jennifer Dent	Jennifer Dent	Jennifer Dent
Paula Kral	Paula Kral	Paula Kral
Stephanie Kehler	Stephanie Kehler	Stephanie Kehler
Carol Simpson	Carol Simpson	Carol Simpson
Malik Underwood	Malik Underwood	Malik Underwood
		Julia Hall
		Tammy Courtney
		Carole Haurylko
		Bonita Moore
		Krystle Maynard
		Christy Hubbard

Core.7.a.ii: CSLC Examples of Simulation Field Expansion
Kehler, S. (2020) Simulation for the win! University of Kentucky, College of Nursing, Behavioral Health Wellness Environments for Living and Learning. https://www.uky.edu/bhwell/simulation-win

Dent, J. L. (2020). Taking face-to-face simulation online. Faculty Development Workshop: Simulation, University of Kentucky, Lexington, KY.

Dent, J. L. (2020). Simulation facilitator workshop for NUR 211 Clinical Instructors, University of Kentucky, Lexington, KY.

Dent, J. L. (2019). IV push standards. Kentucky Simulation Alliance Meeting, Bluegrass Community and Technical College, Lexington, KY.

Dent, J. L. (2019). Simulation facilitator workshop, University of Kentucky, Lexington, KY.

Dent, J. L. & Kehler, S. A. (2018). Moving forward using simulation pedagogy. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

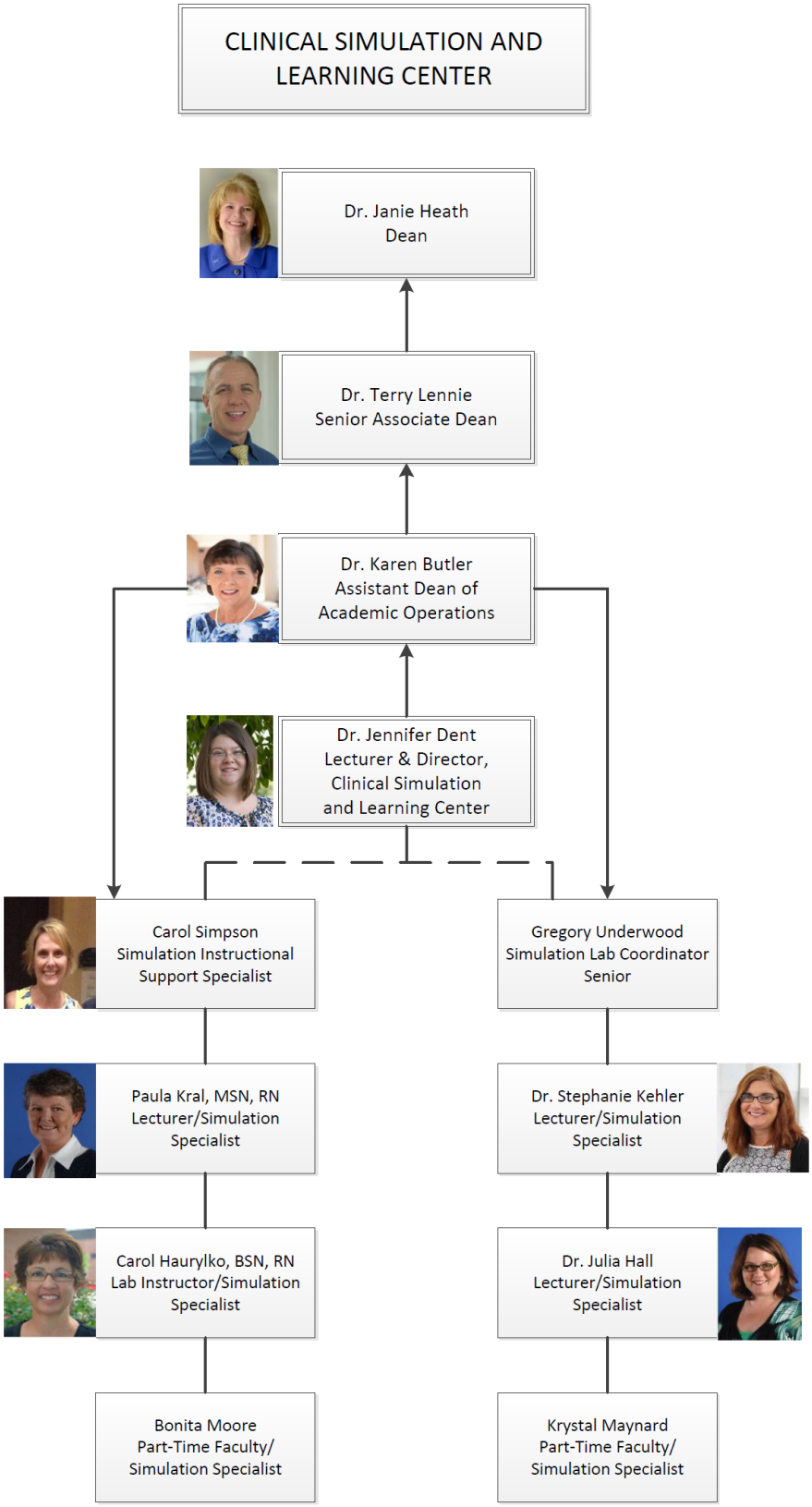
Dent, J. L. (2018). Integration of simulation across a Bachelor of Science Nursing program using creative scheduling. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L. & Williams, G. S. (2017). Integration of simulation across a Bachelor of Science in Nursing program using creative scheduling (ePoster Presentation), International Nursing Association for Clinical Simulation & Learning Conference. Washington D. C.

Dent, J. L., Kral, P. R., & Williams, G. S. (2017). Demonstration of patient simulation. 13th Annual Nursing Faculty Development Workshop: Improve Learning by Engaging Students (Simulation), University of Kentucky, Lexington, KY.

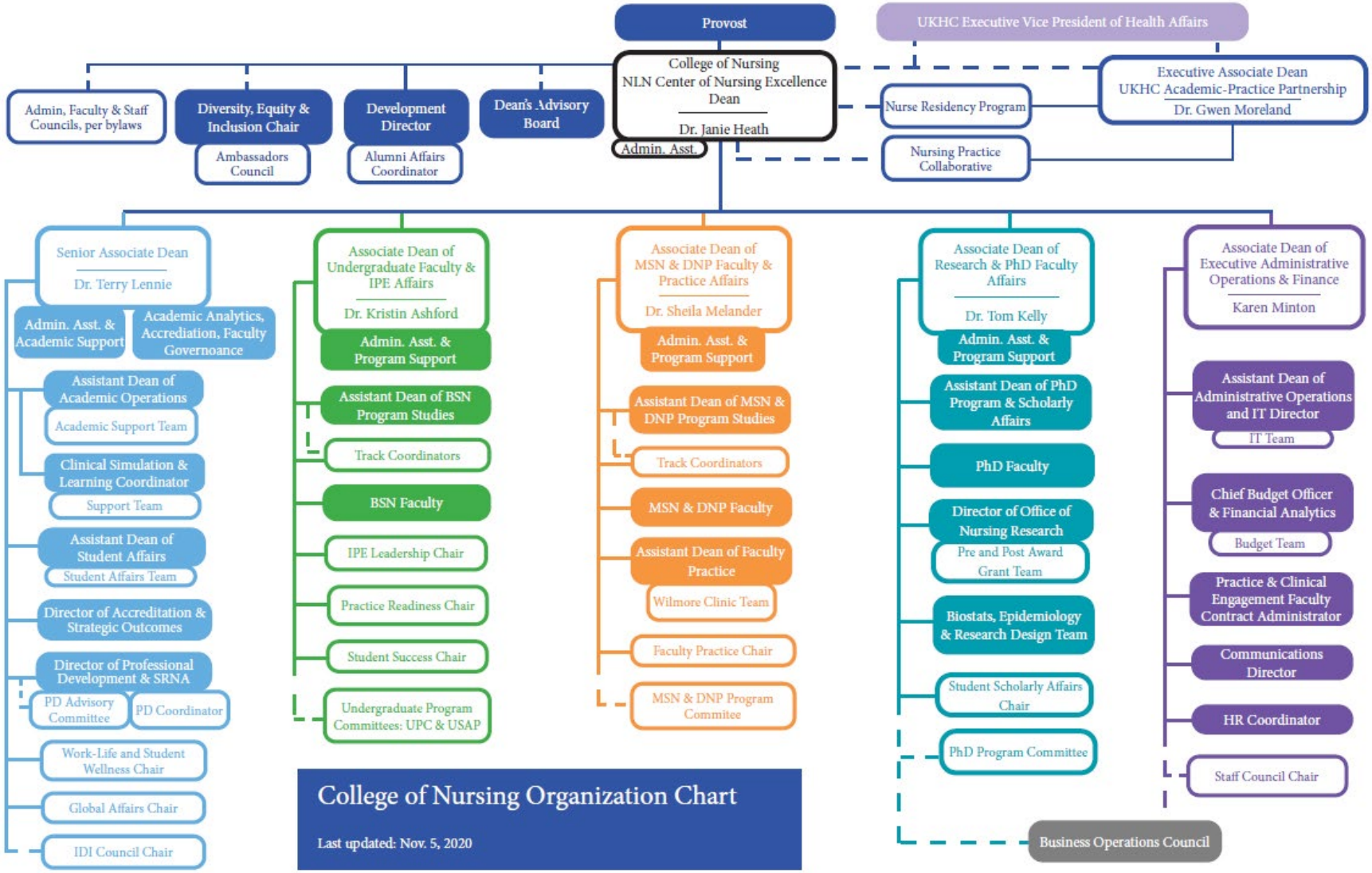
Dent. J. L. (2017). How simulation can be used for staff development in the care of a patient with Meningitis. Clinical Acute and Primary Care Pediatric Nursing Update, University of Kentucky, Lexington, KY.

Appendix A: CSLC Structure Chart



Appendix B

UK College of Nursing Organizational Chart



Appendix C

Clinical Simulation and Learning Center (CSLC) Advisory Council Administrative Bylaws

Purpose: This Council oversees and acts in an advisory capacity for the Clinical Simulation and Learning Center. The Council will meet twice a semester and once in the summer.

Functions:

A. Review proposed curriculum changes that involve Clinical Simulation and Learning Center resources and personnel to determine feasibility.
B. Review and approve Clinical Simulation and Learning Center Policy and Procedures.
C. Review and advise on personnel needs for the Clinical Simulation and Learning Center.
D. Review and advise on major equipment purchases, including new and replacement items.
E. Review and advise on Clinical Simulation and Learning Center space renovation.
F. Advise Dean on operational functions of the Clinical Simulation and Learning Center annually.

Membership:

A. Director of the CSLC (Chair)
B. Directors of BSN and MSN and DNP Programs
C. Simulation Instructional Support Specialist
D. At least 1 faculty member involved in simulation activities, appointed by the CSLC Advisory Council
E. Assistant Dean of Academic Operations (ex officio)
F. Associate Dean of Executive Administrative Operations & Finance (ex officio)
G. Associate Dean of Undergraduate Faculty & IPE Affairs (ex officio)
H. Associate Dean of MSN & DNP Faculty & Practice Affairs (ex officio)
I. Director of Accreditation & Strategic Outcomes (ex officio)
J. Administrative Director of Clinical Simulation (UKHC)

Appendix D



Clinical Simulation and Learning Center

Strategic Plan 2021-2025

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Strategic Planning Process

The process for developing the 2021-2025 strategic plan for the University of Kentucky, College of Nursing, Clinical Simulation and Learning Center (CSLC) included a survey of stakeholders, review of benchmark institutions, forming a CSLC strategic plan workgroup, developing a strategic plan congruent with the College of Nursing strategic plan, and developing a plan for sustainability.

1. Survey of Stakeholders
    a. This process included the survey of both internal and external stakeholders. The data from the survey allowed a SWOT (strengths, weaknesses, opportunities, and threats) analysis to be performed that would guide the development of the CSLC strategic plan.
2. Review of benchmark institutions
    a. Three benchmark institution's mission and vision were reviewed to compare and evaluate ensuring best practice related to the CSLC mission and vision.
3. CSLC Strategic Plan Workgroup Formation
    a. Members of the CSLC Advisory Council and additional faculty from both the undergraduate and graduate programs make up the workgroup.
    b. This workgroup's key responsibilities included: Reviewing current mission/vision/goals, the strategic plan survey results related to the mission and vision, and the benchmark data, reviewing current strategic plan, and reviewing strategic plan survey results.
    c. Following the review, a meeting was held to discuss recommendations regarding each responsibility as they related to developing the 2021-2025 CLSC strategic plan.
4. Development of 2021-2025 CSLC Strategic Plan
    a. Using recommendations from the CSLC Strategic Plan Workgroup the 2021-2025 CSLC strategic plan was developed and sent to the workgroup for review and suggested changes and/or additions.
5. Plan to sustain CSLC using the Strategic Plan
    a. Sustaining the CSLC both fiscally and operationally are key to meeting the goals of the strategic plan.
    b. The organizational structure of the CLSC was altered to better align with the strategic plan goals and to ensure that the CSLC remains fiscally and operationally sound.

Approved by CSLC Advisory Board May 7, 2020

CSLC 2021-2025 Strategic Plan Workgroup Members

Jennifer Dent - DNP, MSN, RN, CHSE.....CSLC Director

Karen Minton.....Associate Dean of Executive Administrative Affairs and Finance

Jenny Sutton-Amr - MHA, MBA, CPHQ, CPPS.....UK Healthcare Simulation Center Director

Melanie Hardin-Pierce - DNP, RN, APRN.....Track Coordinator Adult-Gerontology Acute Care Nurse Practitioner

Anthony Carney - DNP, APRN, CCRN, FNP-BC.....Assistant Professor

Karen Butler - DNP, MSN, RN, FAAN.....Professor, Assistant Dean of Academic Operations

Evelyn Parrish - PhD, PMHNP-BC, FAANP..... Associate Professor, Director of Accreditation & Strategic Outcomes

Elizabeth Tovar – PhD, FNP-C, APRN.....Associate Professor, DNP Primary Care Track Coordinator

Julia Hall – PhD, MSN, RN.....Lecturer

Sheila Melander – PhD, APRN-BC, FCCM, FAANP, FAAN..... Professor, Associate Dean of MSN & Faculty Affairs

Malik Underwood.....Senior Simulation Lab Coordinator

Kristin Ashford – PhD, APRN, WHNP-BC, FAAN..... Associate Dean of Undergraduate Faculty

Debra Hampton – PhD, MSN, RN, FACHE, NES-BC, CENP..... Assistant Dean of MSN & DNP

Darlene Welsh – PhD, MSN, RN, FNAP.....Assistant Dean of BSN Program Studies

Paula Kral – RN, MSN, CHSE..... Lecturer

Leslie Scott – PhD, APRN, PPCNP-BC, CDE, MLDE..... Associate Professor

Approved by CSLC Advisory Board May 7, 2020

CSLC Mission

It is our mission to educate and facilitate patient care concepts in a simulated environment that promotes knowledge development, patient safety, skills application, clinical reasoning, and evaluation.

College of Nursing Mission Alignment:

The CSLC mission and vision are aligned with the mission and core values of the CON by "promoting health and well-being through excellence in nursing education, research, practice and service while fostering diversity and inclusivity" in a simulation environment. Through simulation, the CSLC promotes excellence and growth of the undergraduate and graduate programs. Simulation promotes a "unique and innovative contribution" to healthcare utilizing current knowledge and evidence-based practice to guide the basis of the scenarios. Students can demonstrate collaboration that is open and respectful, utilizing effective teamwork in various diverse learning environments such as acute care, critical care, pediatrics, obstetrics and mental health areas of practice. Through simulation, students are given the opportunity to demonstrate and strengthen nursing leadership qualities, including communication, delegation, prioritization, safety and professionalism, to promote and enhance patient healthcare outcomes.

CSLC Vision

It is our vision to use simulation, innovation and research to enhance education relative to patient care and promote patient safety.

College of Nursing Vision Alignment:

The CSLC seeks to assist the CON in being "one of the nation's top nursing programs in education, research, practice, and service."

Approved by CSLC Advisory Board May 7, 2020

CSLC Strategic Plan 2021-2025

Strategic Plan Goal 1: Maintain Standards of Excellence in Healthcare Simulation

Strategy	Measures	Timeline	Notes	Progress Yr1	Progress Yr. 2	Progress Yr. 3	Progress Yr. 4	Progress Yr5
1. Establish and maintain full accreditation by the Society for Simulation in Healthcare	1.Review and update all items related to the "core" procedures within the CLSC. a. Mission and Governance b. Program Management c. Resource Management d. Human Resources e. Program Improvement f. Integrity g. Expanding the Field	December 2020 then Annual						
2. Professional Development for faculty and staff engaged in simulation	1. Simulation facilitator workshop	Annual						

Approved by CSLC Advisory Board May 7, 2020

	2. Simulation Faculty Development Conference	Annual						
	3. Faculty and staff simulation certification and/or maintenance (CHSE and CHSOS)	Annual						
3. Ensure psychological safety of participants	1. Adopt SSH Healthcare Simulationist Code of Ethics	Fiscal Year 2021						
	2. Include psychological safety component in every prebrief and maintain throughout simulation experience	Annual review of facilitator student and peer evaluations						
	3. Adopt and post the basic assumption developed by the Center for Medical Education "I believe that everyone participating in activities at the University of Kentucky College of Nursing is intelligent, capable, cares about doing their best, and wants to improve© "	Fiscal year 2021						

Strategic Plan Goal 2: Develop Simulated Experiential Learning Opportunities to meet the needs of internal (CON) programs and external programs with whom we partner.

Strategy	Measures	Timeline	Notes	Progress Yr1	Progress Yr. 2	Progress Yr. 3	Progress Yr. 4	Progress Yr. 5
1. Implement simulation across undergraduate curriculum	1. Perform needs assessment of undergraduate program	Every 3 years following 2020						
	2. Continue development and revision of simulation educational activities for undergraduate program	Annual						
	3. Review undergraduate program needs related to equipment	Annual						
	4. Create an alternate plan and/or timeline for undergraduate equipment needs that were not able to be met during requested fiscal year budget	Annual						

Approved by CSLC Advisory Board May 7, 2020

2. Implement simulation across the graduate curriculum	1. Perform needs assessment of graduate program related to simulation	Every 3 years Following 2020						
	2. Continue development and revise simulation educational activities for graduate program	Annual						
	3. Review graduate program needs related to equipment	Annual						
	4. Create an alternate plan and/or timeline for graduate equipment needs that were not able to be met during requested fiscal year budget	Annual						
3. Foster and develop relationships with internal (CON) and external users (Practice)	Review and update organizational structure	Every 5 years following 2020						
	Hold and invite all users to CSLC Huddle Board	Weekly						
	Update UKHC on CSLC information	Annual						

Strategic Plan Goal 3: Provide adequate Simulation Center Operational Standards to meet the needs of internal (CON) and external users.

Strategy	Measures	Timeline	Notes	Progress Yr1	Progress Yr. 2	Progress Yr. 3	Progress Yr. 4	Progress Yr. 5
1. Ensure adequate staffing	1. Review and update staffing needs.	Annual and as needed						
	2. Review and update CSLC faculty and staff job descriptions	Annual and as needed						
2. Expand and increase equipment to meet the needs of the CON student enrollment	1. Review equipment needs	Annual						
	2. Create projected budget	Annual						
	3. Maintain actual CSLC budget	Annual						
3. Maintain effective communication	1. Weekly Huddle Board	Weekly						
	2. Update fillable forms for operation needs	Annual						
	3. Provide simulation update at CON meetings	On meeting date						
	4. Maintain and update CLSC website	Annual						

Strategic Plan Goal 4: Foster and expand Healthcare Simulation scholarly activity

Strategy	Measures	Timeline	Notes	Progress Yr1	Progress Yr. 2	Progress Yr. 3	Progress Yr. 4	Progress Yr. 5
1. Develop a repository of simulation research activity in the CON	1. Develop and update the repository of simulation research activity on the CSLC shares site	Annual						
2. Support simulation scholarly activity	1. Submission of a minimum of 1 abstract for presentation	Annual						
	2. Submission of a manuscript to be published.	Annual						

Plan to Sustain CSLC Using the Strategic Plan

1. The CSLC strategic plan is a living document that is reviewed at each weekly Huddle to ensure progress towards goals.
2. While this plan is for 5 years, updates to meet increased demands and the future of simulation education will be implemented as needed during review of Strategic plan goal #2.
3. Potential increased demands include increased enrollment in all programs in the CON, increase need for virtual simulation modalities and support, and expansion of CSLC hours and staffing.

Appendix E

Clinical Simulation & Learning Center

Room Request Form

** If you are wanting to reserve room(s) in the CSLC please complete this form and email to consim@uky.edu. Once your requests are received they will be reviewed for conflicts. If there happen to be conflicts you will be notified about the issue. If there are no conflicts you will receive a conformation email from a member of the lab. Thank you for your cooperation! – CSLC Faculty & Staff **

Name: _____

Course Name/Number: _____

Semester: _____

Date(s):	**Description:**	**Equipment:**	**Room(s):**	**Repeat:**
(Xx/xx/xx – xx/xx/xx)	(Competency, lab, etc.) *Max 50 characters*	(Oxygenation, wound, etc.)	(102, 405E, 405G, 405J, 405L, 407, 407A-E, 413)	(Yes/no – Mon/Fri)

Objectives:

Notes:

Appendix F

University of Kentucky
College of Nursing
751 Rose Street
315 College of Nursing Building
Lexington, KY 40536-0232
Ph: 859-323-5108
Fax: 859-323-1057
www.uky.edu/nursing

Simulation Supply/Equipment Check-Out Agreement

I, _____, agree to the responsibility of the care and safe return of the following equipment. I agree to be responsible for expenses to replace the item should there be above and beyond normal wear and tear on the item. I agree that if I do not return the item by the agreed upon return date I will not be allowed to check out any items from the CSLC until the item is returned. I understand that my grades may be withheld until equipment is returned. I also understand that the CON reserves the right to recall any equipment if it is needed for teaching purposes.

Simulation supply/equipment description:

_____

UK ID #:_____

Due date for return: _____

Actual return date: _____

_____ _____

(Signature) (Date)

Printed Name: _____

Appendix G

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

Director for Clinical Simulation and Learning Center

Position Description

The Director for Clinical Simulation and Learning Center (CSLC) promotes the mission, vision, and goals of the CSLC by providing leadership and support for faculty and staff development in simulation according to standards of best practice. Collaborates with faculty and staff to incorporate simulation technology in nursing education across programs. The Coordinator position serves at the pleasure of and reports to the Assistant Dean of Academic Operation with a DOE range of 20%-40% for CSLC and 60-80% for faculty responsibilities.

Responsibilities:

1. Provide daily oversight of CSLC operations, and supervision and assignment of duties to CSLC faculty and staff.
2. Seek grant funding to support and promote simulation education
3. Lead the use of evidence-based simulation models to develop, implement, and evaluate simulation scenarios as an educational modality
4. Stays up to date on current practices related to simulation education
5. Evaluate clinical simulation curriculum to achieve the mission, vision and goals of the CSLC.
6. Support the teaching, research, and revenue-generating goals of the Center.
7. Operate simulation technology in development and implementation of simulated clinical events.
8. Develop and implement special projects within the simulation center
9. Attend and participate in meetings related to the simulation center and implementation of evolved plans.
10. Mentor students and faculty.
11. Collaborate with faculty to develop simulation curricula.
12. Participates in Undergraduate and DNP Program Committees
13. Facilitate use of CSLC with/between all programs within the CON.
14. Maintain vendor relationships.
15. Represent the CSLC locally, regionally, and nationally.
16. Oversee accreditation efforts and ensures that the CSLC upholds all accreditation standards.

Qualifications:

1. Master's degree in Nursing required.
2. Preferred Doctorate in Nursing.
3. Minimum of three years of professional nursing experience within the last five (5) years
4. Three years simulation experience.
5. Active Kentucky license as a registered nurse required.

Dean's Council (Approved, Updated, Reviewed): 6/17/17; 7/7/20

Appendix H
(H.1, Fall 2018)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Fall Date	Semester (Content)	Title
1/2	8/22-8/24		
1	8/27-8/31	SR 2 (411)	Clinical Orientation Scenario
			Graduate
2	9/3-9/7	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
3	9/10-9/14	SR 2 (413)	Synthesis - Crisis
4	9/17-9/21	SR 1 (400)	Multiple Patient Scenario
5	9/24-9/28	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211, 221)	Incorporate Ethics, Safety, and Infection Control (NEW)
6	10/1-10/5	SR 2 (411)	Shock
7	10/8-10/12	JR 1	Blood Transfusion
		SO 1	Communication, V/S, Safety, and General survey (NEW)
8	10/15-10/19	SO 2 (211, 221)	Trach Care (Focus on Assessment, Meds, Communication)
9	10/22-10/26	JR 1	Cardiovascular or Palliative Care
		JR 2 (313)	Preeclampsia
10	10/29-11/2	SO 2 (211, 221)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
11	11/5-11/9	SR 1	Focus on Prep for High Acuity (NEW)
		SO 1	Elder Assessment and Communication (NEW)
12	11/12-11/16	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	11/26-11/30	SO 2 (211)	Simulation Wrapup Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			Graduate
14	12/3-12/7	SO 1	Physical Assessment
		SO 2 (221)	Simulation Wrap up Scenarios

Appendix H
(H.2, Spring 2019)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Spring Date	Semester (Content)	Title
1/2	1/9-1/11		
1	1/14-1/18	SR 2 (411)	Clinical Orientation Scenario
			Graduate
2	1/21-1/25	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
3	1/28-2/1	SR 2 (413)	Synthesis - Crisis
4	2/4-2/8	SR 1 (400)	Multiple Patient Scenario
5	2/11-2/15	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211, 221)	Incorporate Ethics, Safety, and Infection Control
6	2/18-2/22	SR 2 (411)	Shock
7	2/25-3/1	JR 1	Blood Transfusion
		SO 1	Communication, V/S, Safety, and General survey
8	3/4-3/8	SO 2 (211, 221)	Trach Care (Focus on Assessment, Meds, Communication)
9	3/18-3/22	JR 1	Cardiovascular
		JR 2 (313)	Preeclampsia
10	3/25-3/29	SO 2 (211, 221)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
11	4/1-4/5	SR 1	Focus on Prep for High Acuity
		SO 1	Elder Assessment and Communication
12	4/8-4/12	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	4/15-4/19	SO 2 (211)	Simulation Wrapup Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			Graduate
14	4/22-4/26	SO 1	Physical Assessment
		SO 2 (221)	Simulation Wrapup Scenarios

Appendix H
(H.3, Fall 2019)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Fall Date	Semester (Content)	Title
1/2			**Spring Only**
1	8/26-8/30	SR 2 (411)	Clinical Orientation Scenario
			Spring Graduate
2	9/2-9/6	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
			Fall Graduate
3	9/9-9/13	SR 2 (413)	Synthesis - Crisis
		ABSN Block 1	Intro to Sim (Communication, V/S, Safety, and General survey)
4	9/16-9/20	SR 1 (400)	Multiple Patient Scenario
5	9/23-9/27	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211)	Incorporate Ethics, Safety, and Infection Control
6	9/30-10/4	SR 2 (411)	Shock
		ABSN Block 1	Elder Assessment and Communication
7	10/7-10/11	JR 1	Blood Transfusion
		SO 1	Communication, V/S, Safety, and General survey
8	10/14-10/18	SO 2 (211)	Trach Care (Focus on Assessment, Meds, Communication)
		SR1	Pandemic Game with stations
Fall Break	10/21-10/25		
9	10/28-11/1	JR 1	Cardiovascular
		JR 2 (313)	Preeclampsia
10	11/4-11/8	SO 2 (211)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
		ABSN Block 2	Incorporate Ethics, Safety, and Infection
11	11/11-11/15	SR 1	Focus on Prep for High Acuity
		SO 1	Elder Assessment and Communication
			SPRING Graduate
12	11/18-11/22	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	12/2-12/6	SO 2 (211)	Simulation Wrapup Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			FALL Graduate
14	12/9-12/13	SO 1	CPR, Room of Errors, Assessment
		ABSN Block 2	Simulation Wrap up Scenarios

Appendix H
(H.4, Spring 2020)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Spring Date	Semester (Content)	Title
1/2	1/13-1/17		**Spring Only**
1	1/20-1/24	SR 2 (411)	Clinical Orientation Scenario
			Spring Graduate
2	1/27-1/31	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
			Fall Graduate
3	2/3-2/7	SR 2 (413)	Synthesis - Crisis
		ABSN Block 1	Trach Care (Focus on Assessment, Meds, Communication)
4	2/10-2/14	SR 1 (400)	Multiple Patient Scenario
5	2/17-2/21	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211)	Incorporate Ethics, Safety, and Infection Control
6	2/24-2/28	SR 2 (411)	Shock
		ABSN Block 1	Elimination
7	3/2-3/6	JR 1	Blood Transfusion
		SO 1	Comm, V/S, Safety, and General survey
8	3/9-3/13	SO 2 (211)	Trach Care (Focus on Assessment, Meds, Communication)
		SR1	Pandemic Game
Spring Break	3/16-3/21		
9	3/23-3/27	JR 1	Cardiovascular
		JR 2 (313)	Preeclampsia
10	3/30-4/3	SO 2 (211)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
		ABSN Block 2	Mental Health - Withdrawal
11	4/6-4/10	SR 1	Focus on Prep for High Acuity
		SO 1	Elder Assessment and Communication
			SPRING Graduate
12	4/13-4/17	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	4/20-4/24	SO 2 (211)	Simulation Wrap up Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			FALL Graduate
14	4/27-5/1	SO 1	CPR, Room of Errors, Assessment

Appendix H
(H.5, Summer 2020)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Summer Date	Semester (Content)	Title
Block 1			
1	5/11-5/16	SR 2 (411)	Clinical Orientation Scenario
2	5/18-5/23	SR 2 (411)	High Acuity Trauma/Respiratory Simulation
3	5/25-5/30	SR 2 (413)	Synthesis - Crisis if able to make it online
4	6/1-6/6		
5	6/8-6/14	SR 2 (411)	Shock
		ABSN Block 1 Health Assessment/Health Promotion	Elder Assessment and Communication
6	6/15-6/20	ABSN Block 1 Health Assessment/Health Promotion	Elder Assessment and Communication
		JR 2 (311)	Meningitis
Block 2			
1	6/22-6/27		LPN Lab
		JR 2 (313)	
2	6/29-7/4		LPN Lab
3	7/6-7/11		LPN Lab
		ABSN Block 2 Fundamentals	Incorporate Ethics, Safety, and Infection Control
4	7/13-7/18		LPN Lab
5	7/20-7/25	JR 2 (313)	
			LPN Lab
6	7/27-8/1		LPN Lab
		ABSN Block 2 Fundamentals	Simulation Wrap up Scenarios (Diabetes)
7	8/3-8/8		LPN Lab
		JR 2 (313)	

Appendix H
(H.6, Fall 2020)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Fall Date	Semester (Content)	Title
1	8/17-8/21		
2	8/24-8/28	NUR 223	
3	8/31-9/4	SR 2 (411)	Shock
	2-Sep	NUR 950	941/943 Central line and Ultrasound task training
	3-Sep		950 Derm and Suture Skills lab ans 946/948 suturing and advanced physical exam
	4-Sep		942 FCCS and 923 Lab
4	9/7-9/11	ABSN summer cohort	Trach Care (Focus on Assessment, Meds, Communication)
		ABSN New Cohort Block 1	Online simulation with patient and facilitator
5	9/14-9/18	SR 1 (401)	Mental Health - Withdrawal (Only one patient Milly or Randy)
		ABSN New Cohort Block 1	Online simulation with patient and facilitator
6	9/21-9/25	ABSN 1st cohort	Pancreatitis
7	9/28-10/2	NUR 223	
8	10/5-10/9		
9	10/12-10/16	JR 2 (311)	Meningitis
10	10/19-10/23	JR 2 (313)	Shoulder Dystocia/GDM
11	10/26-10/30	SO 2 (211)	Elimination
12	11/2-11/6	ABSN summer cohort	Mental Health - Withdrawal (Only one patient Milly or Randy)
		New Trad NUR 225/226	Topic TBD
13	11/9-11/13	JR 1	Pancreatitis
		FCCS	FCCS
14	11/16-11/20	ABSN New Cohort Block 2	Simulation Wrap up Scenarios

Appendix I

CSLC Confidentiality Agreement and Consent to Video

University of Kentucky
College of Nursing
751 Rose Street
315 College of Nursing Building
Lexington, KY 40536-0232
Ph: 859-323-5108
Fax: 859-323-1057
www.uky.edu/nursing

Clinical Simulation and Learning Center

Confidentiality Agreement and Consent to Video

As a participant or observer in simulated clinical experiences I understand and agree that information regarding simulated patients is to be treated as actual patients' information in the clinical setting. Therefore, I will adhere to the Health Insurance Portability and Accountability Act (HIPPA). I will also report any violations of confidentiality to my simulation facilitator or course faculty. I understand that this is a learning environment and that disclosure of confidential information is a breech in the professional nurse code of conduct and it impacts the learning of future students.

_____I agree to maintain strict confidentiality about details of the scenarios, participants, and performance of any participant.

_____I authorize the use of video to record my performance during simulated clinical experiences.

_____I authorize the UK CON faculty and/or staff to use the video recordings for faculty review, public relations, advertisement, promotional, and/or fundraising activities.

_____ _____

Signature Date

_____

Printed Name

Appendix J

Simulation Room Orientation

- Facilitator reads the list of general objectives for scenario (identified on simulation overview)
- Please have your own available cell phone with you on silent to be used following the debriefing to complete a scenario evaluation using an electronic link.
- The Simulation Rubric will be completed by the facilitator for each student following the debriefing. The Rubric identifies "met expectations," "needs improvement," or "unsatisfactory." The points have no value. An unsatisfactory refers to unprofessional behavior, such as not being prompt in attendance, absence without prior notification, and inappropriate clinical dress code. It is your responsibility to review the simulation rubric with your clinical instructor to ensure that you have assistance in meeting any areas of identified need.
- Nurse Call phone will be in the room and you may or may not need to telephone the HCP for this scenario. An SBAR tool has been provided for your use if you choose to use it.
- Do not panic if you cannot reach the HCP on the phone the first time. He/she is probably on the phone with someone else. Try again in a few minutes.
- On the board in the room you will find the HCP name and phone number, along with Central Supply.
- The medication cart has most of the supplies to care for your patient. Your patient has a medication drawer and the drawers down the right side have needles, syringes, alcohol wipes, IV tubing, etc. The two bottom drawers have extra IVF and oxygen supplies. There is a pharmacy "in box" to check in case a medication is not in your patient's med drawer or it is ordered by the HCP during the simulation. Please remember not to give the patient medications that will go into the ears, eyes, nose, mouth, or rectum unless indicated by the facilitator. Our "patients" do not tolerate those types of medication administration.
- Your patient has an EHR. The EHR will have useful information to care for your patient such as HCP orders, med sheets, labs, and H&P. Protocols/Policies, etc. and as applicable Skills Performance Checklists will be provided on top of the medication cart.
- The documenter may document significant findings and interventions on the paper provided.
- Please use the small white trash can for your waste disposal as we try to recycle in the simulation lab. Anything sharp including blunt tips should be disposed of in the sharps' receptacle.
- Lexicomp is available for you on the computer in the hallway to look up medications, compatibilities, dilution concentrations, etc. Drug books are also available on the med cart.
- You have working oxygen and suction available to care for your patient if needed.
- When the scenario begins, your patient will interact with you. You will be able to assess heart tones, bowel sounds, breath sounds, and pedal pulses. There are carotid pulses bilaterally, left brachial and radial pulses, as well as bilateral femoral pulse you may assess. If this scenario calls for an injection, there are injection pads in the right shoulder, left shoulder, and left thigh. Flesh colored tape simulates skin; do not remove.

- During your assessment, if you are unsure about something that is difficult for the patient to simulate such as skin turgor, pupillary response, etc. just ask, and you will be provided that information.
- Please provide the assessment of the patient as you would in your clinical setting.
- Is everyone familiar with how the bed work? If not, explain.
- Once the simulation begins, the monitor will show you real time vital signs as the scenario progresses. However, you must press the "start/stop" button for a current BP reading.
- The digital clock in the room will indicate the time progression during the simulation scenario.
- If your patient has an IV line, there is a drain bag on the bed or floor to collect fluid. Do not touch the drain bag. This is part of the magic of simulation.
- Wash cloths, towels, and wash basin are provided for you in the bedside table.
- Assignment of roles……
- Please remember to complete the evaluation of the simulation using the provided lab computers following the debriefing.
- Any questions? You have the information to be successful in this scenario…you will not fail. Work together as a team, have fun, and learn a lot ☺

Appendix K

University of Kentucky College of Nursing
Scenario Development and Implementation Tracking Form

Scenario Name/Number	
Needs Assessment Completed	Formal: Chart reviews, critical events analysis (RCAs) e.g. falls, wound infections, late intubations or transfers to ICU. Failure to meet EBP standards e.g. pediatric codes. Low exam scores. Informal: Reports from clinical facility regarding new grads, upper level undergrads instructor's comments about lower level students, faculty recognitions of lack of clinical skills. Identification of coursework where simulation would be beneficial such as communication between team members, prioritizing care, or seldom seen clinical situations such as PP hemorrhage.
Intended Group of Staff (Department) or Course	
Draft Author	
Faculty Content Expert	
Date Developed	
Date Approved by Department/Curriculum Committee	

https://www.healthysimulation.com/

University of Kentucky College of Nursing
Scenario Development and Implementation Tracking Form

ST: Sim Team F: Faculty/Content Expert/Department Expert CC: Education Committee/Curriculum Committee

Action Item	Who	Date	Comments
Learning Objectives identified	F/ST		
Draft to faculty for review	ST		
Draft to Pharmacy if appropriate	ST		
Faculty/Pharmacy review completed	F		
Review Alignment with National Standards (Best Practice), Hospital Policies and Procedures, Core Competencies, Program Objectives, QSEN standards, NCLEX content. Select as appropriate.	F/ST		
Simulation methodology. Include manikin type	F/ST		
Case Summary	F		
Learner Roles specified. Confederate Role with script	F		
MD orders/Labs/Other data	F		
Specialized equipment needed e.g. crash cart.	F/ST		
Staging Bin completed	ST		
Arm band	ST		
Allergy band	ST		
Labels	ST		
Medications	ST		
IV's	ST		
EHR completed	ST		
Patient care supplies available	ST		
Props available	ST		
Validation/Trial run	ST		
Pre-briefing requirement	F		
Debriefing Guidelines	F		
Pilot Run	ST		
Faculty Expert viewed Name:	F		
Approved for implementation in care facility or for addition to curriculum	CC		
Added to schedule	ST/F		
Scenario evaluation/survey.	F		

Baily, K. (2019). Healthcare simulation Scenario development checklist w/downloadable form. Retrieved from https://www.healthysimulation.com/

Appendix L

Simulation Inventory List

Simulation Equipment	Quantity Available
Abdominal Palpation Model	1
BabyHippy Simulator	1
Blood arm	2
BP Simulator	2
Chest Torso	10
Chest Torso - w/Sounds	1
Chester Chest	2
Computer - Desktop	24
Computer - Laptop	12
Defibrillator	1
Doppler	2
Double Headed Stethoscope	7
Diabetic foot model	1
Ear Model	1
Edema Model	2
EKG Converter	1
Electronic Otoscope	1
IV Pumps	4
Injection Arms	26
Heart/Lung Simulator	1
HillRom Infant Warmer	1
HFS - HAL	1
HFS - New Noelle	1
HFS - Newborn HAL	1
HFS - Sim Junior	1
HFS – Nursing Anne Simulator	2
HFS - SimBaby	1
HFS - SimMan	2
HFS - SimMom	1
MFS - MegaCode Kid	1
MFS - Old Noelle	1
MamaBirthie Birthing Simulator	1
Newborn Baby Heart/Lung Sound Simulator	1
Lower Torsos	34
Otoscope - Projection	1
Pediatric Lumbar Puncture Simulator	1
Pelvic Exam Simulator	1
Prostate Exam Simulator	2
Pulse Oximeter	1
Pyxis	1

Take-a-Part Torso	1
Thermometer - Oral	5
Thermometer - Temporal	1
Thermometer - Tympanic	1
Touchy Feely Models	1
Wound Models	5
Ultrasound Central Line Trainer	1
Upper torsos	16

Appendix M

CSLC Photos










15:13













Appendix N
(N.1, Fall 2018)

Fall 2018 CSLC Event Activity

Name of Event	Dates of Event	# of Event Dates	Types of Learners	Number of Learners	Hours of Instruction per learner	Total Hours	T/L	A	R	SI
Clinical Orientation	8/27/18 - 8/31/18	5	Undergraduate	94	2	188	x			
Synthesis - Crisis	9/10/18 - 9/14/18	5	Undergraduate	94	1.5	141	x			
Shock	10/1/18 - 10/5/18	5	Undergraduate	94	1.5	141	x			
Multiple Patient	9/17/18 - 9/21/18	5	Undergraduate	115	1.5	172.5	x			
Mental Health - Withdrawal	9/24/18 - 9/28/18	5	Undergraduate	115	2.25	258.75	x			
Focus on Prep for High Acuity	11/5/18 - 11/9/18	5	Undergraduate	115	1.5	172.5	x			
Rotation: Peds/OB	9/3/18 - 9/7/18	4	Undergraduate	106	2	212	x			
Preeclampsia	10/22/18 - 10/26/18	4	Undergraduate	106	1.5	159	x			
Intensive Insulin Therapy	10/29/18 - 11/2/18	5	Undergraduate	106	1.5	159	x			
Meningitis	11/12/18 - 11/16/18	5	Undergraduate	106	1.5	159	x			
Shoulder Dystocia	11/26/18 - 11/30/18	5	Undergraduate	106	1.5	159	x			
Blood Transfusion	10/8/18 - 10/12/18	5	Undergraduate	132	1.5	198	x			
Cardiovascular	10/22/18 - 10/26/18	5	Undergraduate	132	1.5	198	x			
Pancreatitis	11/12/18 - 11/16/18	5	Undergraduate	132	1.5	198	x			
Inc Ethics & Infection Control	9/24/18 - 9/28/18	5	Undergraduate	92	1	92	x			
Trach Care	10/15/18 - 10/19/18	5	Undergraduate	92	1	92	x			
Elimination	10/29/18 - 11/2/18	5	Undergraduate	92	1	92	x			
Simulation Wrap up	11/26/18 - 11/30/18	5	Undergraduate	92	2	184	x			
Communication, V/S, Safety	10/8/18 - 10/12/18	4	Undergraduate	103	1	103	x			
Elder Assessment	11/5/18 - 11/9/18	4	Undergraduate	103	1	103	x			
Physical Assessment	12/3/18 - 12/7/18	5	Undergraduate	103	1	103	x			
DNP Dermatology Skills	8/30/2018	1	Graduate	55	4	220	x			
DNP Splinting Skills	11/29/2018	1	Graduate	17	4	68	x			
NUR 923 Adv Health Assessment	8/30/2018	1	Graduate	16	10	160	x			
NUR 923 Adv Health Assessment	11/30/2018	1	Graduate	16	10	160	x			

NUR 203 Lecture/Lab	8/23/18 - 11/20/18	14	Undergraduate	103	4	412	x			
NUR 211 Lecture/Lab	8/22/18 - 12/6/18	14	Undergraduate	92	4	368	x			
NUR 203 Open Lab - Manual Blood Pressure Practice	8/20/2018	1	Undergraduate	*open*	4	0	x			
OB/GYN Residency Training	8/21/2018	1	UKHC	15	3	45	x			
NUR 397 Skills Lab Intern Orientation	8/21/2018	1	Undergraduate	18	1	18	x			
NUR 313 Skills Check Offs	8/27/18-8/31/18	5	Undergraduate	106	0.5	53		x		
NUR 311 Clinical Orientation	8/27/18-8/31/18	5	Undergraduate	106	0.5	53	x			
Hospital Based Massage Therapy	9/5/2018	1	UKHC	1	1.5	1.5	x			
NUR 301 Skills Competency	9/5/18-9/7/18	3	Undergraduate	132	0.5	66		x		
MD838 Clerkship in OB& Gyn	9/10/2018	1	UKHC	12	2	24	x			
Advanced Trauma Life Support Refresh Course	10/13/2018	1	UKHC		6	0	x			
Advanced Trauma Life Support Instructor Course	10/14/2018	1	UKHC		12	0	x			
Hospital Based Massage Therapy	11/2/2018	1	UKHC	1	1	1	x			
Difficult Conversations in NICU Simulation Workshop	11/9/2018	1	UKHC		4.5	0	x			
NUR 397 Filming Skills Lab Project	12/3/2018	1	Undergraduate	3	2.5	7.5	x			
Skills Lab Intern Presentations	12/10/2018	1	Undergraduate	18	1	18	x			
KCH Respiratory Distress & Cardiac Emergency Simulation	12/11/18 & 12/18/18	2	UKHC		5.5	0	x			
NUR 413 Synthesis Presentations	12/12/2018	1	Undergraduate	94	8	752	x			
SRNA	9/10/18-10/11/18	15	SRNA	9	60	540	x			
SRNA	10/1/18-11/1/18	15	SRNA	9	60	540	x			
SRNA BLS Training	10/17/2018	1	SRNA	18	3	54	x			
MOI Train the Trainer	10/27/2018	1	SRNA		9	0	x			
SRNA	10/29/18-12/6/18	15	SRNA	10	60	600	x			
SRNA	11/5/18-12/13/18	15	SRNA	9	60	540	x			
fall 2018 total contact learner hours						**7985.8**				

Appendix N
(N.2, Spring 2019)

Spring 2019 CSLC Event Activity

Name of Event	Dates of Event	# of Event Dates	Types of Learners	Number of Learners	Hours of Instruction per learner	Total Hours	T/L	A	R	SI
Clinical Orientation	1/14/19-1/18/19	5	Undergraduate	114	2	228	x			
Synthesis - Crisis	1/25/19-2/1/19	5	Undergraduate	114	1.5	171	x			
Shock	2/18/19-2/22/19	5	Undergraduate	114	1.5	171	x			
Multiple Patient	2/4/19-2/8/19	5	Undergraduate	104	1.5	156	x			
Mental Health - Withdrawal	2/11/19-2/25/19	5	Undergraduate	104	2.25	234	x			
Focus on Prep for High Acuity	4/1/19-4/5/19	5	Undergraduate	104	1.5	156	x			
Rotation: Peds/OB	1/21/19-1/25/19	4	Undergraduate	120	2	240	x			
Preeclampsia	3/18/19-3/22/19	4	Undergraduate	120	1.5	180	x			
Intensive Insulin Therapy	3/25/19-3/29/19	5	Undergraduate	120	1.5	180	x			
Meningitis	4/8/19-4/12/19	5	Undergraduate	120	1.5	180	x			
Shoulder Dystocia	4/15/19-4/19/19	5	Undergraduate	120	1.5	180	x			
Blood Transfusion	2/25/19-3/1/19	5	Undergraduate	92	1.5	138	x			
Cardiovascular	3/18/19-3/22/19	5	Undergraduate	92	1.5	138	x			
Pancreatitis	4/8/19-4/12/19	5	Undergraduate	92	1.5	138	x			
Incorporate Ethics and Infection Control	2/11/19-2/15/19	4	Undergraduate	106	1	106	x			
Trach Care	3/4/19-3/8/19	4	Undergraduate	106	1	106	x			
Elimination	3/25/19-3/29/19	5	Undergraduate	106	1	106	x			
Simulation Wrapup	4/15/19-4/22/19	5	Undergraduate	106	2	212	x			
Communication, V/S, Safety	2/25/19-3/1/19	4	Undergraduate	99	1	99	x			
Elder Assessment	4/1/19-4/5/19	4	Undergraduate	99	1	99	x			
Physical Assessment	4/22/19-4/26/19	5	Undergraduate	99	1	99	x			
2C Incorporate Ethics and Infection Control	2/11/19-2/15/19	2	Undergraduate	22	1	22	x			
2C Trach Care	3/4/19-3/8/19	2	Undergraduate	22	1	22	x			

2C Elimination	3/25/19-3/29/19	2	Undergraduate	22	1	22	x			
2C Simulation Wrapup	4/22/19-4/26/19	2	Undergraduate	22	2	44	x			
NUR 923 Advanced Health Assessment	1/24/2019	1	Graduate	17	4	68	x			
NUR 950 Skills	1/24/2019	1	Graduate	13	4	52	x			
NUR 923 Advanced Health Assessment	1/25/2019	1	Graduate	17	9	153	x			
NUR 940	4/17/2019	1	Graduate	12	4	48	x			
NUR 923 Advanced Health Assessment	4/18/2019	1	Graduate	17	5	85	x			
NUR 942/944	4/18/2019	1	Graduate	65	3	195	x			
NUR 923 Advanced Health Assessment	4/19/2019	1	Graduate	17	9	153	x			
NUR 203 Lecture/Lab	1/10/19-4/25/19	14	Undergraduate	99	4	396	x			
NUR 211 Lecture/Lab	1/9/19-4/24/19	14	Undergraduate	106	4	424	x			
CNA Check off	1/4/2019	1	ABSN		2	0		x		
NUR 397 Nursing Education Intern Orientation	1/8/2019	1	Undergraduate	16	1	16	x			
iCATS 2019	1/11/2019 & 1/18/19	2	Undergraduate		8	0	x			
Webelos I First Responder Merit Badge	1/12/2019	1	UK CON	12	2	24	x			
NUR 311 Clinical Orientation	1/14/19-1/18/19	5	Undergraduate	120	0.5	60	x			
NUR 301 Skills Check off	1/23/19-1/25/19	3	Undergraduate	92	0.5	46		x		
Difficult Conversations in NICU Simulation Workshop	1/30/2019	1	UKHC		4.5	0	x			
NUR 301 Chest Tube Review	1/31/2019	1	Undergraduate	92	6	552	x			
Advanced Trauma Life Support	2/16/2019-2/17/19	2	UKHC	48	19	912	x			
Difficult Conversations in NICU Simulation Workshop	2/21/2019	1	UKCH		4	0	x			
KCH Respiratory Distress	2/26/19 & 2/28/19	2	UKHC	23	8	184	x			
Bryan Station HS Academy of Lex - Field Trip	3/8/2019		UK CON		2	0	x			

Dept. of Anesthesiology OSCE	3/20/2019 & 3/25/19	2	UK COM	25	12	300		x		
Advanced Trauma Care for Nurses	3/30/2019-3/31/19	2	UKHC	14	22	308	x			
NUR 313 Skills Check-off	4/8/19 & 4/10/19	2	Undergraduate	120	0.5	60		x		
Frederick Douglass Academy Field Trip	4/12/2019	1	UK CON	12	2	24	x			
UNAAC Girl Scouts First Aid Event	4/13/2019	1	UK CON	16	5	80	x			
Tates Creek Field Trip	4/19/2019	1	UK CON	19	2	38	x			
NUR 397 Nursing Education Intern Presentations	4/24/2019	1	Undergraduate	16	1	16	x			
Bryan Station Field Trip	5/1/2019	1	UK CON	21	2	42	x			
NUR 413 Synthesis Presentations	5/1/2019	1	Undergraduate	114	8	912	x			
NUR 313 Makeup Exam	5/2/2019	1	Undergraduate	1	3.5	3.5		x		
SRNA	1/14/19-2/15/19	15	SRNA	20	60	1200	x			
CPR/BLS for SRNA Group	1/23/2019	1	SRNA	20	4	80	x			
SRNA	2/18/19-3/21/19	15	SRNA	18	60	1080	x			
CPR/BLS for SRNA Group	2/27/2019	1	SRNA	16	4	64	x			
SRNA	3/25/19-4/28/19	15	SRNA	20	60	1200	x			
CPR/BLS for SRNA Group	4/8/2019	1	SRNA	5	3	15	x			
CPR/BLS for SRNA Group	4/17/2019	1	SRNA	5	3	15	x			
CPR/BLS for SRNA Group	4/22/2019	1	SRNA	4	3	12	x			
CPR/BLS for SRNA Group	4/24/2019	1	SRNA	4	3	12	x			

spring 2019 total contact learner hours **12257**

Appendix N
(N.3, Summer 2019)

Summer 2019 CSLC Event Activity

Name of Event	Dates of Event	# of Event Dates	Types of Learners	Number of Learners	Hours of Instruction per learner	Total Hours	T/L	A	R	SI
JR1 - Gerald Ritchie	5/14/2019	1	Undergraduate	14	1.5	21	x			
JR1 - Blood Transfusion	5/21/2019	1	Undergraduate	14	1.5	21	x			
JR1 - Arthur Dean	6/11/2019	1	Undergraduate	14	1.5	21	x			
JR1 - Dale Mayman/Martha Jones	7/9/2019	1	Undergraduate	14	1.5	21	x			
UK CON - Simulation Conference	5/10/2019	1	UK CON	22	9	198	x			
Advanced Trauma Life Support	5/22/19-5/23/19	2	UKHC	8	24	192	x			
Student Nurse Academic Practicum Orientation	5/24/2019	1	UKHC	14	4.5	63	x			
Whitney M. Scholars	6/18/2019	1	UK CON	31	1	31	x			
AHEC ROM	6/18/19 & 6/25/19	2	AHEC	41	4	164	x			
Advanced Trauma Life Support	6/26/19-6/27/19	2	UKHC	22	24	528	x			
General Surgery New Intern Orientation	6/28/2019	1	UKHC	41	5.5	225.5	x			
MD838 OB/GYN Orientation	6/28/2019	1	UK COM	8	3	24	x			
NUR 301 Skills Practice	7/10/19-7/11/19 & 7/17/19-7/18/19	4	Undergraduate	14	24	336	x			
KCH Cardiac Emergency & Respiratory Distress Simulation	8/1/19 & 8/6/19	2	UKHC	10	6.5	65	x			
Hospital Based Massage Training	8/6/2019	1	UKHC	2	1	2	x			
OB/GYN Residency	8/6/2019	1	UKHC	10	3	30	x			

Simulation Facilitator Workshop	8/12/2019	1	UK CON	6	7	42	x			
Advanced Trauma Life Support	8/22/19-8/23/19	2	UKHC	9	24	216	x			
SRNA	5/6/19-5/17/19	10	SRNA	19	80	1520	x			
CPR/BLS for SRNA Group	5/9/2019	1	SRNA	17	4.5	76.5	x			
SRNA	5/20/19-5/31/19	10	SRNA	19	80	1520	x			
CPR/BLS for SRNA Group	5/22/2019	1	SRNA	18	4.5	81	x			
SRNA	6/3/19-6/14/19	10	SRNA	12	80	960	x			
CPR/BLS for SRNA Group	6/11/2019	1	SRNA	5	5	25	x			
CPR/BLS for SRNA Group	6/17/2019	1	SRNA	5	4	20	x			
SRNA	6/17/19-6/28/19	10	SRNA	8	80	640	x			
CPR/BLS for SRNA Group	6/20/2019	1	SRNA	6	5	30	x			
SRNA	7/8/19-7/19/19	10	SRNA	10	80	800	x			
MOI Train the Trainer	7/19/19-7/20/19	2	SRNA		17	0	x			
SRNA	7/22/19-8/2/19	10	SRNA	13	80	1040	x			
CPR/BLS for SRNA Group	7/29/2019	1	SRNA	20	5	100	x			
			summer 2019 total contact learner hours			**9013**				

Appendix N
(N.4, Fall 2019)

Fall 2019 CSLC Event Activity

Name of Event	Dates of Event	# of Event Dates	Types of Learners	Number of Learners	Hours of Instruction per learner	Total Hours	T/L	A	R	SI
Clinical Orientation	8/26/19-8/30/19	4	Undergraduate	104	2	208	x			
Synthesis - Crisis	9/9/19-9/13/19	5	Undergraduate	104	1.5	156	x			
Shock	9/30/19-10/4/19	5	Undergraduate	104	1.5	156	x			
Multiple Patient	9/16/19-9/20/19	5	Undergraduate	120	1.5	180	x			
Mental Health - Withdrawal	9/23/19-9/27/19	5	Undergraduate	120	2.25	270	x			
Pandemic Game	10/14/19-10/18/19	5	Undergraduate	120	2	240	x			
Focus on Prep for High Acuity	11/11/19-11/15/19	5	Undergraduate	120	1.5	180	x			
Rotation: Peds/OB	9/2/19-9/6/19	4	Undergraduate	99	2	198	x			
Preeclampsia	10/28/19-11/1/19	4	Undergraduate	99	1.5	148.5	x			
Intensive Insulin Therapy	11/4/19-11/8/19	5	Undergraduate	99	1.5	148.5	x			
Meningitis	11/18/19-11/22/19	5	Undergraduate	99	1.5	148.5	x			
Shoulder Dystocia	12/2/19-12/6/19	5	Undergraduate	99	2	198	x			
Blood Transfusion	10/7/19-10/11/19	4	Undergraduate	107	1.5	160.5	x			
Cardiovascular	10/28/19-11/1/19	5	Undergraduate	107	1.5	160.5	x			
Pancreatitis	11/18/19-11/22/19	5	Undergraduate	107	1.5	160.5	x			
Incorporate Ethics and Infection Control	9/23/19-9/27/19	5	Undergraduate	99	1	99	x			
Trach Care	10/14/19-10/18/19	4	Undergraduate	99	1	99	x			
Elimination	11/4/19-11/8/19	5	Undergraduate	99	1	99	x			
Simulation Wrapup	12/2/19-12/6/19	5	Undergraduate	99	2	198	x			
Communication, V/S, Safety	10/7/19-10/11/19	5	Undergraduate	103	1	103	x			
Elder Assessment	11/11/19-11/15/19	4	Undergraduate	103	1	103	x			
CPR, Room of Errors, Assessment	12/9/19-12/13-19	4	Undergraduate	103	1	103	x			
ABSN Trach Care (Block 1)	9/9/19-9/13/19	2	ABSN	25	1	25	x			
ABSN Elimination (Block 1)	9/30/19-10/4/19	2	ABSN	25	1	25	x			

ABSN Mental Health - Withdrawal (Block 2)	11/4/19-11/8/19	2	ABSN	25	2.25	56.25	x			
NUR 941	9/4/2019	1	Graduate	26	5	130	x			
NUR 923 Advanced Health Assessment	9/6/2019	1	Graduate	12	9	108	x			
NUR 961/950 Wet Mount	12/4/2019	1	Graduate	19	4	76	x			
NUR 966/968	12/5/2019	1	Graduate	14	4	56	x			
NUR 923 Advanced Health Assessment	12/6/2019	1	Graduate	12	9	108	x			
NUR 203 Lecture/Lab	8/27/19-12/13/19	14	Undergraduate	103	4	412	x			
NUR 211 Lecture/Lab	8/27/19-12/13/19	14	Undergraduate	99	4	396	x			
ABSN Lab Orientation	8/26/2019	1	ABSN	*open*	7	0	x			
SNA Meeting	8/29/2019	1	Undergraduate	*open*	1	0	x			
NUR 313 Competency/Skills Check Off	9/2/19-9/6/19	5	Undergraduate	99	0.5	49.5		x		
NUR 311 Clinical Orientation	9/3/19-9/5/19 & 9/9/19-9/11/19	5	Undergraduate	99	0.5	49.5	x			
SNA Meeting	9/8/2019	1	Undergraduate	*open*	3	0	x			
Difficult Conversations in the NICU	9/11/2019	1	UKHC	8	4.5	36	x			
NUR 301 Competency/Skills Check off	9/11/19-9/13/19, 9/16/19-9/17/19, 9/20/19 & 9/24/19	7	Undergraduate	107	0.5	53.5		x		
NUR 301 Chest Tube Review	9/18/19-9/19/19	2	Undergraduate	107	7	749	x			
NUR 313 Makeup Exam	9/23/2019	1	Undergraduate	1	1.5	1.5		x		
Phi Delta Epsilon Medical Fraternity	10/2/2019	1	UK COM	45	1	45	x			
AHEC Paris Independent High School Tour	10/8/2019	1	UK Ag	18	1	18	x			
SNA Meeting	10/13/2019	1	Undergraduate	*open*	3	0	x			
NUR 313 Student Testing	10/24/2019	1	Undergraduate	1	1.5	1.5		x		
Pre-Nursing iGo Experience	10/25/2019	1	UK CON	18	1	18	x			
SNA Meeting	11/10/2019	1	Undergraduate	*open*	3	0	x			
Nursing 923 Skills Practice	11/25/2019 & 12/2/19	2	Graduate	9	13.5	121.5	x			
Advanced Trauma Life Support	11/27/2019	1	UKHC	13	12	156	x			

NUR 401 Non-Violent Crisis Prevention Training	12/5/2019	1	Undergraduate	120	9	1080	x			
SNA Meeting	12/8/2019	1	Undergraduate	*open*	3	0	x			
NUR 397 Presentations	12/9/2019	1	Undergraduate	13	1	13	x			
NUR 413 Presentations	12/18/2019	1	Undergraduate	104	9	936	x			
Advanced Trauma Life Support	12/19/19-12/20/19	2	UKHC	15	24	360	x			
SRNA	8/26/19-9/26/19	15	SRNA	16	60	960	x			
CPR/BLS for SRNA	9/11/2019	1	SRNA	13	4	52	x			
SRNA	11/4/19-12/12/19	15	SRNA	8	60	480	x			
CPR/BLS for SRNA	11/20/2019	1	SRNA	7	4	28	x			
MOI Train the Trainer	11/23/2019	1	SRNA		10.5	0	x			
		fall 2019 total contact learner hours				**10117.3**				

Appendix N
(N.5, Spring 2020)

Spring 2020 CLSC Event Activity

Name of Event	Dates of Event	# of Event Dates	Types of Learners	Number of Learners	Hours of Instruction per learner	Total Hours	T/L	A	R	SI
Clinical Orientation	1/20/20 - 1/24/20	4	Undergraduate	116	2	232	x			
Synthesis - Crisis	2/3/20 - 2/7/20	5	Undergraduate	116	1.5	174	x			
Shock	2/24/20 - 2/28/20	5	Undergraduate	116	1.5	174	x			
Multiple Patient	2/10/20 - 2/14/20	5	Undergraduate	99	1.5	148.5	x			
Mental Health - Withdrawal	2/17/20 - 2/21/20	5	Undergraduate	99	2.25	222.8	x			
Pandemic Game	3/9/20 - 3/13/20	5	Undergraduate	99	2	198	x			
Rotation: Peds/OB	1/27/20 - 1/31/20	4	Undergraduate	99	2	198	x			
Meningitis (ONLINE-Pandemic)	4/13/20 - 4/17/20	5	Undergraduate	99	1.5	148.5	x			
Shoulder Dystocia (ONLINE-Pandemic)	4/20/20 - 4/24/20	5	Undergraduate	99	2	198	x			
Blood Transfusion	3/2/20 - 3/6/20	4	Undergraduate	99	1.5	148.5	x			
Pancreatitis (ONLINE-Pandemic)	4/13/20 - 4/17/20	5	Undergraduate	99	1.5	148.5	x			
Incorporate Ethics and Infection Control	2/17/20 - 2/21/20	5	Undergraduate	103	1	103	x			
Trach Care	3/9/20 - 3/13/120	4	Undergraduate	103	1	103	x			
Communication, V/S, Safety	3/2/20 - 3/6/20	4	Undergraduate	100	1	100	x			
ABSN - Trach Care (Block 1)	2/3/20-2/7/20	2	ABSN	25	1	25	x			
ABSN - Elimination (Block 1)	2/24/20-2/28/20	2	ABSN	25	1	25	x			
ABSN - Mental Health - Withdrawal (Block 2) (ONLINE - Pandemic)	3/30/20-4/3/20	2	ABSN	25	2.25	56.25	x			
NUR 942/944/930	1/23/2020	1	Graduate	61	5	305	x			
NUR 923 Advanced Health Assessment	1/24/2020	1	Graduate	23	9	207	x			
NUR 925 OSCE (Ossege) (ONLINE-Pandemic)	4/8/2020	1	Graduate	8	4	32		x		
NUR 955 (ONLINE-Pandemic)	4/9/2020	1	Graduate	5	6	30		x		

NUR 923 Advanced Health Assessment OSCE (ONLINE - Pandemic)	4/10/2020	1	Graduate	23	8	184		x		
NUR 203 Lecture/Lab	1/13/20-3/13/20	14	Undergraduate	100	4	400	x			
NUR 211 Lecture/Lab	1/13/20-3/13/20	14	Undergraduate	103	4	412	x			
Vascular Access Skills Practice	1/7/2020	1	Undergraduate	1	9	9	x			
NUR 202 Vital Sign Boot Camp	1/13/20-1/14/20	2	Undergraduate	*open*	7	0	x			
NUR 397 Orientation	1/14/2020	1	Undergraduate	6	0.5	3	x			
NUR 202 Clinical Orientation	1/16/2020	1	Undergraduate		2	0	x			
NUR 313 Competency/Skills Check Off	1/21/20-1/24/20 & 1/27/20	5	Undergraduate	99	0.5	49.5		x		
NUR 413 Synthesis	1/22/2020	1	Undergraduate	116	2	232	x			
NUR 301 Skills Check offs	1/29/20-1/31/20, 2/7/19 & 2/14/20	5	Undergraduate	99	0.5	49.5		x		
iCATS2020	1/31/20 & 2/14/20	2	Undergraduate		8	0	x			
NUR 301 Chest Tube Review	2/5/20-2/6/20	2	Undergraduate	99	7	693	x			
NUR 301 IV pump practice	2/20/2020	1	Undergraduate	*open*	5	0	x			
Pediatric Nursing Critical Care Fellowship	2/25/20 & 2/27/20	2	UKHC		6	0	x			
Anesthesiology OSCE	3/9/20 & 3/16/20	2	UK COM	19	12	228		x		
SRNA	1/13/20-2/13/20	15	SRNA	20	60	1200	x			
SRNA	2/17/20-3/19/20	15	SRNA	13	60	780	x			
CPR/BLS for SRNA	1/29/2020	1	SRNA	16	4.5	72	x			
CPR/BLS for SRNA	2/26/2020	1	SRNA	11	4.5	49.5	x			

spring 2020 total contact learner hours **7339**

CANCELLED IN SPRING 2020 DUE TO PANDEMIC											
Focus on Prep for High Acuity (Cancelled-Pandemic)	4/6/20 - 4/10/20	4	Undergraduate	99	1.5	148.5	x			
Preeclampsia (Cancelled-Pandemic)	3/23/20 - 3/27/20	5	Undergraduate	99	1.5	148.5	x			
Intensive Insulin Therapy (Cancelled-Pandemic)	3/30/20 - 4/3/20	5	Undergraduate	99	1.5	148.5	x			
Cardiovascular (Cancelled-Pandemic)	3/23/20 - 3/27/20	5	Undergraduate	99	1.5	148.5	x			
Elimination (Cancelled-Pandemic)	3/30/20 - 4/3/20	5	Undergraduate	103	1	103	x			
Simulation Wrap up (Cancelled-Pandemic)	4/20/20 - 4/24/20	5	Undergraduate	103	2	206	x			
Elder Assessment (Cancelled-Pandemic)	4/6/20 - 4/10/20	4	Undergraduate	100	1	100	x			
CPR/Room of Errors/Assessment (Cancelled-Pandemic)	4/27/20 - 5/1/20	4	Undergraduate	100	1	100	x			
NUR 942 FCCS (Cancelled-Pandemic)	4/10/20	1	Graduate	30	5	150		x		
NUR 969 (Cancelled-Pandemic)	4/10/2020	1	Graduate	7	9	63		x		

Appendix N
(N.6, Summer 2020)

Summer 2020 CSLC Event Activity

Name of Event	Dates of Event	# of Event Dates	Types of Learners	Number of Learners	Hours of Instruction per learner	Total Hours	T/L	A	R	SI
Clinical Orientation (ONLINE-Pandemic)	5/15/20	1	Undergraduate	15	2	30	x			
Trauma/Respiratory (ONLINE-Pandemic)	5/22/20	1	Undergraduate	15	2	30	x			
Synthesis - Crisis (ONLINE-Pandemic)	5/29/20	1	Undergraduate	15	1.5	22.5	x			
Shock (ONLINE-Pandemic)	6/12/20	1	Undergraduate	15	2	30	x			
ABSN Cohort 2 - Elder Assessment (ONLINE-Pandemic)	6/8/20-6/20/20	11	ABSN	26	1	26	x			
ABSN Cohort 2 - Ethics, Safety & Infection Control (ONLINE-Pandemic)	7/7/20-7/11/20	5	ABSN	26	1	26	x			
ABSN Cohort 2 - Simulation Wrap up (ONLINE-Pandemic)	7/27/20-7/31/20	5	ABSN	26	2	52	x			
ABSN Cohort 1 - Meningitis (ONLINE-Pandemic)	6/19/20	1	ABSN	20	1.5	30	x			
SRNA (ONLINE-Pandemic)	6/8/20-6/19/20	10	SRNA	9	80	720	x			
SRNA (ONLINE-Pandemic)	6/22/20-7/3/20	10	SRNA	16	80	1280	x			
SRNA (ONLINE-Pandemic)	7/13/20-7/24/20	10	SRNA	20	80	1600	x			
SRNA (ONLINE-Pandemic)	7/20/20-8/14/20	10	SRNA	7	80	560	x			
SRNA (ONLINE-Pandemic)	7/27/20-8/7/20	10	SRNA	18	80	1440	x			

summer 2020 total contact learner hours **5847**

Appendix N
(N.7, Fall 2020)

Fall 2020 CSLC Event Activity

Name of Event	Dates of Event	# of Event Dates	Types of Learners	Number of Learners	Hours of Instruction per learner	Total Hours	T/L	A	R	SI
Shock	8/31/20-9/4/20	5	Undergraduate	87	1.5	130.5	x			
Mental Health - Withdrawal	9/14/20-9/18/20	5	Undergraduate	97	1.25	121.25	x			
Meningitis	10/12/20-10/16/20	5	Undergraduate	90	1.5	135	x			
Shoulder Dystocia	10/19/20-10/23/20	5	Undergraduate	90	1.5	135	x			
Pancreatitis	11/9/20-11/13/20	5	Undergraduate	105	1.5	157.5	x			
Elimination	10/26/20-10/30/20	5	Undergraduate	97	2	194	x			
Riley Robbins	11/2/20-11/6/20	4	Undergraduate	97	1.5	145.5	x			
ABSN Cohort 1 - Pancreatitis	9/21/20-9/25/20	4	ABSN	19	1	19	x			
ABSN Cohort 2 - Trach Care	9/7/20-9/10/20	4	ABSN	16	1.5	24	x			
ABSN Cohort 2 - Mental Health	11/2/20-11/4/20	2	ABSN	16	1.5	24	x			
ABSN Cohort 3 - Elder Assessment	9/7/20-9/18/20	10	ABSN	28	1	28	x			
ABSN Cohort 3 - Simulation Wrap up	11/16/20-11/20/20	5	ABSN	28	2	56	x			
NUR 327 LPN Lab Day	9/12/2020	1	LPN to BSN	10	8.5	85	x			
LPN to BSN - Mental Health	11/7/2020	1	LPN to BSN	10	1.5	15	x			
NUR 941/943	9/2/2020	1	Graduate	15	6	90	x			
NUR 950	9/3/2020	1	Graduate	14	4	56	x			
NUR 942 FCCS	9/4/2020	1	Graduate	15	4	60	x			
NUR 923 Advanced Health Assessment	9/4/2020	1	Graduate	10	9	90	x			
NUR 223 Lecture/Lab	8/18/20-10/2/20	7	Undergraduate	99	4	396	x			
NUR 211 Lecture/Lab	8/19/20-11/19/20	14	Undergraduate	102	4	408	x			
NUR 225 Lecture/Lab	10/12/20-11/19/20	6	Undergraduate	99	4	396	x			
NUR 313 Competency	8/24/20-8/25/20	2	Undergraduate	90	0.5	45		x		
NUR 327 LPN to BSN Skills Practice	8/27/20 & 8/30/20	2	LPN to BSN	10	8	80	x			

NUR 301 Skills Check Off	9/16/20-9/18/20, 9/25/20, 10/2/20 & 10/15/20	6	Undergraduate	105	0.5	52.5		x		
SRNA	8/24/20-9/24/20	15	SRNA	20	60	1200	x			
SRNA	9/28/20-10/29/20	15	SRNA	19	60	1140	x			
SRNA	10/12/20-11/13/20	15	SRNA	14	60	840	x			

fall 2020 total contact learner hours **6123.3**

Appendix O

CSLC Director CV

Jennifer L. Dent, DNP, MSN, RN, CHSE
Curriculum Vitae

University of Kentucky
College of Nursing
315 CON Building
Lexington, KY 40536-0232

Email: jennifer.dent@uky.edu
Office Phone: 859-323-2224
Cell Phone: 859-685-5903

EDUCATION

Dates	Institution/Location	Degree/Field of Study
Aug. 2013 – May 2016	Eastern Kentucky University Richmond, KY	DNP, Nursing
Aug. 2009 – Dec. 2011	Eastern Kentucky University Richmond, KY	MSN, Nursing
Aug. 2000 – Aug. 2003	University of Kentucky College of Nursing Lexington, KY	BSN, Nursing
Mar. 1997 – Dec. 1999	Midway College Midway, KY	ADN, Nursing

LICENSURES AND CERTIFICATIONS

Jan 2000 – present	Nurse Registration, KY 1093108, Kentucky Board of Nursing
2018 – present	Advanced Cardiac Life Support Certification, American Heart Association
2018 – present	Certified Healthcare Simulation Educator, Society for Simulation in Healthcare

AWARDS

May 2019	Louise Zegeer Faculty Award

PROFESSIONAL EXPERIENCE

Academic

Dates	Institution and Location	Title
Aug. 2012 – present	University of Kentucky College of Nursing Lexington, KY	Director, Clinical Simulation and Learning Center, Lecturer
Oct. 2010 – May 2012	Maysville Community and Technical College Cynthiana, KY	Nursing Instructor

Clinical/Other

Dates	Institution and Location	Title
June 2018 – Aug. 2019	Baptist Health Richmond, Richmond, KY	Staff Nurse Medical Surgical Telemetry
Feb. 2001 – Dec. 2014	Baptist Health Lexington, Lexington, KY	Staff Nurse Labor and Delivery and Operating Room
Jan. 2000- Feb. 2001	Ephraim McDowell, Danville KY	Staff Nurse Medical Surgical

PRESENTATIONS

Invited

National

Dent, J. L. & Williams, G. S. (2017). Integration of simulation across a bachelor of science nursing program using creative scheduling (ePoster Presentation), International Nursing Association for Clinical Simulation & Learning Conference. Washington D.C.

Regional/Local

Dent, J. L. (2020). Taking face-to-face simulation online. Faculty Development Workshop: Simulation, University of Kentucky, Lexington, KY.

Dent, J. L. (2020). Simulation facilitator workshop for NUR 211 Clinical Instructors, University of Kentucky, Lexington, KY.

Dent, J. L. (2019). IV push standards. Kentucky Simulation Alliance Meeting, Bluegrass Community and Technical College, Lexington, KY.

Dent, J. L. (2019). Simulation facilitator workshop, University of Kentucky, Lexington, KY.

Dent, J. L. & Kehler, S. A. (2018). Moving forward using simulation pedagogy. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L. (2018). Integration of simulation across a Bachelor of Science Nursing program using creative scheduling. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., & Williams, G. S. (2017). Demonstration of patient simulation. 13th Annual Nursing Faculty Development Workshop: Improve Learning by Engaging Students (Simulation), University of Kentucky, Lexington, KY.

Dent. J. L. (2017). How simulation can be used for staff development in the care of a patient with Meningitis. Clinical Acute and Primary Care Pediatric Nursing Update, University of Kentucky, Lexington, KY.

Dent. J.L. (2016). Keynote speaker for Mercer County Votech Center LNP Graduation. Princeton, WV

Dent, J. L. (2016). Simulation as staff development for competency in nursing care of patients with chest tubes. 12th Annual Nursing Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., Courtney, T. L., & Williams, G. S. (2016, May). Implementation of a multiple patient simulation. 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L., Kral, P. R., & Williams, G. S. (2016, May). Simulation panel, 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L. (July 2015). Developed video case and assignments for implementation in the new online RN-BSN format.

Dent, J.L. (2015). Developing a Multiple Patient Simulation. Simulation Conference: Bridging the Gap between Theory and Practice, University of Kentucky, Lexington, KY

Burkhart, P. V., Stefaniak, K. A., Dent, J. L. (2015, May). Internships: Developing the Next Generation of Nurse Researchers, Practitioners, and Educators. 11th Annual Faculty Development Workshop, University of Kentucky, Lexington, KY, peer-reviewed/refereed

Dent, J. L. (2014). Access to Simulation for Courses with Large Numbers. Belmont University. Tennessee Simulation Conference

Dent, J. L., Fugate, S. J., Halcomb, P. R., Schrader, L. C. (2014). Civility matters. College of Nursing Lunch and Learn, University of Kentucky College of Nursing, Lexington, KY, peer-reviewed/refereed

Wilson, J. L., Dent, J. L., 9th Annual Faculty Development Workshop, University of Kentucky College of Nursing, "Developing Cost Effective Simulation with Low-Tech Technology." (May 2013).

OTHER SCHOLARLY WORK
Authored Society for Simulation in Healthcare Provisional Accreditation Core and Teaching/Learning Documents which were used to achieve provisional accreditation for the UK, CON, Clinical Simulation and Learning Center (June 2019).

PROFESSIONAL MEMBERSHIPS
Sigma Theta Tau International, Delta Psi Chapter
The International Nursing Association for Clinical Simulation & Learning
The Society for Simulation in Healthcare

SERVICE
Professional
The International Nursing Association for Clinical Simulation & Learning Governance Committee (2018-present)
The International Nursing Association for Clinical Simulation & Learning Financial Oversight Committee (2014-2018)
The Kentucky Simulation Alliance: Co-founder and President (2016-present)
Tri-State Simulation Consortium (2015-present).
Lexington Veteran's Affairs Simulation Workgroup (2018)

University
Fellows and Associates of the Center for Interprofessional Health Education, Associate (2017-present)
Faculty Tutoring Advisory Board (2015-present)
Simulation Exercise Planning Group, University of Kentucky Interprofessional Education Working Group, University of Kentucky. (2013-present)
AHEC Summer Camp: CPR simulation (June 24, 2016)

College
College of Nursing Clinical Simulation and Learning Advisory Board, University of Kentucky, College of Nursing. (2012-present)
College of Nursing IPE Committee (2014-present)
Fast Track: Prenursing students simulation of assessment. (August 15, 2016)

10/1/20 CV Revised

Appendix P

CSLC Director Biosketch

Name: Jennifer Dent	
Title / Position: Clinical Simulation and Learning Center Director	
I am the Director of the Clinical Simulation and Learning Center and have responsibility for oversite of simulation activities and operations. In addition, I am involved in every aspect of simulation education from development to facilitation and debriefing.	
Background	**Date of Completion**
Degree(s): DNP, MSN, BSN, ADN	2016, 2011, 2003, 1999
Licensure(s): Registered Nurse	2000-present
Healthcare Simulation Certifications: CHSE	2018 - present
Evidence of scholarship in simulation activities	

Articles (citation):
Textbooks (citation):
Other media (citations/webpages/listings/etc):
Dent, J. L. & Williams, G. S. (2017). Integration of simulation across a bachelor of science nursing program using creative scheduling (ePoster Presentation), International Nursing Association for Clinical Simulation & Learning Conference. Washington D.C. Regional/Local Dent, J. L. (2020). Taking face-to-face simulation online. Faculty Development Workshop: Simulation, University of Kentucky, Lexington, KY. Dent, J. L. (2020). Simulation facilitator workshop for NUR 211 Clinical Instructors, University of Kentucky, Lexington, KY.

Dent, J. L. (2019). IV push standards. Kentucky Simulation Alliance Meeting, Bluegrass Community and Technical College, Lexington, KY.

Dent, J. L. (2019). Simulation facilitator workshop, University of Kentucky, Lexington, KY.

Dent, J. L. & Kehler, S. A. (2018). Moving forward using simulation pedagogy. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L. (2018). Integration of simulation across a Bachelor of Science Nursing program using creative scheduling. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., & Williams, G. S. (2017). Demonstration of patient simulation. 13th Annual Nursing Faculty Development Workshop: Improve Learning by Engaging Students (Simulation), University of Kentucky, Lexington, KY.

Dent. J. L. (2017). How simulation can be used for staff development in the care of a patient with Meningitis. Clinical Acute and Primary Care Pediatric Nursing Update, University of Kentucky, Lexington, KY.

Dent, J. L. (2016). Simulation as staff development for competency in nursing care of patients with chest tubes. 12th Annual Nursing Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., Courtney, T. L., & Williams, G. S. (2016, May). Implementation of a multiple patient simulation. 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L., Kral, P. R., & Williams, G. S. (2016, May). Simulation panel, 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L. (July 2015). Developed video case and assignments for implementation in the new online RN-BSN format.

Dent, J.L. (2015). Developing a Multiple Patient Simulation. Simulation Conference: Bridging the Gap Between Theory and Practice, University of Kentucky, Lexington, KY

Dent, J. L. (2014). Access to Simulation for Courses with Large Numbers. Belmont University. Tennessee Simulation Conference

Wilson, J. L., Dent, J. L., 9th Annual Faculty Development Workshop, University of Kentucky College of Nursing, "Developing Cost Effective Simulation with Low-Tech Technology." (May 2013).

Simulation Organization memberships and participation:
INACSL: Governance Committee member SSH Kentucky Simulation Alliance: Co-founder and President
Brief Narrative of simulation experience (250 words or less):
The CSLC director, Jennifer Dent DNP, MSN, RN, obtained a Doctor of Nursing Practice (DNP) degree May of 2016 with a focus on organizational leadership. Dr. Dent's DNP capstone project focused on simulation and is titled "Simulation as Staff Development for Competency in Nursing Care of Patients with Chest Tubes". The focus of Dr. Dent's Masters of Science in Nursing (MSN) was rural public health nursing education. Her MSN research utilization project also focused on simulation. She began using healthcare simulation in 2011 while teaching at a community college. At that time she implemented healthcare simulation into the curriculum for multiple courses. In 2012, Dr. Dent accepted a position at the University of Kentucky as a Simulation Specialist and was charged with growing simulation in the undergraduate nursing program. During her time at UK she has worked to implement simulation across the undergraduate and graduate programs. As the CSLC Director, Dr. Dent has implemented multiple professional development opportunities for UK faculty and the region. She continues to advocate for the advancement of healthcare simulation across the state of Kentucky. She is a Certified Healthcare Simulation Educator and advocates for others in the field to become certified. She continues to be active in all aspects of healthcare simulation. She has presented regionally on the topic of healthcare simulation and is active both nationally and regionally with groups focused on simulation. She is a leader in simulation in the state of Kentucky through co-founding and being the President of the Kentucky Simulation Alliance.

Appendix Q

CSLC Simulation Instructional Support Specialist
Job Description

University of Kentucky
College of Nursing

Experience:

1. Bachelors required, Masters preferred.
2. Minimum 3 years' experience in information technology, audiovisual, or medical simulation.
3. Significant demonstrated experience in computer use, setup, troubleshooting, and maintenance.
4. Significant experience with technology (e.g. computers, manikins, audiovisual systems, Microsoft Office).
5. Understanding of medical clinical practices, equipment, and facilities.

Position Description:

The Simulation Instructional Specialist of the Simulation Center is responsible for the day to day operation of all equipment in the center along with logistics and maintenance of that equipment. Assist Simulation Center Director and others in the day-to-day operation and strategic development of a high fidelity medical simulation environment. This includes developing and implementing simulation as an educational modality for the College of Nursing.

Major Job Requirements:

1. Perform market research to understand current practices in medical simulation training.
2. Develop data collection and record keeping procedures to evaluate student learning that comply with standards for medical training.
3. Perform periodic reviews of programs and write summary reports.
4. Provide summaries of operational expenses, class attendance, equipment usage and equipment repair as input to annual plan development.
5. Support the short-, intermediate-, and long-term teaching, research, and revenue-generating goals of the Center.
6. Assists director in their absence.
7. Develop relationships with medical equipment vendors to gain their support to supply goods and services in support of medical training.
8. Create sign-out sheets and other record keeping methods to track inventory location and level.
9. Support development with technical knowledge of the Simulation Center capabilities and procedures to ensure that curricula are accurate and appropriate.
10. Support the development and writing of generated grants.
11. Conduct tours and demonstrations of the facilities.
12. Supervise preventive maintenance of equipment according to manufacturers' recommendations. Monitor scheduled maintenance to ensure that equipment is operational. Work with manufacturers or vendors to correct equipment deficiencies in order to minimize down time.
13. Research vendors for supplies and equipment, obtain bids, and make purchasing decisions within delegated authority. Refer purchasing decisions above delegated limits to the Director.
14. Develop technical proficiency with all aspects of the operation, maintenance, support, trouble-shooting, and repair for all equipment.
15. Act as point of contact with the equipment manufacturers for troubleshooting equipment and systems problems.
16. Direct hardware and software updates provided by equipment and software suppliers.

17. Operation of the simulators in development and implementation of simulated clinical events.
18. Demonstrate and teach technical aspects of operating simulators to faculty members and others.
19. Provide orientation of faculty to principles of simulation training and debriefing techniques, and provide faculty with related literature.
20. Sets up the simulation rooms in preparation for simulation scenarios; including equipment, supplies, mannequin moulage, simulator programming, audiovisual equipment, and automatic medication dispenser.
21. Provides instructional support for undergraduate students, course instructional support, curriculum facilitation that includes developing, coordinating, and designing simulation curriculum.
22. Design and maintain the simulation center's electronic health record.
23. Supports computerized simulation in didactic and lab settings.
24. Plan and implement special projects within the simulation center.
25. Film, edit, and manage instructional, demonstration, and simulation videos with students and faculty.
26. Attend and participate in meetings related to the simulation center and implementation of evolved plans.
27. Attend meetings and conferences to stay up to date with simulation best practices and benchmarking.

Reviewed 10/5/20

Appendix R

CSLC Simulation Lab Coordinator Senior
Job Description

University of Kentucky
College of Nursing

Simulation Lab Coordinator Senior

Responsibilities
List this job's *key* responsibilities in order of importance. At least three major job responsibilities are required. Most jobs have three to five major job responsibilities. Please specify the approximate percentage of time spent on each. Major job responsibilities are typically only one to two words. For example:

Major Job Responsibility: Records/forms
Essential Functions: Prepare IDIV's, DAV's, maintain personnel records and correspondence files.
Competencies/Skills: Planning and organizing, dependability and attention to detail.
Percent of Time: 30

1. Major Job Responsibility	**Clinical Simulation Development**
Essential Functions	Works closely with clinical faculty event directors/instructors to design, develop and implement simulation event strategies that will increase learners' abilities to meet clinical skill requirements. Develops and implements clinically based scenarios and recommends specific task training for simulation. Creates a learning environment that enhances the learner's ability to use conceptual thinking and problem solving skills. Utilizes simulation research and literature findings to integrate best practices into simulation instruction and practice. Writes/programs computer-based clinical simulation scenarios.
Competencies/Skills	Technical experience in clinical simulation; collaboration, research, analytical thinking, excellent communication (written and oral), ability to manage clinical instructor and learner challenges with diverse backgrounds; teamwork, emotional intelligence. Proficient, demonstrable working knowledge in simulator programming software, such as CAE Muse and Laerdal LLEAP. Fluency in MS Word and Outlook. Maintains expertise in simulation technology. Working knowledge of medical terminology.
Percent of Time	35
2. Major Job Responsibility	**Clinical Simulation Oversight**

Essential Functions	Manages all phases of simulation events from creation, development, to execution, including task trainer skills labs and complex simulated clinical events. Provides resources in the skills and simulation lab for mastery of the psychomotor and clinical reasoning skills. In collaboration with the faculty/staff lead, supervises event execution to ensure lab experiences meets desired outcomes and comply with Simulation Center Policies and Procedures. Implements and runs simulation exercises using low, mid and high-fidelity human patient simulators. Able to take personal initiative to research and successfully implement programs for new and unfamiliar clinical scenarios. Flexible and adaptable in a dynamic environment and able to work independently. Oversees management of equipment and supply usage of replaceable parts to inform equipment orders.
Competencies/Skills	Experience in the functionality of simulation task trainers, mid and high fidelity patient simulators; knowledge of simulator programming software and how to write simulation scenarios (Muse, LLEAP or other), resource-wise, analytical thinker, self-directed, innovative, computer proficiency. Proven ability to meet deadlines, set project timelines and self manage programs to completion and effectively communicate and collaborate with myriad clinical program directors and instructors; ability to multitask and execute multiple programs simultaneously.
Percent of Time	30
3. Major Job Responsibility	**Clinical Simulation Technical Support**
Essential Functions	Provides technical support for all simulation operations, including preparation, maintenance and repair of simulation task trainers and high fidelity patient simulators and audio visual equipment; Provides technical assistance, support and training to faculty, instructors and staff in use of simulation equipment. Interfaces with equipment manufacturers regarding equipment troubleshooting and system maintenance. Maintains current knowledge of the technical side of simulation science, equipment catalogs, and operation manuals. Participates in technical training as necessary.
Competencies/Skills	Knowledge of Muse, LLEAP or other simulation-based software and ability to learn new software, computer savvy, strong written and verbal communication, team collaboration, knowledge of simulation audio/visual simulation equipment and recording and debriefing processes
Percent of Time	20

4. Major Job Responsibility	**Equipment and supplies inventory management**
Essential Functions	Manages all equipment and supplies to support simulation training efforts. Oversee Simulation Coordinator Level 1 and staff support to ensure up-to-date inventory of simulation program supplies and equipment maintenance contract renewals.
Competencies/Skills	Simulation information technology, organizational skills, tech savvy, communication, analytical, simulation equipment engineering
Percent of Time	10
5. Major Job Responsibility	**Professional Development and Competency**
Essential Functions	Attends workshops/classes/conferences that relate to essential job functions in clinical simulation and electronic software competency and productivity. Builds on existing technical expertise in simulation computer and audio visual technical development. Successfully completes all required annual competencies. Participates in staff meetings or other meetings as required.
Competencies/Skills	Teamwork, collaboration; must obtain CHSOS within two years of hire.
Percent of Time	5
Job Summary	Manage the technical creation, preparation and execution of clinical simulation programs, including task and high fidelity patient simulator scenarios. Collaborate with clinical partners to write/program simulated clinical scenarios. Design and develop clinical training and education event content to advance learning goals and learner skills through simulation. Must have demonstrable experience in simulation specific software (Muse, LLEAP or other) and fluency in use of MS Word and Outlook. Oversee program execution to ensure instructor and learner compliance with program goals and Simulation Center Policies and Procedures. Manage equipment maintenance, supplies inventory, and learning resources. Certified Healthcare Simulation Operations Specialist (CHSOS) desired or obtains within two years of hire.

Appendix S

Lecturer/Simulation Specialist Job Description

University of Kentucky
College of Nursing

Position Description:
The Lecturer/Simulation Specialist hired into this position provides instructional support for students; course instructional support; curriculum facilitation that includes developing, coordinating, and teaching nursing content and nursing interventions. Has expertise in the use of interactive and simulated technology. Has the ability to collaborate with other faculty and staff in incorporating this technology in nursing education. This position assists in the operations of the Clinical Simulation and Learning Center space and equipment for undergraduate nursing students.

Required Education:
Master's degree in Nursing required.

Required Experience in Years/Months:
Minimum of two (2) years of professional nursing experience within the last five (5) years
One year simulation experience

Required License/Certification/Registration:
Active Kentucky license as a registered nurse required.

Major Job Requirements:
Simulation
Uses evidence based simulation models to develop, implement and evaluate simulation scenarios as an educational modality
Stay up to date on current practices and simulation
Evaluates clinical simulation curriculum to achieve the mission, vision and goals of the Clinical Simulation and Learning Center
Assist director in their absence
Support the short-, intermediate-, and long-term teaching, research, and revenue-generating goals of the Center.
Operation of the simulators in development and implementation of simulated clinical events
Assist in planning and implementing special projects within the simulation center.
Attend and participate in meetings related to the simulation center and implementation of evolved plans

Operations
Assist the director in scheduling rooms and Clinical Simulation and Learning Center events.
Computer skills – Excel, Microsoft Word, Blackboard, Microsoft Outlook, *Booked* Scheduling
Organization skills – checking and maintaining supplies utilized in the simulation center. Maintain medication carts and current inventory, purchases and paperwork through the College's business office and the UKMC Warehouse, Grogans and other approved vendors.
Assist in the daily operations of the Clinical Simulation Center. Including working quickly to resolve problems and they occur, maintain quality work, is flexible, makes changes as identified, and is able to work independently and collaboratively in an ever-changing environment.

Appendix T

CSLC Simulation Instructional Support Specialist Biosketch

Name: Carol Simpson	
Title / Position: Simulation Instructional Support Specialist	
I handle all operations of the Clinical Simulation and Learning Center in the College of Nursing at the University of Kentucky. See narrative below.	
Background	**Date of Completion**
Degree(s): B.A. Business Administration; B.A. Accounting	May 1992; December 1992
Licensure(s):	N/A
Healthcare Simulation Certifications:	N/A

Evidence of scholarship in simulation activities
Articles (citation):
N/A
Textbooks (citation):
N/A
Other media (citations/webpages/listings/etc):
N/A

Simulation Organization memberships and participation:
Kentucky Simulation Alliance – member International Nursing Association for Clinical Simulation & Learning – member Society for Simulation in Healthcare - member
Brief Narrative of simulation experience (250 words or less):
I have two and one-half years total experience in the simulation lab. I began as a Lab Assistant where I handled purchasing, room setup for scenarios, and other items as needed. Five months later, I became the Simulation Instructional Support Specialist. I now handle all operations of the CSLC as well as scheduling of students and room reservations within our center. I have attended the CSLC Simulation Facilitator Workshops in August 2018, 2019 as well as May 2018, 2019s CON Faculty Simulation Workshops. I have completed Sim lessons 101, 102, 103, 104, 201, 202, 203, and 204 online from the Center for Health Sciences Interprofessional Education Research and Practice, University of Washington. I have traveled with UK nursing students to a rural county for a hCATS to Appalachia interprofessional experience (nursing, dentistry) and will continue to do so each fall semester.

Appendix U

CSLC Simulation Lab Coordinator Senior Biosketch

Name: Malik Underwood	
Title / Position: Simulation Lab Coordinator Senior	
Manages the technical creation, preparation and execution of clinical simulation programs, including task and high fidelity patient simulator scenarios. Collaborates with CSLC Director and faculty to write/program simulated clinical scenarios. Designs and develops clinical training and education event content to advance learning goals and learner skills through simulation.	
Background	**Date of Completion**
Degree(s): B.S in Education: Kinesiology & Health Promotion - University of Kentucky	May 2019
Licensure(s): N/A	
Healthcare Simulation Certifications: N/A	

Evidence of scholarship in simulation activities
Articles (citation):
N/A
Textbooks (citation):
N/A
Other media (citations/webpages/listings/etc):

Simulation Organization memberships and participation:
Kentucky Simulation Alliance Society for Simulation in Healthcare
Brief Narrative of simulation experience (250 words or less):
I joined the Clinical Simulation and Learning Center in July 2019 as the Simulation Technician. I was in charge of the technology aspect of simulation (ex. High fidelity manikins). I was officially given the title of Simulation Lab Coordinator Senior in March 2020. I am now in charge of all technology in the CSLC, including troubleshooting faulty hardware, creating scenarios for simulation, restocking supplies, and facilitating online scenarios.

Appendix V

CSLC Senior Lecturer Biosketch

Name: Paula R. Kral	
Title / Position: Senior Lecturer	
Provides instructional support for students; course instructional support; curriculum facilitation that includes developing, coordinating, and teaching nursing content and nursing interventions. Utilizes evidence-based simulation models to develop, implement and evaluate simulation scenarios as an educational modality. Evaluates clinical simulation curriculum to achieve the mission, vision and goals of the Clinical Simulation and Learning Center (CSLC). Operates simulators in development and implementation of simulated clinical events. Assists in planning and implementing special projects within the simulation center. Attends and participates in meetings related to simulation center and implementation of evolved plans. Assists director in her absence and in scheduling rooms and CSLC events. Assists in the daily operations of the CSLC.	
Background	**Date of Completion**
Degree(s): MSN, University of Kentucky BSN, Eastern Kentucky University	August 1986 May 1980
Licensure(s): RN	September 1980-current
Healthcare Simulation Certifications: CHSE	November 2018-current

Evidence of scholarship in simulation activities
Articles (citation):
Textbooks (citation):
Other media (citations/webpages/listings/etc):

Simulation Organization memberships and participation:
International Nursing Association For Clinical Simulation and Learning Society for Simulation in Healthcare Kentucky Simulation Alliance
Brief Narrative of simulation experience (250 words or less):
From 1995 to 2000 utilized task trainers and low fidelity in the laboratory setting to instruct UK undergraduate nursing students in physical assessment and psychomotor skills. From November 2009 to January 2015 became part of the UKCON Simulation Human Resource Infrastructure team, assessing educational needs of undergraduate second semester sophomores and second semester senior students, then developing simulation scenarios using task trainers, standardized patients, low and high-fidelity manikins to meet those student needs. Continued to utilize task trainers to assist students in developing competency of various psychomotor skills. Beginning in January 2015 accepted position as simulation specialist in UKCON responsible for simulation design of various simulation scenarios to meet student needs across the curriculum based on individual course and program outcomes, along with BSN Essentials and QSEN Standards. Includes performing needs assessment working with faculty content experts; development of measurable objectives based on individual course and program outcomes; development of structured simulation scenarios with identification of specific modalities and fidelities to be used; logistics of scheduling rooms and student attendance of simulation events; and facilitation of developed scenarios including pre-briefing, technological application of running simulations, debriefing and formative evaluation of student participation. Experience in Interprofessional Education (IPE) working with standardized patients and as a facilitator over last four years. Mentor new faculty in role of simulation facilitators and staff in technological support. Active participation in providing yearly simulation conferences and workshops in the UKCON with demonstration of simulation scenarios and panel discussions. In November 2018 became Certified Healthcare Simulation Educator.

Appendix W

CSLC Lecturer/Simulation Specialist Biosketch

Name: Stephanie Kehler	
Title / Position: Lecturer/Simulation Specialist	
Uses evidence based simulation models to develop, implement and evaluate simulation scenarios as an educational modality in an undergraduate nursing program. Acquires expertise in the use of interactive and simulation technology. Collaborates with other faculty and staff to incorporate simulation technology in nursing education. Utilizes other transferable skills to facilitate operations for the simulation center.	
Background	**Date of Completion**
Degree(s): BSME, BSN, PhD (nursing)	1994, 2013, 2017
Licensure(s): RN #1135989	current
Healthcare Simulation Certifications: CHSE	2020

Evidence of scholarship in simulation activities
Articles (citation):
N/A
Textbooks (citation):
N/A
Other media (citations/webpages/listings/etc):
Kehler, S., & Dent, J. Moving forward using simulation pedagogy. 14th Annual Nursing Faculty Development Workshop (presentation)

Simulation Organization memberships and participation:
INACSL – member Kentucky Simulation Alliance – member Society for Simulation in Healthcare - member
Brief Narrative of simulation experience (250 words or less):
I am a Certified Healthcare Simulation Educator (CHSE) with over 2.5 years experience with simulation with undergraduate nursing students. Experience includes various levels of fidelity. I have completed the INACSL Standards of Best practice modules (Simulation Design, Outcomes and Objectives, Facilitation, Debriefing, Participant Evaluation, Professional Integrity, Simulation-Enhanced Interprofessional Education, and Operations), attended a INACSL Conference 2019, Tennessee Simulation Alliance Conference 2019, Simulation Workshop (2018), and Facilitators Workshops (2017, 2018, 2019) at the University of Kentucky to continue my education with simulation as an educational modality.

Appendix X

New Simulation Faculty Orientation

New Faculty Name: _____

I. Welcome

Welcome to the Clinical Simulation and Learning Center (CSLC). This area is dedicated to experiential learning and student success. All the lab activities and simulated clinical experiences are designed to increase and develop student knowledge, application, clinical judgment, teamwork, and professionalism.

II. UKY College of Nursing Mission

The mission of the University Of Kentucky College Of Nursing is to promote health and well-being through excellence in nursing education, research, practice and service while fostering diversity and inclusion.

III. Undergraduate Curriculum

200 Foundations Professional Nursing: 1st Semester Sophomore

This course will enable nursing students to develop skills for student success. Students will discover nursing as a profession in historical and emerging contexts of today's interprofessional health care delivery system. Students will begin to develop professional behaviors to promote high quality and safe patient-centered care in an interprofessional healthcare environment. This course is a Graduation Composition and Communication Requirement (GCCR) course in certain programs, and hence is not likely to be eligible for automatic transfer credit to UK.

202/203 Assessments and Health Promotion Across Lifespan: 1st Semester Sophomore

This course introduces the baccalaureate student to the concepts of health and physical assessment, health promotion, and therapeutic communication skills as they are applied with diverse populations in a variety of clinical settings. In addition, students will develop critical thinking skills useful to the nurse in promoting health in individuals and families across the life span. Lecture, five hours; laboratory nine hours per week.

210 Pathopharmacology: 2nd Semester Sophomore

This course is the first of a two semester course sequence that addresses pathophysiological and pharmacologic concepts basic to nursing practice.

211 Fundamentals of Adult Nursing Care: 2nd Semester Sophomore

The course will provide didactic and clinical experiences that enable the students to provide beginning professional nursing care with adults requiring intervention. Students will use the key concepts of safety, patient-centered care, nursing process, teaching-learning, and physical and psychosocial assessment in the care of adults with basic alterations in ability to meet human needs. Content related to providing a safe care environment, such as administering and monitoring medications, aseptic technique, and psychomotor skills will be addressed.

300 Pathopharmacology II: 1st Semester Junior
This course is the second of a two semester course sequence that addresses pathophysiological and pharmacologic concepts basic to nursing practice.

301 Fam Centered Care Adlts W/Com Hlth Probs: 1st Semester Junior
This course will provide classroom, clinical and lab experiences to enable the student to provide patient-centered and family-centered nursing care for adult populations with common health problems across settings. Critical thinking, problem-solving, clinical reasoning, evidence-based practice and ethical considerations are threaded throughout the course. Emphasis will be placed on providing quality and safe nursing care that contributes to optimal patient outcomes. Lecture, 3 hours; clinic, 9 hours per week.

310 Res Evidence Based Nur Practice: 2nd Semester Junior
This course provides an introduction to the research methodology essential to providing evidence-based nursing care. Students will acquire the fundamental basics in quantitative and qualitative nursing research. Legal and ethical issues are discussed. The students will also develop the knowledge and skills necessary to appraise research and apply to evidence-based nursing practice, including up-to-date electronic resources. Students learn to apply this knowledge through evidence-based practice processes. Students will then communicate an evidence-based project to their peers. This course is a Graduation Composition and Communication Requirement (GCCR) course in certain programs, and hence is not likely to be eligible for automatic transfer credit to UK.

311 Nursing Care of Childrearing Families: 2nd Semester Junior
This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families when children and adolescents experience a variety of health problems. Lecture two hours, laboratory six hours per week.

313 Nursing Care of Childrearing Families: 2nd Semester Junior
This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families during uncomplicated pregnancy, labor and delivery, postpartum, and neonatal periods. Lecture 3 credits, clinical 2 credits (6 hours per week).

400 Leadership/Mgmt in Nursing Care Delivery: 1st Semester Senior
This course is designed to advance the student's ability to use leadership and management theory in nursing practice within current and emerging organizational systems. The professional nurse's role in management of care will be examined. Responsibilities for resource management and management of legal and ethical dilemmas in various organizational systems also will be addressed.

401 Psychiatric Mental Health Nursing: 1st Semester Senior
This course is designed to develop students' skill in the use of psychiatric/mental health concepts to provide nursing care to clients across the lifespan and in a variety of settings. Lecture, three hours; clinic, six hours per week.

403 Public Health Nursing: 1st Semester Senior

This course is designed to develop students' skills in applying health promotion and disease prevention frameworks and in using epidemiological and public health concepts to deliver nursing care with diverse populations in a variety of settings. Emphasis will be placed on the effect of changing health care delivery systems on nursing practice. Lecture, three hours; clinic, six hours per week.

410 Career Management in Nur: 2nd Semester Senior
The course provides students with the skills for ongoing professional development and success in nursing.

411 High Acuity Nursing: 2nd Semester Senior
The course emphasizes critical thinking and data analysis skills in the nursing management of patients with complex health problems with and unpredictable outcomes. Students will collaborate with other health care professionals to plan, implement, and evaluate family-centered nursing care across the lifespan in high-acuity settings. Lecture, four hours; clinic, three hours per week.

413 Synthesis of Cli Knowledge Nur Pract: 2nd Semester Senior.
This course was designed to provide opportunity to develop independence and competence in applying principles of care management and leadership to nursing practice in a variety of clinical settings. Lecture, one hour; clinic, 15 hours per week. Graded pass/fail. This course is a Graduation Composition and Communication Requirement (GCCR) course in certain programs, and hence is not likely to be eligible for automatic transfer credit to UK.

Key People:

Dean and Warwick Professor of Nursing:
Janie Heath, PhD, APRN-BC, FAAN

Associate Dean of Undergraduate Faculty& IPE Affairs:
Kristin Ashford, PhD, APRN, WHNP-BC, FAAN

Assistant Dean of BSN Program Studies:
Darlene Welsh, PhD, MSN, RN

Assistant Dean of MSN & DNP Program Studies:
Debra Hampton, PhD, MSN, RN, FACHE, NEA-BC, CENP

Clinical Course Coordinators
NUR 202/203: Cathy Catlett, MSN, RN
NUR 211: Laura Schrader, MSN, RN, APRN
NUR 221: Angela Grubbs, DNP, APRN, NP-C
NUR 301: Jennifer Cowley, MSN, RN
NUR 311: Victoria Hensley, PhD, CPNP
NUR 313: Julia Hall, PhD, MSN, RN
NUR 401: Leslie Beebe, MSN, RN
NUR 403: Kacy Allen-Bryant, MSN, MPH, RN
NUR 411: Stephanie Fugate, MSN, ACNP

NUR 413: Darlene Welsh, PhD, MSN, RN
ABSN Coordinator: Jennifer Cowley

IV. CSLC Information

Mission:

It is our mission to educate and facilitate patient care concepts in a simulated environment that promote knowledge development, patient safety, skills application, clinical reasoning, and evaluation.

Vision:

It is our vision to use simulation, innovation, and research to enhance education relative to patient care and promote patient safety.

Goals:

1. Evaluate simulation education
2. Increase student ability to function in a team.
3. Enhance the student functioning as a professional
4. Create a safe learning environment.
5. Measure the effect of simulation on patient care.
6. Evaluate student competency

V. Theoretical Framework

NLN/Jeffries Simulation Theory
Experiential Learning Theory
NLN SIRC Course "Simulation Pedagogy: What every Nurse Educator Needs to Know" and/or Simulation Facilitator Workshop

INACSL Standards of Best Practice: Simulation℠

Simulation Design
Objectives & Outcomes
Facilitation
Debriefing
Participant Evaluation
Simulation Enhanced IPE
Operations
Simulation Facilitator Workshop

Association of Standardized Patient Educators (ASPE)

The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)

VI. Debriefing Method

PEARLS
Guided Reflection
NLN SIRC course "Debriefing Foundations" and/or Simulation Facilitator Workshop

VII. Pre-briefing

Orientation to simulation environment
Objectives

Establish safe environment
Confidentiality
Roles
Report
Allow time to plan (model this for students in early semesters)
    What information holds significance in report?
    What are the priorities for patient care based on report?
    Get away from assigning tasks.
Simulation Facilitator Workshop

VIII. Schedule
Self-Schedule
Booked scheduling software

IX. Evaluation
Rubrics
NLN Instruments
NLN SIRC course "Evaluating Simulation" and/or Simulation Facilitator Workshop

X. Technology
Camera
Vocals
Simulator
Canvas

XI. Moulage
Carts
Inventory
Equipment

XII. Simulation Scenario Development
Framework
Evidence-based Practice
Careweb: UK Policies
Mosby's Clinical Key: Medical Center Library
Objectives
Simulation Facilitator Workshop

Documentation of Training

Date	Topic	Mode of Training	Trainer Initials
	CSLC Mission and Vision		
	Theoretical Framework		
	INACSL Standards of Best Practice: Simulation[SM] Simulation Design Objectives & Outcomes Facilitation Debriefing Participant Evaluation Simulation Enhanced IPE Operations		
	Pre-briefing		
	Facilitation		
	Debriefing		
	Simulation Rubric		
	Technology Camera Vocals Simulator Canvas		
	Moulage Carts Inventory Equipment		
	Simulation Scenario Development		
	Initial Peer Review		

Signatures:

_____

_____

_____

Appendix Y

New Simulation Instructional Support Specialist Orientation

Name: _____

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1. Evaluate simulation education
2. Increase student ability to function in a team.
3. Enhance the student functioning as a professional
4. Create a safe learning environment.
5. Measure the effect of simulation on patient care.
6. Evaluate student competency

V. Theoretical Framework

NLN/Jeffries Simulation Theory
Experiential Learning Theory
Simulation Facilitator Workshop

INACSL Standards of Best Practice: Simulation℠

Simulation Design
Objectives & Outcomes
Facilitation
Debriefing
Participant Evaluation
Simulation Enhanced IPE
Operations
Simulation Facilitator Workshop

Association of Standardized Patient Educators (ASPE)

The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)

VI. Debriefing Method

PEARLS
Guided Reflection
Simulation Facilitator Workshop

VII. Pre-briefing

Orientation to simulation environment
Objectives
Establish safe environment

Confidentiality
Roles
Report
Allow time to plan (model this for students in early semesters)
    What information holds significance in report?
    What are the priorities for patient care based on report?
    Get away from assigning tasks.
Simulation Facilitator Workshop

VIII. Schedule

Canvas Learning Management System
Student self-schedule procedures
Booked scheduling software

IX. Evaluation

Program review using simulation rubrics
Program review using NLN Instruments
Qualtrics

X. Technology

Camera
Vocals
Simulator
Canvas

XI. Moulage

Carts
Maintenance of inventory
Supply acquisition
Equipment acquisition

Documentation of Training

Date	Topic	Mode of Training	Trainer Initials
	CSLC Mission and Vision		
	Theoretical Framework		
	INACSL Standards of Best Practice: Simulation℠ Simulation Design Objectives & Outcomes Facilitation Debriefing Participant Evaluation Simulation Enhanced IPE Operations		
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	Debriefing		
	Schedule Canvas Learning Management System Student self-schedule procedures *Booked* scheduling software		
	Evaluation Program review using simulation rubrics Program review using NLN Instruments Qualtrics		
	Technology Camera Vocals Simulator Canvas		
	Moulage Carts Maintenance of inventory Supply acquisition Equipment acquisition		

Signatures:

_____

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_____

Appendix Z

New Simulation Lab Coordinator Senior Orientation

Name: _____

I. Welcome

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Roles
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Qualtrics

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Equipment maintenance
Computer technology

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Carts
Room set-up
SCE paperwork
Equipment request
Supplies

Documentation of Training

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Appendix AA

New Clinical Simulation and Learning Center Director Orientation

New Faculty Name: _____

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Experiential Learning Theory
NLN SIRC Course "Simulation Pedagogy: What every Nurse Educator Needs to Know" and/or Simulation Facilitator Workshop

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Objectives & Outcomes
Facilitation
Debriefing
Participant Evaluation
Simulation Enhanced IPE
Operations
Simulation Facilitator Workshop

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NLN SIRC course "Debriefing Foundations" and/or Simulation Facilitator Workshop

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Roles
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    What are the priorities for patient care based on report?
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Simulation Facilitator Workshop

VIII. Schedule
Self-Schedule
Booked scheduling software

IX. Evaluation
Rubrics
NLN Instruments
NLN SIRC course "Evaluating Simulation" and/or Simulation Facilitator Workshop

X. Technology
Camera
Vocals
Simulator
Canvas

XI. Moulage
Carts
Inventory
Equipment

XII. Simulation Scenario Development
Framework
Evidence-based Practice
Careweb: UK Policies
Mosby's Clinical Key: Medical Center Library
Objectives
Simulation Facilitator Workshop

XIII. Administration
Simulation Instructional Support Specialist job description
Simulation Lab Coordinator Senior job description
Simulation Specialist job description
CSLC Budgeting
Operational Processes
Program review
Committee requirements
Policy and Procedures
CSLC space information
    Simulation rooms

Classrooms
Exam Rooms
Storage
Offices

Documentation of Training

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	Moulage Carts Inventory Equipment		
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	Simulation rooms Classrooms Exam Rooms Storage Offices		

Signatures:

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Appendix AB

CSLC Staff Meeting Minutes Example

Simulation Schedule Meeting Recap
August 16, 2018 @ 10:30am
Attendees: Jennifer Dent, Dan Sturdivant, Stephanie Kehler, Christy Hubbard, Carole Haurylko, Julia Hall, Tammy Courtney, Cassie Degener, Carol Simpson
Absent: Samantha Eddington

- Introduction of Personnel
- Fully staffed to run simulation every day plus tech and operations personnel
- New TV. Will note "NURxxx MEET HERE for Pre-brief" so students know where to go. Send survey out to students a few weeks after the semester starts for comments.
- Room set-up/change-over is Dan's responsibility. Jennifer will help this semester.
- Patient chart. No simulation content changes are to be made later than two Friday's prior to the simulation week.
- Dan will pass out scenario copies to the facilitators one week prior to the simulation run time.
- All room requests are routed through Carol at consim@uky.edu email. Room request forms are now required for each event. Carol will be the only one to input items into *Booked*.
- Policies and Procedures: We are currently applying for *Provisional Accreditation*.
- One thing we need for accreditation are two forms of evaluation. We have chosen student and peer evaluations.
    - We ask students to complete the survey after debrief but they do not always stay and do.
    - See if we can add a link on canvas to increase our responses. Perhaps this would go under assignments. If we do this, Carol will send an email to all cohorts advising of this option.
- Equipment Check Out: For accreditation purposes, the supply/equipment check out form must be filled out each instance. For quick reference, requested items will be listed in the equipment cart in *Booked*.
- IV pumps/channels: Purchased four that will be ours. Anything additional that we need, we will rent from UHS. Due to UK central purchasing oversight, four has now become six!
- First Aid Friday: Carole/Tammy will fill out an equipment request form for one IV pump/channel to be used weekly. It will be listed in the equipment cart in *Booked*. Note that two IV combos may be requested at the beginning of the semester.
- Rubric: Facilitators need to always complete the rubric but ONLY write comments if Needs Improvement. In that event, please include the student will need to discuss with their clinical instructor and have them pull up canvas so the instructor understands the situation. *Jennifer/Julia will meet to further discuss this. * Note that all needs improvement comments need to be very specific for our CON reporting purposes.
- Scheduling: A maximum group size cutoff had been requested so that simulation groups are not as large as last time. This issue should be alleviated because last semester we offered a minimal number of simulation times.
- Stephanie/Paula will issue a standardized pre-brief checklist so that all students consistently receive the same information.

- Confidentiality and Consent to Video Agreement: All students are required to sign this form before their first simulation. This agreement lasts their nursing school duration. Only new first semester sophomores will need to sign this agreement.
- Debrief: Family members will remain in the room with students during de-brief.
- Simulation scenario reviews: Discussed by the week and outlined who is covering which role.

Actions:
CS: Send email to all about fall scheduling cutoff. Complete
CS: Make sure all the new required forms are in O365 for easy access. In process
CS: Will send email about professionalism (dress code, unsatisfactories, etc.) the Friday before each cohort's first simulation. In process – 3 of 6 cohorts have received
CS: Send survey to students requesting suggestions or other comments about the TV. In process
JD: Close the loop between clinical instructor knowing a student receives Needs Improvement and what needs to be watched/addressed. Instructors look at in Canvas. Ongoing – sent weekly
JD/JH: Can we put student surveys in canvas under assignments? In process
PK/SK: Generate a standardized pre-brief checklist for all facilitators to follow during each simulation. Complete

Appendix AC

Professional Development Attendance Records

2018 Simulation Facilitator Workshop Attendance Records and Agenda

	2018 Simulation Facilitator Workshop // August 8, 2018				
Last name	First name	Email Address	RN/LPN	License #/ or last four of SSN	Signature- 8.8.2018
Kral	Paula	prkral2@uky.edu	RN	6825	
Degener	Cassie	cddegener@uky.edu	RN	8382	
Eddington	Samantha	Sdhale@uky.edu	RN	5922	
Hampton	Debra	dhampo@uky.edu	RN	1033941	
Kehler	Stephanie	stephanie.kehler@uky.edu	RN	9228	
Wheeler	Kathy	kwhee2@uky.edu	APRN RN	3000656 1039563	
Hall	Julia	jjhall2@uky.edu	RN	0035	
Biddle	Martha	mjbiddl@uky.edu	APRN	3004126	
Parish	Evelyn	evelyn.parish@uky.edu	APRN	2990	
Simpson	Carol	carol.simpson@uky.edu	–	6079	
Fugate	Stephanie	sj.fugate@uky.edu	APRN	6010	
Chignacci	Megan	mebun2@uky.edu	APRN	7326	
Ossege	Julie	Julieann.Ossege@uky.edu	APRN	2276	
Dent	Jennifer	jennifer.dent@uky.edu	RN	1457	

	2018 Simulation Facilitator Workshop // August 8, 2018				
Last name	First name	Email Address	RN/LPN	License #/ or last four of SSN	Signature- 8.8.2018
Sutton-Amr	Jenny	Jenny.Sutton-amr@uky.edu	–	8847	
SALISBURY	DOUG	sdsa226@UKY.edu	–	5664	
Nowitzki	Megan	menowi2@uky.edu	–	0355	
Sturdivant	Dan	Daniel.Sturdivant@uky.edu		1511	
Gibbs	Angie	angela.gibbs@uky.edu	APRN	7586	
Inman	Dianna	diana.inman@uky.edu	APRN	3087	
Thompson	Carol	carol.thompson2@uky.edu	APRN	7569	
Chesnell	Erin	erchis2@uky.edu	APRN	3004738	
Skaggs	Dana	kastlefox@email.uky.edu	RN	4642	
Hawkins-Piper	Melanie	~~Hall~~ mhpier00@uky.edu		0729	
Caudill	Tammy	tammy.caudill@uky.edu	RN	1052550	
Haugh	Carole	cjhaur2@uky.edu	RN	0833	
Pilon	Suzie	suzie.pilon@uky.edu	APRN	3195	
Hubbard	Christy	clhubb1@uky.edu	RN	1515	

2018 Simulation Facilitator Workshop	
9:00 to 9:15 am	Registration
9:15 to 9:20 am	Welcome and introductions
9:20 to 9:50 am	Purpose of healthcare simulation
9:50 to 10:50 am	Use of learning theory in simulation pedagogy
10:50 to 11:00 am	*Break*
11:00 to 12:00 N	INACSL Standards of Best Practice: Simulation℠ Facilitation Professional Integrity
Noon to 1:00 pm	*Lunch*
1:00 to 2:00 pm	INACSL Standards of Best Practice: Simulation℠ Simulation Design Outcomes & Objectives
2:00 to 3:00 pm	INACSL Standards of Best Practice: Simulation℠ Debriefing
3:00 to 3:10 pm	*Break*
3:10 to 3:55 pm	INACSL Standards of Best Practice: Simulation℠ Participant Evaluation Simulation enhanced IPE Operations Questions
3:55 to 4:00 pm	Evaluations and Wrap-Up

2019 Simulation Facilitator Workshop Attendance Records and Agenda

	2019 Simulation Facilitator Workshop // August 12, 2019				
Last name	First name	Email Address	RN/LPN	License #/ or last four of SSN	Signature- 8.12.2019
Maynard	Krystle	kdma253@uky.edu	RN	2990	Krystle Maynard
Courtney	Tammy	tammy.courtney@uky.edu	RN	1385	
Simpson	Carol	carol.simpson@uky.edu	–	6079	Carol Simpson
Moore	Bonita	bonita.moore2@uky.edu	RN	5902	Bonita Moore
Underwood	Malik	malik.underwood@uky.edu	–	5999	
Haught	Carole	cjhaus2@uky.edu	RN	0833	

2019 Simulation Facilitator Workshop	
9:00 to 9:15 am	Registration
9:15 to 9:20 am	Welcome and Introductions: Jennifer Dent DNP, MSN, RN, CHSE
9:20 to 9:50 am	Purpose of healthcare simulation: Jennifer Dent DNP, MSN, RN, CHSE 30
9:50 to 10:50 am	Use of learning theory in simulation pedagogy: Jennifer Dent DNP, MSN, RN, CHSE 60
10:50 to 11:00 am	***Break***
11:00 to 12:00 N	INACSL Standards of Best Practice: Simulation℠: Jennifer Dent DNP, MSN, RN, CHSE 60 Facilitation Professional Integrity
Noon to 1:00 pm	***Lunch on your own***

1:00 to 2:00 pm	INACSL Standards of Best Practice: : Jennifer Dent DNP, MSN, RN, CHSE Simulation℠ Simulation Design Outcomes & Objectives	***60***
2:00 to 3:00 pm	INACSL Standards of Best Practice: Simulation℠ : Jennifer Dent DNP, MSN, RN, CHSE Debriefing	60
3:00 to 3:10 pm	***Break***	
3:10 to 3:55 pm	INACSL Standards of Best Practice: Jennifer Dent DNP, MSN, RN, CHSE Simulation℠ Participant Evaluation Simulation enhanced IPE Operations Questions	**45**
3:55 to 4:00 pm	Evaluations and Wrap-Up	315=5.2ANCC/6.3KBN

Simulation Facilitator Workshop // 1.8.2020 // Lexington, KY

No.	Last Name	First Name	Credentials	Email	License or Last 4 of SSN	Signature
1	Adair	Monica	BSN, RN	monica.adair@uky.edu	3614	Monica Adair
2	Thomas	Lindsay	BSN, RN	lindsay.thomas6@uky.edu	9945	
3	Doerr	Sarah	BSN, RN	sarah.Doerr@uky.edu	4246	
4	Hardin	Shannon	MSN MHA	Shannon.hardin@uky.edu	5546	Shannon Hardin
5	Baxter	Cynthia		cbaxter@uky.edu cynthia.baxter@va.gov	7911	Cynthia Baxter
6	Powell	Connie	MHA, MSN	Connie.Powell1963@uky.edu Connie.powell3@va.gov		Connie Powell
7	Mitchell	Cheryl	DNP, RN	clmitc2@uky.edu	0794	Cheryl DNP RN CNM MSNE-B
8	Randle	Reginald	MSN, M.Ed. RN	reginald.randle@uky.edu	1288	Reginald Randle
9	Hines	Sarah	APRN	sarahr.hines@uky.edu	3791	Sarah Hines
10	Lowry	Kimi	APRN	Kimberly.Lowry@uky.edu	5127	Kimi Lowry
11	Helm	Kendall	BSN	Kendall.helm2@uky.edu	3821	Kendall Helm
12	Saleeby	Charley	RN	Charley.Brown@uky.edu	2363	Charley Saleeby
13	Pilon	Suzie	APRN	suzie.pilon@uky.edu	3195	
14	Schrader	Laura	APRN	laura.schrader@uky.edu	3424	Schrader
15						
16						

January 2020 Simulation Facilitator Workshop		
12:30 to 12:45 pm	Registration	
12:45 to 12:50 pm	Welcome and Introductions: Jennifer Dent DNP, MSN, RN, CHSE	
12:50 to 1:15 pm	Purpose of healthcare simulation: Jennifer Dent DNP, MSN, RN, CHSE	
1:15 to 1:45 pm	Use of learning theory in simulation pedagogy: Jennifer Dent DNP, MSN, RN, CHSE	
1:45 to 2:45 pm	INACSL Standards of Best Practice: Simulation℠: Jennifer Dent DNP, MSN, RN, CHSE Facilitation Professional Integrity	
2:45 to 2:55 pm	***Break***	
2:55 to 3:25 pm	INACSL Standards of Best Practice: : Jennifer Dent DNP, MSN, RN, CHSE Simulation℠ Outcomes & Objectives	
3:25 to 4:10 pm	INACSL Standards of Best Practice: Simulation℠ : Jennifer Dent DNP, MSN, RN, CHSE Debriefing	
4:10 to 4:25 pm	INACSL Standards of Best Practice: Simulation℠ Jennifer Dent DNP, MSN, RN, CHSE Participant Evaluation	
4:25 to 4:55 pm	On campus clinical: Jennifer Dent DNP, MSN, RN, CHSE Questions	
4:55 to 5:00 pm	Evaluations and Wrap-Up	

2018 College of Nursing Annual Faculty Development Conference
Attendance Records and Agenda

14th Annual Nursing Faculty Development Workshop May 11, 2018: Simulation

Last Name	First Name2	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/11/2018
Allen	Collista	RN	callen0193@kctcs.edu	1092294	KCTCS	Collista Allen
Bowling	Ann	RN	abowling@bellarmine.edu	1035750	Bellarmine	
Bronner	Nancy	RN	nancy.bronner@uky.edu	1034804	UKHC	
Brown	Vickie	RN	vbrown@uky.edu	1094104	UKHC	
Burns	Tammy	RN	tammy.burns@kctcs.edu	1061937	KCTCS	
Christman	Rhonda	RN	rchristman@southern.edu		Southern	
Coin	Savanah	RN	savannah.coin@nortonhealthcare.org	1140046	UKHC	
Cole	Shannon	ARNP	shannon.cole@vanderbilt.edu		Vanderbilt	
Dent	Jennifer	RN	jennifer.dent@uky.edu		Richmond KY	
Gallion	Ashlee	RN	lantz11@marshall.edu	71028	Marshall	
Guinn	Cherry	RN	cherry-guinn@utc.edu		UTC	
Haurylko	Carole	RN	CAROLE.HAURYLKO@uky.edu	1121461	UKCON	
Heid	Christine	RN	christine.heid@atitesting.com	309911	OH	
Hodges	Sarah	ARNP	hazlett5@marshall.edu		Marshall	

14th Annual Nursing Faculty Development Workshop May 11, 2018: Simulation

Last Name	First Name2	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/11/2018
Jervis	Monica	RN	mjervis0008@kctcs.edu	1123814	KCTCS	Monica Jervis
Johnson	Jennifer	RN	jjohnson@bw.edu		BW	
Kehler	Stephanie	~~ARNP~~ RN	stephanie.kehler@uky.edu		UKHC	
Kral	Paula	RN	prkral2@email.uky.edu	1043826	UKCON	
Kuhlenberg	Nicole	RN	Nicole.kuhlenberg@cincinnatistate.edu			
Lesueur	Linda	RN	lindalesueur@southern.edu	5427	Southern	
Link	Kim	ARNP	kim.link@wku.edu	3006789	WKY	
Marion	Lauren	RN	lauren.marion@uky.edu	1114428	UKHC	
Noel-Luttrell	Ryanne	OT	rnoel-luttrell@bellarmine.edu		Bellarmine	
Norwood	Barbara	RN	barbara-norwood@utc.edu		UTC	
Ramsburg	Lisa	RN	kruzan1@marshall.edu	25755	Marshall	
Revert	Danielle	ARNP	dhorrell@bellarmine.edu	3009715	Bellarmine	
Romer	Charlene	ARNP	charlene.romer@atitesting.com		GA	
Sampson	Marlene	RN	marlene.sampson@osumc.edu	264725	OSU	

14th Annual Nursing Faculty Development Workshop May 11, 2018: Simulation

Last Name	First Name2	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/11/2018
Sauls	Denise	RN	dhsauls@valdosta.edu	RN044731	GA	Denise Sauls
Smith	Becky	RN	rsmith22@bellarmine.edu	1117976	Bellarmine	
Stanley	Renee	RN	rvs8a@uvawise.edu	1129584	VA	
Terry	Jennifer	RN	jenniferterry@catholichealth.net	1099379	Catholic Health	
Turner	Lynda	RN	turner44@marshall.edu	28451	Marshall	
Vaughn	Brooke	RN	bvaughn@bellarmine.edu	1114174	Bellarmine	
Wynn	Karen	RN	Kwynn@unionky.edu wallacm99@gmail.com	1075199	Barbourville	
Young	Lisa	RN	lyoung3@ashland.edu	223840	Ashland	
Courtney	Tammy	RN	Tammy.Courtney@UKY.edu	1053350	UKCON	
Hadley-Rosser	Vicki	RN	Vicki.Hadleyrosser@kctcs.edu		MCTC	
Patrick	Rose	RN	rosepatrick@gshler.org	1047217	Kyone	
Jones	Hope		hjones@galencollege.edu	1423	Galen	
Bauer	Renee	PhD RN	renee.bauer@cincinnatistate	306-6	ISU	

May 11, 2018 14 Faculty Workshop: Motivating *Students for learning*		
7:30-8:00a	Registration Rooms 152 and 170 Bio-Pharmacy Complex, University of Kentucky, 789 S. Limestone St.	
8:00-8:15 a	Welcome & Introductions Janie Heath, PhD, APRN-BC, FAAN, *Dean and Warwick Professor of Nursing, UK College of Nursing*	
8:15-9:30	Engaging Students in Large Classes	Bill Burke, PhD
9:30-10:30	Motivating Student Confidence for Learning	Cara Worick, MS
10:30-10:45	Break	
10:45-12:00p	Civility in the Classroom and Clinical Evidence-Based practice	Nancy Armstrong, DNP, RN, Assistant Professor, School of Nursing Murray State University
12:00-1:00p	Lunch	
1:00-3:00p	Abstracts Presentations	
3:00-3:15p	Break	
3:15-4:30pm	Strategies for Ensuring a Relevant and Current Curriculum	Terry Valiga, Ed.D, RN, CNE, ANEF, FAAN

May 11, 2018 14 Faculty Workshop: Motivating *Students for learning*		
7:30-8:00a	Registration 4th Floor Simulation Lab College of Nursing, 751 Rose St.	
8:00-8:10a	Welcome and Introductions	Jennifer Dent, DNP, MSN, RNC
8:10-9:10a	The State-of-the Science in Simulation as Pedagogy	Mary Ann Cantrell, PhD, RN, CNE, FAAN
9:10-9:25a	Break	
9:25-10:25a	Developing Faculty in Simulation	Brooke Vaughn, MSN Hope Jones, MSN
10:25-11:45a	Integration of Simulation across a BSN program using Creative Scheduling	Jennifer Dent, DNP, MSN, RNC
11:45-12:45p	Lunch	
12:45-2:45p	Abstract/Presentations	
2:45-3:00p	Break	
3:00-4:00p	Moving Forward using Simulation Pedagogy	Jennifer Dent, DNP, MSN, RNC Stephanie Kehler, PhD, RN

May 11, 2018 14 Faculty Workshop: Motivating *Students for learning*

7:30-8:00a	Registration Room 170 Bio-Pharmacy Complex University of Kentucky, 789 S. Limestone St.	
8:00-8:10a	Welcome and Introductions	
8:10-9:10a	Best Practices to Meet Learning Outcomes While Keeping Students Engaged in Online Learning	Jessica Wilson PhD, APRN
9:10-9:25a	Break	
9:25-10:25a	Inter-professional Health Education IPE Evidence-Based Practice	Lee Anne Walmsley PhD, MSN, RN
10:25-11:45a	Geriatrics in the Undergraduate Curriculum Evidence-Based Practice	MJ Henderson MS, RN, GNP-BC
11:45-12:45p	Lunch	
12:45-2:45p	Abstracts	
2:45-3:00p	Break	
3:00-4:00p	Transitioning New Graduates into Practice Evidence-Based Practice	Claudia M. Diebold, MSN

2019 College of Nursing Annual Faculty Development Conference
Attendance Records and Agenda

15th Annual Nursing Faculty Development Workshop May 10, 2019: Simulation

Last Name		Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/10/2019
Aebersold	Michelle					
Boone	Debbie	RN	debora.boone@kctcs.edu	1123080	MCTC	Debbie Boone
Bowling	Ann	RN	abowling@bellarmine.edu	103 5750	Bellarmine University	Ann Bowling
Butz	Susan		sbutz@otterbein.edu			
Cecil	Fred	NA				
Chiswell	Erin	ARNP	erin.chiswell@uky.edu	3004938		
Christman	Ronda	RN	rchristman@southern.edu			Ronda Christman
Clements	Dena	RN	dlclements@campbellsville.edu	7111	Campbellsville University	Dena Clements
Collins	Gwen	RN	gwen.collins@kctcs.edu	1039300		
Dent	Jennifer	RN	jennifer.dent@uky.edu		UK CON	Jennifer Dent
Farrell	Carla	RN	carla.siler@uky.edu	1108359	UKHC BCTC	Carla Farrell
Haley-Rosser	Vicki	RN	vicki.haleyrosser@kctcs.edu	1031596		
Hawkins	Martha	ARNP	martha.hawkins@indwes.edu	3004019	IWU	M Hawkins
Heid	Christine	RN	christine.heid@atitesting.com	309911	ATI	Christine Heid
Howard	Patricia	RN	pb.howard@uky.edu	016840	UK	Patricia Howard
James	Barbara	RN	bjames@southern.edu	39208	Southern Adventist Univ, TN	Barbara James

15th Annual Nursing Faculty Development Workshop May 10, 2019: Simulation

Last Name	First Name	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/10/2019
Berryman	Jeri	DNP, RN CNE	jberryma@ashland.edu	ott 302499	Ashland Univ	
Kennison	Monica	ARNP	mckeell@berea.edu			
Knapp	Miranda	ARNP	mknapp1@mccn.edu	396960		
Nolder	Debbie		Debbie.nolder@kctcs.edu			
Ouzts	Jessica	RN	jessica.ouzts@gsw.edu	216170	GSU - GA	
Rexford	Tracy	RN	tracyrexford@catholichealthnet	1076453	St Joseph Health	
Romer	Charlene	RN	charlene.romer@atitesting.com		ATI	
Scott	Elizabeth	RN	bethscott@southern.ed	4094	Southern Adventist Univ	
Smoot	Brittany	RN	brittany.smoot@bhsi.com	1126317	BHLA	
Stephens	Tonya	RN	trstephens@midway.edu	1096470	Midway Univ.	
Stolfer	Kathy	RN	kstolfer@waynesburg.edu	2064	Waynesburg University	
Sutherland	Shanda	RN	shanda.sutherland@bhsi.com	1100396	BHLA/	
Wilgenbusch	Bev	RN	bawilgen@iupuc.edu	28201982	IUPUC	
Wrate	Sonia	RN	swrate@southern.edu			
Kral	Paula	RN	pKral2@uky.edu	1043826		
Simpson	Carol		carol.simpson@uky.edu			

15th Annual Nursing Faculty Development Workshop May 10, 2019: Simulation

Last Name	First Name	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/10/2019
Kehler	Stephanie	RN	stephanie.kehler@uky.edu			
Pemberton	Brittany	RN	brittany.pemberton@vdmc.kdhe.us			
Bronner	Nancy	RN	nancy.bronner@kctcs.edu			
Vaughn	Brooke	RN	bvaughn@galencollege.edu			
Allen	E. Shannon	RN	shannon.allen@kctcs.edu			

University of Kentucky College of Nursing
15th Annual Faculty Development Workshop
"Emerging Innovations on Nursing Curricula, Building a Culture of Practice-Ready Students"

DAY TWO – Friday – May 10, 2019		
Time	**Simulation Workshop**	**Faculty Workshop**
7:30am - 8:00am	Registration College of Nursing Building - *outside room 407 on 4th Fl*	Registration Lee T. Todd, Jr Building – Room 152 ***Master of Ceremonies:*** Lynn Kelso MSN, APRN, FCCM, FAANP
8:00am - 8:10am	Welcome and Introductions: Jennifer Dent DNP, MSN, RN, CHSE	Welcome and Introductions: Kristin Ashford Ph.D, APRN, WHNP-BC, FAAN
8:10am - 9:10am	Opening Session: *Innovation in Virtual Technology: Future of Simulation* Speaker: Michelle Aebersold PhD, RN, CHSE, FAAN	Opening Session: *Diversity, Equity and Inclusion in Nursing: Working with Students with Disabilities* Speaker: Lisa M. Meeks PhD, MA Assistant Professor University of Michigan Medical School
9:10am - 9:25am	Break	Break
9:25am - 10:25am	*Session 2 continued:* Michelle Aebersold PhD, RN, CHSE, FAAN	Session 2: *Nurses First Line of Defense for Patient Safety* Lisa DiBlasi Moorehead EdD, MSN, RN Associate Nurse Executive at The Joint Commission
10:25am – 12:00pm	Session 3: *Simulation in the Practice Setting* Tracy Rexford MSN, RN-BC	Session 3: *What Employers Need in New Grads* Aimee Wentz BSN,RN,CNOR; Connie Powell MSN, RN; Vicki Thompson MSN
12:00pm – 12:45pm	Lunch	Lunch
12:45pm - 2:45pm	Session 4: Abstracts **12:45-1:05pm** – *Improving Nurse-Physician Communication and Collaboration through the use of Simulation: A Bridge to improve Patient Satisfaction* Jeri Berryman DNP, RN, CNE **1:05-1:25pm** - *Bringing Clinical into the Classroom Using Screen-Based Simulation* Christine Heid Ph.D, RN, CNE, CHSE **1:25-1:45pm** - *Student's Anxiety Level During 360 Degree Virtual Reality Simulation Compared to Traditional Simulation* Barbara R. James Ph.D **1:45-2:05pm** - *Implementing an Interprofessional Collaborative Practice Simulation using Emergency Preparedness* Elizabeth Scott Ph.D, MSN, RN **2:05-2:25pm** - *Preparing Students for Tomorrow Based on Realities of Today: Active Shooter Simulation---a Collaborative, Interprofessional Learning Experience* Kathy Stolfer EdD, RN, CNE **2:25-2:45pm** - *Integration of Virtual Reality (VR) simulation: An evaluation of clinical instruction methods.* Bev Wilgenbusch MSN, RN	Session 4: Abstracts **12:45-1:05pm** - *Analysis of Computer Adaptive Quizzing in a Pathopharmacology Course* Elizabeth N. Austin Ph.D, MA, RN, CEN, CNE **1:05-1:25pm** - *Rural Older Adults' Behaviors Toward Healthy Lifestyles* Gloria Ann Browning Ph.D, MSN, RN, HN-BC **1:25-1:45pm** - *Teaching empathy and compassion through Role Play and Service Learning Experiences in a BSN Psychiatric Nursing course* Paula Bryant Ed.D, RN **1:45-2:05pm** - *Teaching Conflict Resolution: From Policy to Procedure to Practice* Monica Kennison Ed.D, MSN, RN **2:05-2:25pm** - *Improving Nutrition ATI Scores via Clinical Intervention, Class Presentation, & Lecture Strategies* Miranda Knapp DNP APRN, AGCNS-BC **2:25-2:45pm** - *Promote Professional Thinking in the Clinical Setting* Julie Marfell DNP, APRN, FNP-BC, FAANP
2:45pm – 3:00pm	Break	Break
3:00pm – 4:00pm	Session 5 Certified Healthcare Simulation Educator Panel: Jennifer Dent DNP, MSN, RN, CHSE; Paula Kral CHSE, MSN, RN; Brooke Vaughn; Hope Jones; Shannon Allen	Session 5 *Building a Culture of Practice-Ready Students* Darlene Welsh PhD, RN; Stephanie Fugate MSN, APRN-ACNP, BC

August 2020 Faculty Development Simulation Workshop Attendance Record

No.	Last Name	First Name	Credentials	Email	Employer	Date
1	Green	Melissa	RN	mgreen0134@kctcs.edu	KCTCS	2/27/2020
2	Bryant	Paula H	RN	paula.bryant@gsw.edu	GA Southwestern State University	3/30/2020
3	Stephens	Tonya R	RN	trstephens@midway.edu		1/22/2020
4	Ratliff	Terri	RN	Terri.Ratliff@kctcs.edu	Ashland Community and Technical College	2/14/2020
5	Schabel	Danielle	RN	schabeld@ohio.edu	Ohio University- Chillicothe	2/26/2020
6	Pennington	Christina	RN	Christina.pennington@louisville.edu	UL	3/6/2020
7	Clutter	Sara		saraclutter@gmail.com		3/7/2020
8	Sue-Ling	Carolyn	ARNP	CarolynS@usca.edu	University of South Carolina Aiken	3/10/2020
9	Jones	Kathryn	RN	kathryn.jones03@lmunet.edu	Lincoln Memorial University	7/16/2020
10	Walston	Pat A	ARNP	nstnp@yahoo.com		7/16/2020
11	Farrell	Carla J	RN	carla.farrell@kctcs.edu	KCTCS	7/17/2020
12	Clements	Dena	RN	dlclements@campbellsville.edu	Campbellsville	7/17/2020
13	Nunn	Kelly K	ARNP	kelly.nunn@lmunet.edu	Lincoln Memorial University	7/17/2020
14	Andrighetti	Tia	ARNP	tia.andrighetti@frontier.edu	Frontier Nursing University	7/17/2020
15	Newsome	Ashlie	RN	ashlienewsome@upike.edu	University of Pikeville	7/17/2020
16	Robinson	Natalie	ARNP	Natalie.Robinson@kctcs.edu	KCTCS	7/20/2020
17	Morris	Melanie J	RN	melanie.morris@kctcs.edu	KCTCS	7/20/2020
18	Tungate	Donnetta	MSN, RN, CDI	tungated@lindsey.edu	Lindsey Wilson College	7/21/2020
19	Purcell (New)	Keri	DNP, RN	keri.new@eku.edu	EKU	7/22/2020
20	Norris	Heather	RN	heather.norris@eku.edu	EKU	7/22/2020
21	Ferguson	Leanna	RN	leanna.ferguson@lmunet.edu	Lincoln Memorial University	7/23/2020
22	Singleton	Donna	RN	donna.b.ayers@gmail.com		7/24/2020
23	Lindsay	Rebecca	RN	rlindsay0010@kctcs.edu	KCTCS	7/24/2020
24	Blanks	Rhonda	RN	rblanks0001@kctcs.edu	KCTCS	7/24/2020
25	Hampton	Julie	RN	jhampton0110@kctcs.edu	KCTCS	7/24/2020
26	Owens	Jamie	RN	jowens0270@kctcs.edu	KCTCS	7/24/2020
27	Simpson	Carol		Carol.Simpson@uky.edu	UK Sim Lab	7/27/2020

No.	Last Name	First Name	Credentials	Email	Employer	Date
28	Butler	Karen	RN	karen.butler@uky.edu	UK	7/27/2020
29	Underwood	Malik		malik.underwood@uky.edu	UK Sim Lab	7/27/2020
30	Kehler	Stephanie A	RN	stephanie.kehler@uky.edu	UK Sim Lab	7/27/2020
31	Schrader	Laura C	ARNP	laura.schrader@uky.edu	UK	7/27/2020
32	~~Catlett~~	~~Cathy A~~	~~RN~~	~~cathy.catlett@uky.edu~~	~~UK~~	~~7/27/2020~~
33	Scott	Leslie K	ARNP	lkscot0@email.uky.edu	UK	7/27/2020
34	Summers	Dawn	RN	dmsummers@kcu.edu	Kentucky Christian University	7/27/2020
35	Edwards	Catherine	RN	catherine.edwards@eku.edu	EKU	7/27/2020
36	Tackett	Angela	ARNP	aktackett@kcu.edu	Kentucky Christian University	7/27/2020
37	Brickey	Carol	ARNP	cbrickey@kcu.edu	Kentucky Christian University	7/27/2020
38	McDavid	Lisa	RN	lamcdavid@kcu.edu	Kentucky Christian University	7/27/2020
39	Horton	Kara	RN	klhorton@kcu.edu	Kentucky Christian University	7/27/2020
40	Courtney	Tammy	RN	tammy.courtney@uky.edu	UK	7/29/2020
41	Melander	Sheila D	ARNP	sheila.melander@uky.edu	UK	7/29/2020
42	Hampton	Debra	RN	dhamp0@uky.edu	UK	7/29/2020
43	Setters	Melissa	RN	msett2@uku.edu	UK	7/29/2020
44	Pilon	Suzanne L	RN	suzie.pilon@uky.edu	UK	7/29/2020
45	House	Delee A	RN	dahou2@uky.edu	UK	7/29/2020
46	Hall	Julia J	RN	julia.hall@uky.edu	UK	7/29/2020
47	Kral	Paula	RN	prkral2@email.uky.edu	UK	7/29/2020
48	Hardin-Pierce	Melanie	ARNP	mhpier00@uy.edu	UK	7/30/2020
49	Ashford	Kristin B	ARNP	Kristin.Ashford@uky.edu	UK	7/31/2020
50	Moore	Bonita	RN	bonita.moore2@uky.edu	UK	7/31/2020
51	Stipp	Dana	RN	Dana.Stipp@va.gov	VA	8/6/2020
52	Hutti	Marianne H	ARNP	Marianne.Hutti@uky.edu	UK	8/6/2020
53	Abner	Lisa		labner@unionky.edu	Union College	8/7/2020
54	Hensley	Amanda		ahensley@unionky.edu	Union College	8/7/2020

No.	Last Name	First Name	Credentials	Email	Employer	Date
55	Wynn	Karen		kwynn@unionky.edu	Union College	8/7/2020
56	Mills	Myrtle		mmills@unionky.edu	Union College	8/7/2020
57	Frazier	Lindsey		lfrazier@unionky.edu	Union College	8/7/2020

August 10, 2020 Simulation Workshop: Best Practice in Nursing Education Simulation		
8:00-8:10 AM	Welcome and Introductions	Jennifer Dent, DNP, MSN, RN, CHSE
8:10-9:10 AM	Psychological Safety in Simulation	Nicole Harder, RN, PhD, CHSE, CCSNE
9:10-9:25 AM	Break	
9:25-10:45 AM	Psychological Safety in Simulation	Nicole Harder, RN, PhD, CHSE, CCSNE
10:45-11:15 AM	Pediatric Nursing High-Fidelity Simulation: Assessing Learning Outcomes and Debriefing Effectiveness	Kristin Clephane, DNP, RN, CPN
11:15-11:45 AM	Course Collaboration to Implement High Impact Learning Experiences in Senior Level Nursing Courses	Paula Bryant, EdD, RN
11:45-12:45 PM	Lunch	
12:45-1:05 PM	Getting them Ready for Reality: Coaching Clinical Reasoning and Confidence	Sara Clutter, PhD, RN
1:05-1:25 PM	Qualitative Study of Faculty Experiences with Social Media and FERPA	Sherry Parsons, PhD, RN
1:25-1:45 PM	Pursuing Compassion Through a Simulated, Transformational Learning Experience	Tammy Minor, DNP
1:45-2:05 PM	Theater Students Practice Improve while Nursing Students Practice Communication	Barbara Zust, PhD, RN
2:05-2:25 PM	Debrief the Debrief	Chris Pennington, MSN, RN
2:25-2:45 PM	Effectiveness of Using High-Fidelity Simulation End-of-Life Care Among Older Adults	Carolyn Sue-Ling, PhD, RN
2:45-3:00 PM	Break	
3:00-4:00 PM	The Great Escape!	Simulation Faculty, UK College Of Nursing

IMSH
Society for Simulation in Healthcare
JANUARY 18 - 22, 2020 | SAN DIEGO, CA USA
20TH ANNIVERSARY

ATTENDANCE VERIFICATION

This letter verifies the attendance of Jennifer Dent at the **20th *International Meeting on Simulation in Healthcare (IMSH 2020)*** held January 18th-23rd 2020 in San Diego, CA, United States

Please don't hesitate to contact me if you need further information regarding Jennifer Dent, attendance at this meeting.

Sincerely,
Becca Fletcher
Customer Service Coordinator
Society for Simulation in Healthcare

IMSH
Society for Simulation in Healthcare

ATTENDANCE VERIFICATION

To Whom it May Concern:

This letter verifies the attendance of Jennifer Dent at the **19th *International Meeting on Simulation in Healthcare (IMSH 2019)*** held January 26th-30th 2019 in San Antonio, TX, United States

Please don't hesitate to contact me if you need further information regarding Jennifer Dent, attendance at this meeting.

Sincerely,
Becca Fletcher
Customer Service Coordinator
Society for Simulation in Healthcare

OFFICIAL CERTIFICATE OF COMPLETION



Live Sessions: June24-26, 2020 • Recorded Sessions: June 24-August 31, 2020

INACSL • 110 Horizon Drive, Suite 210 Raleigh, NC 27615 USA • +1 919-674-4182 • www.inacsl.org

Paula Kral

Session Information:

Date	Session	CNEs
6/24/2020	Bringing a video-based character to life using simulation to facilitate interprofessional health science student skills in opioid misuse assessment and management	0.75
6/24/2020	Virtual simulation: Is it worth integration into undergraduate nursing?	0.75
6/24/2020	Fostering problem solving and clinical judgment with a simulated "escape room"	0.75
6/24/2020	Ponder ™ the Socratic Way—Stimulate Critical Thinking in an Online Environment	0.75
6/24/2020	Hayden Vanguard Lectureship - Team Engagement to Improve Outcomes – GNSH 30 Minute Initiative	1
6/24/2020	Poster Viewing	2
6/24/2020	Professor Rounds	0.75
6/24/2020	A mixed fidelity simulation of a deteriorating patient for advanced practice provider training	0.75
6/24/2020	Alternating simulation for traditional clinical: Perioperative and perinatal experiences	0.75
6/24/2020	Analysis of technical, operations and management roles in healthcare simulation	0.75
6/24/2020	Context based learning: Flipping the classroom to the simulation lab	0.75
6/24/2020	Engaging educational best practices across the curriculum: Aligning our teaching	0.75
6/24/2020	Impacts of Friday Night at the ER® (FNER), a tabletop simulation, on systems thinking and learning	0.75
6/24/2020	Implementation of medication administration and documentation on a shoestring budget	0.75
6/24/2020	Innovations in wound care education for nurses and nursing students: Virtual simulation games and effective debriefing strategies	0.75
6/24/2020	Processing feelings and emotions in a psychologically stressful simulation	0.75
6/24/2020	Simulation substitution for traditional clinical hours: An innovative 50% model designed for a psychiatric-mental health nursing course in a baccalaureate program	0.75
6/24/2020	Tips for using virtual gaming simulations in nursing education	0.75
6/25/2020	Transition to practice: Utilizing high fidelity end-of-life simulation to support the newly licensed nurse	0.75
6/25/2020	What are the Editors reading? Editors' top picks of influential simulation articles	0.75
6/25/2020	Flipping the approach to patient safety: Rethinking medication administration using a multi-level simulation	0.75
6/25/2020	Keynote - "That's not what real patients value": Patient-centered learning in simulation	1
6/26/2020	Plenary - Simulation as translational science: Targeting educational and practice gap	1
6/26/2020	The icing on the debriefing cake: Sweet findings from an interprofessional diabetic ketoacidosis simulation	0.75
6/26/2020	EndNote - Simulation solutions during a pandemic	1
6/26/2020	Clinical judgment in primary and supporting pre-licensure nursing students after observation of inter-professional simulations in the classroom	0.75

Total CNEs earned: 21.75

This program has been approved for a maximum total of 35.25 CNE credits.

INACSL is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (Provider #P0431).

Mary Ann Cantrell, PhD, RN, CNE, ANEF, FAAN - Lead Nurse Planner, INACSL CNE Provider Unit
INACSL, 110 Horizon Dr., Suite 210, Raleigh, North Carolina 27615, USA

Attendee Signature*

*By signing above, the participant viewed 100% of the session when claiming CE credit and completed the postconference session evaluation survey to validate this certificate.

Keep your copy of this certificate in your files for 6 years.

Tennessee Simulation Alliance

Certifies that
Paula Kral

has completed 5 continuing education contact hours

at the 2019 Tennessee Simulation Alliance Annual Conference

March, 2019

Contact hours for this event are provided through The University of Tennessee, College of Nursing who are an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Tennessee Simulation Alliance

Certifies that
Stephanie Kehler

has completed 5 continuing education contact hours

at the 2019 Tennessee Simulation Alliance Annual Conference

March, 2019

Contact hours for this event are provided through The University of Tennessee, College of Nursing who are an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

From: inacslinfo@inacsl.org <inacslinfo@inacsl.org>
Sent: Friday, June 21, 2019 7:37 PM
To: Kehler, Stephanie A. <stephanie.kehler@uky.edu>
Subject: INACSL Conference, 2019 - Thank you for participating and CNE



Hello Stephanie Kehler,

As the INACSL Conference, 2019 comes to a close, we'd like to thank all of our participants who have come from around the world to be with us this week. Your presentations and active participation have been the success of this event.

Therefore, we invite you to be a part of making the next INACSL Conference even better!

Take a few moments of your time to complete the attendee survey and session evaluations. **In order for your CNE certificate to be valid, surveys must be completed by July 22, 2019**.
Use the log in information below to access the surveys and create and save your CNE certificate. This log in is unique to you. The sessions you evaluate will be recorded to your CNE certificate.
Username: stephanie.kehler@uky.edu

We look forward to your feedback and wish you safe travels on your journeys home.

Appendix AD

Performance Improvement Plan

University of Kentucky

PERFORMANCE IMPROVEMENT PLAN

Use this form when an employee's performance does not meet standards and needs improvement. A Performance Improvement Plan is required for any performance evaluation rating of '1' (Does Not Meet Expectations) on any Major Job Responsibility. The purpose of this PIP is coaching, and it is not to be considered corrective action. Failure to improve and/or comply with the PIP may lead to corrective active. For more information on the corrective action process, please contact Employee Relations at 859-257-8758 or er@email.uky.edu.

Demographic Data

Employee Name _____ PID _____
Last First MI

Supervisor Name _____ Department _____ Department Number _____

Position Number _____ Job Title _____

Review Period _____ through _____ Type of Evaluation (select one): ☐ Mid-Year ☐ Annual

Section One: to be completed by Supervisor

List the employee's Major Job Responsibility & Essential Functions and standards that require attention and describe the specific improvement(s) needed to meet those standards.

Major Job Responsibility & Essential Functions:
Essential Functions & Job Standards requiring improvement (define the problem):
Specific improvement needed (identify what needs to be done differently):
Steps to achieve this improvement (training, equipment, feedback, etc.):

Section Two: To be completed by Employee

List any notable obstacles you encountered in performing your Major Job Responsibility & Essential Functions during the evaluation period.
Do you have any questions about what is expected of you in your Major Job Responsibility & Essential Functions? Please explain.
How can we work together to help you improve in the above areas?
In your current position, what additional training would be helpful in preparing you to do your job more effectively?
Is there anything else you would like to include in this Performance Improvement Plan?

Upon establishment of this plan, obtain the following signatures. Give one copy to the employee, and maintain the other in the departmental file. Failure to achieve and sustain improvement may lead to further corrective action.

Employee Signature: _____ Date: ____/____/____

Immediate Supervisor Signature: _____ Date: ____/____/____

Next Level Supervisor Signature: _____ Date: ____/____/____

Section Three: Follow-Up

The supervisor must conduct and document a follow-up review 30 to 90 days after the establishment of the Performance Improvement Plan. This follow-up may indicate a need for an additional review.

Dates of follow-up discussions with employee:

_____ _____ _____

_____ _____ _____

Status: ☐ Resolved ☐ Other (explain)

**If not resolved after 90 days, contact Employee Relations to determine appropriate action.*

Follow-up Review Signatures:

Employee Signature: _____ Date: ____/____/____

Immediate Supervisor Signature: _____ Date: ____/____/____

Next Level Supervisor Signature: _____ Date: ____/____/____

Note: When the Performance Improvement Plan is completed and signed, provide a copy to the employee, retain a copy for department file, and send original to Human Resources, Room 21A Scovell Hall, 0064.

Appendix AE

Simulation Facilitator Peer Review

	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
Objectives:					
Provided participants with objectives prior to the SCE					
Professional Integrity:					
Reinforced confidentiality of simulated patient information and scenario					
Provided clear expectations of participant attitudes and behaviors for treating SCE as a clinical experience					
Maintained a safe learning environment					
Provided clear communication and honest feedback in an effective, respectful manner.					
Fostered professionalism among participants					
Pre-brief:					
Provided participants necessary background information about the SCE.					
Provided care-giver handoff and allowed for questions					
Oriented participants to the simulation environment and simulator.					
Allowed appropriate time frame for participants to plan.					
Acknowledged that mistakes may happen and will be reflected upon during the debriefing.					
Assigned roles with clear descriptions.					
Provided time frame to complete objectives					
During Scenario:					
Followed simulation design template.					
Observed participant performance during SCE.					
Cued the participants as needed and appropriate.					
Did not intervene when mistakes made.					
Ended scenario at correct time					
Debriefing:					

	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
Conducted by a facilitator that had direct observation of the SCE.					
Engaged all participants.					
Utilized the objectives in debriefing.					
Used a theoretical basis for debriefing.					
Facilitated but allowed participants to guide discussion.					
Facilitated reflection on performance.					
Facilitated clinical reasoning.					
Summarize learning at the end of the debriefing process to close the gaps in knowledge and reasoning.					

INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM Outcomes and objectives. Clinical Simulation in Nursing, 12(S), S13-S15. http://dx.doi.org/ 10.1016/j.ecns.2016.09.006.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Facilitation. Clinical Simulation in Nursing, 12(S), S16-S20. http://dx.doi.org/10.1016/ j.ecns.2016.09.007.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Debriefing. Clinical Simulation in Nursing, 12(S), S21-S25. http://dx.doi.org/10.1016/ j.ecns.2016.09.008.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Professional integrity. Clinical Simulation in Nursing, 12(S), S30-S33. http://dx.doi.org/10.1016/ j.ecns.2016.09.010.

Appendix AF

CSLC Simulation Survey

Q1. Here is your chance to change this simulation. Your answers will assist in revising and improving. Thanks for your help!

Q2. Course #:

Q3. Who led the debrief session after your simulation.


Jennifer Dent


Julia Hall


Paula Kral


Bonita Moore


Stephanie Kehler


Krystle Maynard


Carole Haurylko

Q4. What skill or aspect of this simulation challenged you the most?

Q5. **Did you feel prepared to handle it?**

- ○ Yes
- ○ No

Q6. In order to measure if the best practices are being used in your simulation, please complete the survey below as you perceive it. There are no right and wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Q7. **Use the following rating system when assessing the educational practices:**
1 - Strongly Disagree with the statement
2 - Disagree with the statement
3 - Undecided - you neither agree or disagree with the statement
4 - Agree with the statement
5 - Strongly agree with the statement
NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Q8. ACTIVE LEARNING

	1	2	3	4	5	NA
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	○	○	○	○	○	○

	1	2	3	4	5	NA
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	○	○	○	○	○	○
3. I learned from the comments made by the teacher before, during, or after the simulation.	○	○	○	○	○	○
4. I received cues during the simulation in a timely manner.	○	○	○	○	○	○
5. I had the chance to discuss the simulation objectives with my teacher.	○	○	○	○	○	○
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	○	○	○	○	○	○
7. The instructor was able to respond to the individual needs of learners during the simulation.	○	○	○	○	○	○
8. Using simulation activities made my learning time more productive.	○	○	○	○	○	○

Q9. HIGH EXPECTATIONS

	1	2	3	4	5	NA
9. The objectives for the simulation experience were clear and easy to understand.	○	○	○	○	○	○
10. My instructor communicated the goals and expectations to accomplish during the simulation.	○	○	○	○	○	○

_Q10._ In order to measure if the best simulation design elements were implemented in your simulation, please complete the survey below as you perceive it. There are no right and wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Q11. **Use the following rating system when assessing the educational practices:**
1 - Strongly Disagree with the statement
2 - Disagree with the statement
3 - Undecided - you neither agree or disagree with the statement
4 - Agree with the statement
5 - Strongly agree with the statement
NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Q12. OBJECTIVES AND INFORMATION

	1	2	3	4	5	NA
1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	○	○	○	○	○	○
2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	○	○	○	○	○	○
3. The cues were appropriate and geared to promote my understanding.	○	○	○	○	○	○

Q13. SUPPORT

	1	2	3	4	5	NA
4. Support was offered in a timely manner.	○	○	○	○	○	○
5. My need for help was recognized.	○	○	○	○	○	○
6. I felt supported by the teacher's assistance during the simulation.	○	○	○	○	○	○
7. I was supported in the learning process.	○	○	○	○	○	○

Q14. PROBLEM SOLVING

	1	2	3	4	5	NA
8. Independent problem-solving was facilitated.	○	○	○	○	○	○
9. I was encouraged to explore all possibilities of the simulation.	○	○	○	○	○	○
10. The simulation was designed for my specific level of knowledge and skills.	○	○	○	○	○	○
11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	○	○	○	○	○	○

Q15. FEEDBACK/GUIDED REFLECTION

	1	2	3	4	5	NA
12. Feedback provided was constructive.	○	○	○	○	○	○
13. Feedback was provided in a timely manner.	○	○	○	○	○	○
14. The simulation allowed me to analyze my own behavior and actions.	○	○	○	○	○	○
15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another	○	○	○	○	○	○

	1	2	3	4	5	NA
level.						

Q16. **This questionnaire is a series of statements about your personal attitudes about the instruction you receive during your simulation activity. Each item represents a statement about your attitude toward your satisfaction with learning and self-confidence in obtaining the instruction you need. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your personal feelings about each statement below by marking the numbers that best describe your attitude and beliefs. Please be truthful and describe your attitude as it really is, not what you would like for it to be. This is anonymous with the results being compiled as a group, not individually.**

Q17. **1 - Strongly Disagree with the statement**
2 - Disagree with the statement
3 - Undecided - you neither agree or disagree with the statement
4 - Agree with the statement
5 - Strongly agree with the statement

Q18. SATISFACTION WITH CURRENT LEARNING

	1	2	3	4	5
1. The teaching methods used in this simulation were helpful and effective.	○	○	○	○	○
2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	○	○	○	○	○
3. I enjoyed how my instructor taught the simulation.	○	○	○	○	○
4. The way my instructor(s) taught the simulation was suitable to the way I learn.	○	○	○	○	○
5. My instructors used helpful resources to teach the simulation.	○	○	○	○	○

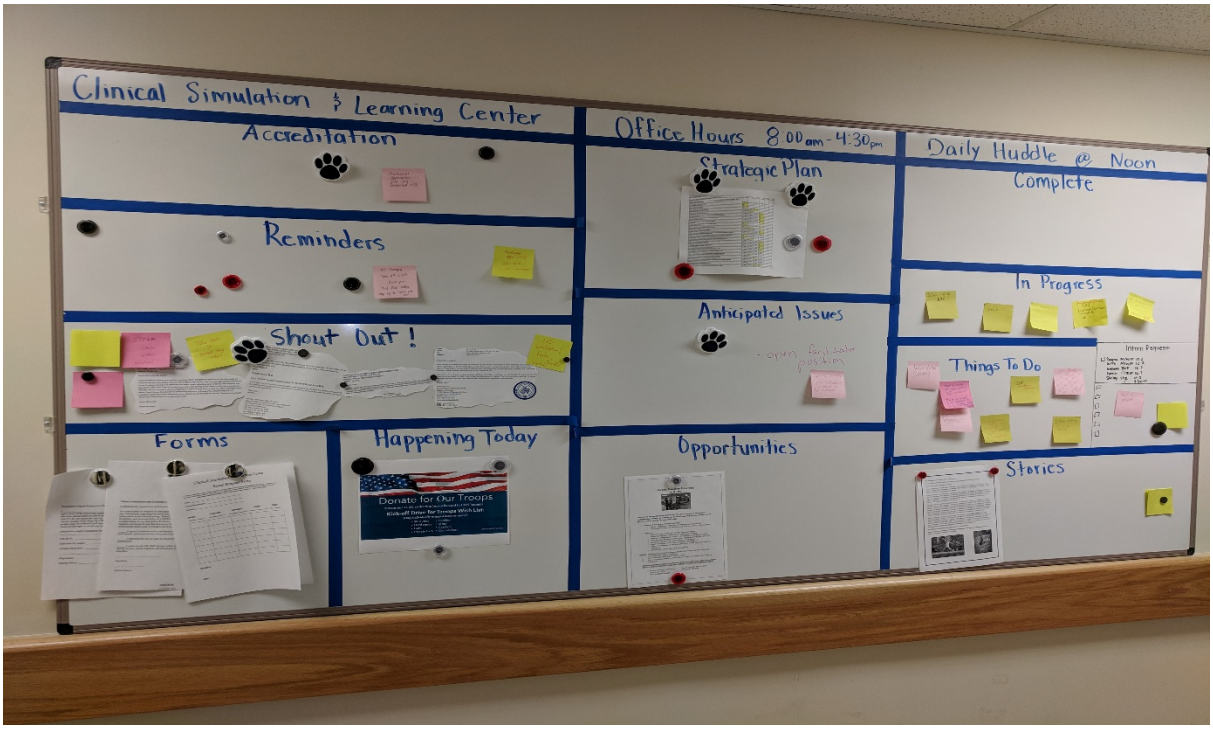
Q19. **What would you change about this simulation to improve it for future students?**

Q20. **What did you find particularly helpful or weak about the debrief discussion?**

Q21.
Any other comments:

Appendix AG

CSLC Weekly Huddle Board



Appendix AH

Completion Log for Huddle Board

COMPLETION LOG for Huddle Board
from Anticipated Items or Opportunities

Item Description	Things to Do Date	Action for:	In Progress Date	COMPLETION Date	Resolution
SSH accreditation provisional application.	1/1/2018	J Dent, C Simpson	8/1/2018	12/12/2018	Submitted December 2018 - provisional received May 2019.
Corian shelf into 10" in 405E.	8/14/2018	Carol Simpson	10/26/2018	11/1/2018	Completed by PPD.
221 torso/body count & order as needed.	10/1/2018	Carol Simpson	11/11/2018	11/13/2018	Counted and ordered.
Discuss EHR with ATI.	10/18/2018	Julia Hall	10/18/2018	12/10/2018	Continuing to look at other options.
AHQR grant.	10/18/2018	J Dent, S Kehler	10/18/2018	1/30/2019	Pulled by funder.
Sim Workshop May 10th - speaker?	10/18/2018	Jennifer Dent	10/18/2018	2/5/2019	Michelle Aebersold
UNAAC - defibrillator.	10/18/2018	Paula Kral	1/3/2019	8/28/2019	CSLC ordered 1. Nurse Anne came with defib. Do not need to order.
Video editing.	10/18/2018	Sally Woodson	10/18/2018	11/16/2018	No further action taken.
Virtual reality simulation.	10/18/2018	Jennifer Dent	10/18/2018	9/18/2019	No further action taken.
Email blast: treat manikins as real patients.	10/23/2018	Jennifer Dent	1/3/2019	1/8/2019	Added statement to prebrief.
Pocket Nurse electronic health record.	10/25/2018	Jennifer Dent	1/3/2019	9/12/2019	Implemented fall 2019 semester.
301 educational video PA skills comp.	10/25/2018	Jennifer Dent	10/25/2018	3/8/2019	Asking nursing education interns to do as a project.
Link for sim survey to phones.	11/1/2018	Jennifer Dent	11/1/2018	8/27/2019	No further action taken.
Responsibility for remediation training plan.	11/1/2018	S Kehler, P Kral	11/8/2018	11/15/2019	Brought up at UPC. Being addressed in new curriculum.
Spring semester sim schedule - reduce?	11/30/2018	Jennifer Dent	11/30/2018	12/12/2019	Not reduced; have enough sim facilitators.
Addition of sim: ABSN, LPN to BSN, graduate.	12/5/2018	Jennifer Dent	1/3/2019	8/27/2019	Added to fall sim schedule.
INACSL conference for Stephanie Kehler.	1/9/2019	Carol Simpson	2/5/2019	2/12/2019	Attended in June 2019.
Add student evaluation to pre-brief comments.	1/9/2019	Paula Kral	1/9/2019	1/9/2019	Added statement to prebrief.
TN Simulation Alliance conference for 3 people.	1/9/2019	J Dent, P Kral, S Kehler	1/9/2019	2/13/2019	Attended in March 2019.
"Not for Human Use" safety labels.	1/9/2019	Dan Sturdivant	1/9/2019	4/30/2019	Labels affixed to meds and IV fluids.
CASE donation statement to Aimee', philanthropy.	1/15/2019	J Dent, C Simpson	1/15/2019	1/18/2019	Completed and forwarded January 2019.
Sentinel city & town trial.	1/15/2019	J Dent, P Kral, S Kehler	1/15/2019	2/5/2019	CSLC chose not to pursue.
FAF and nursing topics workshops.	1/22/2019	Jennifer Dent	1/22/2019	2/21/2019	No further action taken.
Report sheet for prebrief.	1/28/2019	Christy Hubbard	2/5/2019	3/1/2019	Trial run spring 2019, implemented fall 2019 semester.

COMPLETION LOG for Huddle Board
from Anticipated Items or Opportunities

Grant (specific type, TBD).	1/30/2019	Stephanie Kehler	1/30/2019		In process - avatar has been created. Piloting fall 2020 with target completion date of spring 2021.
CHSE certification - Stephanie Kehler.	2/4/2019	Stephanie Kehler	2/4/2019	1/13/2020	Review course November 2019; tested and certified in January 2020.
Federal student workers - check into UK program.	4/1/2019	Jennifer Dent	4/3/2019	9/12/2019	No further action taken.
Lab organizational bins for re-useable sim supplies.	4/1/2019	P Kral, M Underwood	4/3/2019	1/21/2020	Purchased multi-level rolling cart and placed within CSLC.
Sim facilitators trip to WVU/NKU/UT simulation center.	4/16/2019	Stephanie Kehler	4/16/2019	1/10/2020	Visited and toured NKU during a KSA meeting. Trips to WVU and UT may be planned at a later date.
Visit sim center that has nurse practitioner.	4/29/2019	Jennifer Dent	4/29/2019	1/10/2020	Visited and toured NKU during a KSA meeting. Trips to WVU and UT may be planned at a later date.
Visit NKU sim center before 10/18/19 NKU KSA conference.	8/27/2019	Jennifer Dent	8/27/2019	9/18/2019	Conference cancelled. Will visit another time.
Mental health board.	8/27/2019	Christy Hubbard	8/27/2019	9/18/2019	No further action taken.
UKHC & Baptist Health nail polish policy.	8/27/2019	Christy Hubbard	9/12/2019	9/12/2019	No further action taken.
Set up QR code for student survey.	9/3/2019	Malik Underwood	9/3/2019	9/3/2019	Students are actually surveys now!!
Policy for student practice if exam rooms set-up.	9/10/2019	Stephanie Kehler	9/12/2019	9/30/2020	Decision to not allow students to practice in exam rooms if already set up for competencies.
Review of roles and responsibilities.	9/10/2019	Stephanie Kehler	9/12/2019	9/12/2019	Discussed roles after Malik has joined us.
Professionalism (dress code).	9/12/2019	Jennifer Dent	9/12/2019	11/15/2019	Discussed at UPC. Added shoe options to CON TV monitor slideshow.
Clean out 407 storage closet.	9/18/2019	Jennifer Dent	9/18/2019		Remains in process - unable to complete in summer 2020 due to Covid restrictions. Some items have been surplused or used in simulation.
Topic/speaker for May 2020 sim conference.	9/18/2019	Jennifer Dent	9/18/2019	1/24/2020	Nicole Harder was our guest speaker in August 2020 zoom sim conference.
New microwave.	10/10/2019	Jennifer Dent	10/10/2019	11/15/2019	Not in the budget to purchase at this time. Use faculty lounge one.
New scenario template.	10/10/2019	Jennifer Dent	11/15/2019	12/15/2019	Began using spring 2020 semester.
EHR oversight - no time to fix errors.	10/14/2019	Jennifer Dent	10/14/2019	11/15/2019	Zach Brown (STEAM) has updated and completed.
Treat simulation absences/excuses (like clinical).	10/14/2019	Jennifer Dent	11/15/2019	1/24/2020	Starting with 1st semester sophomores in spring 2020.
Rescheduling simulations - limit to 2 observers (across curriculum).	10/14/2019	Jennifer Dent	11/15/2019	5/15/2020	Will continue to review each academic year.
Make Trey Miller (NUR 211) sim longer per student request - a lot of content to cover	10/15/2019	Jennifer Dent	11/15/2019	8/27/2020	Fall 2020 semester has this simulation with additional time added.
Review number of roles for each simulation (across curriculum).	11/15/2019	Jennifer Dent	11/15/2019	5/15/2020	Will continue to review each academic year.
Different template for SP scenarios.	11/18/2019	Jennifer Dent	11/18/2019	1/24/2020	Have updated policies and procedures and began using in March 2020.
Summer 2020 sims: ABSN admits, high acuity, OB/peds, LPN -- (*impact to SRNA availability	11/26/2019	Jennifer Dent	12/6/2019	5/8/2020	Simulation went online due to pandemic.
QR code for First Aid Friday.	12/11/2019	Malik Underwood	12/11/2019	12/17/2019	Created and used in FAF beginning spring 2020 semester.

COMPLETION LOG for Huddle Board
from Anticipated Items or Opportunities

First Aid Friday- change name, how will work with new curriculum (change day of week or	12/11/2019	J Dent, P Kral	12/11/2019	2/20/2020	Resulting decision was made to make no changes in the curriculum.
Consistency with competency.	12/11/2019	Jennifer Dent	12/11/2019	1/18/2020	Discussed in UPC meeting to be addressed further.
Simulation reviews for new curriculum.	12/11/2019	Jennifer Dent	12/11/2019	4/30/2020	Assigned scenarios to ABSN and New Traditional (Block) programs.
Sim facilitator peer review (should N/A column added (for graduate).	12/17/2019	Jennifer Dent	12/17/2019	12/18/2019	Decided to not include N/A as an option, keep roles in the column.
Girl Scouts public health April 18 1-4 follow up.	1/28/2020	Paula Kral	1/28/2020	3/12/2020	Cancelled due to pandemic. Move to fall 2020, if applicable.
High school students 1130-1230 on 3/27 (presentation/CPR).	1/28/2020	Paula Kral	1/28/2020	3/12/2020	Cancelled due to pandemic.
Reporting structure? schedule meeting with CSLC.	1/29/2020	Jennifer Dent	1/29/2020	2/28/2020	Met with all personnel within CSLC. Submitted recommendation to Dr. Lennie re: CSLC moving to Office of Academic Operations.
Sim rep @ meetings Google doc.	1/29/2020	Jennifer Dent	1/29/2020	4/3/2020	Not pursuing currently - may discuss again at a later time.
Visitor badges.	2/5/2020	Malik Underwood	2/5/2020	3/6/2020	Requested for outside event participants and was unable to obtain.
Nurse Anne - missing part.	2/13/2020	Malik Underwood	2/13/2020	2/20/2020	Malik repaired. New part ordered and will be delivered soon.
6 sets male/female parts in 102, 8 sets male/female parts in CNA cabinet, 2 sets	2/13/2020	Malik Underwood	2/13/2020	2/20/2020	Designated locations for parts within CSLC.
Adhesives & Nurse Anne - compression sleeves to hold IV/PICC/CL in place?	2/17/2020	J Dent, P Kral	2/17/2020	2/24/2020	Used tape and threaded deep line into port into the simulator.
Add PEARLS debriefing to all simulation scenarios.	2/23/2020	B Moore, K Maynard	2/23/2020	5/8/2020	Updated all scenarios.
Booked unavailable.	2/25/2020	Malik Underwood	2/25/2020	2/26/2020	Booked system was down and inaccessible. Issue has been resolved.
Spring 2020 online simulation - modules, zoom.	3/20/2020	Jennifer Dent	3/20/2020	3/30/2020	Jennifer relayed to students what they should expect - to complete online modules and then have a virtual debrief via Zoom.
Video mental health scenario for Spring 2020 online simulation.	3/20/2020	P Kral, S Kehler, M Underwood, C Haurylko	3/26/2020	3/26/2020	Video made 3/26 for ABSN Block 2 spring simulation.
Online modules created and Krystle/Bonita to review from student standpoint.	3/20/2020	P Kral, S Kehler, J Dent	3/20/2020	3/30/2020	Completed and used when went to all online simulation in spring 2020.
Requests for outside group events during summer 2020.	3/25/2020	Carol Simpson	3/20/2020	4/28/2020	CSLC closed until further notice to all events due to pandemic. (First summer request was 3/25 from Robin Riley @ UKHC.)
May simulation conference - reschedule.	3/26/2020	Jennifer Dent	3/26/2020	4/10/2020	Asked Hazel to postpone until August and will be virtual. Confirmed it will be August 10th.
Strip all linens and remove curtains for cleaning - store for future usage.	3/31/2020	Carol Simpson	4/2/2020	7/13/2020	Suzie and her boys came in and removed all curtains and bagged linens to send out to Hart's for cleaning.
INACSL registration (June 2020).	3/31/2020	J Dent, P Kral	3/31/2020	5/28/2020	Paula attended virtual conference.
Send new strategic plan to CLSC Advisory Council for vote.	4/2/2020	Jennifer Dent	4/16/2020	5/7/2020	Approved and posted to CSLC website.
Update spreadsheet listing of sim techs across KY - post on Facebook, KSA site, and send to the	4/3/2020	Malik Underwood	9/30/2020		
Send out biosketch requests for updates to all sim facilitators.	4/15/2020	Carol Simpson	4/15/2020	6/30/2020	Updates received and added to accreditation documents.
Add new course numbers to Con Sim Survey dtd April 2018.	4/15/2020	Carol Simpson	4/15/2020	5/8/2020	Updated for students to select correct course number for sim surveys.

COMPLETION LOG for Huddle Board
from Anticipated Items or Opportunities

HRSA simulation grant for rural public health.	4/16/2020	J Dent (w/ H Feld)	4/16/2020	5/1/2020	Did not apply due to 2 year duration, 1.0 FTE staffing & UK hiring freeze.
Summer 2020 SR2 sims: update shock, clinical orientation, synthesis, prep for high acuity.	4/16/2020	J Dent, P Kral	4/16/2020	4/29/2020	Updated and used in simulation summer of 2020.
Summer 2020 ABSN SP21 cohort: 311/313 sims meningitis/OB online.	4/16/2020	Jennifer Dent	4/16/2020	6/19/2020	Meningitis held online via module but no OB sims online this summer
Zoom link (in Canvas) tutorial for online simulations.	4/24/2020	Carole Haurylko	4/24/2020	5/5/2020	Carole posted to O365 Shares and also emailed information to all sim lab personnel.
Look at EMS webinar to help with virtual reality simulation.	4/28/2020	J Dent, M Underwood	4/28/2020	4/30/2020	Paula attended webinar and passed information along to sim lab team.
SRNA will be holding classes online this summer help with set-up.	4/28/2020	J Dent, M Underwood	4/28/2020	6/9/2020	Jennifer worked with Maureen to set up content. Malik to help with IT issues.
Facilitators for fall 2020 semester.	4/28/2020	Jennifer Dent	4/28/2020	4/30/2020	Jennifer to pick up more time as facilitator. Losing Tammy and Stephanie's time decreased.
SSH annual accreditation report due 8/1.	4/30/2020	Jennifer Dent	4/30/2020	7/22/2020	Dues paid on 6/18/2020 and online submission was made on 7/22/20.
ATI/Elsevier electronic health records - ABSN uses ATI and undergrad uses Elsevier - will we	5/7/2020	Jennifer Dent	5/14/2020		Continues to be in progress. Will look at using EHR from both programs at a later date.
First Aid Friday plan for fall semester - social distancing.	5/7/2020	J Dent, C Haurylko	5/28/2020	5/28/2020	Carole has set up canvas page for signup. No more than 15 total capacity in rooms 401/403. Only show up for their time slot.
Order portable simulation parts for summer ABSN students to practice skills and injections at	5/15/2020	J Dent, C Simpson	5/15/2020	5/20/2020	Ordered & received 28 for ABSN (26 students & 2 instructors). Students will sign check out form and subject to $125 replacement fee.
Strip/buff/wax CSLC.	5/27/2020	Carol Simpson	5/27/2020	6/12/2020	Mike cleaned CSLC the week of June 8, 2020.
NUR 923 equipment returns from students.	6/4/2020	Carol Simpson	6/4/2020	9/2/2020	All students except one have returned during assigned period to do so. The one student will return as soon as her deployment ends.
CSLC Re-opening plan for publication to CON.	6/9/2020	Jennifer Dent	5/28/2020	5/28/2020	Jennifer/Karen sent to all CON faculty and staff.
Request for outside group events - fall 2020 semester.	6/12/2020	Carol Simpson	6/12/2020	7/17/2020	CSLC closed to outside events in fall. Cannot accommodate all current CON requests. (First fall request was 6/12 from Teresa Chase @ KCH.)
Slack messenger app for sim lab personnel.	6/22/2020	Malik Underwood			
Create a canvas simulation homepage.	6/22/2020	Carol Simpson	6/23/2020	7/15/2020	Carol/Jesse created and published to all cohorts.
Simulation make-up if do not sign up on time or miss.	7/9/2020	J Dent, C Simpson	7/9/2020	8/27/2020	If students do not sign up on time or miss their scheduled time, they are required to complete online module.
Off-hours Covid-19 CSLC access (nights & weekends).	7/9/2020	J Dent, K Butler	7/9/2020	9/15/2020	Access has been shut down to all students as of 9/15/20.
Update CSLC website - information (James) and pictures (Parry).	7/14/2020	Carol Simpson	7/15/2020		James updated all requested content on 7/15. Parry is aware pictures need to be updated. (Email 7/14 to Parry)
Order portable simulation parts for NUR 211/225 students to practice skills and	7/15/2020	Carol Simpson	7/15/2020	7/23/2020	Ordered 100 more to use in addition to the 28 purchased in May. Students are subject to $139 fee if not returned intact.
Cleaning/disinfecting procedures.	7/30/2020	Malik Underwood	8/14/2020	8/14/2020	Posted around CSLC and emailed to those with labs, sims, or events in CSLC.
Social distancing postings (floors, walls, directional signage, 413A closed, 405L closed to	7/30/2020	Jennifer Dent	7/30/2020	8/14/2020	All accessible areas marked and posted prior to start of fall 2020 semester.
3rd floor lounge to be used by CSLC during fall 2020 semester.	7/30/2020	Jennifer Dent	7/30/2020	8/14/2020	Available for overflow for First Aid Friday, skills lab, or storage if cannot accommodate within CSLC.
Social distancing among faculty and staff.	7/30/2020	Jennifer Dent	7/30/2020	8/14/2020	Stephanie is moving to a different office. Carole can use Carol's office as needed.

COMPLETION LOG for Huddle Board
from Anticipated Items or Opportunities

ABSN Sept. in-person skills lab and Nov. simulation.	7/30/2020	Jennifer Dent	7/30/2020	9/1/2020	Plan in place for students in-person skills and simulation on Saturday's.
SRNA make-up for summer skills unable to attend in person.	7/30/2020	J Dent, C Simpson	7/30/2020	8/12/2020	Aimee has requested multiple dates in Booked to accommodate this in-person skills make-up.
Approval to order Mama Natalie for OB simulation.	7/30/2020	J Dent, C Simpson	8/19/2020	8/20/2020	Decided to order Mama Birthie instead. Ordered and will be receiving soon.
Surplus items in CSLC and room 102.	7/30/2020	M Underwood, C Simpson	7/30/2020	9/3/2020	Three requests have been submitted and all items listed have been picked up by the surplus team.
Create new simulation roles - primary nurse, secondary nurse, documenter.	7/30/2020	Bonita Moore	7/30/2020	8/20/2020	Bonita created documentation for roles to start using fall 2020 semester.
Order arms & torsos for ABSN program to keep in room 102.	7/30/2020	J Dent, C Simpson	7/30/2020	7/31/2020	Ordered and will be received soon.
Plan for Covid-19 quarantined students.	8/27/2020	J Dent, C Simpson	8/27/2020	8/27/2020	As needed, will move to "Online Module" group that will be set up in Canvas. Jenifer will email module with instructions to complete.
Air turned on in CON 401/403 for weekend events.	9/15/2020	J Dent, K Butler	9/15/2020	9/15/2020	SRNA has requested prior. Karen Butler to discuss with Karen Minton and facilities.
Add SSH Healthcare Simulationist Code of Ethics to CSLC website and send to all CSLC faculty and	9/24/2020	Jennifer Dent	9/24/2020	9/30/2020	Email sent to all sim lab personnel and James added to website.
Purchasing new simulation audio-video system for use in CSLC.	9/24/2020	J Dent, K Butler	9/24/2020		Karen Butler to arrange meeting of necessary parties to see if can purchase soon! *Mtg scheduled 10/5*
Discuss with Karen Minton what items can be purchased for graduate program.	9/24/2020	Jennifer Dent	9/24/2020	9/30/2020	Jennifer and Karen to discuss and confirm items to be ordered.
Spring 2021: need to discuss a way to add 1 student as an observer, as needed, for	9/24/2020	Jennifer Dent	9/30/2020	9/30/2020	Beginning spring 2021, will have up to 4 students in rooms 405G and 405J. Includes a designated seat for an observer who is also subject to all
Spring 2021 simulation conference - need topic & keynote speaker ideas.	9/30/2020	All	9/30/2020		
CHSOS certification - Carol and Malik to start looking into.	9/30/2020	C Simpson, M Underwood	9/30/2020		
Start using shared calendar to signify who is and is not in CSLC lab daily during fall 2020	9/30/2020	All	9/30/2020	9/30/2020	Malik has re-sent the invitation to all sim lab personnel. This will be our snapshot to know who is not on campus.



Clinical Simulation and Learning Center's

Self-study for the

Society for Simulation in Healthcare

Accreditation

Teaching/Education Standards

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List of Abbreviations

Abbreviation	Title
ASPE	Association of Standardized Patient Educators
BSN	Bachelor of Science in Nursing
CHSE	Certified Healthcare Simulation Educator
CON	College of Nursing
CSLC	Clinical Simulation and Learning Center
DNP	Doctor of Nursing Practice
DOE	Distribution of Effort
EHR	Electronic Health Record
INACSL	International Nursing Association for Clinical Simulation and Learning
IPE	Interprofessional Education
KSA	Kentucky Simulation Alliance
MSN	Master of Science in Nursing
NLN	National League for Nursing
OSCE	Objective Structured Clinical Examination
PEARLS	Promoting Excellence and Reflective Learning in Simulation
PSLO	Program Student Learning Outcomes
SCE	Simulated Clinical Experience
SP	Standardized Patient
SSH	Society of Simulation in Healthcare
UK	University of Kentucky
UKHC	University of Kentucky HealthCare
UPC	Undergraduate Program Committee

University of Kentucky, College of Nursing

SSH Accreditation

Teaching/Education Standards

Teaching.1: EDUCATIONAL ACTIVITIES

Teaching.1.a.i: Program Links

The Clinical Simulation and Learning Center (CSLC) is part of the University of Kentucky College of Nursing (UK CON). The Mission of the UK CON is to promote health and well-being through excellence in nursing education, research, practice and service while fostering diversity and inclusion. Through simulation the CSLC seeks to promote excellence and growth of the undergraduate and graduate programs. Simulation promotes a "unique and innovative contribution" to healthcare utilizing current knowledge and evidence-based practice to guide the basis of the scenarios.

Students demonstrate collaboration that is open and respectful, utilizing effective teamwork in various diverse learning environments, such as acute care, pediatrics, obstetrics, critical care, and mental health areas of practice. Through simulation, students are given the opportunity to demonstrate and strengthen nursing leadership qualities, including communication, delegation, prioritization, safety and professionalism to promote and enhance patient healthcare outcomes.

All courses within the UK CON have course objectives that are developed and approved by curriculum committees. The content and objectives of Simulated Clinical Experiences (SCE) align with the course objectives approved by the appropriate curriculum committee. Undergraduate SCE also aligns the simulation scenario objectives to Program Student Learning Outcomes (PSLO). A Simulation Rubric (Appendix A) is used to demonstrate student progress towards meeting the PSLOs. In addition, the rubric demonstrates student progress in meeting overall simulation outcomes of teamwork, prioritization, standard precautions, communication, professionalism, and safety.

Each SCE includes objectives that are identified by the course coordinator and/or the Simulation Specialist with CSLC Director oversight to ensure best practice in simulation education and alignment with the CSLC Mission and Goals. This is tracked on the University of Kentucky – College of Nursing Scenario Development and Implementation Tracking Form (Appendix B). Completed Tracking Forms appear in the scenario appendices listed in Teaching.2.a.iv.

Teaching.1.a.ii: Individual Qualifications

The Director of the CSLC oversees all the simulation educational activities. See Appendix C for the Schedule of Undergraduate and Graduate Simulated Clinical Experiences. Through this oversight, the Director ensures that the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice for Simulation are followed in the design and implementation of every simulation activity in the CSLC. The qualifications for this position are a master's degree in nursing (doctorate degree is preferred), minimum of three (3) years of professional nursing within the last five (5) years, and three (3) years of simulation experience. The current CSLC Director is an experienced simulation educator with nine (9) years of experience with simulation in academia and is a Certified Healthcare Simulation Educator

(CHSE). She has presented regionally on the topic of healthcare simulation and is active both nationally and regionally with groups focused on simulation. She is a leader in simulation in the state of Kentucky through co-founding and coordinating the Kentucky Simulation Alliance (KSA). See Appendix D for the CSLC Director's Curriculum Vitae and Appendix E for the CSLC Director's Biosketch.

Teaching.1.a.iii: Simulation Scenarios
Three (3) examples of individual Simulation Scenarios are provided for Elimination (Appendix F), Pancreatitis (Appendix G), and Mental Health/Withdrawal (Appendix H). The documentation includes scenario development, simulation design, student evaluation criteria, and all documents associated with the scenarios, such as the Electronic Health Record (EHR) (Appendices F, G, H).

Undergraduate students are registered by a cohort specific simulation on UK's learning management system, *Canvas*. Undergraduate students will receive notification from the Simulation Instructional Support Specialist a minimum of two (2) weeks prior to the SCE to sign up on their *Canvas* site for a time to attend their simulation. This notification is to include the number of SCE that they will need to sign up for, instructions on the sign-up process, instructions to contact the Simulation Instructional Support Specialist for questions or scheduling conflicts, and a reminder they cannot schedule their SCE during any academic obligations. Reminders will be sent to unassigned students on Wednesday and Friday mornings prior to the SCE. The deadline for students to sign-up for a simulation time will be 12:00 p.m. the Friday before the scheduled simulation. Any SCE pre-work is found in the assignment section on *Canvas* and communicated to the students the Wednesday prior to the SCE.

During the development phase, the evaluation method is determined for undergraduate simulation. If deemed appropriate during the design phase, undergraduate student performance in simulation is evaluated using the Simulation Rubric (Appendix A). The Simulation Rubric is completed by the facilitating Simulation Specialist following the SCE. Simulation Specialists can recommend remediation as deemed necessary. Clinical course coordinators and clinical instructors have access to the rubric and suggested remediation for follow up.

Teaching.1.a.iv: Simulation Videos
Simulation videos will be provided during the site visit.

Teaching.2: EDUCATIONAL ACTIVITY DESIGN

Teaching.2.a: Simulation Program Designs

Teaching.2.a.i: Need for Simulation Activities
The undergraduate traditional program is transitioning from a semester based schedule to a block schedule, which includes a curriculum change. As part of the undergraduate curriculum change, a survey about SCE was completed. These findings indicated that students wanted *critical thinking for complex patients, more hands-on real-life application, practice with delegating, time management, communication, and skills practice*. The survey of faculty indicated that they wanted to *add virtual/gaming simulation, more simulation in general, additional clinical reasoning and clinical judgment, and communication practice*. Clinical weakness results indicate that students struggle to connect theory to practice and need to be better prepared to be independent thinkers. Following each simulation, students are asked to identify areas that

students did not feel prepared to handle during the simulation. Students identified the following: *1) PICC line dressing change (High Acuity); 2) Prioritizing the skills and assessing (High Acuity); 3) IV push meds/pumps (High Acuity); 4) Skills; 5) Knowing what to do and when to do it; 6) Oxygen interventions and what to do; 7) Knowing how the labs related to whether or not meds were given; 8) Explaining the disease process to the patient; 9) Holding meds or not; 10) Changing PICC line dressing 11) Call to the doctor 12) Prioritizing 13) Multiple problems to deal with; 14) Decline in respiratory status; 15) Using the IV pump; 16) Understanding the order; 17) When the patient was declining; and 18) Interpreting rhythm strips*. Common themes among groups include the following: *1) Clinical reasoning; 2) Managing deteriorating patients; 3) Skills; and 4) Opportunity for application of decision making*. These have been identified as necessary to include in the overall undergraduate simulation curriculum and are considered when developing scenarios.

Based on the needs assessment, the overall goals for the undergraduate simulation curriculum are to have simulated activities that incorporate application of clinical reasoning and clinical judgment in a scaffolded approach to the management of deteriorating patients. Beginning in the fall 2020 semester and the initiation of the new traditional undergraduate curriculum with block scheduling, the simulation curriculum goals will be addressed with the development of new and revised simulation activities.

Prior to the start of the new traditional undergraduate curriculum change, CSLC sought to ensure that the undergraduate SCE were meeting the needs of the program. All undergraduate clinical course coordinators were asked to identify areas/content that the students should experience in the simulated environment. Based on the information received, the Undergraduate Program Committee (UPC) simulation workgroup developed the undergraduate program simulation curriculum with approval from UPC. In addition to the development of the undergraduate simulation curriculum, the UPC simulation workgroup, with approval from UPC, developed the undergraduate Simulation Rubric (Appendix A) for evaluation of students during a SCE based upon the PSLOs.

A graduate program needs assessment has been completed which included surveying both graduate faculty and students. The graduate faculty survey indicated the *need for simulation with a focus on communication and task training*. The graduate student survey indicated the *need for simulation with a focus on communication, skills training, crisis management and health assessment*. During the spring 2020 semester, the CSLC Director met with most of the track coordinators to develop overall goals and a plan for simulation in their specific track. The Pediatric Acute Care track overall simulation goals are *skills training with clinical reasoning*. The Primary Care track overall goals are *skills training and clinical reasoning incorporated into SCE with scenarios*. The Pediatric Primary Care track goals are *health assessment, management of care, clinical reasoning, and managing follow-up care*. This work continues with a plan for implementation beginning in the fall 2021 semester.

The graduate student SCE are scheduled by the faculty of record, include the course content expert, and will be evaluated by the course content expert using course specific evaluation. At this time, graduate simulation is focused on psychomotor skills training in the CSLC but utilize the College of Medicine's Standardized Patient (SP) program for Objective Structured Clinical Examination (OSCE).

Teaching.2.a.ii: Simulation Activity Design
All simulation educational activities are based on objectives that are congruent with courses and PSLOs. A Simulation Specialist designs simulation activities based on these objectives. The objectives dictate the fidelity, location, and number of students that are to participate in a group. Simulation Specialists utilize the National League for Nursing (NLN)/Jeffries Simulation Theory in the development and design of simulated activities. Our debriefing format utilizes Promoting Excellence and Reflective Learning in Simulation (PEARLS) for guided reflection and is developed during the design process based on scenario objectives. The Simulation Specialist collaborates with the CON faculty content expert to ensure content alignment and accuracy. In addition, all content and concepts within the simulation design are evaluated for evidence-based practice using both University of Kentucky HealthCare (UKHC) Policy and Procedures as well as review of up to date literature. The Standardized Scenario Template for Scenario Design is used and incorporates all needed aspects of simulation development (Appendix I). The Association of Standardized Patient Educators (ASPE) Case Development Template (Appendix J) is used when the simulation modality that best meets the objectives is a Standardized Patient (SP). The CSLC Director provides oversight for all simulation activities and must give approval based on the adherence to the INACSL Standards of Best Practice: Simulation.

Teaching.2.a.iii: Simulation Tools
The Policy and Procedure for Scenario Design must be followed for scenarios to be incorporated into the curriculum (Appendix K). The Standardized Scenario Template for Scenario Design or the ASPE Case Development Template is used for scenario design and incorporates all needed aspects of simulation development (Appendix I and J). The University of Kentucky College of Nursing Scenario Development and Implementation Tracking Form (Appendix B) is to be completed during the development and design of all SCEs. In addition, the students evaluate each SCE. The Student SCE Evaluation (Appendix L) includes facilitator, simulation design, and program curriculum. The evaluation tools used are modified versions of the NLN educational practices questionnaire, student satisfaction and self-confidence with learning, the simulation design scale, and additional questions related to challenges faced in the Student SCE Evaluation, Appendix L. This information is used to determine if any changes are required to the simulation design, curriculum, and/or facilitation.

Teaching.2.a.iv: Educational Activities
Below is a list of example SCEs / educational activities. Documentation of all CSLC activities are available for onsite review.

- Undergraduate
    - Ethics, Safety and Infection Control
    - Trach Care and Suctioning
    - Meningitis
    - Shoulder Dystocia
    - Elder Assessment
    - Simulation Wrap-Up
- Graduate (Virtual OSCE)
    - Abdominal Pain
    - Headache
    - Sinusitis

Teaching.2.b.i: Modalities, Locales and Realism

After the simulation scenario objectives have been determined, Simulation Specialists match the appropriate modality required to meet the objectives. All simulation modalities, locales, and/or levels of realism are determined by the learning objectives of the activity. Learning objectives that require the participant to communicate and apply concepts based on patient assessment in a clinical environment are designed for either high-fidelity or SP simulation. If the objectives require only a specific psychomotor skill, low fidelity (task trainer) simulation is used. Oversight is provided by the CSLC Director to ensure that the INACSL Standards of Best Practice for Simulation are met. Once a simulation scenario has been developed, it should be sent to the CSLC Director, who is a CHSE, no later than two (2) weeks prior to the date scheduled. Simulation modality is tracked on the University of Kentucky College of Nursing Scenario Development and Implementation Tracking Form (Appendix B).

Teaching.2.c: Simulation Personnel

Teaching.2.c.i: Simulation Expert Inclusion

All simulation design is conducted by Simulation Specialists that have expertise and ongoing professional development in simulation pedagogy. The Simulation Specialist's primary role for teaching is in simulation education. New simulation faculty will be mentored by an experienced Simulation Specialist when learning how to design simulation. During annual simulation facilitator workshops, simulation design is reviewed along with all INACSL Standards of Best Practice: Simulation. The CSLC Director and two (2) Simulation Specialists have obtained the Certified Healthcare Simulation Educator (CHSE) credential and are the primary contacts for simulation design. In addition, the CSLC Director provides oversight for all simulation design to ensure alignment with INACSL Standards of Best Practice for Simulation.

Teaching.2.c.ii: Simulation Activity Design

Jennifer Dent DNP, MSN, RN, CHSE (Clinical Simulation and Learning Center Director)

The CSLC Director, Jennifer Dent DNP, MSN, RN, obtained a Doctor of Nursing Practice (DNP) degree May of 2016 with a focus on organizational leadership. Dr. Dent's DNP capstone project focused on simulation and is titled "Simulation as Staff Development for Competency in Nursing Care of Patients with Chest Tubes". The focus of Dr. Dent's masters of science in nursing (MSN) was rural public health nursing education. Her MSN research utilization project also focused on simulation. She began using healthcare simulation in 2011 while teaching at a community college. At that time, she implemented healthcare simulation into the curriculum for multiple courses. In 2012, Dr. Dent accepted a position at UK as a Simulation Specialist and was charged with growing simulation in the undergraduate nursing program. During her time at UK, she has worked to implement simulation across the undergraduate and graduate programs. As the CSLC Director, Dr. Dent has implemented multiple professional development opportunities for UK faculty and the region. She continues to advocate for the advancement of healthcare simulation across the state of Kentucky. She is a Certified Healthcare Simulation Educator (CHSE) and advocates for others in the field to become certified. She continues to be active in all aspects of healthcare simulation. She has presented regionally on the topic of healthcare simulation and is active both nationally and regionally with groups focused on simulation. She is a leader in simulation in the state of Kentucky through co-founding and serving as the President of the Kentucky Simulation Alliance. See Appendix E for Dr. Dent's biosketch.

Paula Kral MSN, RN, CHSE (Senior Lecturer)

In 1980, Paula Kral received her BSN degree from Eastern Kentucky University. In 1986, she completed her MSN in adult nursing with a functional area in education. Mrs. Kral began utilizing simulation in 2009, and in November 2018, she became a Certified Healthcare Simulation Educator (CHSE). She has attended multiple professional development programs with a focus on simulation. She assists with annual UK CON simulation conferences participating in demonstrations of simulation scenarios and panel discussions. Mrs. Kral's clinical practice has been in the areas of medical/surgical, critical care, adult, and pediatric hematology oncology. In addition, she has experience in IPE working with standardized patients and as a facilitator. See Appendix M for Mrs. Kral's Senior Lecturer Biosketch.

Stephanie Kehler PhD, RN (Lecturer/Simulation Specialist)
Dr. Kehler received her BSN as a second-degree student in 2013 and her PhD in 2017, both from UK. In January 2020, she became a Certified Healthcare Simulation Educator (CHSE). The concentration of her research has been the study of women's health during pregnancy, focusing on high-risk pregnancies, mental health wellness, and inflammatory response. She began teaching patho-pharmacology in January 2018. She started utilizing simulation in 2017 as a part-time simulation faculty. Her full-time faculty teaching distribution of effort is primarily in simulation. She has attended multiple professional development programs with a focus on simulation, including a Nursing Faculty Development Simulation Workshop (2018, 2019, 2020), and Simulation Facilitators Workshop (2017, 2018) at UK. Her clinical practice has been in the intensive care unit. See Appendix N for Dr. Kehler's Lecturer/Simulation Specialist Biosketch

Teaching.3: QUALIFIED EDUCATORS

Teaching.3.a.i: Qualified Educators
Tammy Courtney MSN, RN, CNE (Lecturer/Simulation Specialist)
Tammy Courtney received her ADN from Midway College in 1984. In 2013, she completed her BSN at Indiana Wesleyan University, and two (2) years later, finished her master's degree in nursing education from the same university. Her capstone project focused on debriefing for student learning. Ms. Courtney's clinical practice has been in the areas of adult intensive care, adult medical/surgical, and pediatrics. She came to UK in 2013, and in 2015, she began serving full time in the CSLC until transitioning to another position in the fall of 2020. Her Distribution of Effort (DOE) had included writing simulations, as well as pre-briefing, running and debriefing students following their simulation experience. Ms. Courtney remains available for use as a Simulation Specialist backup facilitator. Her current cohort of students practice simulation in the labs that she teaches. She has attended multiple professional development programs with a focus on simulation See Appendix O for Mrs. Courtney's biosketch.

Carole Haurylko BSN, RN (Lab Instructor/Simulation Specialist)
Carole Haurylko received a BS in biology from York College of Pennsylvania, and in 2009, she graduated from the Second Degree BSN Option at UK. In 2011, she joined the CON faculty to teach physical assessment skills and patient simulation. Her clinical practice has been in pediatrics. Mrs. Haurylko is a part-time Simulation Specialist for nursing students in the undergraduate program. She has attended six (6) simulation workshops focusing on facilitation and debriefing methods from 2012 thru 2019. She has attended multiple professional development programs with a focus on simulation. See Appendix P for Ms. Haurylko's biosketch.

Julia Hall PhD, MSN, RN (Lecturer/Simulation Specialist)
Julia Hall received her BSN degree from Eastern Kentucky University in 1992 and a master's degree as a CNS in parent and child nursing from UK in 2004. Additionally, in 2004 she became the course coordinator for the obstetrics course at UK CON. Her clinical practice has been in obstetrics. In 2011, she began writing scenarios for obstetric simulations and facilitating the scenarios with debriefing and evaluation of students' performance. In 2015, Dr. Hall earned her PhD in nursing from UK CON. In 2016, she began facilitating simulation scenarios for all the undergraduate courses. She has attended multiple professional development programs with a focus on simulation. See Appendix Q for Dr. Hall's biosketch.

Christy Hubbard MSN, RN (Simulation Specialist)
Christy Hubbard obtained a master's of science in nursing education in 2016. She joined the UK CON in August 2018. She began her career as a clinical instructor for the medical surgical class. In 2016, she became the clinical coordinator for the medical surgical class while also teaching clinical. In 2017, she joined the simulation team in the Clinical Simulation and Learning Center. During this time, she facilitated simulation, educated students, and assisted them in providing safe care. In 2018, Hubbard began teaching clinical reasoning and nursing skills in the lab and is transitioning to another position in the fall of 2020. She remains available for use as a Simulation Specialist backup facilitator. She has attended multiple professional development programs with a focus on simulation. See Appendix R for Ms. Hubbard's biosketch.

Bonita Moore MSN, RN (Part-Time Faculty/Simulation Specialist)
Bonita Moore received her RN from Bluegrass Community and Technical College in 2013. In 2018, she completed her master's of science in nursing education from Indiana Wesleyan University. In January 2019, she came to UK and began working in the simulation lab. Ms. Moore also facilitated simulation for the graduating nursing class of 2020 for Bluegrass Community and Technical College. Her previous simulation experience consisted of a capstone project she completed during her master's program. Ms. Moore is currently working toward her DNP at the UK. She has attended multiple professional development programs with a focus on simulation. See Appendix S for Ms. Moore's biosketch.

Krystle Maynard, MSN, RN (Part-Time Faculty/Simulation Specialist)
Krystle Maynard received her BSN Eastern Kentucky University in 2011. In 2015, she completed her master's of science in nursing education from Walden University. Since joining the CSLC team in 2019, she has learned to develop a teaching method based upon the development of critical thinking of the students. This thought process not only allows the students to grow and learn, but her as well. Simulation is a fascinating educational adjunct tool that fosters a level of growth and learning that enhances the student's education, while promoting a safe environment. Simulation-based education has proven to be a vital piece of the educational components of a well-rounded nursing education. Mrs. Maynard is currently working toward her DNP at Northern Kentucky University, where she plans to finish in May 2021. She has attended multiple professional development programs with a focus on simulation. See Appendix T for Ms. Maynard's biosketch.

Teaching.3.b.i: Selection of Educators
All undergraduate high-fidelity simulation activities are facilitated by Simulation Specialists in the CSLC. The Simulation Specialists have specific training that ensures they are qualified to

facilitate simulation. The undergraduate simulation curriculum is designed with a focus on the concepts of communication, teamwork, professionalism, safety, standard precautions, and prioritization. Content that is congruent with the level in the program is used to allow participants to apply these concepts. All Simulation Specialists have the qualifications to facilitate the application of these concepts. In addition, Simulation Specialists have expertise in the various clinical areas for which the content for the undergraduate SCE is derived. The CSLC Director matches the Simulation Specialists to the undergraduate SCE for which they have responsibility to facilitate. All Simulation Specialists who will be facilitating a scenario receive pertinent training needed to facilitate the SCE. They review the design on the Standardized Scenario Template for Scenario Design, Appendix I, where all information pertaining to the scenario is located a minimum of a week in advance of the scheduled time for the SCE.

Task trainers are used in the skills labs as a part of clinical courses. The design of each lab is congruent with the overall course objectives and is based on the weekly lab objectives. Feedback during the use of a task trainer is provided by the specific course lab faculty, teachers' assistants, upper-class undergraduate students, and/or peers. Course lab faculty have attended the simulation facilitator workshop provided by the CSLC.

Graduate simulation is facilitated by simulation faculty in conjunction with the specific course faculty to ensure both simulation standards and content concepts are met.

Teaching.3.c: Ongoing Development

Teaching.3.c.i: Evaluation and Feedback
Participants complete a Student SCE Evaluation (Appendix L) following each SCE. This includes evaluating the specific simulation faculty that facilitated the scenario, including debriefing. In addition, Simulation Specialists will be evaluated once an academic year by another Simulation Specialist or the CSLC Director using the Simulation Facilitator Peer Review form (Appendix U). The evaluation data is reviewed annually during the faculty performance evaluation period.

Teaching.3.c.ii: Simulation Educators
Jennifer Dent DNP, MSN, RN, CHSE
Paula Kral MSN, RN, CHSE
Stephanie Kehler PhD, RN, CHSE
Julia Hall PhD, MSN, RN
Carole Haurylko BSN, RN
Bonita Moore MSN, RN
Krystle Maynard MSN, RN
Tammy Courtney MSN, RN, CNE
Christy Hubbard MSN, RN

Teaching.3.c.iii: Professional Development
The CSLC holds a simulation facilitator workshop annually. See Appendix V for the Simulation Facilitator Workshop Attendance Records and Agenda.

The CON hosts an annual faculty development conference which includes a full day of professional development related to simulation education. See Appendix W for the College of Nursing Annual Faculty Development Conference Attendance Records and Agenda.

The Kentucky Simulation Alliance (KSA) was founded in 2012 by faculty and staff from the UK CON. The mission of the KSA is to bring together a community of healthcare practitioners and educators that will champion best practices in healthcare simulation through outreach, education, research, and collaboration. KSA meetings are held three times per year and include professional development related to simulation and are actively attended by CSLC faculty and staff.

The annual simulation budget allocates funds for the CSLC Director to attend the INACSL Annual Conference and International Meeting on Simulation in Healthcare Annual Conference. Funding for simulation staff and faculty to attend a simulation conference each year will be included in the annual budget.

Teaching.3.d: Orientation and Development

Teaching.3.d.i: Orientation Process
All faculty members new to simulation are oriented to the role through educational activities provided through the NLN and/or the simulation facilitator workshop, as well as a process of orientation to the specific policies and procedures related to simulation education at the CSLC by the Director. The New Simulation Faculty Orientation (Appendix X) includes the simulation space, mentorship in facilitating and debriefing SCEs. All faculty in the CON are encouraged to attend the annual faculty development conference which includes a full day of professional development related to simulation education.

Teaching.3.d.ii: Delivery of Educational Activities
All undergraduate simulation activities occurring in the CSLC are facilitated by CSLC Simulation Specialists unless it is task training that occurs in the clinical course labs.

Graduate simulation activities are facilitated by either a graduate faculty trained in the facilitation of simulation or Simulation Specialists and a graduate faculty member. Task training events utilize feedback from the course instructors.

Additionally, simulation events are evaluated by participants and include evaluation of the facilitator. Anyone evaluated will be given access to their evaluation results.

Simulation Specialists going over the allotted time frame for the SCE continues to be an issue on student evaluations. The allotted time in the Sample Chart with Time for Each Phase (Appendix Y) was revised for specific scenarios for which this is an issue. Additional time for each phase was added to address facilitator requests for additional time for the specific scenarios. Likewise, additional time can be added to the SCE, if determined necessary, in subsequent semesters. For example, even with the designated time chart for the undergraduate trach care SCE, Simulation Specialists indicated that they were not able to meet the objectives in the allotted time frame. The CSLC Director scheduled that SCE for additional time in the fall 2020 simulation schedule. If a Simulation Specialist continues to go over the allotted time, the Director discusses the issue with the individual, including student evaluation feedback and the allotted time for each phase. They develop a plan to stay within in the allotted timeframe.

Another example of a Simulation Specialist issue was the utilization of PEARLS as a debriefing framework. Instead of using advocacy/inquiry, the Simulation Specialist provided the students with information related to the scenario. The educator was provided feedback on the Simulation Facilitator Peer Review form (Appendix U). In addition, all debriefing sections on the simulation design template reflect PEARLS as the debriefing framework and suggestions for use. During the annual faculty development conference, most recently held in August 2020, the CSLC Director gave a presentation related to taking face-to-face simulation to online and included the PEARLS debriefing technique.

After attending a conference that emphasized the need for psychological safety of participants, Simulation Specialists expressed the need to address this further in our simulation program. Statements were added to the pre-brief documents to remind Simulation Specialists to address psychological safety and emphasized again in the debriefing. The statement is as follows, "*As instructors, we have attempted to provide you with a realistic patient care situation in a clinical environment. Your overall role is to treat the simulation as a real clinical experience as you interact with the environment, patient, family, and healthcare team members. Treat the simulated patient as you would a real patient providing care and respect. Be open to learning through simulation realizing that this is a safe learning environment*".

We have also adopted and placed the Simulation Basic Assumption on each cohort's simulation *Canvas* site. The Simulation Basic Assumption states, "*I believe that everyone participating in activities at the University of Kentucky College of Nursing is intelligent, capable, cares about doing their best, and wants to improve."* At the August 2020 faculty development conference, psychological safety was the topic presented by the keynote speaker. In fall 2020, we added a Pre-Brief Script in which the Simulation Specialist addresses psychological safety (Appendix Z). The CSLC continues to prioritize providing psychological safety in both environment and facilitation by reviewing student evaluations and peer evaluations to determine needs or areas of improvement related to psychological safety.

Teaching.4: EVALUATION AND IMPROVEMENT

Teaching.4.a: Evaluating Educational Activity

Teaching.4.a.i: Systematic and Routine Evaluations

All simulation educational activities are evaluated each academic year. The evaluation includes review of participant surveys, evidence-based practice updates, and previous student performance based on the undergraduate Simulation Rubric (Appendix A). The CSLC Director analyzes the aggregate data obtained from the participant surveys of each SCE annually. This data is used to make changes needed in both the scenario design and facilitation. Simulation Specialists, in collaboration with specific content course coordinators, review the individual simulation scenarios annually for updates in evidence-based practice. Simulation Specialists use the up to date, Mosby's Clinical Key, CON adopted current textbook related to the content, and UKHC Policy and Procedure Manual. At the completion of each academic semester the CSLC Director reviews data of student performance in SCE based on the completed Simulation Rubric (Appendix A). Areas in which students received a needs improvement are identified and compared to student identified challenges. The aggregate information is shared with the

appropriate course coordinator. The graduating cohort data is shared with the UPC. These evaluations have a threefold purpose: to ensure accurate facilitation and design of simulation, to ensure that content continues to be needed and is evidenced-based, and to make program curricular changes as needed.

Teaching.4.a.ii: Meeting Educational Activity Requirements

To ensure that educational objectives are met, the undergraduate students are evaluated based on the simulation specific scenario objectives by utilizing the criteria to meet the objectives associated with each SCE. Each simulation specific scenario objective is congruent with an undergraduate program student learning outcome. The undergraduate Simulation Rubric, Appendix A, is completed by Simulation Specialists and reviewed based on the number of participants who were able to meet the expectations. In addition, the student surveys following each SCE contain questions related to the objectives.

Graduate simulation curriculum is evaluated based on the SCE objectives and congruence with course student learning outcomes. Graduate students will complete the Student SCE Evaluation (Appendix L) at the completion of each SCE.

Teaching.4.a.iii: Simulation Activity Evaluations

Student evaluations can be found in the individual Simulation Scenario examples found in Appendices F, G, and H.

Teaching.4.b: Annual Reviewing

Teaching.4.b.i: Reviewing and Updating

Each simulation scenario is evaluated every academic year and includes review of evidence-based updates and participant surveys. See 4.a.i. for more information regarding simulation evaluation. The CSLC Director reviews the student surveys for each SCE and looks for themes in areas that may need improvement. This plan is listed on the results of the survey and stored in the specific SCE electronic folder. The CSLC Director assigns specific simulation scenarios to Simulation Specialists to be reviewed. The participant survey areas for improvement of each scenario are sent when the Director assigns the scenarios to be reviewed. When re-evaluating scenarios used in all aspects of simulation development, the evaluating Simulation Specialist's name and revision date is listed on the Standardized Scenario Template for Scenario Design, Appendix I. When re-evaluating SP scenarios, the evaluating Simulation Specialist's name and revision date is listed on the Association of Standardized Patient Educators (ASPE) Case Development Template, Appendix J.

Teaching.4.b.ii: Changes Based on Reviews

Student survey results from 2019-2020 ABSN/ NUR 211: Trach Care simulation indicated *a need for more time to complete the SCE and educational content on nonverbal communication for students to review prior to simulation.* Pre-work was added to the simulation *Canvas* site under assignments. Specifically, the students were asked to read from their textbook about adapting communication techniques for patients with special needs and safety guidelines for nursing skills related to tracheal suctioning. Thirty (30) minutes was added to the SCE for a total time of one (1) hour and thirty (30) minutes.

Student survey results from Spring 2019 NUR 411: Shock simulation *indicated the need to be instructed on the use of a pressure bag during the pre-brief.* Students expressed that they were unfamiliar with how to use a pressure bag. Simulation Specialists review the use of the pressure bag before the simulation so that students are familiar with the use of a pressure bag

Student survey results from Spring 2019 NUR 400: Multiple patient simulation indicated *the need to clearly identify the student roles.* Color coded lanyards with an identification are provided to the students functioning in specific roles. In the fall of 2018, this multiple patient simulation was also updated to reflect evidence-based practice care of a patient with liver failure. Changes included providing patient ammonia level and updates to the healthcare provider script for use when students call with patient assessment information. Previously, the scenario only addressed low sodium and fluid volume status.

Appendix A

Simulation Rubric

1. **Knowledge Skills Values Outcome**
   Integrates knowledge, skills, and values from the arts and sciences to provide humanistic, safe, quality care.

2. **Clinical Reasoning Outcome**
   Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.

3. **Professional Standards Outcome**
   Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.

4. **Patient Care Technologies**
   Demonstrates skills in using patient care technologies, information systems, and communication devices that support safe and effective care.

5. **Leadership Outcome**
   Demonstrates leadership, responsibility and accountability in addressing health care issues.

6. **Communication Outcome**
   Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes

7. **Inclusion Outcome**
   Demonstrates caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings.

8. **Ethics Outcome**
   Demonstrates the professional standards of moral, ethical, and legal conduct.

9. **Clinical Practice Outcome**
   Understands the scope of generalist nursing practice and applies its principles in clinical practice.

10. **Simulation Outcome**

Appendix B

University of Kentucky College of Nursing
Scenario Development and Implementation Tracking Form

Scenario Name/Number	
Needs Assessment Completed	Formal: Chart reviews, critical events analysis (RCAs) e.g. falls, wound infections, late intubations or transfers to ICU. Failure to meet EBP standards e.g. pediatric codes. Low exam scores. Informal: Reports from clinical facility regarding new grads, upper level undergrads instructor's comments about lower level students, faculty recognitions of lack of clinical skills. Identification of coursework where simulation would be beneficial such as communication between team members, prioritizing care, or seldom seen clinical situations such as PP hemorrhage.
Intended Group of Staff (Department) or Course	
Draft Author	
Faculty Content Expert	
Date Developed	
Date Approved by Department/Curriculum Committee	

https://www.healthysimulation.com/

University of Kentucky College of Nursing
Scenario Development and Implementation Tracking Form

ST: Sim Team F: Faculty/Content Expert/Department Expert CC: Education Committee/Curriculum Committee

Action Item	Who	Date	Comments
Learning Objectives identified	F/ST		
Draft to faculty for review	ST		
Draft to Pharmacy if appropriate	ST		
Faculty/Pharmacy review completed	F		
Review Alignment with National Standards (Best Practice), Hospital Policies and Procedures, Core Competencies, Program Objectives, QSEN standards, NCLEX content. Select as appropriate.	F/ST		
Simulation methodology. Include manikin type	F/ST		
Case Summary	F		
Learner Roles specified. Confederate Role with script	F		
MD orders/Labs/Other data	F		
Specialized equipment needed e.g. crash cart.	F/ST		
Staging Bin completed	ST		
Arm band	ST		
Allergy band	ST		
Labels	ST		
Medications	ST		
IV's	ST		
EHR completed	ST		
Patient care supplies available	ST		
Props available	ST		
Validation/Trial run	ST		
Pre-briefing requirement	F		
Debriefing Guidelines	F		
Pilot Run	ST		
Faculty Expert viewed Name:	F		
Approved for implementation in care facility or for addition to curriculum	CC		
Added to schedule	ST/F		
Scenario evaluation/survey.	F		

Baily, K. (2019). Healthcare simulation Scenario development checklist w/downloadable form. Retrieved from https://www.healthysimulation.com/

Appendix C
(C.1, Fall 2018)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Fall Date	Semester (Content)	Title
1/2	8/22-8/24		
1	8/27-8/31	SR 2 (411)	Clinical Orientation Scenario
			Graduate
2	9/3-9/7	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
3	9/10-9/14	SR 2 (413)	Synthesis - Crisis
4	9/17-9/21	SR 1 (400)	Multiple Patient Scenario
5	9/24-9/28	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211, 221)	Incorporate Ethics, Safety, and Infection Control (NEW)
6	10/1-10/5	SR 2 (411)	Shock
7	10/8-10/12	JR 1	Blood Transfusion
		SO 1	Communication, V/S, Safety, and General survey (NEW)
8	10/15-10/19	SO 2 (211, 221)	Trach Care (Focus on Assessment, Meds, Communication)
9	10/22-10/26	JR 1	Cardiovascular or Palliative Care
		JR 2 (313)	Preeclampsia
10	10/29-11/2	SO 2 (211, 221)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
11	11/5-11/9	SR 1	Focus on Prep for High Acuity (NEW)
		SO 1	Elder Assessment and Communication (NEW)
12	11/12-11/16	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	11/26-11/30	SO 2 (211)	Simulation Wrapup Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			Graduate
14	12/3-12/7	SO 1	Physical Assessment
		SO 2 (221)	Simulation Wrap up Scenarios

Appendix C
(C.2, Spring 2019)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Spring Date	Semester (Content)	Title
1/2	1/9-1/11		
1	1/14-1/18	SR 2 (411)	Clinical Orientation Scenario
			Graduate
2	1/21-1/25	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
3	1/28-2/1	SR 2 (413)	Synthesis - Crisis
4	2/4-2/8	SR 1 (400)	Multiple Patient Scenario
5	2/11-2/15	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211, 221)	Incorporate Ethics, Safety, and Infection Control
6	2/18-2/22	SR 2 (411)	Shock
7	2/25-3/1	JR 1	Blood Transfusion
		SO 1	Communication, V/S, Safety, and General survey
8	3/4-3/8	SO 2 (211, 221)	Trach Care (Focus on Assessment, Meds, Communication)
9	3/18-3/22	JR 1	Cardiovascular
		JR 2 (313)	Preeclampsia
10	3/25-3/29	SO 2 (211, 221)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
11	4/1-4/5	SR 1	Focus on Prep for High Acuity
		SO 1	Elder Assessment and Communication
12	4/8-4/12	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	4/15-4/19	SO 2 (211)	Simulation Wrapup Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			Graduate
14	4/22-4/26	SO 1	Physical Assessment
		SO 2 (221)	Simulation Wrapup Scenarios

Appendix C
(C.3, Fall 2019)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Fall Date	Semester (Content)	Title
1/2			**Spring Only**
1	8/26-8/30	SR 2 (411)	Clinical Orientation Scenario
			Spring Graduate
2	9/2-9/6	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
			Fall Graduate
3	9/9-9/13	SR 2 (413)	Synthesis - Crisis
		ABSN Block 1	Intro to Sim (Communication, V/S, Safety, and General survey)
4	9/16-9/20	SR 1 (400)	Multiple Patient Scenario
5	9/23-9/27	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211)	Incorporate Ethics, Safety, and Infection Control
6	9/30-10/4	SR 2 (411)	Shock
		ABSN Block 1	Elder Assessment and Communication
7	10/7-10/11	JR 1	Blood Transfusion
		SO 1	Communication, V/S, Safety, and General survey
8	10/14-10/18	SO 2 (211)	Trach Care (Focus on Assessment, Meds, Communication)
		SR1	Pandemic Game with stations
Fall Break	10/21-10/25		
9	10/28-11/1	JR 1	Cardiovascular
		JR 2 (313)	Preeclampsia
10	11/4-11/8	SO 2 (211)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
		ABSN Block 2	Incorporate Ethics, Safety, and Infection
11	11/11-11/15	SR 1	Focus on Prep for High Acuity
		SO 1	Elder Assessment and Communication
			SPRING Graduate
12	11/18-11/22	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	12/2-12/6	SO 2 (211)	Simulation Wrapup Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			FALL Graduate
14	12/9-12/13	SO 1	CPR, Room of Errors, Assessment
		ABSN Block 2	Simulation Wrap up Scenarios

Appendix C
(C.4, Spring 2020)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Spring Date	Semester (Content)	Title
1/2	1/13-1/17		**Spring Only**
1	1/20-1/24	SR 2 (411)	Clinical Orientation Scenario
			Spring Graduate
2	1/27-1/31	JR 2 (311, 313)	Rotate: Peds Assess, Peds Skills, OB Skills
			Fall Graduate
3	2/3-2/7	SR 2 (413)	Synthesis - Crisis
		ABSN Block 1	Trach Care (Focus on Assessment, Meds, Communication)
4	2/10-2/14	SR 1 (400)	Multiple Patient Scenario
5	2/17-2/21	SR 1 (401)	Mental Health - Withdrawal
		SO 2 (211)	Incorporate Ethics, Safety, and Infection Control
6	2/24-2/28	SR 2 (411)	Shock
		ABSN Block 1	Elimination
7	3/2-3/6	JR 1	Blood Transfusion
		SO 1	Comm, V/S, Safety, and General survey
8	3/9-3/13	SO 2 (211)	Trach Care (Focus on Assessment, Meds, Communication)
		SR1	Pandemic Game
Spring Break	3/16-3/21		
9	3/23-3/27	JR 1	Cardiovascular
		JR 2 (313)	Preeclampsia
10	3/30-4/3	SO 2 (211)	Elimination
		JR 2 (311)	Intensive Insulin Therapy
		ABSN Block 2	Mental Health - Withdrawal
11	4/6-4/10	SR 1	Focus on Prep for High Acuity
		SO 1	Elder Assessment and Communication
			SPRING Graduate
12	4/13-4/17	JR 2 (311)	Meningitis
		JR 1	Pancreatitis
13	4/20-4/24	SO 2 (211)	Simulation Wrap up Scenarios
		JR 2 (313)	Shoulder Dystocia/GDM
			FALL Graduate
14	4/27-5/1	SO 1	CPR, Room of Errors, Assessment

Appendix C
(C.5, Summer 2020)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Summer Date	Semester (Content)	Title
Block 1			
1	5/11-5/16	SR 2 (411)	Clinical Orientation Scenario
2	5/18-5/23	SR 2 (411)	High Acuity Trauma/Respiratory Simulation
3	5/25-5/30	SR 2 (413)	Synthesis - Crisis if able to make it online
4	6/1-6/6		
5	6/8-6/14	SR 2 (411)	Shock
		ABSN Block 1 Health Assessment/Health Promotion	Elder Assessment and Communication
6	6/15-6/20	ABSN Block 1 Health Assessment/Health Promotion	Elder Assessment and Communication
		JR 2 (311)	Meningitis
Block 2			
1	6/22-6/27		LPN Lab
		JR 2 (313)	
2	6/29-7/4		LPN Lab
3	7/6-7/11		LPN Lab
		ABSN Block 2 Fundamentals	Incorporate Ethics, Safety, and Infection Control
4	7/13-7/18		LPN Lab
5	7/20-7/25	JR 2 (313)	
			LPN Lab
6	7/27-8/1		LPN Lab
		ABSN Block 2 Fundamentals	Simulation Wrap up Scenarios (Diabetes)
7	8/3-8/8		LPN Lab
		JR 2 (313)	

Appendix C
(C.6, Fall 2020)

Schedule of Undergraduate and Graduate Simulated Clinical Experiences

Week	Fall Date	Semester (Content)	Title
1	8/17-8/21		
2	8/24-8/28	NUR 223	
3	8/31-9/4	SR 2 (411)	Shock
	2-Sep	NUR 950	941/943 Central line and Ultrasound task training
	3-Sep		950 Derm and Suture Skills lab ans 946/948 suturing and advanced physical exam
	4-Sep		942 FCCS and 923 Lab
4	9/7-9/11	ABSN summer cohort	Trach Care (Focus on Assessment, Meds, Communication)
		ABSN New Cohort Block 1	Online simulation with patient and facilitator
5	9/14-9/18	SR 1 (401)	Mental Health - Withdrawal (Only one patient Milly or Randy)
		ABSN New Cohort Block 1	Online simulation with patient and facilitator
6	9/21-9/25	ABSN 1st cohort	Pancreatitis
7	9/28-10/2	NUR 223	
8	10/5-10/9		
9	10/12-10/16	JR 2 (311)	Meningitis
10	10/19-10/23	JR 2 (313)	Shoulder Dystocia/GDM
11	10/26-10/30	SO 2 (211)	Elimination
12	11/2-11/6	ABSN summer cohort	Mental Health - Withdrawal (Only one patient Milly or Randy)
		New Trad NUR 225/226	Topic TBD
13	11/9-11/13	JR 1	Pancreatitis
		FCCS	FCCS
14	11/16-11/20	ABSN New Cohort Block 2	Simulation Wrap up Scenarios

Appendix D

CSLC Director CV

Jennifer L. Dent, DNP, MSN, RN, CHSE
Curriculum Vitae

University of Kentucky
College of Nursing
315 CON Building
Lexington, KY 40536-0232

Email: jennifer.dent@uky.edu
Office Phone: 859-323-2224
Cell Phone: 859-685-5903

EDUCATION

Dates	Institution/Location	Degree/Field of Study
Aug. 2013 – May 2016	Eastern Kentucky University Richmond, KY	DNP, Nursing
Aug. 2009 – Dec. 2011	Eastern Kentucky University Richmond, KY	MSN, Nursing
Aug. 2000 – Aug. 2003	University of Kentucky College of Nursing Lexington, KY	BSN, Nursing
Mar. 1997 – Dec. 1999	Midway College Midway, KY	ADN, Nursing

LICENSURES AND CERTIFICATIONS

Jan 2000 – present	Nurse Registration, KY 1093108, Kentucky Board of Nursing
2018 – present	Advanced Cardiac Life Support Certification, American Heart Association
2018 – present	Certified Healthcare Simulation Educator, Society for Simulation in Healthcare

AWARDS

May 2019	Louise Zegeer Faculty Award

PROFESSIONAL EXPERIENCE

Academic

Dates	Institution and Location	Title
Aug. 2012 – present	University of Kentucky College of Nursing Lexington, KY	Director, Clinical Simulation and Learning Center, Lecturer
Oct. 2010 – May 2012	Maysville Community and Technical College Cynthiana, KY	Nursing Instructor

Clinical/Other

Dates	Institution and Location	Title
June 2018 – Aug. 2019	Baptist Health Richmond, Richmond, KY	Staff Nurse Medical Surgical Telemetry
Feb. 2001 – Dec. 2014	Baptist Health Lexington, Lexington, KY	Staff Nurse Labor and Delivery and Operating Room
Jan. 2000 – Feb. 2001	Ephraim McDowell, Danville KY	Staff Nurse Medical Surgical

PRESENTATIONS

Invited

National

Dent, J. L. & Williams, G. S. (2017). Integration of simulation across a bachelor of science nursing program using creative scheduling (ePoster Presentation), International Nursing Association for Clinical Simulation & Learning Conference. Washington D.C.

Regional/Local

Dent, J. L. (2020). Taking face-to-face simulation online. Faculty Development Workshop: Simulation, University of Kentucky, Lexington, KY.

Dent, J. L. (2020). Simulation facilitator workshop for NUR 211 Clinical Instructors, University of Kentucky, Lexington, KY.

Dent, J. L. (2019). IV push standards. Kentucky Simulation Alliance Meeting, Bluegrass Community and Technical College, Lexington, KY.

Dent, J. L. (2019). Simulation facilitator workshop, University of Kentucky, Lexington, KY.

Dent, J. L. & Kehler, S. A. (2018). Moving forward using simulation pedagogy. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching

Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L. (2018). Integration of simulation across a Bachelor of Science Nursing program using creative scheduling. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., & Williams, G. S. (2017). Demonstration of patient simulation. 13th Annual Nursing Faculty Development Workshop: Improve Learning by Engaging Students (Simulation), University of Kentucky, Lexington, KY.

Dent. J. L. (2017). How simulation can be used for staff development in the care of a patient with Meningitis. Clinical Acute and Primary Care Pediatric Nursing Update, University of Kentucky, Lexington, KY.

Dent. J.L. (2016). Keynote speaker for Mercer County Votech Center LNP Graduation. Princeton, WV

Dent, J. L. (2016). Simulation as staff development for competency in nursing care of patients with chest tubes. 12th Annual Nursing Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., Courtney, T. L., & Williams, G. S. (2016, May). Implementation of a multiple patient simulation. 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L., Kral, P. R., & Williams, G. S. (2016, May). Simulation panel, 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L. (July 2015). Developed video case and assignments for implementation in the new online RN-BSN format.

Dent, J.L. (2015). Developing a Multiple Patient Simulation. Simulation Conference: Bridging the Gap between Theory and Practice, University of Kentucky, Lexington, KY

Burkhart, P. V., Stefaniak, K. A., Dent, J. L. (2015, May). Internships: Developing the Next Generation of Nurse Researchers, Practitioners, and Educators. 11th Annual Faculty Development Workshop, University of Kentucky, Lexington, KY, peer-reviewed/refereed

Dent, J. L. (2014). Access to Simulation for Courses with Large Numbers. Belmont University. Tennessee Simulation Conference

Dent, J. L., Fugate, S. J., Halcomb, P. R., Schrader, L. C. (2014). Civility matters. College of Nursing Lunch and Learn, University of Kentucky College of Nursing, Lexington, KY, peer-reviewed/refereed

Wilson, J. L., Dent, J. L., 9th Annual Faculty Development Workshop, University of Kentucky College of Nursing, "Developing Cost Effective Simulation with Low-Tech Technology." (May 2013).

OTHER SCHOLARLY WORK

Authored Society for Simulation in Healthcare Provisional Accreditation Core and Teaching/Learning Documents which were used to achieve provisional accreditation for the UK, CON, Clinical Simulation and Learning Center (June 2019).

PROFESSIONAL MEMBERSHIPS

Sigma Theta Tau International, Delta Psi Chapter
The International Nursing Association for Clinical Simulation & Learning
The Society for Simulation in Healthcare

SERVICE

Professional

The International Nursing Association for Clinical Simulation & Learning Governance Committee (2018-present)
The International Nursing Association for Clinical Simulation & Learning Financial Oversight Committee (2014-2018)
The Kentucky Simulation Alliance: Co-founder and President (2016-present)
Tri-State Simulation Consortium (2015-present).
Lexington Veteran's Affairs Simulation Workgroup (2018)

University

Fellows and Associates of the Center for Interprofessional Health Education, Associate (2017-present)
Faculty Tutoring Advisory Board (2015-present)
Simulation Exercise Planning Group, University of Kentucky Interprofessional Education Working Group, University of Kentucky. (2013-present)
AHEC Summer Camp: CPR simulation (June 24, 2016)

College

College of Nursing Clinical Simulation and Learning Advisory Board, University of Kentucky, College of Nursing. (2012-present)
College of Nursing IPE Committee (2014-present)
Fast Track: Prenursing students simulation of assessment. (August 15, 2016)

10/1/20 CV Revised

Appendix E

CSLC Director Biosketch

Name: Jennifer Dent	
Title / Position: Clinical Simulation and Learning Center Director	
I am the Director of the Clinical Simulation and Learning Center and have responsibility for oversite of simulation activities and operations. In addition, I am involved in every aspect of simulation education from development to facilitation and debriefing.	
Background	**Date of Completion**
Degree(s): DNP, MSN, BSN, ADN	2016, 2011, 2003, 1999
Licensure(s): Registered Nurse	2000-present
Healthcare Simulation Certifications: CHSE	2018 - present
Evidence of scholarship in simulation activities	

Articles (citation):
Textbooks (citation):
Other media (citations/webpages/listings/etc):
Dent, J. L. & Williams, G. S. (2017). Integration of simulation across a bachelor of science nursing program using creative scheduling (ePoster Presentation), International Nursing Association for Clinical Simulation & Learning Conference. Washington D.C.

Regional/Local

Dent, J. L. (2020). Taking face-to-face simulation online. Faculty Development Workshop: Simulation, University of Kentucky, Lexington, KY.

Dent, J. L. (2020). Simulation facilitator workshop for NUR 211 Clinical Instructors, University of Kentucky, Lexington, KY.

Dent, J. L. (2019). IV push standards. Kentucky Simulation Alliance Meeting, Bluegrass Community and Technical College, Lexington, KY.

Dent, J. L. (2019). Simulation facilitator workshop, University of Kentucky, Lexington, KY.

Dent, J. L. & Kehler, S. A. (2018). Moving forward using simulation pedagogy. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L. (2018). Integration of simulation across a Bachelor of Science Nursing program using creative scheduling. 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., & Williams, G. S. (2017). Demonstration of patient simulation. 13th Annual Nursing Faculty Development Workshop: Improve Learning by Engaging Students (Simulation), University of Kentucky, Lexington, KY.

Dent. J. L. (2017). How simulation can be used for staff development in the care of a patient with Meningitis. Clinical Acute and Primary Care Pediatric Nursing Update, University of Kentucky, Lexington, KY.

Dent, J. L. (2016). Simulation as staff development for competency in nursing care of patients with chest tubes. 12th Annual Nursing Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY.

Dent, J. L., Kral, P. R., Courtney, T. L., & Williams, G. S. (2016, May). Implementation of a multiple patient simulation. 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L., Kral, P. R., & Williams, G. S. (2016, May). Simulation panel, 12th Annual Faculty Development Workshop: Transitioning Students into Practice (Simulation), University of Kentucky, Lexington, KY, peer-reviewed/refereed.

Dent, J. L. (July 2015). Developed video case and assignments for implementation in the new online RN-BSN format.

Dent, J.L. (2015). Developing a Multiple Patient Simulation. Simulation Conference: Bridging the Gap Between Theory and Practice, University of Kentucky, Lexington, KY

Dent, J. L. (2014). Access to Simulation for Courses with Large Numbers. Belmont University. Tennessee Simulation Conference

Wilson, J. L., Dent, J. L., 9th Annual Faculty Development Workshop, University of Kentucky College of Nursing, "Developing Cost Effective Simulation with Low-Tech Technology." (May 2013).

Simulation Organization memberships and participation:

INACSL: Governance Committee member
SSH
Kentucky Simulation Alliance: Co-founder and President

Brief Narrative of simulation experience (250 words or less):

The CSLC director, Jennifer Dent DNP, MSN, RN, obtained a Doctor of Nursing Practice (DNP) degree May of 2016 with a focus on organizational leadership. Dr. Dent's DNP capstone project focused on simulation and is titled "Simulation as Staff Development for Competency in Nursing Care of Patients with Chest Tubes". The focus of Dr. Dent's Masters of Science in Nursing (MSN) was rural public health nursing education. Her MSN research utilization project also focused on simulation. She began using healthcare simulation in 2011 while teaching at a community college. At that time she implemented healthcare simulation into the curriculum for multiple courses. In 2012, Dr. Dent accepted a position at the University of Kentucky as a Simulation Specialist and was charged with growing simulation in the undergraduate nursing program. During her time at UK she has worked to implement simulation across the undergraduate and graduate programs. As the CSLC Director, Dr. Dent has implemented multiple professional development opportunities for UK faculty and the region. She continues to advocate for the advancement of healthcare simulation across the state of Kentucky. She is a Certified Healthcare Simulation Educator and advocates for others in the field to become certified. She continues to be active in all aspects of healthcare simulation. She has presented regionally on the topic of healthcare simulation and is active both nationally and regionally with groups focused on simulation. She is a leader in simulation in the state of Kentucky through co-founding and being the President of the Kentucky Simulation Alliance.

Appendix F

Simulation Scenario - Elimination

Appendix F: Simulation Scenario - Elimination	
1	Scenario Development and Implementation Tracking Form
2	Simulation Design Template
3	Student Evaluation Criteria
4	Room/Simulation Setup Checklist
5	Armband
6	SBAR Report
7	Electronic Health Record
8	SCE Schedule
9	References
10	QSEN Competencies
11	Student Survey Results, Fall 2018
12	Student Survey Results, Spring 2019
13	Student Survey Results, Fall 2019
14	Student Survey Results, Fall 2020

Appendix F.1

University of Kentucky – College of Nursing
Scenario Development and Implementation Tracking Form

Scenario Name/Number	**Elimination-Mary Jeffries**
Needs Assessment Completed	Students participating in this simulation are taking a skills lab where they are learning sterile technique and catheterization. This scenario provides an opportunity for the students to apply those concepts to a patient situation.
Intended Group of Staff (Department) or Course	**Sophomore level student**
Draft Author	**Tammy Courtney**
Faculty Content Expert	**K. Maynard, MSN, RN**
Date Developed	**2015**
Date Approved by Department/Curriculum Committee	

https://www.healthysimulation.com/

University of Kentucky – College of Nursing
Scenario Development and Implementation Tracking Form

ST: Sim Team F: Faculty/Content Expert/Department Expert CC: Education Committee/Curriculum Committee

Action Item	Who	Date	Comments
Learning Objectives identified	F/ST	**Fall 2019**	**Reviewed, no changes needed**
Draft to faculty for review	ST		
Draft to Pharmacy if appropriate	ST	**Fall 2019**	**MAR last updated Fall 2019**
Faculty/Pharmacy review completed	F	**9/3/20**	**Revised Percocet med labels**
Review Alignment with National Standards (Best Practice), Hospital Policies and Procedures, Core Competencies, Program Objectives, QSEN standards, NCLEX content. Select as appropriate.	F/ST	**9/3/20**	**QSEN Competencies: Patient-centered care, teamwork, Evidence-based practice, Safety, UK Healthcare policy and procedures**
Simulation methodology. Include manikin type	F/ST	**9/3/20**	**High Fidelity**
Case Summary	F	**9/3/20**	
Learner Roles specified. Confederate Role with script	F	**9/3/20**	
MD orders/Labs/Other data	F	**9/3/20**	**-added specified frequency of post op vitals -Updated I&O cath amount to be >400 as per UK policy**
Specialized equipment needed e.g. crash cart.	F/ST	**9/3/20**	**Bladder scan, Bladder with urine for simulator, SCD's**
Staging Bin completed	ST		***Medication labels reviewed-revised Percocet label, as three labels were mislabeled**
Arm band	ST	**Summer 2019**	
Allergy band	ST	**NKA**	
Labels	ST	**9/3/20**	
Medications	ST	**9/3/20**	
IV's	ST	**N/A**	
EHR completed	ST	**N/A**	
Patient care supplies available	ST	**Fall 2019**	
Props available	ST	**Fall 2019**	

Validation/Trial run	ST	**2015**	
Pre-briefing requirement	F	**9/3/20**	
Debriefing Guidelines	F	**9/3/20**	**PEARLS debriefing format-updated Spring 2020, reviewed**
Pilot Run Faculty Expert viewed Name:K. Maynard, MSN, RN	ST F	**9/3/20**	
Approved for implementation in care facility or for addition to curriculum	CC	**2015**	
Added to schedule	ST/F	**9/3/20**	**Schedule updated**
Scenario evaluation/survey.	F	**4/20**	**See suggested changes below.**

Baily, K. (2019). Healthcare simulation Scenario development checklist w/downloadable form. Retrieved from https://www.healthysimulation.com/

Student review suggestions:

1. Students need more practice with sterile technique
2. Some students expressed not knowing how to insert a suppository
3. Students asked for more time, this scenario has doubled the time

Reviewed 9/3/20 K. Maynard, MSN, RN

Appendix F.2

211 Elimination Simulation

Objectives:

1. Identify indications for urinary catheterization.
2. Demonstrate the procedure for inserting a straight urinary catheter.
3. Document an appropriate narrative note detailing the catheterization procedure.
4. Demonstrate correct administration of a rectal suppository.

Date of Simulation: week 10

Estimated Time: 1 hour

Simulators Used: SimMom, Nurse Ann, and/or Noelle

Personnel: Facilitator

Equipment:
Incision with dressing.
Fill Simulator's bladder…restart program scenario at the beginning of each lab
SCUDS
Arm band
E.H.R. MAR
E.H.R. HCP Orders
SBAR
Scratch paper
Pencils
Computer with Bladder Scanner images
MEDS: Oxycodone/Acetaminophen (Percocet) 5/325 tablet Oral

MEDS: Belladonna & Opium (B & O) 1 suppository

Water soluble lubricant (Lubrifax)

Room Recovery:
Refresh E.H.R Chart/ Check Meds
Refill bladder when needed; bladder scanner back to original screen

Scenario: It is 1230. Mary Jeffries is a 52-year-old female admitted from PACU to acute care following a TAH. F/C removed in PACU at 0900. Students should perform an assessment, recognize the need for bladder scan, and in and out cath. Recognize need for B&O suppository and administer.

Student Names:

Leader_____Medication_____Assessment_____Skills_____Recorder_____

Students should do the following:

	Findings	**Correct Step**	**Wrong Step**
Initial Frame: Mary Jeffries 6/4/1967 Alert and oriented My bladder feels full I just can't pee.	120/80, 72, 20, 99.2 98% Lungs CTA BS + Dressing CDI	Hand Hygiene Introduce self Identify pt Assess pt V/S LOC Lungs Abdomen (focused) Dressing Skin Extremities **Incentive Spirometer (*Frame 1)*** **Bladder Scan (400 mL)** **In & out cath (*Frame 2)***	
Frame 1:	98.6		
Frame 2: I still feel like I have to pee. I think I may be having bladder spasms.		B & O suppository Document	

Debriefing:

1. How do you feel you did?
2. What went well?
3. What would you do differently?
4. What was going on with this patient?
    a. Post op. unable to void. Bladder distended. Bladder scan shows 200 mL. Needs in and out cath. Has bladder spasms.
5. Identify what indicated the need for catheterization in this patient.
6. Why do you think it is so important to monitor patient's bladder following abdominal surgery?

Risk for urinary retention; neurogenic bladder (from abdominal surgery); effects of general anesthesia; previous indwelling catheter during surgery; feel pressure/pain as bladder distends beyond normal capacity

7. Why is important to use sterile technique?
    a. Patient safety
    b. CAUTI
8. What should be included in the documentation?

    Type of catheter, size, urine amount, color, odor, clarity; patient tolerance of procedure

9. Describe the procedure of administering a rectal suppository.

Wear clean gloves; place patient in left lying Sims position; insert lubricated suppository 3-4 inches into rectum past the internal sphincter; have patient remain on side or flat position

10. Anything unusual about her vital signs?

    Low grade temp

11. What do you think is causing her temp? Interventions?

    Stasis of secretions upper airway; Incentive spirometer; TCDB; remember to splint abdomen with coughing; ambulation

12. Each of you tell me one thing you are going to take away from this experience.

Statement following simulation with debrief:

Confidentiality is imperative. What happens in simulation, stays in simulation. Please do not share any aspects of the simulated experience including the performance of others and details of the simulation, as this would be considered a breech in professional nurse code of conduct, HIPAA, and impact the learning of future students.

**Please remember to complete the evaluation of the simulation on the provided lab computers following the debriefing.*

Reviewed 8/28/20- K. Maynard, MSN, RN

Appendix F.3
211 Elimination Simulation

Objectives: (Scenario specific)

a. Identify indications for urinary catheterization based on assessment findings.
    i. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.
        Developmentally appropriate assessments including:
            a. GU assessment
            b. Recognize need for bladder scan
            c. Interpret results of bladder scanner
    ii. Demonstrates skills in using patient care technologies, information systems, and communication devices that support safe and effective care.
            a. Uses bladder scanner
    iii. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
            a. Inserts in and out cath based on HCP written order
b. Demonstrate the procedure for inserting a straight urinary catheter.
    i. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.
            a. Follows correct steps to insert an in and out cath
            b. Reflect on importance of sterility
c. Document an appropriate narrative note detailing the catheterization procedure.
    i. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
        1. Includes all pertinent data.
d. Demonstrate correct administration of a rectal suppository.
    i. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.
        1. Follows correct steps in administration of a rectal suppository

Objectives: (Simulation)

1. Teamwork
    a. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
2. Prioritization
    a. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system
3. Standard Precautions
    a. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death
4. Communication
    a. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
5. Professionalism
    a. Demonstrates the professional standards of moral, ethical, and legal conduct.
6. Safety
    a. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.

Appendix F.4

Week: 11 (Sophomore 2nd semester)

Simulation Scenario Name: NUR 211 Elimination Simulation – Mary Jeffries

Description: *Mary Jeffries is a 52-year-old female admitted from PACU to acute care status post TAH. Patient experiences urinary retention after foley catheter removal. Students should perform basic assessment with focused abdominal and pain assessments, recognizing need for bladder scan, in/out catheterization for retention, and administer B & O suppository for bladder spasms.*

Patient appearance: *(including genitalia, attire, moulage, equipment applied to patient)*	
Female genitalia (Nurse Ann or Sim Mom)	
Auburn short wig (Sim Mom's wig), eyes open	
Patient hospital gown	
Mid abdominal incision below umbilicus covered with adhesive island dressing 4" x 5"	
Fill simulator's bladder with dark yellow simulated urine	
Patient ID band – 52-year-old	
BP cuff applied to LUE	
Pulse oximeter applied to right finger	
SCDs applied to both lower extremities	

Equipment: *(include any equipment to be used in room, med cart, chart, Central Supply, hall)*	
Computer with bladder scanner images located in 405 hallway on rolling cart	
Straight in/out catheter kits x 2: (available in each room) • Sim Mom use red rubber catheter (found in 405G cabinet) • Nurse Ann use clear vinyl catheter (found in supply room Open Urethral Tray kit)	
Foley retention catheter kits x 2 (available in each room)	
Water soluble lubricant packets x 2 (available in each room)	
Sterile gloves in varying sizes (6, 6.5, 7, 7.5, 8, 8.5, 9) (available in each room)	
Incentive Spirometer on bedside table	
Water pitcher with cup on bedside table	
Emesis basin with white sputum tissues on bedside table	
Tissue box on bedside table	
Towels/Washcloths x 2/Basin in bedside nightstand	
Patient monitor posted SpO2, Tperi, NBP manual	
Chart Electronic Health Record on computer in each room	
Flip chart paper for documentation	

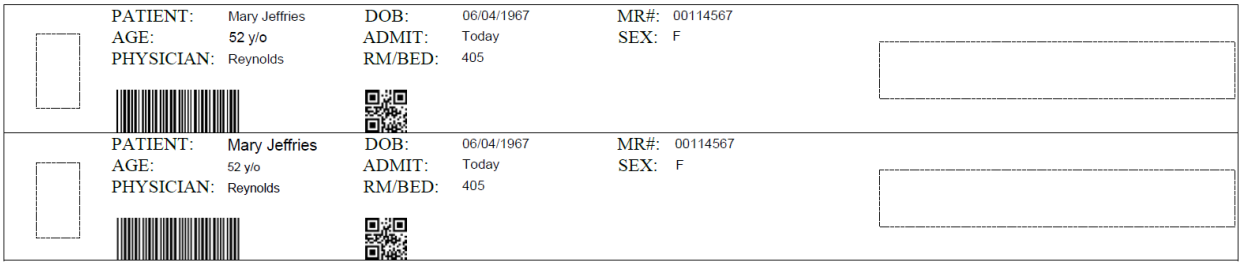
Medications: (*include meds on med cart, Pharmacy Inbox)*	
Oxycodone/Acetaminophen (Percocet) 5/325 1 oral tablet in patient med drawer	
Belladonna & Opium (B & O) 1 rectal suppository in patient med drawer	

Room Recovery: (*any aspect needed to turn-over after sim complete & preparing for next sim)*	
Reset Electronic Health Record chart on computer in each room	
Reset Team Viewer (patient monitor)	
Remove rectal suppository, repackage, and place in patient med drawer	
Empty urine receptacle, add lubricant, and repackage catheter kit	
Refill mannequin bladder with urine as needed: reset program with Sim Mom	

Images: *(any pictures of the actual mannequin, moulage, room, equipment & other visual examples to aid in set-up)*



Appendix F.5


PATIENT: Mary Jeffries
AGE: 52 y/o
PHYSICIAN: Reynolds
DOB: 06/04/1967
ADMIT: Today
RM/BED: 405
MR#: 00114567
SEX: F
PATIENT: Mary Jeffries
AGE: 52 y/o
PHYSICIAN: Reynolds
DOB: 06/04/1967
ADMIT: Today
RM/BED: 405
MR#: 00114567
SEX: F

Appendix F.6

Statement prior to SBAR:

As instructors, we have attempted to provide you with a realistic patient care situation in a clinical environment. Your overall role is to treat the simulation as a real clinical experience as you interact with the environment, patient, family, and healthcare team members. Treat the simulated patient as you would a real patient providing care and respect. Be open to learning through simulation realizing that this is a safe learning environment.

NUR 211 – Mary Jeffries Elimination SBAR Report:

Situation:

Time 1230. Mary Jeffries is a 52-year-old female admitted from PACU to acute care following a TAH (total abdominal hysterectomy).

Background:

- NKDA
- History of migraines
- V/S at 1200: B/P 120/80, HR72, RR20, Temp 99.2, Pulse ox 98%
- Alert and Oriented
- Lungs are CTA
- BS+
- Clear liquids
- Dressing CDI
- Percocet given at 1130
- Pain a 3/10
- SCUDS
- F/C out at 0900; patient has not voided; bladder scan for inadequate void; I & O cath prn scan> 400 ml
- She has something ordered for bladder spasms

Assessment:

Acute Pain

Risk for Infection

Risk of constipation

Risk for complications of urinary retention

Recommendation:

Perform an initial assessment; intervene as appropriate utilizing HCP orders and MAR

Review bladder scanner with students

Appendix F.7

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: NKDA				Date of Surgery: Today	

PATIENT PROFILE SUMMARY

Patient Profile Summary		
Code Status Information		
Code Status ☒ Full ☐ Limited ☐ None		
Advance Directive On File ☐ Yes X☒ No		
Admission Ht, Wt, BMI		
Height: 5'6"	Weight: 145 lbs	BMI:
Hospitalization Problems		
Total Abdominal Hysterectomy		
Chronic Problem List		
Order of Forms in Chart		
Active Orders	Page 2	
Scheduled Meds MAR	Page 4	
PRN Meds and IV Fluids MAR	Page 5	
Medication Administration Record	Page 6	
PRN Meds and IV Fluids Record	Page 7	
Medication Reconciliation	Page 8	
Diabetic Sliding Scale Record	Page 9	
VS, I&O Summary 12 hr day shift	Page 10	
VS, I&O Summary 12 hr night shift	Page 11	
Lab Reports: Chemistry	Page 12	
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History & Physical	Page 14	
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Nurses Notes	Page 17	

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

ACTIVE ORDERS

Active Orders		
Orders to be Acknowledged for (Jeffries, Mary)		
New orders: Ordered at [Today/Postop] Acknowledge all: ☒		
Date/Time	Description	Ordering Provider
Today/Postop	Admit to med-surg unit	**Scott Reynolds, MD**
	Post op vital signs	
	Accurate I&O. Bladder scan for inadequate void prn. I&O cath prn for bladder scan > 150	
	Clear Liquid diet	
	SCUDS	
	Incentive spirometry q2 hours	
	Percocet 5/325 1-tab po q 4h prn pain	
	B&O 16A (Belladonna & Opium 60 mg) 1 supp per rectum q12h prn bladder spasm	

Medications

Order Dt/Tm	Description	Dose	Route	Rate	Freq	Start	Stop
Admit Day Today Postop							
	Percocet (oxycodone 5 mg & 325 mg acetaminophen)	1 tablet	PO		Every 4 hours prn	Today	72 hrs
	B & O (Belladonna 16.2 mg & Opium 60 mg)	1 suppository	PR		Every 12 hours prn bladder spasm	Today	72 hrs

Nursing Orders	
Admit Day: Today/Postop	
	Post op vital signs
	Accurate I&O. Bladder scan for inadequate void prn. I&O cath prn for bladder scan > 150
	Clear Liquid diet
	SCUDS
	Incentive spirometry q2 hours
Respiratory Orders	
Other Orders	

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

SCHEDULED MEDICATION ADMINISTRATION RECORD

TODAY			
Medications	Route	First shift 07:00 to 18:59	Second shift 19:00 to 06:59

PRN MEDICATION and IV FLUID ADMINISTRATION RECORD

TODAY			
Medications	Route	First shift 07:00 to 18:59	Second shift 19:00 to 06:59
Oxycodone/ Acetaminophen (Percocet) 5 mg/325 mg 1 tablet every 4 hours prn pain	PO	1130 PRK	
Belladonna & Opium (B & O) 16.2 mg / 60 mg 1 suppository every 12 hours prn bladder spasm	PR	☐	☐

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

MEDICATION ADMINISTRATION RECORDS

Admit day			
Medications	Route	First shift 07:00 to 18:59	Second shift 19:00 to 06:59
Drug history			

PRN MEDICATION and IV FLUID ADMINISTRATION RECORD

Admit day			
Medications	Route	First shift 07:00 to 18:59	Second shift 19:00 to 06:59

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

MEDICATION RECONCILIATION: ADMISSION

Continue	Discontinue	**Home medications**
		Hospital Medications

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

VS/I & O – DAY SHIFT

VS / I&O SUMMARY													
Date:													
	Time	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
VS	BP												
	Pulse												
	Resp												
	Temp												
	SpO2												
	Pain												
Intake	PO												
	IV												
	Blood												
	Other												
	IVPB												
	Tube Fdg												
	TPN												
	Lipids												
	Breast Feed												
	Total In												
Output	Urine												
	Emesis												
	Drains												
	Other												
	Stool												
	Ostomy												
	Unmeasured												
	Incontinent												
	Blood												
	CRRT												
	Total Out												

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

VS/I & O – NIGHT SHIFT

VS / I&O SUMMARY													
Date:													
	Time	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	060
VS	BP												
	Pulse												
	Resp												
	Temp												
	SpO2												
	Pain												
Intake	PO												
	IV												
	Blood												
	Other												
	IVPB												
	Tube Fdg												
	TPN												
	Lipids												
	Breast Feed												
	Total In												
Output	Urine												
	Emesis												
	Drains												
	Other												
	Stool												
	Ostomy												
	Unmeasured												
	Incontinent												
	Blood												
	CRRT												
	Total Out												

Last name:	First name:	Age:	Gender	Date of Birth	Medical Record #
Jeffries	Mary	52	female	06/04/1967	00114567
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: NKDA				Date of Surgery: Today	

CHEMISTRY - LAB REPORT

CHEMISTRY				
	Admit Day	Today		RANGE

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

IMAGING REPORT

CHEST X-RAY	
Date/Time	
Findings	

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

HISTORY & PHYSICAL

History & Physical	
DATE/TIME	

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

PATIENT ASSESSMENT – Page 1

Normal Parameters	Description of Abnormal Findings
Neurosensory System	
☐ Alert / oriented to person, place, time, situation ☐ Speech clear ☐ Swallowing mechanism intact ☐ Pupils equal and reactive to light ☐ Active ROM of all extremities ☐ Symmetry of strength ☐ No paresthesia ☐ Behavior appropriate to situation ☐ No signs of anxiety, depression	☐ Glasses/contacts ☐ Hearing Aid
Integumentary System	
☐ Skin color uniform within patient's norm ☐ Smooth, soft, warm, dry, intact ☐ Turgor: skin lifts easily and snaps back immediately ☐ Mucous membranes pink, moist, intact ☐ No inflammation, breakdown, nodules, ulcerations, rashes ☐ IV site normal	☐ Wounds: ☐ Drains: ☐ Dressing D & I
Musculoskeletal System	
☐ Absence of joint swelling and tenderness ☐ Normal ROM of all joints ☐ No muscle weakness ☐ No deformity ☐ Ambulates and performs ADLs independently	☐ Use of assistive device for mobility
Cardiovascular System	
☐ S_1, S_2 regular without extra sounds ☐ Radial and peripheral pulses palpable ☐ No calf tenderness ☐ Capillary refill < 3 seconds ☐ No edema ☐ Heart rate and blood pressure within age appropriate norms	☐ Antithrombolitic Device (SCDs, TEDs) ☐ ECG Monitor

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

PATIENT ASSESSMENT – Page 2

Normal Parameters	Description of Abnormal Findings
Respiratory System	
☐ Regular, non-labored ☐ Breath sounds clear and equal all lobes ☐ Sputum clear ☐ Nail beds and mucus membranes pink ☐ Respiratory rate within age appropriate norms	☐ Oxygen @ per ☐ Chest Tube ☐ Continuous SpO2 monitoring
Gastrointestinal System	
☐ Abdomen soft, non distended, non tender ☐ Bowel sounds present all quadrants ☐ Bowel movements within patient's own normal pattern and consistency ☐ Eats appropriate diet in amounts adequate to maintain normal weight ☐ No nausea/vomiting	☐ Diet Type ☐ % Eaten ☐ Last BM ☐ Dentures ☐ Ostomy Appliance
Genitourinary System	
☐ Able to empty bladder without dysuria ☐ Bladder not distended after voiding ☐ Urine clear and yellow ☐ Continent of urine ☐ No appliances used ☐ No abnormal discharge ☐ No rashes / lesions	☐ Foley

Last name: Jeffries	First name: Mary	Age: 52	Gender female	Date of Birth 06/04/1967	**Medical Record # 00114567**
Physician: Dr. Reynolds		Date of Admission: Today		Admission Diagnosis: Total Abdominal Hysterectomy	
ALLERGIES: **NKDA**				Date of Surgery: Today	

NURSES NOTES

Nurses Notes		
Date/Time	Entry	Initials
Today/Postop	52 yo female admitted from PACU to acute care following TAH. F/C removed in PACU at 0900.	PRK

Appendix F.8

NUR 211 Elimination Schedule

Monday

Simulation Time	Pre-brief	Simulation	Debrief
0830-1030	0830-0850	0850-0940	0940-1030
0845-1045	0845-0905	0905-0955	0955-1045
1115-1315	1115-1135	1135-1225	1225-1315
1130-1330	1130-1150	1150-1240	1240-1330
1500-1700	1500-1520	1520-1610	1610-1700
1515-1715	1515-1535	1535-1625	1625-1715

Tuesday

Simulation Time	Pre-brief	Simulation	Debrief
1015-1215	1015-1035	1035-1125	1125-1215
1030-1230	1030-1050	1050-1140	1140-1230
1045-1245	1045-1105	1105-1155	1155-1245
1645-1845	1645-1705	1705-1755	1755-1845
1700-1900	1700-1720	1720-1810	1810-1900
1715-1915	1715-1735	1735-1825	1825-1915

Wednesday

Simulation Time	Pre-brief	Simulation	Debrief
0830-1030	0830-0850	0850-0940	0940-1030
0845-1045	0845-0905	0905-0955	0955-1045
0900-1100	0900-0920	0920-1010	1010-1100
1115-1315	1115-1135	1135-1225	1225-1315
1130-1330	1130-1150	1150-1240	1240-1330
1145-1345	1145-1205	1205-1255	1255-1345

1445-1645	1445-1505	1505-1555	1555-1645
1500-1700	1500-1520	1520-1610	1610-1700
1515-1715	1515-1535	1535-1625	1625-1715

Thursday

Simulation Time	**Pre-brief**	**Simulation**	**Debrief**
0945-1145	0945-1005	1005-1055	1055-1145
1015-1215	1015-1035	1035-1125	1125-1215
1045-1245	1045-1105	1105-1155	1155-1245
1645-1845	1645-1705	1705-1755	1755-1845
1700-1900	1700-1720	1720-1810	1810-1900
1715-1915	1715-1735	1735-1825	1825-1915

Friday

Simulation Time	**Pre-brief**	**Simulation**	**Debrief**
0830-1030	0830-0850	0850-0940	0940-1030
0845-1045	0845-0905	0905-0955	0955-1045
0915-1115	0915-0935	0935-1025	1025-1115
1115-1315	1115-1135	1135-1225	1225-1315
1145-1345	1145-1205	1205-1255	1255-1345
1200-1400	1200-1220	1220-1310	1310-1400
1515-1715	1515-1535	1535-1625	1625-1715
1530-1730	1530-1550	1550-1640	1640-1730

Appendix F.9

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Reviewed and revised October 1st, 2019 PRKral

Appendix F.10

QSEN Competencies

Patient-Centered Care

Knowledge	Skills	Attitudes
Integrate understanding of multiple dimensions of patient centered care: coordination and integration of care; information, communication, and education; physical comfort and emotional support; Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort; Examine nursing roles in assuring coordination, integration, and continuity of care.	Assess levels of physical and emotional comfort; Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs; Assess own level of communication skill in encounters with patients and families.	Value seeing health care situations through patients eyes; Value the patient's expertise with own health and symptoms; Appreciate the role of the nurse in relief of all types and sources of pain or suffering; Respect patient's preferences for degree of active engagement in care process; Value continuous improvement of own communication and conflict resolution skills.

Teamwork and Collaboration

Knowledge	Skills	Attitudes
Describe own strengths, limitations, and values in functioning as a member of a team; Describe scopes of practice and roles of health care team members; Recognize contributions of other individuals and groups in helping patient/family achieve health goals; Describe impact of own communication style on other.	Demonstrate awareness of own strengths and limitations as a team member; Act with integrity, consistency and respect for differing views; Function competently within own scope of practice as a member of the health care team; Assume role of team member or leader based on the situation; Initiate requests for help when appropriate to situation; Integrate the contributions of others who play a role in helping patient/family achieve health goals; Communicate with team members, adapting own style of communicating to needs of the team and situation; Demonstrate commitment to team goals; Solicit input from other team members to improve individual, as well as team, performance. Assert own position/perspective in discussions about patient care.	Acknowledge own potential to contribute to effective team functioning; Value the perspectives and expertise of all health team members; Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities; Value teamwork and the relationships upon which it is based; Value different styles of communication used by patients, families and health care providers.

Evidence-based Practice

Knowledge	Skills	Attitudes
Demonstrate knowledge of basic scientific methods and processes.		

Quality Improvement

Knowledge	Skills	Attitudes
Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families.		Value own and others' contributions to outcomes of care in local care settings; appreciate the value of what individuals and teams can do to improve care.

Safety

	Demonstrate effective use of technology and standardized practices that support safety and quality.	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team.

Informatics

The Essentials of Baccalaureate Education for Professional Nursing Practice

Essential	Criteria
I: Liberal education for Baccalaureate Generalist Nursing Practice	Integrate theories and concepts from liberal education into nursing practice; Synthesize theories and concepts from liberal education to build an understanding of the human experience; Use skills of inquiry, analysis, and information literacy to address practice issues; Use written, verbal, non-verbal, and emerging technology methods to communicate effectively.
II: Basic organizational and systems leadership for quality care and patient safety	Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.
III: Scholarship for evidence-based practice	
IV: Information management and application of patient care technology	Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice; Use standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes; Evaluate data from all relevant sources, including technology, to inform the delivery of care.
V: Healthcare Policy, Finance, and Regulatory Environments	
VI: Interprofessional communication and collaboration for improving patient health outcomes	
VII: Clinical prevention and population health	
VIII: Professionalism and Professional Values	Demonstrate the professional standards of moral, ethical, and legal conduct; Assume accountability for personal and professional behaviors; Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession; Demonstrate professionalism, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers.
IX: Baccalaureate generalist nursing practice	Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches; Implement holistic, patient-centered care that reflects an understanding of human

	growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health-illness continuum, across the lifespan, and in all healthcare settings; Communicate effectively with all members of the healthcare team, including the patient and the patient's support network; Provide appropriate patient teaching that reflects developmental state, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care; Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan; Demonstrate the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care.

Appendix F.11

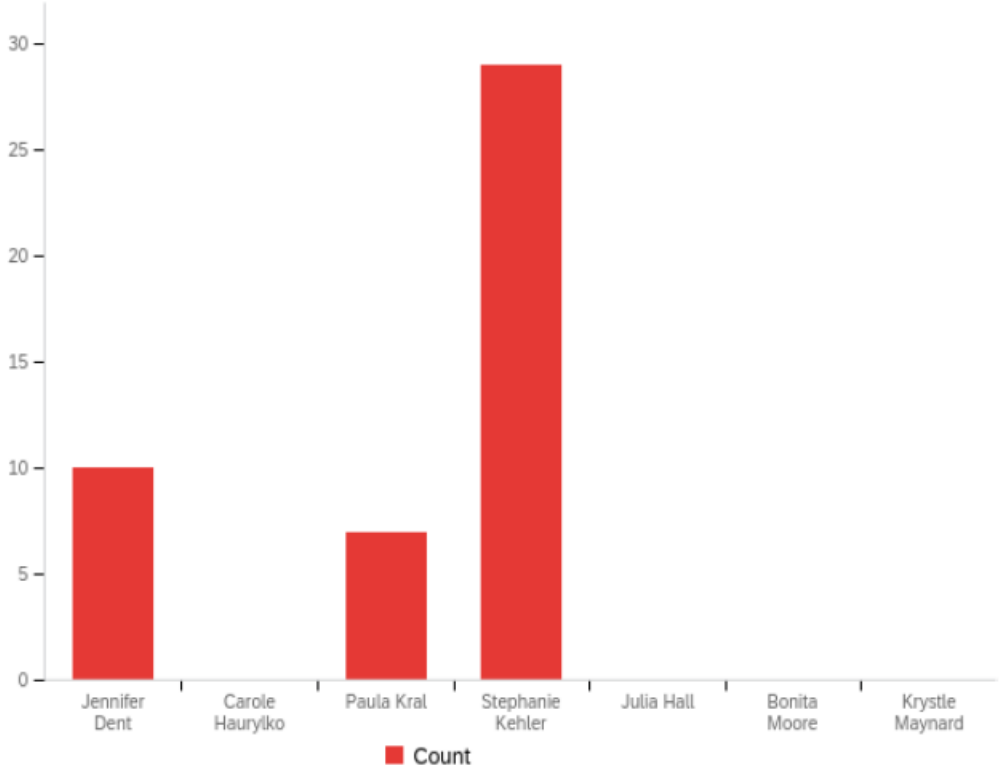
Fall 2018 NUR 211 Elimination Student Survey Results

Q2 - Course #:

#	Answer	%	Count
1	211 - Nursing Care Across Lifespan	100.00%	47
	Total	100%	47

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	3.00	3.00	3.00	0.00	0.00	47	100.00%	0.00%

Q3 - Who led the debrief session after your simulation.



#	Answer	%	Count
2	Jennifer Dent	21.74%	10
3	Carole Haurylko	0.00%	0
4	Paula Kral	15.22%	7
7	Stephanie Kehler	63.04%	29
16	Julia Hall	0.00%	0
25	Bonita Moore	0.00%	0
26	Krystle Maynard	0.00%	0
	Total	100%	46

Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
Suppository
I&O catheter
Inserting the in & out cath while maintaining sterility
leadership but also relying on those in the room to help
Assessment
suppository
suppository
Prioritizing care
sterility
bladder scanner
identifying the problem first
Knowing when to stop pushing the catheter in and making sure to maintain sterility
Suppository
figuring out the order of things to be done
Having to insist on the patient doing the incentive spirometer even though it was slightly uncomfortable for her.
Sterility and suppository
suppository and cath procedure
Suppository
Suppository
suppository
skills
watching every little detail - observer
Sterile techinique
sterility
Sterility
suppository
the rectal suppository

Assesing the bladder and doing the edema
in and out catheter
catheter
skills, i/0 foley catheter
Completing assessment and procedure in a timely manner
sterily
catheterization
Maintaining sterility at all times
Suppository
sterility
First time giving a supp medication.
I&O catheter
Inserting an in and out catheter was challenging but also very helpful
organizing before going into room
Addressing patient priority needs
skill
Priority assessment

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	95.74%	45
2	No	4.26%	2
	Total	100%	47

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.04	0.20	0.04	47	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
I wouldn't change anything. I think the suppository a cool surprise in addition to the I/O cath
n/a
Provide items in pericare for in the room
nothing
Nothing, this was one of my favorite simulations thus far
learn how to give a suppository beforehand
nothing
explain things more before. We had never seen a bladder scanner before
nothing
N/A
Nothing I think it was organized well.
Nothing
teach us before we have to do it in simulation (suppository)
N/A
Nothing incorporate skills taught but not preformed in lab more often
I think having learned how to do a suppository would be beneficial
I would not change anything, it went great for my group overall.
n/a
n/a
nothing noted
Nothing this simualtion was well executed
Make sure that it does not go over time
Nothing
I didn't feel very prepared to give a suppository
have a review of rectal suppositories
nothing
nothing

making sure all necessary supplies are in the room
Would not change anything
NA
Nothing
Give a demo on how to use the bladder scanner
Glove packaging going over suppositories more
N/A
I would probably just change a little more about the room setting to make it easier to maneuver
Nothing. I thought the sim lab was great!
nothing
Incentive spirometer reminder

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
Talking about sterility, documentation, especially looking at wounds
n/a
I found it helpful that we literally talked through every aspect and the instructor brought up points that we could carry on to our future practice.
i enjoy hearing the feedback from my peers and their thought process on it
Discussing principles of sterility, it is a very important topic and our teammate struggled ot perform the task
getting to learn about the experience my classmates had and what they learned
I liked being able to hear what we messed up on so I can remember it for future reference
Feedback from the observer was helpful as realizing what we did and did not do well.
good
patient info and advice on what to do with the patient
it was helpful that she discussed everything that we did in simulation and explained it
I found the explanation about the bladder scanner very helpful!
analyzing each part of the simulation
we learned how to use the bladder scanner
It was helpful to hear the full explanation of how to administer a suppository.
Hit on points to work on
I thought learning from what we did wrong and how to improve is always helpful, and hearing that we did a good job is always reassuring
It was helpful to go over how her having a higher temperature and what caused that
debrief discussion was appropriate
Discussion of improvements and the things that were completed well
The debrief was super helpful in us understanding the techniuques and proper outcomes
Helpful was going over everything after and explaining the procedure.
That we talked through all the things we did correct and incorrectly.
I learned a lot of important tips for my nursing practice
to get to actually perform a rectal suppository
Just understanding that the patient needes always come first

nothing
the actual urine coming out of the manican bladder
The constructive criticism
discussing what we could havce done better
I thought everything went really well overall
We all communicated well as a team during and after the simulation, and good feedback to help us in the future.
it was helpful
Talking about how we should prepare ourselves for all questions from the patient/
How the teacher was in the room and talked about us specifically
I found the debrief VERY helpful being able to go through everything
she supported us well, gave encouragment but also corrected us and really used her personal experience to give us real world feedback
The debrief is really helpful in reviewing what went well and how we can improve.
I like the real life experience examples that are used in the hospital setting to better understand why we do what we do.
Forgotten assessment values- palpating abdomen

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	0.00%	0	0.00%	0	6.38%	3	93.62%	44	47
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	0.00%	0	0.00%	0	4.26%	2	95.74%	45	47
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	0.00%	0	0.00%	0	6.38%	3	93.62%	44	47
4. I received cues during the simulation in a timely manner.	0.00%	0	0.00%	0	0.00%	0	6.38%	3	93.62%	44	47
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	0.00%	0	2.17%	1	4.35%	2	93.48%	43	46
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	0.00%	0	2.13%	1	4.26%	2	93.62%	44	47
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	0.00%	0	0.00%	0	8.70%	4	91.30%	42	46
8. Using simulation activities made my learning time more productive.	0.00%	0	0.00%	0	0.00%	0	6.52%	3	93.48%	43	46

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	4.00	5.00	4.94	0.24	0.06	47	0.00%	100.00%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	4.00	5.00	4.96	0.20	0.04	47	0.00%	100.00%
3	3. I learned from the comments made by the	4.00	5.00	4.94	0.24	0.06	47	0.00%	100.00%

	teacher before, during, or after the simulation.								
4	4. I received cues during the simulation in a timely manner.	4.00	5.00	4.94	0.24	0.06	47	0.00%	100.00%
5	5. I had the chance to discuss the simulation objectives with my teacher.	3.00	5.00	4.91	0.35	0.12	46	2.17%	100.00%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	3.00	5.00	4.91	0.35	0.12	47	2.13%	100.00%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	4.00	5.00	4.91	0.28	0.08	46	0.00%	100.00%
8	8. Using simulation activities made my learning time more productive.	4.00	5.00	4.93	0.25	0.06	46	0.00%	100.00%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	0.00%	0	0.00%	0	8.51%	4	91.49%	43	47
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	0.00%	0	8.51%	4	91.49%	43	47

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	4.00	5.00	4.91	0.28	0.08	47	0.00%	100.00%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	4.00	5.00	4.91	0.28	0.08	47	0.00%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	0.00%	0	10.64%	5	89.36%	42	47
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	0.00%	0	4.26%	2	95.74%	45	47
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	6.52%	3	93.48%	43	46

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	4.00	5.00	4.89	0.31	0.10	47	0.00%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	4.00	5.00	4.96	0.20	0.04	47	0.00%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.93	0.25	0.06	46	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	4.55%	2	95.45%	42	44
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	4.55%	2	95.45%	42	44
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	4.55%	2	95.45%	42	44
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	4.55%	2	95.45%	42	44

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	4.00	5.00	4.95	0.21	0.04	44	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.95	0.21	0.04	44	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.95	0.21	0.04	44	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.95	0.21	0.04	44	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	4.35%	2	95.65%	44	46
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	2.17%	1	97.83%	45	46
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	4.44%	2	95.56%	43	45
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	4.35%	2	95.65%	44	46

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.96	0.20	0.04	46	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.98	0.15	0.02	46	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	4.00	5.00	4.96	0.21	0.04	45	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.96	0.20	0.04	46	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	0.00%	0	4.35%	2	95.65%	44	46
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	2.17%	1	97.83%	45	46
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	2.17%	1	97.83%	45	46
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	4.35%	2	95.65%	44	46

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	4.00	5.00	4.96	0.20	0.04	46	0.00%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.98	0.15	0.02	46	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.98	0.15	0.02	46	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.96	0.20	0.04	46	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	0.00%	0	21.74%	10	78.26%	36	46
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	0.00%	0	17.39%	8	82.61%	38	46
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	0.00%	0	17.39%	8	82.61%	38	46
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	0.00%	0	2.17%	1	17.39%	8	80.43%	37	46
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	0.00%	0	17.78%	8	82.22%	37	45

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	4.00	5.00	4.78	0.41	0.17	46	0.00%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.00	5.00	4.83	0.38	0.14	46	0.00%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	4.00	5.00	4.83	0.38	0.14	46	0.00%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	3.00	5.00	4.78	0.46	0.21	46	2.17%	100.00%
5	5. My instructors used helpful resources to teach the simulation.	4.00	5.00	4.82	0.38	0.15	45	0.00%	100.00%

Q21 - Any other comments:

Any other comments:
This was a wonderful experience. Thank you
N/A
N/A
None
none
thank you!
no
N/a

Appendix F.12

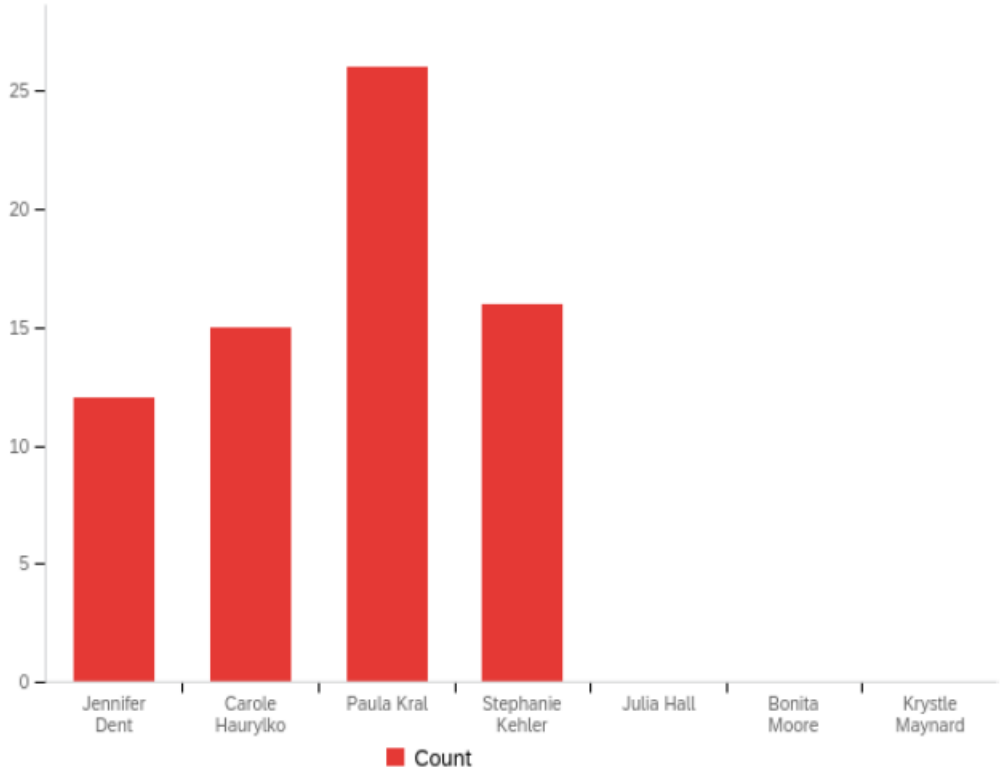
Spring 2019 NUR 211 Elimination Student Survey Results

Q2 - Course #:

#	Answer	%	Count
1	211 - Nursing Care Across Lifespan	100.00%	92
	Total	100%	92

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	3.00	3.00	3.00	0.00	0.00	92	100.00%	0.00%

Q3 - Who led the debrief session after your simulation.



#	Answer	%	Count
2	Jennifer Dent	17.39%	12
3	Carole Haurylko	21.74%	15
4	Paula Kral	37.68%	26
7	Stephanie Kehler	23.19%	16
16	Julia Hall	0.00%	0
25	Bonita Moore	0.00%	0
26	Krystle Maynard	0.00%	0
	Total	100%	69

Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
The rectal suppositories
assessment
being the leader
communication
sterility
her pain when breathing
Communication
sterility
Documentation
management of paib
patient care as a whole
suppository
catheter
procedure for suppository- not practiced in lab
keeping the patient comfortable and critical thinking
sterility and communication
being a leader
Performing a sterile procedure
The set up of the sterile field and the multitasking aspect.
Documentation
Using skills for example inserting suppository
MNedication administration of the suppository
rectal suppository
suppository and abdomen assessment
The catheter
Inserting a catheter and the rectal suppository
Catheter

being an observer and not being able to contribute
catheter
Doing multiple tasks at once
sterility and not breaking the sterile field
the content
The catherter when it wouldn't go in the first time.
in and out cath
sterility and communication
Knowing what to do with the medicine.
catheter care
Encouraging the patient to participate in health-benefiting interventions even though they may cause pain
The rectal suppository and really focusing on respiration rate.
Doing the suppository when she has an abdominal incision
Understanding the importance of taking deep breaths and encouraging coughing post-op especially
rectal supps
communicating with the team and with the patient
having to manage the whole team and figuring out what was the main priority
Performing the basic assessment while also having other nurses perform skills like a straight catheter.
Giving the suppository was the most challenging aspect because we had not had much experience with that
in and out catheter
Working assessments around the other roles
rectal medicine
rectal medication
Sterility
Sterility
sterility and speaking up about peoples mistakes
sterility
sterility
Catheter
sterility and not breaking it/speaking up when its broken

Straight CAth
catheter
taking control of the simulation as the leader and making suggestions-- speaking up. It was my suggestion to do the in and out cath before finishing the assessment
I was unsure about how to insert a suppository.
Giving the suppository
Inserting a suppository.
nothing I was observer
I think making sure I included everything in the assessment.
rectal suppository
maintaining sterility
cath
performing catheter on actual patient
having to actually perform skills that we learned in lab. Its much different when the patient is talking to you and has urine output!
Observer
sterility for real patient
in and out catheter
3+ nursing dx
catheter sterility-applying it to a real life situation
suppository
sterility
Inserting the suppository
critically thinking about patient comments and where to go from there (ex- complaints of coughing which we did not expect) rectal suppository care
The rectal suppository
Insertion of a suppository
rectal suppository
new form of medication administration not practiced in lab
Rectal suppository
medication
rectal suppository
Med administration

maintaining sterility
maintaining sterility while putting in thee cath

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	95.60%	87
2	No	4.40%	4
	Total	100%	91

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.04	0.20	0.04	91	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
Nothing
nothing
nothing
Say the suppository was pre lubricated in pre conference
Communicate with the patient
Nothing
nothing
maybe fewer students so people can perform skills more
nothing
Practice with PR meds in lab
it was really successful to me
I wouldn't change anything
provide items for peri care
Include items for pericare in the room
Include more teaching regarding the rectal suppository.
Maybe not have the mannequin be pregnant
Give more time
none
Explain about rectal suppositories more
Maybe explaining more in detail about rectal suppositories.
nothing
teach on suppositories
na
Make the issues with the patient more clear (more abnormal vital signs)
nothing.. i think it was a good challenge
Nothing it was great!
orientationg us to the room before hand

nothing, it was good
Less people in the room. It was a little crowded.
a better understanding of what and hwo to do things before (urine will actually flow)
Nothing, it came with some challenges but we were able to work through them
Nothing
Nothing
Nothing
maybe just clarify the responsibilities of each role. Even though we have had simulation many times before, I had never been the documenter before, so I was unsure if I was allowed to talk to the team and ask my own questions
nothing
I think learning about how to advise a patient to use an incentive spirometer when they are refusing to do so would improve the simulation.
I would give more information about when the PRN med is needed and the signs that patient needs the medication
nothing, i think it went really well!
nothing
N/a
I would not change anything about it
Nothing!
there is nothing I would change
explain how the mannequins are different from the ones used in lab
telling students that the bladder is similar to real life with real urine and so you need to perform the simulation that way. Not just how it is done in competency
more time
knowing theres actual urine in the person
This simulation was less chaotic than the last simulation for 211. We had everything under control-- it went well.
The simulation combined a variety of past skills that we have learned. I would not change anything.
I would not change anything about this simulation. I enjoyed it a lot
Nothing, it made for a good simulation!
Cannot think of anything off the top of my head!
Nothing it was great!
nothing
nothing

none
n/a
more info about suppositories before simulation
more time
nothing thought it was good!
I would have the steps of inserting a rectal suppository in with the MAR for students who have not gotten the chance to do it yet
nothing. i thought it was very well prepared and one of my favorite simulations
Nothing
nothing
Nothing. I really enjoyed this sim.
N/A
nothing

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
We went over everything and the instructor was easy to talk to and ask questions
learned about suppositories and incentive spirometer
they explained ways we could better our practice
Talking about pain and breathing
Talking about what we did good and not so good
Feedback from the instructor and working with classmates
reviwing every situation
I thought it all went well
looking at the patient holistically
Reviewed reasons why we made interventions
it was good! made me think critically
I liked discussing the issues with the patients and the reasoning behind the interventions
helpful to give us tips
Going through the reasoning about certain interventions and going in depth about the whole simulation was very helpful
It was helpful to listen to observers
helpful was going over suppository insertion and why to assess abdomen after surgery even if they dont want to
She explained what we didn't understand
I found helpful the part about educating the patient even though she refuses.
she gave explanations for everything and provided tips to use in real life
was explained in depth to help us understand what was good and bad
I liked how we talked about both pros and cons
Helpful to talk through other alternatives
we talked through everything
It was great as always because you never realize the things you miss until you think about it at the end.
feedback
discussing interventions that are "outside the box"

The discussion was very helpful.
talking through sterility and what exactly should have been done
The information about patient pain and interventions and also about the rectal suppositories
Learning about the importance of respirations and how to do a rectal suppository was very helpful.
Knowing why it is important to carefully observe respirations and temp to look for infection or secretions in the lungs. Just because you cant hear them doesn't mean they aren't there
I enjoy getting tips from the simulation instructor based on her own personal experiences
going over other strategies that we can implement with our patients. also that patients are going to be in pain but when we have to do something you need to keep enforcing the importance of the treatment
going over the skill and signs skills are needed
hewlpful watching someone perform a in and out catheter on a "real" patient
It was nice to go over everything and recognize mistakes or other aspects we didn't assess or perform.
I found it helpful that we went through each of our jobs and said what we did well and what we could do better
we addressed every aspect of the simulation and discussed the errors and the good things we did which was very helpful
Discussing how to move forward and not just leave it at documentation of problems
talking about everything
comments about what extra things could be done to improve patient outcomes
I thought reviewing the documentation was very beneficial because I have not done that before
Going through every positions actions
I liked going over our mistakes
one student was very critical of another student and said she wanted to do it herself, but the instructor did not stop her from saying all of this
the constructive crtiticism
she made us talk about what we thought was our strengths and weaknesses and also told us things she thought we could improve on that we hadnt thought about
explaining the incentive spirometer to help with temp. and how to insert a suppository correctly.
Many points were brought to our attention that we hadn't previously thought of. We also learned how to correctly perform skills that we weren't sure about.
Learning how to give a suppository was very helpful
The constructive criticism of what we good do better in the future, but also going over what we did well.
I really liked how it wasnt centered on the individuals who did each task. Rather, everyone was involved.
Instructing us on what we did wrong and ways to improve as well as providing feedback on the things we did right
Very helpful to discuss some things that were missed or what we didnt think about addressing while in the room
going over what went well and what needs to be improved on

discussing things we did well, and things that we need to work on
I enjoy the different scenarios and how different every simulation is with the personality of the patient
very helpful feedback
suppository info very helpful
recognizing weak points in skills
talking about suppositories and critical thinking with sterility
I think the debrief discussion was very helpful because we were able to talk about the working of the suppository and some basic nursing principles that we were unsure of
we were able to learn things related to what we experienced and how to handle them the next time
Talking about how a rectal suppository works and why you have the patient lay on their left side. Also, a technique to help the abdominal incision not have any dihecence by hugging the pillow.
Education on how to insert a rectal suppository and how to splint an incision when coughing.
I like practicing nursing diagnoses before entering the pts room
Being asked how we thought we did or if we did something or not, rather than saying "you missed this"
She went through everything and that was very helpful to see what we missed or did well on. she focused on positives and that was good.
Professor Kral was very thorough asking about why we did things and what we could have done betetr
Going through each part of the simulation and discussing what went well and what could be improved
explanation of different meds and why and how certain interventions ought to be done. the debrief session was very thorough and informative
went into depth about why we did each intervention

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	1.10%	1	0.00%	0	0.00%	0	2.20%	2	96.70%	88	91
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	1.10%	1	0.00%	0	0.00%	0	3.30%	3	95.60%	87	91
3. I learned from the comments made by the teacher before, during, or after the simulation.	1.10%	1	0.00%	0	0.00%	0	2.20%	2	96.70%	88	91
4. I received cues during the simulation in a timely manner.	1.10%	1	0.00%	0	0.00%	0	2.20%	2	96.70%	88	91
5. I had the chance to discuss the simulation objectives with my teacher.	1.10%	1	0.00%	0	0.00%	0	0.00%	0	98.90%	90	91
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	1.10%	1	0.00%	0	0.00%	0	0.00%	0	98.90%	90	91
7. The instructor was able to respond to the individual needs of learners during the simulation.	1.10%	1	0.00%	0	0.00%	0	2.20%	2	96.70%	88	91
8. Using simulation activities made my learning time more productive.	1.12%	1	0.00%	0	0.00%	0	3.37%	3	95.51%	85	89

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	1.00	5.00	4.93	0.44	0.19	91	1.10%	98.90%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	1.00	5.00	4.92	0.45	0.20	91	1.10%	98.90%
3	3. I learned from the comments made by the	1.00	5.00	4.93	0.44	0.19	91	1.10%	98.90%

	teacher before, during, or after the simulation.								
4	4. I received cues during the simulation in a timely manner.	1.00	5.00	4.93	0.44	0.19	91	1.10%	98.90%
5	5. I had the chance to discuss the simulation objectives with my teacher.	1.00	5.00	4.96	0.42	0.17	91	1.10%	98.90%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	1.00	5.00	4.96	0.42	0.17	91	1.10%	98.90%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	1.00	5.00	4.93	0.44	0.19	91	1.10%	98.90%
8	8. Using simulation activities made my learning time more productive.	1.00	5.00	4.92	0.46	0.21	89	1.12%	98.88%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	1.10%	1	0.00%	0	3.30%	3	95.60%	87	91
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	1.10%	1	4.40%	4	94.51%	86	91

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	2.00	5.00	4.93	0.36	0.13	91	1.10%	98.90%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	3.00	5.00	4.93	0.29	0.08	91	1.10%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	2.17%	2	3.26%	3	94.57%	87	92
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	0.00%	0	3.26%	3	96.74%	89	92
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	3.26%	3	96.74%	89	92

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	3.00	5.00	4.92	0.34	0.11	92	2.17%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	4.00	5.00	4.97	0.18	0.03	92	0.00%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.97	0.18	0.03	92	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	1.09%	1	4.35%	4	94.57%	87	92
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	4.35%	4	95.65%	88	92
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	3.26%	3	96.74%	89	92
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	2.17%	2	97.83%	90	92

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	3.00	5.00	4.93	0.29	0.08	92	1.09%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.96	0.20	0.04	92	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.97	0.18	0.03	92	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.98	0.15	0.02	92	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	3.30%	3	96.70%	88	91
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	3.30%	3	96.70%	88	91
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	3.33%	3	96.67%	87	90
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	2.20%	2	97.80%	89	91

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.97	0.18	0.03	91	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.97	0.18	0.03	91	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	4.00	5.00	4.97	0.18	0.03	90	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.98	0.15	0.02	91	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	2.17%	2	1.09%	1	96.74%	89	92
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	2.17%	2	97.83%	90	92
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	1.10%	1	98.90%	90	91
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	1.10%	1	98.90%	90	91

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	3.00	5.00	4.95	0.31	0.09	92	2.17%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.98	0.15	0.02	92	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.99	0.10	0.01	91	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.99	0.10	0.01	91	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	0.00%	0	14.13%	13	85.87%	79	92
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	0.00%	0	11.96%	11	88.04%	81	92
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	0.00%	0	13.04%	12	86.96%	80	92
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	0.00%	0	0.00%	0	9.78%	9	90.22%	83	92
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	0.00%	0	10.99%	10	89.01%	81	91

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	4.00	5.00	4.86	0.35	0.12	92	0.00%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.00	5.00	4.88	0.32	0.11	92	0.00%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	4.00	5.00	4.87	0.34	0.11	92	0.00%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	4.00	5.00	4.90	0.30	0.09	92	0.00%	100.00%
5	5. My instructors used helpful resources to teach the simulation.	4.00	5.00	4.89	0.31	0.10	91	0.00%	100.00%

Q21 - Any other comments:

Any other comments:
no
it was helpful to learn about what all is in the room, and think about how you could use it next time
n/a
no
no
none
None!
no
None!
good simulation!

Appendix F.13

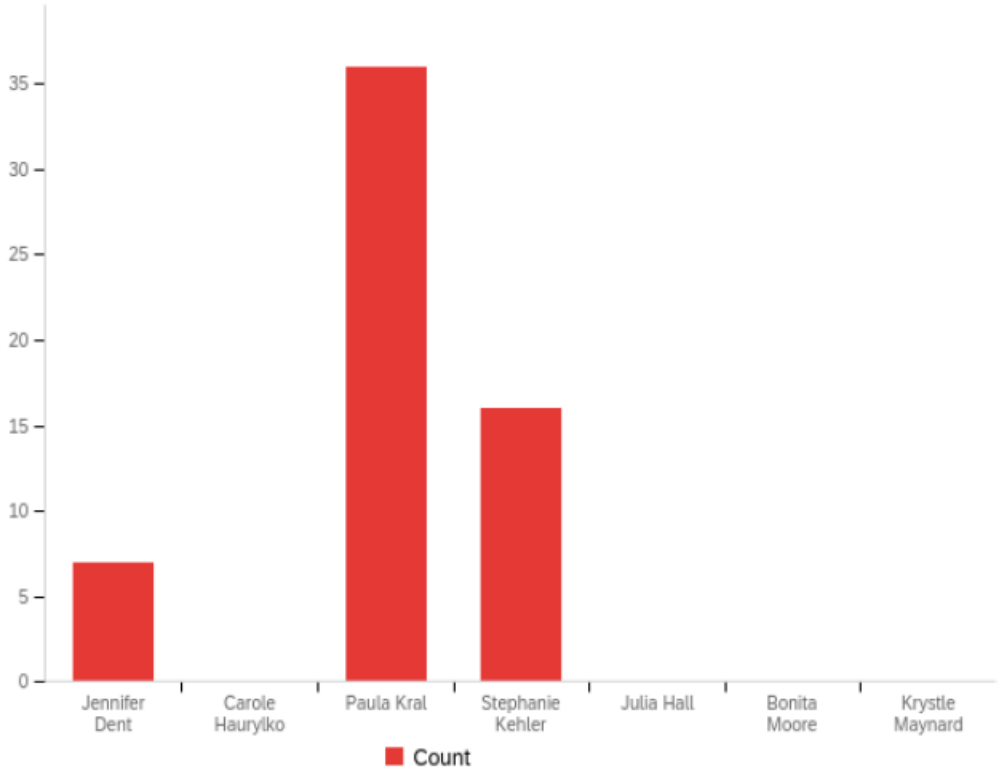
Fall 2019 NUR 211 Elimination Simulation Student Surveys

Q2 - Course #:

#	Answer	%	Count
1	211 - Nursing Care Across Lifespan	100.00%	74
	Total	100%	74

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	3.00	3.00	3.00	0.00	0.00	74	100.00%	0.00%

Q3 - Who led the debrief session after your simulation.



#	Answer	%	Count
2	Jennifer Dent	11.86%	7
3	Carole Haurylko	0.00%	0
4	Paula Kral	61.02%	36
7	Stephanie Kehler	27.12%	16
16	Julia Hall	0.00%	0
25	Bonita Moore	0.00%	0
26	Krystle Maynard	0.00%	0
	Total	100%	59

Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
Keeping an eye on everyone and trying to catch both the good and the bad
Documentation
Suppository
Catheter
Suppository
The suppository was a challenge because we haven't really had the opportunity to do it in clinical and lab
learning how to do the suppository
suppository
Having to do the rectal suppository
being an observer and not being able to tell the team things
Sterility
Sterilization
Being able to work with fewer people than we normally have in simulation
Sterility
Importance for patient
How to help her with her pain and what was most important to do
communication
The rectal suppository medication
Suppository
Suppository insertion
Communication with the patient
Trying to not just hover and stand still, staying active and participating
Communicating with the patient
The suppository because I never have administered one
Communication.
The further debrief of the MOA Of drug
Documenting in an organized way

Leader
Communication with team members and the patient.
Straight catheterization
Focusing the assessment
Sterility
Team work with individuals who don't want to work well with a team but more want to do it on their own.
Trying to be professional while some people have little team work skills and try to take charge/introject when others are doing stufd
Good communication throughout entire simulation
In and out catheter
Insertion of the suppository
Communication with the pt
I think I knew mostly what was happening
Sterility
Cath insertion
Sterility
Knowing How to do a supposistory since we haven't before. And maintaining sterility
Suppository!
None
Documentation
Suppository administration
Catheter
the teamwork
First time doing suppository
Priority
Catheritization
Suppository
Catheter
communicating with patient
Looking at the patient as a whole
Sterile technique

Focusing on everything
Putting in sterile catheter
Inserting the suppository
N/a
Using a different catheter kit
Documentation
Catheter and elimination
Making sure to pay attention to the details
catheter
Forgetting to wash hands before cath

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	100.00%	73
2	No	0.00%	0
	Total	100%	73

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	1.00	1.00	0.00	0.00	73	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
Nothing. It went well.
Nothing
Make sure all of the simulation technology is working
Give more info on suppository because we never really practice it
Nothing
Explaining a little bit more about the bladder scanner and having a small group (3 people) felt very beneficial!
nothing i thought it was a good sim
None
N/A
Nothing
Nothing
Nothing
Nothing
More information on how to do certain machines
nothing
I would have make sure they have previous knowledge about all equipment
Suppository
Nothing!
Not really too much the new MAR is great
Being more comfortable being in the room
N/A
Nothing
Nothing it was the best one yet
Nothing
Nothing
Nothing
Nothing

Sometimes I felt like the instructor was judging and acting like we didn't know a lot. that was kind of discouraging
It's difficult to demonstrate an in and out catheter procedure with 6 people in a room
It was a good sim
Nothing
Nothing
I think it was really well set up and I can't think of anything I would change
Nothing. I think it's wonderful as is!
Npthing
None
Time limit
Nothing
Nothing
Reviewing suppository on mannequins in lab
Practice sterility
None
I thought this simulation went really smoothly
N/a
nothing
Nothing
Nothing!
None
N/a
Nothing
Nothing
N/A
nothing

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
We discussed our mistakes in a way that we won't make them again
Very thorough
Practicing suppository and sterile technique was great
The thorough explanation of it all
N/A
we went over everything and got some good info back
The post conference feedback
Communication between group members
Everything
The feedback professor Moore gave us
Talking about how to lower the temperature
Learned new interventions applicable to every patient in hospitals
Learned new techniques and ways to help my patient in the future
It was great
it was helpful to learn more about the medication given
Giving tips to improve our skills
She informed us well
It was very informative
It was very constructive and kinda forced us to break out of our shell to share our thoughts
Open discussion about catheter insertion and suppository insertion
The helpful communication
Learning what we could've done better
Discussion about how far to put the rectal suppository in and what size foley to use.
Positive support from team members
Helpful- everyone contributed in the conversation
Dr. Kehler was very helpful in promoting us with questions that allowed us to think through situations.
I really enjoyed our sim instructor today! She was very helpful and told many positive things we did

One of our peers only provided negative feedback instead of anything positive so it was hard to feel good about what we accomplished
I felt like every time I answered a question it was wrong and that I was being judged by my peers if I made mistakes
Going over produce
Visualizing the urethra
To find the urethra before opening the catheter kit
I thought Dr. Dent corrected us in such an uplifting way. She was so helpful and really showed how constructed criticism can be given in such an effective way.
Everything was helpful. Discussing after details about properly administering a supp, and ways to manipulate the sterile field while still keeping it sterile
Professor Dent is very informative
Great as is
It was pretty lengthy
Good feedback giving
Confidence
N/a
I liked that we talked about specific things we did well and could change
My group talked a lot about what we did right
It was helpful to talk everything out and talk about why we did each thing
Communication
going over sterility and suppository insertion
I found it to be very helpful and I learned things that I can take into clinical with me
Prost brief
Talking through everything
I think we discussed it what went well and how we can improve overall technique and teamwork skills
Info from professor was helpful
Feedback was constructive
Discussion of all parts
talking thru everything

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	0.00%	0	1.41%	1	1.41%	1	97.18%	69	71
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	0.00%	0	0.00%	0	2.78%	2	97.22%	70	72
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	1.39%	1	0.00%	0	0.00%	0	98.61%	71	72
4. I received cues during the simulation in a timely manner.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	69	69
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	0.00%	0	0.00%	0	1.39%	1	98.61%	71	72
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	0.00%	0	0.00%	0	1.39%	1	98.61%	71	72
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	0.00%	0	0.00%	0	1.41%	1	98.59%	70	71
8. Using simulation activities made my learning time more productive.	0.00%	0	0.00%	0	1.43%	1	0.00%	0	98.57%	69	70

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	3.00	5.00	4.96	0.26	0.07	71	1.41%	100.00%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	4.00	5.00	4.97	0.16	0.03	72	0.00%	100.00%
3	3. I learned from the comments made by the	2.00	5.00	4.96	0.35	0.12	72	1.39%	98.61%

	teacher before, during, or after the simulation.								
4	4. I received cues during the simulation in a timely manner.	5.00	5.00	5.00	0.00	0.00	69	0.00%	100.00%
5	5. I had the chance to discuss the simulation objectives with my teacher.	4.00	5.00	4.99	0.12	0.01	72	0.00%	100.00%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	4.00	5.00	4.99	0.12	0.01	72	0.00%	100.00%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	4.00	5.00	4.99	0.12	0.01	71	0.00%	100.00%
8	8. Using simulation activities made my learning time more productive.	3.00	5.00	4.97	0.24	0.06	70	1.43%	100.00%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	0.00%	0	0.00%	0	2.74%	2	97.26%	71	73
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	73	73

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	4.00	5.00	4.97	0.16	0.03	73	0.00%	100.00%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	5.00	5.00	5.00	0.00	0.00	73	0.00%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	0.00%	0	1.37%	1	98.63%	72	73
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	73	73
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	1.39%	1	98.61%	71	72

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	4.00	5.00	4.99	0.12	0.01	73	0.00%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	5.00	5.00	5.00	0.00	0.00	73	0.00%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.99	0.12	0.01	72	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	2.78%	2	97.22%	70	72
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	4.23%	3	95.77%	68	71
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	1.39%	1	0.00%	0	0.00%	0	98.61%	71	72
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	1.41%	1	0.00%	0	98.59%	70	71

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	4.00	5.00	4.97	0.16	0.03	72	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.96	0.20	0.04	71	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	2.00	5.00	4.96	0.35	0.12	72	1.39%	98.61%
4	7. I was supported in the learning process.	3.00	5.00	4.97	0.24	0.06	71	1.41%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	2.74%	2	97.26%	71	73
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	1.37%	1	98.63%	72	73
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	73	73
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	72	72

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.97	0.16	0.03	73	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.99	0.12	0.01	73	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	5.00	5.00	5.00	0.00	0.00	73	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	5.00	5.00	5.00	0.00	0.00	72	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	1.37%	1	0.00%	0	98.63%	72	73
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	1.37%	1	98.63%	72	73
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	1.37%	1	98.63%	72	73
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	1.39%	1	98.61%	71	72

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	3.00	5.00	4.97	0.23	0.05	73	1.37%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.99	0.12	0.01	73	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.99	0.12	0.01	73	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.99	0.12	0.01	72	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	1.37%	1	0.00%	0	4.11%	3	94.52%	69	73
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	1.37%	1	0.00%	0	5.48%	4	93.15%	68	73
3	3. I enjoyed how my instructor taught the simulation.	1.37%	1	0.00%	0	0.00%	0	5.48%	4	93.15%	68	73
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	1.37%	1	0.00%	0	0.00%	0	4.11%	3	94.52%	69	73
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	1.43%	1	0.00%	0	4.29%	3	94.29%	66	70

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	2.00	5.00	4.92	0.40	0.16	73	1.37%	98.63%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	2.00	5.00	4.90	0.41	0.17	73	1.37%	98.63%
3	3. I enjoyed how my instructor taught the simulation.	1.00	5.00	4.89	0.51	0.26	73	1.37%	98.63%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	1.00	5.00	4.90	0.50	0.25	73	1.37%	98.63%
5	5. My instructors used helpful resources to teach the simulation.	2.00	5.00	4.91	0.41	0.16	70	1.43%	98.57%

Q21 - Any other comments:

Any other comments:
nope
No
n/a
None
Nope
None
None
None
No
None
no

Appendix F.14

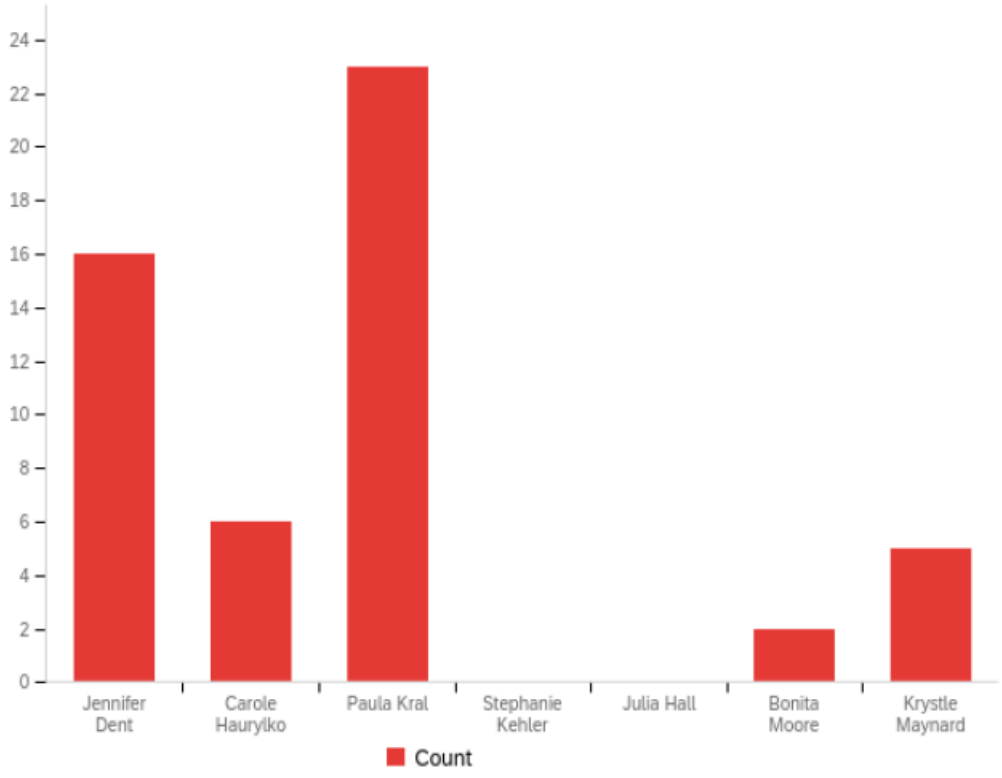
Fall 2020 NUR 211 Elimination Student Survey Results

Q2 - Course #:

#	Answer	%	Count
1	211 - Nursing Care Across Lifespan	100.00%	52
	Total	100%	52

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	3.00	3.00	3.00	0.00	0.00	52	100.00%	0.00%

Q3 - Who led the debrief session after your simulation.



#	Answer	%	Count
2	Jennifer Dent	30.77%	16
3	Carole Haurylko	11.54%	6
4	Paula Kral	44.23%	23
7	Stephanie Kehler	0.00%	0
16	Julia Hall	0.00%	0
25	Bonita Moore	3.85%	2
26	Krystle Maynard	9.62%	5
	Total	100%	52

Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
Answering patients questions
Servility
Head to Toe assessment because it's been a while since we have performed this fully
Head to toe assessment
Gathering all information and remembering what's normal for post op
Knowing how to perform the rectal suppository because we hadn't practiced that skill in lab yet.
Suppository procedure
Rectal suppository
Organizing tasks
Inserting an in and out catheter
Having to alter the plan of care based on what the patient verbalized throughout the simulation.
The straight catheter
Sterility during catheter
the suppository
Sterility
handling all the difference procedures at once and what order to do everything in.
Suppository administration
Documenting type of catheter
It informed me a lot on how to communicate with an actual patient.
I think the most challenging aspect of this simulation was the organization in prioritizing nursing interventions. We had to really work with each other and communicate with the patient to better aid them.
The suppository
Administering the suppository. We have learned about suppositories and enemas but haven't administered any in lab yet. So that was kind of stressful figuring that out for the first time.
Remember basic assignment.
remembering all of the parts that needed to be assessed
Suppository
Suppository

bladder scan
Catheter
Maintaining sterility and making sure i met all of my patients needs
Sterility
Team Communication
Multitasking
Due to class being online mostly and clinical being shortened in person that was first time we had seen/used some of the things we were learning about
the suppository!
pt. communication and doing skills that caused pain to the pt.
Catheter
The skill that challenged me the most was splinting with a pillow.
Focusing more on patient care rather than finishing tasks
Sterility with catheter insertion
Catheter
Sterility
Making sure the patient was comfortable at all times
Working to move a patient that's pain level increases with movement
The suppository probably because we haven't done the actual skill in lab or anything and have only briefly talked about it
Catheter insertion
Doing a full assessment and making sure to keep communicating with the patient
maintain sterility and remembering all the steps necessary for skills since they are recently learned
performing catheter
Maintaining confidence in the situation
the catheterization
Small cues

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	96.15%	50
2	No	3.85%	2
	Total	100%	52

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.04	0.19	0.04	52	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
Nothing
I really enjoyed it
We hadn't learned about bladder spasm suppository so possibly elaborating on that topic a bit more before the lab
Learn about bladder spasms before coming
Nothing
Explain the cath kit differences from practice
Nothing. I really enjoyed it and thought it was helpful to apply my skills in a more real-life setting.
Even though the suppository procedure was an objective, we never learned about it in lab so I think having a prior teaching would be helpful
Maybe explain that the cath kit will be different
Nothing
I wouldn't change anything. I think it was set up well
Nothing I think it went well and good practice for catheters
I think make it flow better and talk to the patient more
more instruction on suppositories
Have more instruction in lab on suppositories
I wouldn't change anything.
Having the objectives prior to the simulation has Been really nice in helping us to prepare. It might also be useful to provide supplemental material for us to look over if we would like, to go over skills / clinical reasoning in advance.
Make sure we know how to do all the stuff
I overall think we were prepared well for this simulation. The only thing I was stressed about some was the suppository. So maybe providing a brief overview before about how to do a suppository.
Nothing
I think in the future it might be a good idea to definitely communicate better with your team beforehand
Nothing, i think it's fair and well organized
I wouldn't change anything
Nothing!
N/a

I think she should have problems related to the incision to practice with infection and wound care
Maybe give us a guideline for what we should prioritize since that is our first time ever having to apply it to real nursing care. Then when we actually do have to apply it in real life we will be able to learn from that.
N/A
Nothing
more preparation for things like the suppository beforehand
more preparation before!
Give resources to learn the objectives before
Nothing. Was very educational.
Constructive criticism from our peers
Nothing
Nothing it was really good
Nothing
Nothing
Nothing
The reporter position was probably hard to feel like the skills were being practiced
more preparedness in lab so knowing the topic and skills for a longer time to know skills better
Learn more real life situations in lab
Just more preparedness in the other courses, having more exposure to these types of things prior to simulation
We never got the chance to practice administering a rectal suppository in lab so it was a little bit overwhelming to do it for the first time in sim.
N/a

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
How to answer questions and work with patients
I think talking through the points we missed and didn't know we're really helpful
She explained our findings with us which I found very helpful
Discussing different types of outcomes
It was informative and helped us understand what we did
I like how the roles aren't *super* stressed, everyone is equal
I thought it was helpful that she asked questions about what we did, why we did it, and what the outcomes we found were.
Constructive criticism was great
I enjoyed the how every group member was included equally
I found everything was helpful
I found it helpful that we talked about not only the objectives for the simulation but also other aspects that go into caring for a patient. I think it is helpful to get feedback from nurses and how they practice their care.
It was good overall understanding the clinical reasoning behind this
I think I learned little things to look out for
It was helpful to go over what was done correctly and what was done incorrectly
It was helpful in seeing what needed work and what we did well.
I found it helpful to go over both what we did well and what was challenging. There was also critical thinking that was very helpful to understand the situation better
I found the debrief discussion extremely helpful. There was some thing I didn't realize I could improve on and it helped me focus on that.
I enjoyed being able to go through step by step of our time in simulation and analyze what we did a good job of and what could use improvement.
All the information!
I think the debrief was very helpful and made us think about the situation we were just in and how we could improve and what we did well.
She lets us think it through instead of telling us this is what you did wrong and then showing us the skills we did wrong
i think the best part about the debrief was definitely that it was in-depth and it covered everything
I think it's helpful that it's an open discussion to talk about strengths and weaknesses and reasoning on interventions
The thoroughness of each step and each objective
I appreciated all of the feedback given

Remembering to use Incentive spirometer
I liked how we discussed all the different things we could improve on
I found it helpful when we talked about prioritizing our tasks.
N/A
Nothing
it was helpful that she went over every aspect afterwards
it was helpful to talk about everything that happened and what we could all improve on.
I liked the debrief because it gave us time to reflect instead of just hear feedback
Strong to ask each student specific questions about what they did, how they felt about it, what they could do better, and what they learned from this.
There was a lot of detailed feedback on what we could've done better
Nothing
It was really nice with this small group to get imdividual advice and be able to comfortably ask questions about the scenario
I liked how we talked through everything
Helpful to see potential miss area we took
I found it he feedback about what we did good and what we can improve on very helpful
I thought it was very helpful and encompassed everything
i thought this entire experience was helpful
helpful all around
The debrief was pretty helpful
I liked how we went over everything and what we did well or didn't do well.

Remembering to use Incentive spirometer
I liked how we discussed all the different things we could improve on
I found it helpful when we talked about prioritizing our tasks.
N/A
Nothing
it was helpful that she went over every aspect afterwards
it was helpful to talk about everything that happened and what we could all improve on.
I liked the debrief because it gave us time to reflect instead of just hear feedback
Strong to ask each student specific questions about what they did, how they felt about it, what they could do better, and what they learned from this.
There was a lot of detailed feedback on what we could've done better
Nothing
It was really nice with this small group to get imdividual advice and be able to comfortably ask questions about the scenario
I liked how we talked through everything
Helpful to see potential miss area we took
I found it he feedback about what we did good and what we can improve on very helpful
I thought it was very helpful and encompassed everything
i thought this entire experience was helpful
helpful all around
The debrief was pretty helpful
I liked how we went over everything and what we did well or didn't do well.

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	0.00%	0	0.00%	0	3.85%	2	96.15%	50	52
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	0.00%	0	0.00%	0	5.77%	3	94.23%	49	52
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	0.00%	0	0.00%	0	1.92%	1	98.08%	51	52
4. I received cues during the simulation in a timely manner.	0.00%	0	0.00%	0	0.00%	0	5.77%	3	94.23%	49	52
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	0.00%	0	0.00%	0	3.85%	2	96.15%	50	52
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	0.00%	0	0.00%	0	1.92%	1	98.08%	51	52
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	0.00%	0	0.00%	0	1.92%	1	98.08%	51	52
8. Using simulation activities made my learning time more productive.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	51	51

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	4.00	5.00	4.96	0.19	0.04	52	0.00%	100.00%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	4.00	5.00	4.94	0.23	0.05	52	0.00%	100.00%
3	3. I learned from the comments made by the	4.00	5.00	4.98	0.14	0.02	52	0.00%	100.00%

	teacher before, during, or after the simulation.								
4	4. I received cues during the simulation in a timely manner.	4.00	5.00	4.94	0.23	0.05	52	0.00%	100.00%
5	5. I had the chance to discuss the simulation objectives with my teacher.	4.00	5.00	4.96	0.19	0.04	52	0.00%	100.00%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	4.00	5.00	4.98	0.14	0.02	52	0.00%	100.00%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	4.00	5.00	4.98	0.14	0.02	52	0.00%	100.00%
8	8. Using simulation activities made my learning time more productive.	5.00	5.00	5.00	0.00	0.00	51	0.00%	100.00%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	0.00%	0	0.00%	0	9.62%	5	90.38%	47	52
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	0.00%	0	1.92%	1	98.08%	51	52

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	4.00	5.00	4.90	0.29	0.09	52	0.00%	100.00%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	4.00	5.00	4.98	0.14	0.02	52	0.00%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	1.92%	1	1.92%	1	96.15%	50	52
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	1.92%	1	3.85%	2	94.23%	49	52
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	5.77%	3	94.23%	49	52

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	3.00	5.00	4.94	0.30	0.09	52	1.92%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	3.00	5.00	4.92	0.33	0.11	52	1.92%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.94	0.23	0.05	52	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	1.92%	1	98.08%	51	52
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	5.77%	3	94.23%	49	52
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	3.92%	2	96.08%	49	51
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	3.85%	2	96.15%	50	52

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	4.00	5.00	4.98	0.14	0.02	52	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.94	0.23	0.05	52	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.96	0.19	0.04	51	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.96	0.19	0.04	52	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	3.92%	2	96.08%	49	51
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	1.96%	1	98.04%	50	51
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	3.92%	2	96.08%	49	51
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	1.96%	1	98.04%	50	51

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.96	0.19	0.04	51	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.98	0.14	0.02	51	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	4.00	5.00	4.96	0.19	0.04	51	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.98	0.14	0.02	51	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	0.00%	0	3.85%	2	96.15%	50	52
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	1.92%	1	98.08%	51	52
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	3.85%	2	96.15%	50	52
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	1.92%	1	98.08%	51	52

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	4.00	5.00	4.96	0.19	0.04	52	0.00%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.98	0.14	0.02	52	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.96	0.19	0.04	52	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.98	0.14	0.02	52	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	0.00%	0	9.62%	5	90.38%	47	52
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	0.00%	0	11.54%	6	88.46%	46	52
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	0.00%	0	7.69%	4	92.31%	48	52
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	0.00%	0	0.00%	0	9.62%	5	90.38%	47	52
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	0.00%	0	9.80%	5	90.20%	46	51

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	4.00	5.00	4.90	0.29	0.09	52	0.00%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.00	5.00	4.88	0.32	0.10	52	0.00%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	4.00	5.00	4.92	0.27	0.07	52	0.00%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	4.00	5.00	4.90	0.29	0.09	52	0.00%	100.00%
5	5. My instructors used helpful resources to teach the simulation.	4.00	5.00	4.90	0.30	0.09	51	0.00%	100.00%

Q21 - Any other comments:

Any other comments:
No
No
N/a
No
No
no
Thank you for a great simulation!
not that i can think of right now
No
N/A
thank you for this opportunity!!
None
Nothing, it was great!
none
No
no

Appendix G

Simulation Scenario - Pancreatitis

Appendix G: Simulation Scenario - Pancreatitis	
1	Scenario Development and Implementation Tracking Form
2	Simulation Design Template
3	Student Evaluation Criteria
4	Room/Simulation Setup Checklist
5	Armband
6	SBAR Report
7	Scripts and Miscellaneous Items
8	Electronic Health Record
9	SCE Schedule
10	References
11	QSEN Competencies
12	Student Survey Results, Fall 2018
13	Student Survey Results, Spring 2019
14	Student Survey Results, Fall 2019

Appendix G.1

University of Kentucky – College of Nursing
Scenario Development and Implementation Tracking Form

Scenario Name/Number	**Maria Gonzalez - Pancreatitis**
Needs Assessment Completed Formal: Chart reviews, critical events analysis (RCAs) e.g. falls, wound infections, late intubations or transfers to ICU. Failure to meet EBP standards e.g. pediatric codes. Low exam scores. Informal: Reports from clinical facility regarding new grads, upper level undergrads instructor's comments about lower level students, faculty recognitions of lack of clinical skills. Identification of coursework where simulation would be beneficial such as communication between team members, prioritizing care, or seldom seen clinical situations such as PP hemorrhage.	**Informal: Noted coursework in NUR 301 (871) didactic related to assessment/management of patient with pancreatitis allows application in a simulated clinical environment. Added to ABSN for same reasons.**
Intended Group of Staff (Department) or Course	**NUR 301, ABSN Semester 4 Block 1**
Draft Author	**Jennifer Dent, MSN, DNP, RN, CHSE**
Faculty Content Expert	**Jennifer Cowley, MSN, RN**
Date Developed	**Fall 2013**
Date Approved by Department/Curriculum Committee	**Fall 2013**

University of Kentucky – College of Nursing
Scenario Development and Implementation Tracking Form

ST: Sim Team F: Faculty/Content Expert/Department Expert CC: Education Committee/Curriculum Committee

Action Item	Who	Date	Comments
Learning Objectives identified	F/ST	**8/28/20**	
Draft to faculty for review	ST	**Fall 2020**	
Draft to Pharmacy if appropriate	ST	**N/A**	
Faculty/Pharmacy review completed	F	**8/28/20**	
Review Alignment with National Standards (Best Practice), Hospital Policies and Procedures, Core Competencies, Program Objectives, QSEN standards, NCLEX content. Select as appropriate.	F/ST	**8/28/20**	**QSEN Competencies: Patient-centered care, Evidence-based practice, Teamwork and collaboration, UK Healthcare Policies and procedures**
Simulation methodology. Include manikin type	F/ST	**8/28/20**	**High Fidelity**
Case Summary	F	**8/28/20**	
Learner Roles specified. Confederate Role with script	F	**8/28/20**	**Updated HCP script and uploaded**
MD orders/Labs/Other data	F	**8/28/20**	**Updated a few lab values to be more consistent with evidence-based research (Glucose, BUN, potassium)** ***Updated orders to reflect LR IVF**
Specialized equipment needed e.g. crash cart.	F/ST	**Spring 2020**	
Staging Bin completed	ST		***Cullen & Turner sign photos for use in on-line scenario** ***Lactated Ringers are identified to be the recommended first line of fluid resuscitation in Pancreatitis**
Arm band	ST	**Summer 2019**	
Allergy band	ST	**N/A**	
Labels	ST	**N/A**	
Medications	ST	**8/28/20**	
IV's	ST	**8/28/20**	
EHR completed	ST		
Patient care supplies available	ST	**Spring 2020**	
Props available	ST	**Spring 2020**	
Validation/Trial run	ST	**Spring 2020**	
Pre-briefing requirement	F	**8/28/20**	

Debriefing Guidelines	F	**8/28/20**	***Using PEARLS Debriefing outline**
Pilot Run	ST	**8/28/20**	
Faculty Expert viewed Name: **Krystle Maynard, MSN, RN**	F	**8/28/20**	
Approved for implementation in care facility or for addition to curriculum	CSLC Director	**Fall 2020**	
Added to schedule	ST/F	**8/28/20**	**Updated schedules to reflect both scenario runs for Fall 2020**
Scenario evaluation/survey.	F	**8/28/20**	

Baily, K. (2019). Healthcare simulation Scenario development checklist w/downloadable form. Retrieved from https://www.healthysimulation.com/

***Student Suggestions for this Scenario:**

1. Prioritization & delegation seem to be a struggle; students request more guidance/content to help with this. Possible Case studies/quizzes prior to Simulation to help with critical thinking?
2. Students request more practice with the IV pump and hanging boluses.
3. Students request additional information about various oxygen delivery devices.

Reviewed 9/3/20 K. Maynard, MSN, RN

Appendix G.2

Simulation

Objectives:

1. Assess patient, including information obtained through communication. (Cognitive)
2. Implements the appropriate care in a safe manner. (Psychomotor)
3. Identifies changes in patient condition. (Cognitive)

Date of Simulation: Week 12
Estimated Time: 90 minutes (scenario and debriefing)
Simulators Used: Simman, and Classic Man
Personnel: Facilitator, HCP
Equipment:

Venturi mask @ 40%

Salem sump NG with green drainage in canister

IV pump & 2 channels per room &Flowing IV

Multiple IV fluid selection (in med cart)

Lactated Ringers @75ml/hr

Room Recovery:

Change venturi mask adapter back to 40%

Take down calcium gluconate

Place calcium gluconate in pharmacy in box

Replace paperwork/meds

Dilaudid vial 1mg IVP

Take down LR + 20 meq KCL and replace with LR

Zofran vial 4 mg IVP

oxygen flow to 15

Esomeprazole (Nexium) vial 20 mg IVP

Phenergan vial 25mg IVP

Novolog vial

F/C with clear urine 30mL in bag (in 405J closet)

Black Wig

Moulage Turner's Sign (#3 from pics (quick references binder): right lower torso

~~½ NS + 20 meq KCL in drawer~~ ~~(original)~~ **LR +20 K in drawer (updated)

Calcium Gluconate 1-gram IVPB 100mL

Dextrose vial 50% 50mL

SCUDS both lower extremities

Scenario: Maria Gonzalez is a 46-year-old female admitted 2 days ago. When she arrived in the ED she complained of nausea, vomiting, and severe upper abdominal pain that she described as sharp, penetrating, and radiating to mid back. She reported having intermittent abdominal pain over the last month after eating a fatty meal. Ultrasound revealed cholelithiasis and biliary sludge and she is diagnosed with acute, biliary pancreatitis. Yesterday she had a CT scan that revealed retroperitoneal inflammation and fluid sequestration with 30% necrosis. She has been treated with fluids, antiemetic, and opiate analgesics for pain. Today she is complaining of respiratory difficulty. The student is expected to perform an assessment, evaluate labs, notify HCP, initiate correct treatment, and call report to ICU nurse to transition care.

Student Names: Primary Nurse_____Secondary Nurse_____Documenter_____

Pt. Responses	Findings	Correct Step	Wrong Step
Initial Frame: Confused Oriented to self **Maria Gonzalez** **DOB: 7-2-1974** "I am at home" "It is Sunday" "I am feeling SOB" "My stomach hurts" "My muscles hurt" When BP cuff inflates: "Oh my wrist; my arm. Its twisting." **If asked to use IS:** "I can't use that thing"	**104/62, 112, 24 100.7, 91% on 40% O2 on face mask** **Crackles** **Hypoactive bowel sounds** **Abdomen distended** **Turner's Sign** **Calcium low** **Trousseau's sign – wrist flexion with BP cuff inflated** **Chvostek's sign – facial twitching when facial nerve area tapped** **Potassium low (PVCs)** **Skin turgor tenting** **Cool, dry to touch, pink** **Cap refill sluggish** **All peripheral pulses +1** **Sluggish pupillary response** **Hand grasps weak**	Hand Hygiene Introduce self Identify pt Assess pt V/s LOC Pain - unable to rate Lungs Heart Abdomen NG UOP IV site and fluid Labs Administer Meds Novolog Nexium (over 3 minutes or HA) Notify the HCP	
Frame 1: "I feel so tired and SOB" Remains confused but responds to name **If no fluid bolus**: Pt only responds to loud voice calling name. **After fluid bolus started** "It is 30 min later"	**Will trend over 10 minutes to the following vitals:** 88/48, 132 with PVC, 28, 100.7, 91%	**Increase oxygen** Explain orders to pt **Give fluid bolus (500mL/hr) (HR<118, BP>102/58)** Give calcium gluconate (400mL/hr) **Advance sim 30 minutes** Hang IVF of LR+ 20 meq KCL@150 ml/hr Evaluate: Vs LOC Handoff to ICU nurse	**Does not increase oxygen (spo2<89%)** **IV Fluid bolus not given (HR>140, BP<80/48, SpO2<85%, Temp. 101.3)**

Debriefing: PEARLS tool

1. Setting the scene:

Sample Phrases

“Let’s spend a little time debriefing. Our goal is to improve how we work together and care for our patient’s”

2. Reactions:

- Tell me how everyone is feeling right now.

3. Description:

- “Will the team share with me a short summary of the simulation?”

Summaries may vary

4. Analysis:

What do you feel went well as a team; as an individual?

What would you have done differently in this same situation?

In your opinion, were the team’s prioritization effective and carried out as planned? For example, were there instances when it was necessary to re-think/re-prioritize the plan?

“What does everyone think was going on/what the diagnosis was?”

· Acute necrotizing pancreatitis

-What should be considered when assessing the current condition of patient?

Respiratory:

· Atelectasis from subdiaphragmatic inflammation and tachypnea and dyspnea related to upper abdominal pain.

Hemodynamic instability.

· Hypotension, tachycardia, signs of decreased perfusion.

Neuro

· Muscle cramping, laryngospasm, tetany, seizures, Chvostek’s sign (twitching of the ipsilateral facial muscle in response to tapping on the face at a point just anterior to the ear and just below the zygomatic bone), Trousseau’s sign (Muscular contraction including flexion of the wrist in response to inflating a B/P cuff)

GI – GU

· Decreased UOP – renal failure

Pain

Labs

· Fluid and electrolyte imbalance

· Potassium is being lost from NG suctioning of stomach contents

· signs & symptoms of decreased potassium - Weakness, fatigue, muscle cramps, PVC’s

· Low calcium due to combining of calcium and fatty acids during fat necrosis.

· Muscle cramping, laryngospasm, tetany, seizures, Chvostek's sign (twitching of the ipsilateral facial muscle in response to tapping on the face at a point just anterior to the ear and just below the zygomatic bone), Trousseau's sign (Muscular contraction including flexion of the wrist in response to inflating a B/P cuff)

· Amylase and lipase -increasing?

· H&H decreasing

· Turner's Sign (bleeding from the abdomen)

· WBC - increasing?

· ABG: Trending toward respiratory acidosis, pH ↓ and pCO2 ↑

Complications to consider:

· ARDS

· Diabetes

· Kidney failure

· Pseudocyst

· Abscess

-What were indications that interventions were needed? What did you do to intervene appropriately?

-What risk factors did the patient have and what complications were caused by the identified risk factors?

-When were you satisfied that the interventions were successful?

Communication:

Was it clear and on concise? What communication technique can be utilized when working with a team? (closed loop, respect, calm, understanding and compassion).

SBAR – to the HCP and ICU RN

5. Application/summary:

"Share with us your "take-aways" from this simulation."

Statement following simulation with debrief:

Confidentiality is imperative. What happens in simulation, stays in simulation. Please do not share any aspects of the simulated experience including the performance of others and details of the simulation, as this would be considered a breech in professional nurse code of conduct, HIPAA, and impact the learning of future students.

**Please remember to complete the evaluation of the simulation on the provided lab computers following the debriefing.*

Reviewed 8/28/20 K Maynard, MSN, RN

Appendix G.3

Pancreatitis Simulation Evaluative Criteria

Objectives: (Scenario specific)

1. Assess patient, including information obtained through communication. (Cognitive)
    a. Integrates knowledge, skills, and values from the arts and sciences to provide humanistic, safe, quality care.
        i. Perform a developmentally appropriate assessment including:
            - NG tube and drainage color, amount
            - Foley amount, color
            - IV site for redness, edema, tenderness
            - IVF
            - Labs

2. Implements the appropriate care in a safe manner. (Psychomotor)
    a. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.
        i. Administers Nexium – NP
        ii. Administers Novolog- SQ
        iii. Administers Dilaudid- IVP
        iv. Administers Calcium Gluconate- IVPB
        v. Administers 250 ml NS bolus-IV
        vi. Applies oxygen via venturi mask

3. Identifies changes in patient condition. (Cognitive)
    a. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex healthcare system.
        i. Recognize change in patient condition
            - Recognizes change in LOC
            - Notify HCP using SBAR
        ii. Implements HCP orders
            - Increase oxygen which may include method of delivery
            - Give 500 ml/hr fluid IV bolus
            - Give calcium gluconate at 400ml/hr IVPB
            - Change IVF to LR +20 meq KCL@150ml/hr
            - Reassess V/S and LOC

Objectives: (Simulation)

1. Teamwork
    a. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
        i. Work together to manage patient care in a timely manner
        ii. Use SBAR to communicate with HCP
        iii. Communicates handoff to ICU using SBAR
2. Prioritization
    a. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system
        i. Assessment
            1. Basic
            2. Focused
        ii. Intervention
            1. Airway
            2. Breathing
            3. Circulation
        iii. Evaluation
3. Standard Precautions
    a. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death
        i. Hand Hygiene
        ii. Gloves as needed
4. Communication
    a. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
        i. Informs patient of any actions
        ii. Answer patient questions
        iii. Use therapeutic communication
5. Professionalism
    a. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex healthcare system.
        i. Professional attitude
        ii. Professional attire following CON clinical dress code
        iii. Arrives on time
6. Safety
    a. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.
        i. Entry into room
        ii. Medication administration
        iii. Before intervention

Appendix G.4

Week: 6 (ABSN) and 13 (JR 1)

Simulation Scenario Name: JR 1 NUR 301 and ABSN MS II - Maria Gonzalez

Description: *Maria Gonzalez is a 46-year-old female admitted 2 days ago through the ED with N/V/severe upper abdominal pain radiating into her back. Ultrasound revealed cholelithiasis and biliary sludge. Diagnosis of acute, biliary pancreatitis with retroperitoneal inflammation, fluid sequestration and necrosis from CT scan. Patient experiencing abdominal/back pain, positive Trousseau's sign, and respiratory difficulty. Noted Turner's sign upon physical exam. Students are expected to perform basic/focused pain/respiratory/skin assessments, evaluate labs, notify HCP, initiate correct, prioritized interventions including application of oxygen, fluid bolus, administer SQ insulin, IVP Nexium, Calcium gluconate IVPB, patient positioning for pain relief, change IVF, and provide SBAR communication in handoff to ICU nurse for transfer of patient to critical care.*

Patient appearance: *(including genitalia, attire, moulage, equipment applied to patient)*	check
Female genitalia	
Black wig, eyes closed	
Salem sump nasogastric tube inserted/taped to nose with green drainage in canister approximately 300 mL	
Foley catheter with clear yellow urine 30 mL in drainage bag	
Moulage Turner's Sign right lower torso – refer to images below	
Right antecubital peripheral IV site with LR at 75 ml/hr 1000 ml bag on Alaris pump	
Venturi mask @ 40% pink/ 02 flowmeter at 15L	
SCDs applied to both lower extremities	
BP cuff applied to LUE; set monitor to cycle every 5 minutes	
Patient gown	
Patient ID armband - 46-year-old	
Pulse oximeter applied to right finger	
Hypoactive bowel sounds set on simulator	

Equipment: *(include any equipment to be used in room, med cart, chart, Central Supply, hall)*	check
Alaris pump with 2 channels per each simulation room	
Primary tubing (label < 96 hr.) with LR IVF (label < 24 hr.) attached to right peripheral line	
NS (0.9% sodium chloride) 250-500 mL bag available in med cart drawer	
LR (Lactated Ringers) + 20 meq KCl 1000 mL available in med cart drawer	
Secondary tubing available in med cart x 3 sets in each room Med Cart	
Incentive Spirometer on bedside table	
Water pitcher with cup on bedside table	
Emesis basin on bedside table	
Tissue box on bedside table	
Towels/Washcloths x2/Basin in bedside nightstand	
Blood glucose monitoring device on top of Med Cart in each room	
Venturi mask connectors in varying percentages (orange, pink, yellow, blue) of oxygen delivery in Med Cart	
Non-rebreather oxygen mask in Med Cart	
Patient monitor posted ECG, HR, SpO2, Tperi, NBP Manual	
Chart Electronic Health Record on computer in each room	
Flip chart paper for documentation	

Medications: (*include meds on med cart, Pharmacy Inbox)*	check
Hydromorphone hydrochloride (Dilaudid) vial 1 mg/mL IV	
Odansetron (Zofran) vial 4 mg/1 mL IV	
Esomeprazole (Nexium) vial 20 mg/1 mL IV	
Promethazine (Phenergan) vial 50 mg1 mL IV	
Novolog (Insulin Aspart) 100 units/1 mL vial Subcutaneous (Subcut)	
50 % Dextrose injection Demo Dose box (0.5g/mL)	
Calcium Gluconate 1-gram in 100mL 0.9% sodium chloride IVPB in Pharmacy Inbox	

Room Recovery: (*any aspect needed to turn-over after sim complete & preparing for next sim)*	check
Remove oxygen delivery (Venturi mask connector or non-rebreather replace in Med Cart; **replace Venturi mask connector 40% on patient - pink**	
Remove calcium gluconate secondary tubing emptied, refill IVPB, and replace in Pharmacy Inbox	
Refill IV bags/vial place in appropriate Med Cart drawers	
Remove LR + 20 meq KCl, refill bag if needed and **replace with IVFs in Med Cart**	
Refill if needed and hang LR 1000 mL bag at 75 mL/hr on Alaris pump	
Reset Electronic Health Record chart on computer in each room	
Reset Team Viewer (patient monitor)	
Remove documentation paper from door for facilitator and replace with blank sheet	

Images: *(any pictures of the actual mannequin, moulage, room, equipment & other visual examples to aid in set-up)*

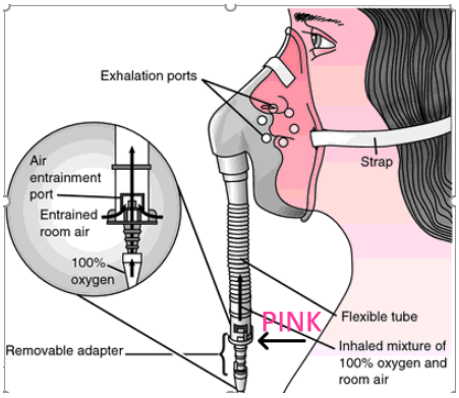
Turner Sign (flank purpura)



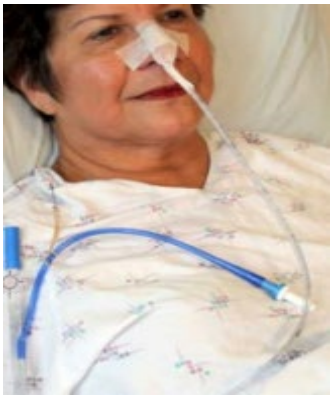
Cullen Sign (periumbilical purpura)



Venturi mask



NG tube placement

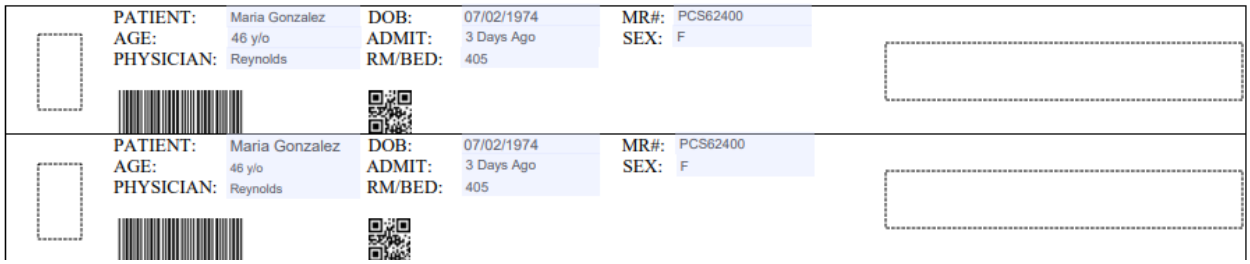


NG drainage canister



gastric contents

Appendix G.5


PATIENT: Maria Gonzalez
AGE: 46 y/o
PHYSICIAN: Reynolds
DOB: 07/02/1974
ADMIT: 3 Days Ago
RM/BED: 405
MR#: PCS62400
SEX: F
PATIENT: Maria Gonzalez
AGE: 46 y/o
PHYSICIAN: Reynolds
DOB: 07/02/1974
ADMIT: 3 Days Ago
RM/BED: 405
MR#: PCS62400
SEX: F

Appendix G.6

NUR 301 - Maria Gonzalez SBAR

Situation:

It is 0730. Maria Gonzalez, hospital day 3, is a 46-year-old female admitted to telemetry with acute biliary pancreatitis. I am concerned about her because she has been complaining of shortness of breath this morning.

Background:

She had a gallbladder ultrasound in the ED that showed cholelithiasis and biliary sludge. Mrs. Gonzalez has been stable until about an hour ago when she started to complain of SOA. Her biggest problem up until then was the pain that she was having in her mid-epigastric abdomen radiating into her back. I called Dr. Reynolds and got an order for a venturi mask and lab work. The labs were drawn this morning but are pending. She remains NPO with an NG to LWS; 300ml of green drainage during my shift. F/C clear, yellow urine UOP has been decreased only 360 mL of UOP last 12 hours.

At 0600:

v/s: 110/70, 100, 22, 100.3, 88% on 2L/NC. I placed venturi mask at 40% and O2 sat up to 93%

Oriented to person and place

Slightly agitated

Lungs sounds diminished

Hypoactive bowel sounds

Abdomen distended

IVF LR @75mL/hr Right FA 18 gauge

Pain 5/10

Dilaudid 0.5mg *(given 0630)*

0730 FSBS 140 - no coverage yet

Assessment: *What is going on with your patient? What nursing diagnoses would be applicable to this patient?*

- Oxygenation - Impaired gas exchange
- Pain - Acute pain
- Circulation - Decreased tissue perfusion (kidney)
- Fluid volume status - Risk for FVD

Recommendation:

Perform an assessment and evaluate labs. Give insulin

I have set your BP monitor to take every 5 minutes.

Appendix G.7

HCP SCRIPT: 301 Simulation – Acute pancreatitis

Provider on Call - Dr. Sam Reynolds

SITUATION:

Pt – Maria Gonzalez, (F) 46 yrs, admitted 2 days ago w/ acute biliary pancreatitis. She is c/o shortness of breath, muscle & abdominal pain and is only oriented to person (had been previously oriented x4)

BACKGROUND:

Pt had a gall bladder US in ED showing cholelithiasis & biliary sludge and had been stable until about an hour ago when she started c/o shortness of breath, prior to this was only complaining of pain in upper abd & back.

ASSESSMENT FINDINGS:

Crackles, hypoactive BS, Turner's sign present, abdomen distended,

Intake: IV fluid NS @ 75ml/hr

Output: NG to LWS w/ 300 mL of green drainage, Foley Cath w/ clear, yellow urine (30 mL over 3 hours)

VS: 104/62 (decreasing) 112 (increasing), 24 (increasing), 100.7, 91% (face mask w/ 40% O2)

Labs: Calcium & potassium low

Lab trends: Amylase & lipase, H&H ¯, WBC,

ABG trending toward resp acidosis (¯ pH, pCO2)

****Orders to be given after students give info****

1. Give 1-gram calcium gluconate IVPB NOW

2. Increase oxygen to maintain an SpO2>93% (if O2 @ 93% no need to give this order)

3. Give NS 250 mL IV bolus over 30 min; change maintenance fluids to LR +20K@ 150 ml/hr

4. After implementing orders, transfer her to the ICU.

SBAR Handoff to ICU Nurse

Situation:

Maria Gonzalez is a 46-year-old female with mental status changes, hemodynamic instability, and electrolyte imbalance.

Background:

Hospital day 3 for Maria. When she arrived in the ED she complained of nausea, vomiting, and severe upper abdominal pain that she described as sharp, penetrating, and radiating to mid back. She reported having intermittent abdominal pain over the last month after eating a fatty meal. Ultrasound revealed cholelithiasis and biliary sludge and she is diagnosed with acute, biliary pancreatitis. Yesterday she had a CT scan that revealed retroperitoneal inflammation and fluid sequestration with 30% necrosis. She has been treated with fluids, antiemetics, and opiate analgesics for pain. This morning she is complaining of respiratory difficulty. The nurse called and received an order for O2 and labs.

When I came on shift she was confused and oriented to self only. She complained of abdominal pain and muscle aches. She had hypoactive bowel sounds, and a positive Turner's Sign. BP was 104/62, Pulse 112, RR 24, Temp 100.7, and O2 sat 91% on 40 % venturi mask. I assessed her labs. Her calcium and potassium were low. She was experiencing PVC's on her EKG. (Maria may have decompensated further, so V/S may be reported differently.)

We increased her O2 and called the physician. We gave her a fluid bolus of 250ml NS over 30 minutes and 1 GM of Calcium Gluconate. Her IVF now are LR + 20 meq KCL @ 150 ml/hr. We gave her morning meds already.

Assessment:

Mental status change

Hemodynamic instability

Electrolyte imbalance

Recommendation:

Transfer to ICU

Appendix G.8

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

PATIENT PROFILE SUMMARY

Patient Profile Summary		
Code Status Information		
Code Status ☒ Full ☐ Limited ☐ None		
Advance Directive On File ☐ Yes ☒ No		
Admission Ht, Wt, BMI		
Height: 65 inches	Weight: 78 kg	BMI:
Hospitalization Problems		
Acute biliary pancreatitis		
Cholelithiasis and biliary sludge		
Chronic Problem List		
Order of Forms in Chart		
Active Orders	Page 2	
Scheduled Meds MAR	Page 4	
PRN Meds and IV Fluids MAR	Page 5	
Medication Administration Record	Page 6	
PRN Meds and IV Fluids Record	Page 7	
Medication Reconciliation	Page 8	
Diabetic Sliding Scale Record	Page 9	
VS, I&O Summary 12 hr day shift	Page 10	
VS, I&O Summary 12 hr night shift	Page 11	
Lab Reports: Chemistry	Page 12	
Imaging Report	Page 13	
History & Physical	Page 14	
Patient Assessment - page 1	Page 15	
Patient Assessment - page 2	Page 16	
Nurses Notes	Page 17	

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

ACTIVE ORDERS

Active Orders		
Orders to be Acknowledged for (Last name, first name)		
New orders: Ordered at [Admission 1100] Acknowledge all: ☒		
Date/Time	Description	Ordering Provider
Admit/1100	Admit to telemetry Code Status: Full Code	**Scott Reynolds, MD**
	Condition: Stable	
	VS q2h	
	O2 per NC to SpO2>92%	
	Bed rest with bathroom privileges	
	I & O q4h	
	NPO	
	Insert NG to LWS if vomiting and abdominal distention persists	
	LR @ 75 ml/hr	
	BMP, calcium, magnesium, CBC, amylase, lipase, AST, ALT, bilirubin, lipid profile, urinalysis, urine amylase	
	Blood sugar q6h	
	Abdominal ultrasound	
Day 1/0600	Insert foley catheter. Monitor urine output	**Scott Reynolds, MD**
	Esomeprazole (Nexium) 20 mg IV daily	
	Promethazine (Phenergan) 25 mg IV push q6h prn nausea	
	Sliding Scale Novolog Insulin with FSBS every 6 hours 1 unit if FSBS 131-180 2 units if FSBS 181-240 3 units if FSBS 241-300 4 units if FSBS 301-350 5 units if FSBS 351-400 6 units if FSBS greater than 400 Call MD	
	Blood sugar <60 give dextrose 50% 50 mL IVP	
	BMP, calcium, magnesium, CBC, amylase, lipase, arterial blood gas	
	SCDS at lower extremities	
Day 2/0530	Venturi Mask to keep SpO2 >93% STAT LABS: BMP, calcium, magnesium, CBC, amylase, lipase, PTT, PT/INR, ALT, AST, total Bilirubin, arterial blood gas	**Telephone Orders from Dr. Reynolds – J. Dent, RN**

Medications							
Order Dt/Tm	Description	Dose	Route	Rate	Freq	Start	Stop
Admit/1100	Hydromorphone	0.5 mg	IVP		Every 2 hours prn pain	Today	96 hours
	Ondansetron	4 mg	IVP		Every 6 hours prn nausea/vomiting	Today	96 hours
Day 1/0600	Esomeprazole	20 mg	IVP		Daily	Today	96 hours

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

	Promethazine	25 mg	IVP		Every 6 hours prn nausea	Today	96 hours
	Sliding Scale Novolog Insulin	1 unit if FSBS 131-180 2 units if FSBS 181-240 3 units if FSBS 241-300 4 units if FSBS 301-350 5 units if FSBS 351-400 6 units if FSBS greater than 400 Call MD	SC		Every 6 hours with FSBS	Today	96 hours
	Dextrose 50%	50 ml	IVP		Blood glucose less than 60	Today	96 hours

Nursing Orders	
Admit/1100	Admit to telemetry Code Status: Full Code
	Condition: Stable
	VS q2h
	Bed rest with bathroom privileges
	I & O q4h
	NPO
	Insert NG to LWS if vomiting and abdominal distention persists
	LR @ 75 ml/hr
	Blood sugar q6h
Day 1/0600	Insert foley catheter. Monitor urine output
	Esomeprazole (Nexium) 20 mg IV daily
	Promethazine (Phenergan) 25 mg IV push q6h prn nausea
	Sliding Scale Novolog Insulin with FSBS every 6 hours 1 unit if FSBS 131-180 2 units if FSBS 181-240 3 units if FSBS 241-300 4 units if FSBS 301-350 5 units if FSBS 351-400 6 units if FSBS greater than 400 Call MD
	Blood sugar <60 give dextrose 50% 50 mL IVP
	SCDS at lower extremities
	LABS:
Admit/1100	BMP, calcium, magnesium, CBC, amylase, lipase, AST, ALT, bilirubin, lipid profile, urinalysis, urine amylase
Day 1/0600	BMP, calcium, magnesium, CBC, amylase, lipase, arterial blood gas
Day 2/0530	STAT LABS: BMP, calcium, magnesium, CBC, amylase, lipase, PTT, PT/INR, ALT, AST, total Bilirubin, arterial blood gas

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

Respiratory Orders	
Admit/1100	O2 per NC to SpO2>92%
Day 2/0530	Venturi Mask to keep SpO2 >93%
Other Orders	
Admit/1100	Abdominal ultrasound

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

SCHEDULED MEDICATION ADMINISTRATION RECORD

		TODAY			
Medications	Route	First shift 07:00 to 18:59		Second shift 19:00 to 06:59	
Esomeprazole (Nexium) 20 mg daily	IVP	0800			
Correction Novolog Insulin with FSBS every 6 hours 1 unit if FSBS 131-180 2 units if FSBS 181-240 3 units if FSBS 241-300 4 units if FSBS 301-350 5 units if FSBS 351-400 6 units if FSBS greater than 400 Call MD	SC	0730	1330	1930	0130
Lactated Ringers (LR) @ 75 ml/hr	IV	0700JD			

PRN MEDICATION and IV FLUID ADMINISTRATION RECORD

		TODAY	
Medications	Route	First shift 07:00 to 18:59	Second shift 19:00 to 06:59
Hydromorphone (Dilaudid) 0.5 mg every 2 hours prn pain	IVP		
Ondansetron (Zofran) 4 mg every 6 hours prn nausea/ vomiting	IVP		
Promethazine (Phenergan) 25 mg every 6 hours prn nausea	IVP		
Blood sugar <60 give dextrose 50% 50 mL	IVP		

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

MEDICATION ADMINISTRATION RECORDS

Day 1			
Medications	**Route**	**First shift 07:00 to 18:59**	**Second shift 19:00 to 06:59**
Esomeprazole (Nexium) 20 mg daily	IVP	0730 TC	
Correction Novolog Insulin with FSBS every 6 hours 1 unit if FSBS 131-180 2 units if FSBS 181-240 3 units if FSBS 241-300 4 units if FSBS 301-350 5 units if FSBS 351-400 6 units if FSBS greater than 400 Call MD	SQ	0730 110 no coverage 1330 109 no coverage	1930 120 no coverage 0130 132 1-unit JD
Lactated Ringers (LR) @ 75 ml/hr	IV		0600JD

PRN MEDICATION and IV FLUID ADMINISTRATION RECORD

Day 1			
Medications	**Route**	**First shift 07:00 to 18:59**	**Second shift 19:00 to 06:59**
Hydromorphone (Dilaudid) 0.5 mg every 2 hours prn pain	IVP	1000 TC	2200 CW 0630 JD
Ondansetron (Zofran) 4 mg every 6 hours prn nausea/vomiting	IVP		
Promethazine (Phenergan) 25 mg every 6 hours prn nausea	IVP		
Blood sugar <60 give dextrose 50% 50 mL	IVP		

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

Admit day			
Medications	Route	First shift 07:00 to 18:59	Second shift 19:00 to 06:59

PRN MEDICATION and IV FLUID ADMINISTRATION RECORD

Admit day			
Medications	Route	First shift 07:00 to 18:59	Second shift 19:00 to 06:59
Hydromorphone (Dilaudid) 0.5 mg every 2 hours prn pain	IVP	1130 TC 1600 JD	2400 PK
Ondansetron (Zofran) 4 mg every 6 hours prn nausea/vomiting	IVP		0400 PK
Lactated Ringers (LR) @ 75 ml/hr	IV	1130 TC	

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

MEDICATION RECONCILIATION: ADMISSION

Continue	Discontinue	**Home medications**
		Hospital Medications

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

DIABETIC SLIDING SCALE RECORD

DIABETIC SLIDING SCALE RECORD

DATE/TIME	BLOOD SUGAR	SLIDING COVERAGE NEEDED	INSULIN			INJECTION SITE	CARB GRAMS EATEN	RN INITIAL
			HOUR	TYPE	DOSE			
Day 1/0730	110	☐ Y ☐ N						
Day 1/1330	109	☐ Y ☒ N						
Day 1/1930	120	☐ Y ☒ N						
Day 1/0130	132	☒ Y ☐ N	0130	Novolog insulin aspart	1 unit	LUE		JD
Day 2/0730	140	☐ Y ☐ N						
		☐ Y ☐ N						
		☐ Y ☐ N						
		☐ Y ☐ N						
		☐ Y ☐ N						

SLIDING SCALE

Insulin Sliding Scale ☐ Regular ☒ Insulin Aspart

Blood Glucose (except Hs)	☒ Mild (Thin, NPO, or elderly)	☐ Moderate (avg. weight &eating)	☐ Aggressive (on steroids or infected)
131-180	1 unit	3 units	4 units
181-240	2 units	5 units	6 units
241-300	3 units	7 units	10 units
301-350	4 units	11 units	15 units
351-400	5 units	13 units	18 units
> 400	6 units and call MD	Call MD	Call MD

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

VS/I & O – DAY SHIFT

VS / I&O SUMMARY													
Date:													
	Time	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
VS	BP												
	Pulse												
	Resp												
	Temp												
	SpO2												
	Pain												
Intake	PO												
	IV												
	Blood												
	Other												
	IVPB												
	Tube Fdg												
	TPN												
	Lipids												
	Breast Feed												
	Total In												
Output	Urine												
	Emesis												
	Drains												
	Other												
	Stool												
	Ostomy												
	Unmeasured												
	Incontinent												
	Blood												
	CRRT												
	Total Out												

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

VS/I & O – NIGHT SHIFT

VS / I&O SUMMARY													
Date:													
	Time	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
VS	BP												
	Pulse												
	Resp												
	Temp												
	SpO2												
	Pain												
Intake	PO												
	IV												
	Blood												
	Other												
	IVPB												
	Tube Fdg												
	TPN												
	Lipids												
	Breast Feed												
	Total In												
Output	Urine												
	Emesis												
	Drains												
	Other												
	Stool												
	Ostomy												
	Unmeasured												
	Incontinent												
	Blood												
	CRRT												
	Total Out												

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

CHEMISTRY - LAB REPORT

CHEMISTRY				
LABS	Admit Day	*Day 1*	*Day 2*	RANGE
GLU	110	120	125	70-110
BUN	16	18	22	10-20
Cr	0.8	0.9	1.0	0.5-1.2
Na	140	143	144	135-145
K+	3.5	3.3	3.1	3.5-5.0
Ca (Total)	9.5	8.5	7.5	9.0-10.5
Ca (Ionized)	4.8	4.6	3.9	4.5-5.6
Mg	1.5	1.4	1.3	1.3-2.1
Phos				3.0-4.5
WBC Neutrophils: Segs Bands Lymphocytes Monocytes Eosinophils Basophils	15,000	16,000	18,000	5-10,000 50-67 47-63 0-4 20-40 2-8 0-3 0-2
RBC				4.2-5.4 (F) 4.7-6.1(M)
HgB	13	12.7	11	12-16 (F) 14-18 (M)
Hct	38	35	30	37-47 (F) 42-52 (M)
Platelets	280,000	250,000	250,000	150- 400,000
PT/INR	12/1.0			Varies; know your Patient
PTT	37 sec		40 sec	Varies; know your patient
Total Protein				6.4-8.3
Prealbumin				15-36
Albumin				3.5-5.0
HgAl-C (glycosylated hemoglobin)				6.9-8 good 8-9 fair >9 poor
Amylase	476	508	550	60-120
Lipase	500	789	879	0-160
Triglycerides	160			40-160
Cholesterol	250			<200
LDL	178			60-180
HDL	40			>45
VLDL				7-32
CK-MB				0
Troponin				<0.2
BNP (brain natriuretic peptide)				< 100
ESR (erythrocyte sedimentation rate)				<20
C-reactive protein				<1
Alkaline Phos.				30-120
SGOT (AST)	200		220	0-35

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

SGPT (ALT)	155		160	4-36
Total Bilirubin Indirect Direct	3.0 0.7 1.1		3.5 0.7 2.8	0.3-1.0 0.2-0.8 0.1-0.3
MBT				
Fibrinogen				200-400
LDH				45-90
Uric Acid				2-6.6
Urinalysis: Appearance/Color Urine pH Protein Specific gravity Nitrates Ketones Glucose WBC's				Clear, yellow 4.6-8.0 Neg 1.010-1.030 Neg Neg Neg Neg
ABGS: pH pCO2 HCO3 PO2 SPO2	Room air 7.39 37 23 80 93%	2L NC 7.39 36 24 80 93%	40% mask 7.35 45 26 65 92%	

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

IMAGING REPORT

Admit/1130	Abdominal Ultrasound
Findings	Cholelithiasis and biliary sludge. Diagnosis acute, biliary pancreatitis
Day 1/ 0600	CT Scan
Findings	CT scan reveals retroperitoneal inflammation and fluid sequestration with 30% pancreatic necrosis.

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

HISTORY & PHYSICAL

History & Physical	
Admit/1200	46-year-old female admitted through the ED with complaint of nausea, vomiting, and severe upper abdominal pain, she described as sharp, penetrating and radiating to mid back. Reported having intermittent abdominal pain over last month after eating a fatty meal. Ultrasound revealed cholelithiasis and biliary sludge and she was diagnosed with acute, biliary pancreatitis. Plan: Treat with fluids, antiemetics and opiate analgesics for pain *Scott Reynolds, MD*

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

PATIENT ASSESSMENT – Page 1

Normal Parameters	Description of Abnormal Findings
Neurosensory System	
☐ Alert / oriented to person, place, time, situation ☐ Speech clear ☐ Swallowing mechanism intact ☐ Pupils equal and reactive to light ☐ Active ROM of all extremities ☐ Symmetry of strength ☐ No paresthesia ☐ Behavior appropriate to situation ☐ No signs of anxiety, depression	☐ Glasses/contacts ☐ Hearing Aid
Integumentary System	
☐ Skin color uniform within patient's norm ☐ Smooth, soft, warm, dry, intact ☐ Turgor: skin lifts easily and snaps back immediately ☐ Mucous membranes pink, moist, intact ☐ No inflammation, breakdown, nodules, ulcerations, rashes ☐ IV site normal	☐ Wounds: ☐ Drains: ☐ Dressing D & I
Musculoskeletal System	
☐ Absence of joint swelling and tenderness ☐ Normal ROM of all joints ☐ No muscle weakness ☐ No deformity ☐ Ambulates and performs ADLs independently	☐ Use of assistive device for mobility
Cardiovascular System	
☐ S_1, S_2 regular without extra sounds ☐ Radial and peripheral pulses palpable ☐ No calf tenderness ☐ Capillary refill < 3 seconds ☐ No edema ☐ Heart rate and blood pressure within age appropriate norms	☐ Antithrombolitic Device (SCDs, TEDs) ☐ ECG Monitor

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

PATIENT ASSESSMENT – Page 2

Normal Parameters	Description of Abnormal Findings
Respiratory System	
☐ Regular, non-labored ☐ Breath sounds clear and equal all lobes ☐ Sputum clear ☐ Nail beds and mucus membranes pink ☐ Respiratory rate within age appropriate norms	☐ Oxygen @ per ☐ Chest Tube ☐ Continuous SpO2 monitoring
Gastrointestinal System	
☐ Abdomen soft, non distended, non tender ☐ Bowel sounds present all quadrants ☐ Bowel movements within patient's own normal pattern and consistency ☐ Eats appropriate diet in amounts adequate to maintain normal weight ☐ No nausea/vomiting	☐ Diet Type ☐ % Eaten ☐ Last BM ☐ Dentures ☐ Ostomy Appliance
Genitourinary System	
☐ Able to empty bladder without dysuria ☐ Bladder not distended after voiding ☐ Urine clear and yellow ☐ Continent of urine ☐ No appliances used ☐ No abnormal discharge ☐ No rashes / lesions	☐ Foley

Last name: Gonzalez	First name: Maria	Age 46	Gender Female	Date of Birth 07/02/1974	**Medical Record # PCS62400**
Physician: Dr. Reynolds		Date of Admission: Hospital day 3		Admission Diagnosis: Acute Biliary Pancreatitis	
ALLERGIES: **Betadine, Aspirin**				Date of Surgery:	

NURSES NOTES

Nurses Notes		
Date/Time	Entry	Initials

APPENDIX G.9

ABSN 1st Cohort Pancreatitis Schedule

Monday 405G, J

Simulation Time	Pre-brief	Simulation	Debrief
0830-1000	0830-0840	0840-0920	0920-1000
0900-1030	0900-0910	0910-0950	0950-1030

Wednesday 405G, J

Simulation Time	Pre-brief	Simulation	Debrief
0830-1000	0830-0840	0840-0920	0920-1000
0900-1030	0900-0910	0910-0950	0950-1030

Thursday 405G, J

Simulation Time	Pre-brief	Simulation	Debrief
0830-1000	0830-0840	0840-0920	0920-1000
0900-1030	0900-0910	0910-0950	0950-1030

Friday 405G

Simulation Time	Pre-brief	Simulation	Debrief
0830-1000	0830-0840	0840-0920	0920-1000

Appendix G.10

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Reviewed and updated: 9/3/2020 K. Maynard, MSN, RN

Appendix G.11

QSEN Competencies

Patient-Centered Care

Knowledge	Skills	Attitudes
Integrate understanding of multiple dimensions of patient centered care: coordination and integration of care; information, communication, and education; physical comfort and emotional support; Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.	Provide patient-centered care with sensitivity and respect for the diversity of human experience; Assess presence and extent of pain and suffering; Assess levels of physical and emotional comfort; Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs; Assess own level of communication skill in encounters with patients and families; Communicate care provided and needed at each transition in care.	Value seeing health care situations through patients' eyes; Appreciate the role of the nurse in relief of all types and sources of pain or suffering; Value continuous improvement of own communication and conflict resolution skills.

Teamwork and Collaboration

Knowledge	Skills	Attitudes
Describe own strengths, limitations, and values in functioning as a member of a team; Recognize contributions of other individuals and groups in helping patient/family achieve health goals; Discuss effective strategies for communicating and resolving conflict.	Demonstrate awareness of own strengths and limitations as a team member; Act with integrity, consistency and respect for differing views; Function competently within own scope of practice as a member of the health care team; Assume role of team member or leader based on the situation; Initiate requests for help when appropriate to situation; Integrate the contributions of others who	Acknowledge own potential to contribute to effective team functioning; Value the perspectives and expertise of all health team members; Value teamwork and the relationships upon which it is based; Value different styles of communication used by patients, families, and health care providers; Appreciate the risks associated with handoffs

	play a role in helping patient/family achieve health goals; Demonstrate commitment to team goals; Solicit input from other team members to improve individual, as well as team performance; Initiate actions to resolve conflict; Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care; Assert own position/perspective in discussions about patient care.	among providers and across transitions in care.

Evidence-based Practice

Knowledge	Skills	Attitudes
Demonstrate knowledge of basic scientific methods and processes.		

Quality Improvement

Knowledge	Skills	Attitudes
Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patents and families.		Value own and others' contributions to outcomes of care in local care settings; Value measurement and its role in good patient care; Appreciate the value of what individuals and teams can do to improve care.

Safety

Examine human factors and other basic safety design principles as well as commonly used unsafe practices; Describe the benefits and limitations of selected safety-enhancing technologies.	Demonstrate effective use of technology and standardized practices that support safety and quality.	Value the contributions of standardization/reliability to safety.

Informatics

The Essentials of Baccalaureate Education for Professional Nursing Practice

Essential	Criteria
I: Liberal education for Baccalaureate Generalist Nursing Practice	Integrate theories and concepts from liberal education into nursing practice; Use skills of inquiry, analysis, and information literacy to address practice issues; Use written, verbal, and non-verbal, and emerging technology methods to communicate effectively.
II: Basic organizational and systems leadership for quality care and patient safety	Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.
III: Scholarship for evidence-based practice	
IV: Information management and application of patient care technology	Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice; Use standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes; Evaluate data from all relevant sources, including technology, to inform the delivery of care.
V: Healthcare Policy, Finance, and Regulatory Environments	
VI: Interprofessional communication and collaboration for improving patient health outcomes	Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.
VII: Clinical prevention and population health	
VIII: Professionalism and Professional Values	Demonstrate the professional standards of moral, ethical, and legal conduct; Assume accountability for personal and professional behaviors; Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession; Demonstrate professionalism, including attention to appearance, demeanor,

	respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers.
IX: Baccalaureate generalist nursing practice	Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health-illness continuum, across the lifespan, and in all healthcare settings; Communicate effectively with all members of the healthcare team, including the patient and the patient's support network; Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences; Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan; Monitor client outcomes to evaluate the effectiveness of psychobiological interventions; Demonstrate clinical judgment and accountability for patient outcomes when delegating to and supervising other members of the healthcare team; Demonstrate the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care; Engage in caring and healing techniques that promote a therapeutic nurse-patient relationship.

Appendix G.12

Fall 2018 NUR 301 Pancreatitis Student Survey Results

Q2 - Course #:

#	Answer	%	Count
1	301 - Med/Surg	100.00%	24
	Total	100%	24

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	5.00	5.00	5.00	0.00	0.00	24	0.00%	0.00%

Q3 - Who led the debrief session after your simulation.

#	Answer	%	Count
2	Jennifer Dent	11.76%	2
3	Carole Haurylko	0.00%	0
4	Paula Kral	58.82%	10
7	Stephanie Kehler	29.41%	5
16	Julia Hall	0.00%	0
25	Bonita Moore	0.00%	0
26	Krystle Maynard	0.00%	0
	Total	100%	17

Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
The maintenance of the patient rather than the resolution of an actual problem while the patient was in our care
Thinking quickly on your feet.
The complexity of the patient.
Literally all of it
Balancing all the skills
There were a lot of different things going on so it was difficult to keep track of everything when communicating to the HCP especially because there were multiple people saying multiple things
Knowing that the patient had acute pancreatitis but not being able to exactly figure out what else was happening to make her deteriorate.
Prioritizing the problem and figuring out which aspect was most important to focus on.
Putting the whole picture together, the IV pump
Hanging two fluids simultaneously with one IV
prioritization of the patients need
Medication admin. & speaking up about forcing fluids
Medications. I felt rushed and made a couple mistakes. My main goal from here on out will be to really pay attention to the medications I am administering.
Keeping up with everything that was happening
Documenting and keeping up with a consitantly changing pt.
patient couldnt communicate
knowing how to talk to a patient who doesn't really understand whats going on
pump
Identifying what the priority is.
Assessing and priority
The complication between liver, pancreas, and gallbladder. I honestly feel this was the first simulation that challenged me skill and knowledge wise and I was able to truly learn from it.
patient had low LOC

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	82.61%	19
2	No	17.39%	4
	Total	100%	23

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.17	0.38	0.14	23	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
nothing
None
I really enjoyed this simulation!
Honestly have the pt code if we did something super wrong
Nothing, it was a really good simulation
nothing
Nothing. I thought it was very beneficial
make the objectives clearer from the beginning
Communicate if you have questions
Nothing needs to be changed. This was a very educational simulation. The severity of the situation and the timeliness of the interventions were a good learning experience.
I really enjoyed this simulation. It was more realistic to something we might experience on the floor.
Faster writing
being able to know what to do with certain vital sign findings
I would have this simulation before the exams that include pancreatitis
I still feel like we struggled to use the IV pumps. I think a demonstration would be helpful
Nothing, I truly felt this challenged us especially me.
NA

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
The instructor was very helpful in pointing out what went well and what we could have done better as a team
Instructor was very good in promoting critical thinking and all the associated aspects.
I liked that we went in depth into why the patient was presenting the symptoms that they were.
I liked the professor coming in and teaching us more about the pt's illness
It was helpful bringing in all the complications of pancreatitis and talking about labs patho and getting real life examples of what these patients will look like
explaining the correct way to prioritize things
Talking about why the patient was experiencing the problems they were having, and being able to talk about what would be priority for ta patient like this in real life.
getting specific info like the time to push nexium
It pointed out our strenghts and things we need to work on in a constructive, polite, and educated manner
I really enjoyed talking through how to improve my skills.
She walked through the priority steps and helped us clear up what we should do, and in what order. She was encouraging and helpful
connecting the dots with the patients problem
Good manifestations of pancreatitis, I liked that we needed to trend vitals and think about all of the ways that pancreatitis is harmful to the body
Good explaination
The pancreatic enzymes and controlling them.
Very thorough. Addressed several aspects.

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	4.17%	1	0.00%	0	0.00%	0	95.83%	23	24
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	4.17%	1	0.00%	0	4.17%	1	91.67%	22	24
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	4.17%	1	0.00%	0	0.00%	0	95.83%	23	24
4. I received cues during the simulation in a timely manner.	0.00%	0	4.35%	1	0.00%	0	0.00%	0	95.65%	22	23
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	4.35%	1	0.00%	0	0.00%	0	95.65%	22	23
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	4.17%	1	0.00%	0	0.00%	0	95.83%	23	24
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	4.17%	1	0.00%	0	0.00%	0	95.83%	23	24
8. Using simulation activities made my learning time more productive.	0.00%	0	4.17%	1	0.00%	0	0.00%	0	95.83%	23	24

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	2.00	5.00	4.88	0.60	0.36	24	4.17%	95.83%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	2.00	5.00	4.83	0.62	0.39	24	4.17%	95.83%
3	3. I learned from the comments made by the	2.00	5.00	4.88	0.60	0.36	24	4.17%	95.83%

	teacher before, during, or after the simulation.								
4	4. I received cues during the simulation in a timely manner.	2.00	5.00	4.87	0.61	0.37	23	4.35%	95.65%
5	5. I had the chance to discuss the simulation objectives with my teacher.	2.00	5.00	4.87	0.61	0.37	23	4.35%	95.65%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	2.00	5.00	4.88	0.60	0.36	24	4.17%	95.83%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	2.00	5.00	4.88	0.60	0.36	24	4.17%	95.83%
8	8. Using simulation activities made my learning time more productive.	2.00	5.00	4.88	0.60	0.36	24	4.17%	95.83%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	4.17%	1	8.33%	2	4.17%	1	83.33%	20	24
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	4.17%	1	0.00%	0	8.33%	2	87.50%	21	24

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	2.00	5.00	4.67	0.80	0.64	24	12.50%	95.83%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	2.00	5.00	4.79	0.64	0.41	24	4.17%	95.83%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	4.35%	1	0.00%	0	0.00%	0	95.65%	22	23
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	4.35%	1	0.00%	0	8.70%	2	86.96%	20	23
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	4.35%	1	0.00%	0	4.35%	1	91.30%	21	23

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	2.00	5.00	4.87	0.61	0.37	23	4.35%	95.65%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	2.00	5.00	4.78	0.66	0.43	23	4.35%	95.65%
3	3. The cues were appropriate and geared to promote my understanding.	2.00	5.00	4.83	0.64	0.40	23	4.35%	95.65%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	4.17%	1	0.00%	0	0.00%	0	95.83%	23	24
2	5. My need for help was recognized.	0.00%	0	4.55%	1	0.00%	0	0.00%	0	95.45%	21	22
3	6. I felt supported by the teacher's assistance during the simulation.	4.35%	1	0.00%	0	0.00%	0	0.00%	0	95.65%	22	23
4	7. I was supported in the learning process.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	2.00	5.00	4.88	0.60	0.36	24	4.17%	95.83%
2	5. My need for help was recognized.	2.00	5.00	4.86	0.62	0.39	22	4.55%	95.45%
3	6. I felt supported by the teacher's assistance during the simulation.	1.00	5.00	4.83	0.82	0.67	23	4.35%	95.65%
4	7. I was supported in the learning process.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24
2	9. I was encouraged to explore all possibilities of the simulation.	4.35%	1	0.00%	0	0.00%	0	0.00%	0	95.65%	22	23
3	10. The simulation was designed for my specific level of knowledge and skills.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%
2	9. I was encouraged to explore all possibilities of the simulation.	1.00	5.00	4.83	0.82	0.67	23	4.35%	95.65%
3	10. The simulation was designed for my specific level of knowledge and skills.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24
2	13. Feedback was provided in a timely manner.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24
3	14. The simulation allowed me to analyze my own behavior and actions.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.17%	1	0.00%	0	0.00%	0	0.00%	0	95.83%	23	24

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%
2	13. Feedback was provided in a timely manner.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%
3	14. The simulation allowed me to analyze my own behavior and actions.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	1.00	5.00	4.83	0.80	0.64	24	4.17%	95.83%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	4.17%	1	0.00%	0	0.00%	0	16.67%	4	79.17%	19	24
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.17%	1	0.00%	0	0.00%	0	16.67%	4	79.17%	19	24
3	3. I enjoyed how my instructor taught the simulation.	4.17%	1	0.00%	0	0.00%	0	16.67%	4	79.17%	19	24
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	4.17%	1	0.00%	0	0.00%	0	16.67%	4	79.17%	19	24
5	5. My instructors used helpful resources to teach the simulation.	4.17%	1	0.00%	0	0.00%	0	16.67%	4	79.17%	19	24

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	1.00	5.00	4.67	0.85	0.72	24	4.17%	95.83%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	1.00	5.00	4.67	0.85	0.72	24	4.17%	95.83%
3	3. I enjoyed how my instructor taught the simulation.	1.00	5.00	4.67	0.85	0.72	24	4.17%	95.83%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	1.00	5.00	4.67	0.85	0.72	24	4.17%	95.83%
5	5. My instructors used helpful resources to teach the simulation.	1.00	5.00	4.67	0.85	0.72	24	4.17%	95.83%

Q21 - Any other comments:

Any other comments:
thank you
It was a great simulation!!
no
The pump is confusing to a lot of students. Possibly adding this as a skill in lab would be helpful.
Thank you all for setting this sim up, It truly helped me learn.

Appendix 13

Spring 2019 NUR 301 Pancreatitis Student Survey Results

Q2 - Course #:

#	Answer	%	Count
1	301 - Med/Surg	100.00%	62
	Total	100%	62

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	5.00	5.00	5.00	0.00	0.00	62	0.00%	0.00%

Q3 - Who led the debrief session after your simulation.

#	Answer	%	Count
2	Jennifer Dent	0.00%	0
3	Carole Haurylko	8.77%	5
4	Paula Kral	19.30%	11
7	Stephanie Kehler	71.93%	41
16	Julia Hall	0.00%	0
25	Bonita Moore	0.00%	0
26	Krystle Maynard	0.00%	0
	Total	100%	57

Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
Prioritizing medications and assessment
Prioritizing
prioritizing
The skills of priority. Even during the assessment its tempting to go through the motions and just do what you were taught but its more important to prioritize. Bowel sounds are not a big deal if the patient is not breathing
Prioritizing the care the patient needed to receive in order to help her improve her condition.
Prioritizing patient needs and communicating with the HCP
prioritization
priority
Hanging IV piggy back meds and priority
Discussing and agreeing on priority with peers
Piecing everything together
Finding the reason behind the patient's condition.
Keeping up with the decreasing O2
leadership
priority
prioritizing
Medication administration via IV fluid and bolus
The pump
never being exposed to a situation like that before
priorities
Prioritization.
Multiple problems to deal with
all of it
assessement
Connecting all the dots
communication with other students

using the labs fast to get the info to the HCP
calling provider
the administration of the iv fluids with the machine
teamwork
ABC and pain priority
Calling the provider
treatment of pancreatitis
iv piggy back
pump
Decline in respiratory status
SBAR
detioration
SBAR and communication
Pumps! Communicating with the patient enough. Putting it all together and remembering every detail... positioning to help pain, etc
I think the pumps are the hardest aspect of almost every simulation. Other than that went pretty smooth
Meds
Using the IV pump
Figuring out the IV bolus and getting a lot of orders at once
Understanding the order
Priorities
knowing when to take action and replace O2 mask with a new one to improve pt status
SBAR
Skills
the urgency
trouble contacting provider
caring for a deteriorating patient
Figuring out why the patient had decreased fluid volume
Prioritizing what to do next
understanding the big picture
when the patient was declinning

all of the above

prioritization of fluids

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	74.19%	46
2	No	25.81%	16
	Total	100%	62

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.26	0.44	0.19	62	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
Nothing, I believe sim is a great learning experience and wish for more simulations throughout the semester to better prepare myself
None
nothing
I would change nothing!
It is a lot at once, maybe ease into the interventions
It was really good
I would really like to go over main priority before the simulation begins
Nothing -- favorite simulation I have had so far, definitely made you think about what was priority and how to treat someone who is in a more critical condition
Maybe give us more time to handle the situation and give students more teaching related to this subject matter and helping them to connect the dots so they feel a little more prepared to handle it all
Nothing it was very helpful
a bigger simulation
Nothing
More experience with pumps
We have never experienced something like this so maybe better prepare us in class
None.
none
signs more clear for the medical diagnosis
none.
Instructor is amazing
n/a
nothing!
nothing
nothing
Nothing
NA
nothing

nothing
Electronic MAR that is used in the hospital
More exposure to oxygen and IV pump
N/A
Add one more medication that went with the labs....like a med for calcium so we can piece together what was happening
Nothing. It is experience with the unexpected that makes it "real life like"
Nothing I think this sim was a very good use of the problem solving skills we have gained this semester.
Teach us more about how to do this is 2nd semester
In general incorporate the pump teaching and all aspects of it more outside of sim
I would not change anything. I learned a lot from this
nothing the entire process was very beneficial
nothing
Nothing
n/a
nothing !
too much going on for our level

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
Constructive feedback
Helpful with working together
talking about priority and identifying the main issues
I love the discussion after the simulation to help clarify any questions about the situation we may have had.
Helpful - She helped us correct our mistakes and gave great explanations on how we can improve
The amount of time spent debriefing; I appreciated going through each simulation aspect of each person's role
Talking through everything was super helpful
I loved the debrief and getting to sit down and discuss everything that we covered
It was all helpful -- talked about why this person was in this state and what we could do etc
I thought the instructor was very helpful in guiding us to look at the patient as a whole
I liked how we went over what was making her decline
all the manisfestations and joining of different topics weve learned
nothing
all of it very good teaching points
nothing learned alot
We thoroughly went through all of the things we should have implemented in order of priority.
discussion of the pathology of the patient's condition.
very in depth/helpful discussion among peers and facilitator.
Connecting everything together and understanding fully why the patient was having certain symptoms.
Helpful distinguishing signs and symptoms
post conference was very helpful
it is so helpful ti be able to have lexicomp and such an organized MAR
putting all the "pieces" together
the debrief was extremely helpful
learning how to infuse a bolus and constructive criticism
discussing concepts from the classroom
nothing

explanation of underlying problems
Learning more in depth about pancreas
information about the non-rebreather
Talking about the situation and what the patient was going through
Prof Kral is so good at explaining things and teaching!! Love her.
Helpful with the patho of acute pancreatitis and talking about the interventions. Really helps solidify when you can see a "real" patient with the illness and apply what you learned in class.
Nothing, very good debrief and understanding/explain the "why"
Demo on the pump
Talking about IV pump
It is always helpful to sit and talk about the experience with everyone involved.
learned more about prioritizing
The explanation our instructor gave about why the patient was in fluid volume deficit.
going over the specific aspects of it and discussing why we did what we did or what we would've done differently
the talk afterwards put everything together for me
connecting the dots

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	3.28%	2	0.00%	0	0.00%	0	8.20%	5	88.52%	54	61
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	1.64%	1	0.00%	0	1.64%	1	11.48%	7	85.25%	52	61
3. I learned from the comments made by the teacher before, during, or after the simulation.	1.64%	1	1.64%	1	0.00%	0	9.84%	6	86.89%	53	61
4. I received cues during the simulation in a timely manner.	1.64%	1	0.00%	0	0.00%	0	8.20%	5	90.16%	55	61
5. I had the chance to discuss the simulation objectives with my teacher.	1.64%	1	0.00%	0	0.00%	0	8.20%	5	90.16%	55	61
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	1.64%	1	0.00%	0	0.00%	0	11.48%	7	86.89%	53	61
7. The instructor was able to respond to the individual needs of learners during the simulation.	1.64%	1	0.00%	0	0.00%	0	8.20%	5	90.16%	55	61
8. Using simulation activities made my learning time more productive.	1.64%	1	0.00%	0	0.00%	0	9.84%	6	88.52%	54	61

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	1.00	5.00	4.79	0.75	0.56	61	3.28%	96.72%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	1.00	5.00	4.79	0.63	0.40	61	3.28%	98.36%
3	3. I learned from the comments made by the	1.00	5.00	4.79	0.68	0.46	61	3.28%	96.72%

	teacher before, during, or after the simulation.								
4	4. I received cues during the simulation in a timely manner.	1.00	5.00	4.85	0.57	0.32	61	1.64%	98.36%
5	5. I had the chance to discuss the simulation objectives with my teacher.	1.00	5.00	4.85	0.57	0.32	61	1.64%	98.36%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	1.00	5.00	4.82	0.59	0.34	61	1.64%	98.36%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	1.00	5.00	4.85	0.57	0.32	61	1.64%	98.36%
8	8. Using simulation activities made my learning time more productive.	1.00	5.00	4.84	0.58	0.33	61	1.64%	98.36%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	1.64%	1	0.00%	0	1.64%	1	14.75%	9	81.97%	50	61
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	1.64%	1	0.00%	0	0.00%	0	11.48%	7	86.89%	53	61

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	1.00	5.00	4.75	0.64	0.41	61	3.28%	98.36%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	1.00	5.00	4.82	0.59	0.34	61	1.64%	98.36%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	1.67%	1	18.33%	11	80.00%	48	60
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	1.67%	1	15.00%	9	83.33%	50	60
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	13.56%	8	86.44%	51	59

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	3.00	5.00	4.78	0.45	0.20	60	1.67%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	3.00	5.00	4.82	0.43	0.18	60	1.67%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.86	0.34	0.12	59	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	10.17%	6	89.83%	53	59
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	10.34%	6	89.66%	52	58
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	8.47%	5	91.53%	54	59
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	10.17%	6	89.83%	53	59

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	4.00	5.00	4.90	0.30	0.09	59	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.90	0.30	0.09	58	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.92	0.28	0.08	59	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.90	0.30	0.09	59	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	10.00%	6	90.00%	54	60
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	10.00%	6	90.00%	54	60
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	11.67%	7	88.33%	53	60
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	8.33%	5	91.67%	55	60

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.90	0.30	0.09	60	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.90	0.30	0.09	60	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	4.00	5.00	4.88	0.32	0.10	60	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.92	0.28	0.08	60	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	0.00%	0	8.33%	5	91.67%	55	60
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	10.00%	6	90.00%	54	60
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	10.17%	6	89.83%	53	59
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	11.67%	7	88.33%	53	60

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	4.00	5.00	4.92	0.28	0.08	60	0.00%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.90	0.30	0.09	60	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.90	0.30	0.09	59	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.88	0.32	0.10	60	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	1.75%	1	22.81%	13	75.44%	43	57
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	0.00%	0	22.41%	13	77.59%	45	58
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	0.00%	0	24.14%	14	75.86%	44	58
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	0.00%	0	0.00%	0	22.81%	13	77.19%	44	57
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	0.00%	0	22.41%	13	77.59%	45	58

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	3.00	5.00	4.74	0.48	0.23	57	1.75%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.00	5.00	4.78	0.42	0.17	58	0.00%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	4.00	5.00	4.76	0.43	0.18	58	0.00%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	4.00	5.00	4.77	0.42	0.18	57	0.00%	100.00%
5	5. My instructors used helpful resources to teach the simulation.	4.00	5.00	4.78	0.42	0.17	58	0.00%	100.00%

Q21 - Any other comments:

Any other comments:
no
NO
none
Great learning experience
None
none
none.
n/a
None
None

Appendix G.14

Fall 2019 NUR 301 Pancreatitis Student Survey Results

Q2 - Course #:

#	Answer	%	Count
1	301 - Med/Surg	100.00%	33
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	5.00	5.00	5.00	0.00	0.00	33	0.00%	0.00%

Q3 - Who led the debrief session after your simulation.

#	Answer	%	Count
2	Jennifer Dent	6.45%	2
3	Carole Haurylko	0.00%	0
4	Paula Kral	41.94%	13
7	Stephanie Kehler	51.61%	16
16	Julia Hall	0.00%	0
25	Bonita Moore	0.00%	0
26	Krystle Maynard	0.00%	0
	Total	100%	31

Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
Doing interventions, but the patient condition did not improve
Sbar
Bolus and the lines in general
tubing and knowing what can run together
Thorough assessment
Looking at the full picture of signs and symptoms to prioritize actions
Maintaining perfusion
dealing with multiple issues at once and prioritizing
The prioritizing aspect of putting things in order of what needed to happen first.
Medication administration
De-stating patient
the overall picture of desatting
Taking it one step at a time
Talking to the HCP and clarifying orders.
Understanding the patho of why the patient is declining
The urgency of the situation
Having to put all the information we have learned together to care for a patient
Priority in a deteriorating patient
Oxygen masks and setting them to the correct level of oxygen delivery
working under pressure
All the different medications
Deterioration
taking the next step to help the patient
Putting all the pieces together
Coordinate care
The complexity of the patient and her needs. And prioritizing needs
Remember the signs and symptoms of pancreatitis

Putting together the puzzle pieces!
The patient deterioration and decreasing LOC. So therapeutic communication was low.
Patient deteriorating
Prioritizing items in care
Prioritizing orders

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	84.85%	28
2	No	15.15%	5
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.15	0.36	0.13	33	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
I would not change anything.
None
A lot of the causes of patient decline we were unable to resolve
Nothing, I thought this was a good one
Nothing!
nothing
Nothing
I would have a 4th simulation of a de-stating patient and see if the students took anything away from this simulation on what to do.
it was a very challenging scenario and the scenario I will take the most from
Nothing
it's hard to understand what the patient is saying because the microphone is very muffled.
A little more time
Explaining the pump
Nothing!
Nothing
N/A
Nothing
Nothing It was challenging but I learned a lot
Listening to breath sounds on a mechanic before to know what adventatious sounds are
Somehow, making it easier to put together the pieces of the puzzle. Also: the cellphone for the doctor was not working —that made it difficult
this simulation went really well, it offered an opportunity to think about patient priorities. (ABC's)
Nothing
Give a time for calcium gluconate
Nothing

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
Talking about why we did each intervention during debrief was helpful.
Going over every detail really helped with learning in the future
All the signs and symptoms lined up leading to the cause
I liked the talked about all of the signs and symptoms of pancreatitis and how to look for them
Loved how it got me thinking about high acuity
discussing priorities and what to do for that
Asking what we thought went well as going over why things were happening (patho wise) etc.
Helpful to explain what was happening
everything
Learning from my mistakes
it was good to see the different types of face masks and how they work
Really helpful talking about the patho and why she was hypocalcemic and how to recognize it
I found it very helpful how the instructor was so thoughtful and did a great job of teaching us why things were happening with the patient
Helpful to talk through everything and what we could have done better or instead
Discussing the details and pathology of pancreatitis
Talking about pancreatitis was very helpful!!
the feedback on what to do in real life and the discussion about what was happening with the patient
I thought the instructor did a great job at helping us connect all the pieces of what was going on with the patient and why.
Very helpful
Reviewing how to care for a patient with pancreatitis
Going through what was actually happening with the patient! It was very helpful.
The debrief was kind of over bearing, i think. I wished we would have focused on what needed to be done for this patient in the moment. Because i did feel with this simulation there was a lot of standing around just watching her vitals tank.
Prioritizing the interventions
very good explanation of putting all info together
Explaining the orders

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
4. I received cues during the simulation in a timely manner.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	0.00%	0	0.00%	0	3.03%	1	96.97%	32	33
8. Using simulation activities made my learning time more productive.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	31	31

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
3	3. I learned from the comments made by the	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%

	teacher before, during, or after the simulation.								
4	4. I received cues during the simulation in a timely manner.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%
5	5. I had the chance to discuss the simulation objectives with my teacher.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	4.00	5.00	4.97	0.17	0.03	33	0.00%	100.00%
8	8. Using simulation activities made my learning time more productive.	5.00	5.00	5.00	0.00	0.00	31	0.00%	100.00%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	0.00%	0	9.09%	3	90.91%	30	33
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	0.00%	0	9.09%	3	90.91%	30	33
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	4.00	5.00	4.91	0.29	0.08	33	0.00%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	4.00	5.00	4.91	0.29	0.08	33	0.00%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	3.03%	1	96.97%	32	33
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	3.03%	1	96.97%	32	33
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	3.13%	1	96.88%	31	32

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.97	0.17	0.03	33	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.97	0.17	0.03	33	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.97	0.17	0.03	32	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	3.03%	1	96.97%	32	33
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	3.03%	1	6.06%	2	90.91%	30	33
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	3.13%	1	96.88%	31	32

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.97	0.17	0.03	33	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	3.00	5.00	4.88	0.41	0.17	33	3.03%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.97	0.17	0.03	32	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	0.00%	0	100.00%	33	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
2	13. Feedback was provided in a timely manner.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	5.00	5.00	5.00	0.00	0.00	33	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	0.00%	0	0.00%	0	6.06%	2	93.94%	31	33
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	0.00%	0	9.09%	3	90.91%	30	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	4.00	5.00	4.94	0.24	0.06	33	0.00%	100.00%
5	5. My instructors used helpful resources to teach the simulation.	4.00	5.00	4.91	0.29	0.08	33	0.00%	100.00%

Q21 - Any other comments:

Any other comments:
None
None
none
None!
No
Nope!
N/A
No

Appendix H

Simulation Scenario – Mental Health / Withdrawal

Appendix H: Simulation Scenario – Mental Health / Withdrawal	
1	Scenario Development and Implementation Tracking Form
2	Simulation Design Template
3	Student Evaluation Criteria
4	Room/Simulation Setup Checklist
5	Armband
6	SBAR Report
7	Scripts and Miscellaneous Instructor Items
8	Miscellaneous Chart Items
9	SCE Schedule
10	References
11	QSEN Competencies
12	Student Survey Results, Spring 2019
13	Student Survey Results, Fall 2019
14	Student Survey Results, Spring 2020

Appendix H.1

University of Kentucky – College of Nursing
Scenario Development and Implementation Tracking Form

Scenario Name/Number	**Mille Potter – Alcohol Withdrawal**
Needs Assessment Completed Formal: Chart reviews, critical events analysis (RCAs) e.g. falls, wound infections, late intubations or transfers to ICU. Failure to meet EBP standards e.g. pediatric codes. Low exam scores. Informal: Reports from clinical facility regarding new grads, upper level undergrads instructor's comments about lower level students, faculty recognitions of lack of clinical skills. Identification of coursework where simulation would be beneficial such as communication between team members, prioritizing care, or seldom seen clinical situations such as PP hemorrhage.	**Informal: Identification of coursework where simulation would be beneficial in caring for patient experiencing alcohol withdrawal, such as assessment tools used, following established protocol, safety, communication with patient and team members.**
Intended Group of Staff (Department) or Course	**NUR 401, ABSN Semester 2 Block 2**
Draft Author	**Jennifer Dent**
Faculty Content Expert	**Joanne Matthews, Leslie Beebe, Stephanie Steele**
Date Developed	**Spring 2014**
Date Approved by Department/Curriculum Committee	**Spring 2014**

https://www.healthysimulation.com/

University of Kentucky – College of Nursing
Scenario Development and Implementation Tracking Form

ST: Sim Team F: Faculty/Content Expert/Department Expert CC: Education Committee/Curriculum Committee

Action Item	Who	Date	Comments
Learning Objectives identified	**F/ST**	**9/2/2020**	
Draft to faculty for review	**ST**	**9/2/2020**	
Draft to Pharmacy if appropriate	ST	**NA**	
Faculty/Pharmacy review completed	F	**NA**	**Lexicomp referenced**
Review Alignment with National Standards (Best Practice), Hospital Policies and Procedures, Core Competencies, Program Objectives, QSEN standards, NCLEX content. Select as appropriate.	F/**ST**	**9/7/2020**	**UK HealthCare Policies/ Procedures: QSEN Competencies: Patient Centered Care, Teamwork & Collaboration, EBP, Safety: BSN Essentials: I-II, IV, VI-VIII, IX; PSLOs 1, 2, 3, 5, 8, 9**
Simulation methodology. Include manikin type	**F/ST**	**9/1/2020**	**High fidelity**
Case Summary	**F/ST**	**9/2/2020**	
Learner Roles specified. Confederate Role with script	**F/ST**	**9/2/2020**	**Primary & Secondary RNs; Documenter**
MD orders/Labs/Other data	**F/ST**	**9/2/2020**	
Specialized equipment needed e.g. crash cart.	**F/ST**		**Linen cart with materials to pad bedrails**
Staging Bin completed	**ST**	**9/8/2020**	
Arm band	**ST**	**9/8/2020**	
Allergy band	**ST**	**NA**	
Labels	**ST**	**9/8/2020**	
Medications	**ST**	**9/8/2020**	
IV's	**ST**	**9/8/2020**	
EHR completed	**ST**	**9/8/2020**	
Patient care supplies available	**ST**	**9/8/2020**	
Props available	**ST**	**9/8/2020**	
Validation/Trial run	**ST**	**Review**	
Pre-briefing requirement	**F/ST**	**9/2/2020**	
Debriefing Guidelines	**F/ST**	**9/2/2020**	
Pilot Run	**ST**	**Review**	
Faculty Expert viewed **Leslie Beebe, Stephanie Steele**	**F**	**9/2020**	
Approved for implementation in care facility or for addition to curriculum	CC	**Fall 2020**	
Added to schedule	**ST/F**	**Fall 2020**	
Scenario evaluation/survey.	**F**		

Baily, K. (2019). Healthcare simulation Scenario development checklist w/downloadable form. Retrieved from https://www.healthysimulation.com/

Simulation survey review Fall 2019:

Mental Health – 5.8% felt unable to handle simulation
o Improvements
· Info in room
· Working sound
o Challenges
· Timing of the use of screening tools
· Dealing with patients in crisis
· Searching patients for objects
· Managing delusions
· Medications and their uses
· Therapeutic communications
· Thinking the about the whole patient and their needs
o Debriefing
· Discussing screening tool
· How to approach each patient – not assuming how situation should happen
· Examining biases in order to provide best care to patient
· Discussing what went well and not so well
· Receiving constructive criticism

Sim Lab Suggestions:
*NUR 401: Mental Health
*Perhaps we allow students to review the assessments prior to Sim or allow them to watch the pre-recorded videos?
*Send them educational material on things to look for in patients such as these (behaviors, track marks, safety, etc)

Appendix H.2

ABSN Alcohol Withdrawal Simulation

Objectives:

1. Utilize essential elements of the nursing mental health interview and assessment.
2. Implement appropriate care utilizing standardized assessment protocol to determine medication management of withdrawal symptoms.
3. Identify changes in patient condition as a result of treatment protocol.
4. Demonstrate appropriate therapeutic communication with patient and team member(s).

Date of Simulation: Week 12

Estimated Time: 1 hour and 15 minutes

Simulators Used: Nurse Anne and SimMom

Personnel: One simulation facilitator per run per room

Equipment:

Hospital gown

Blonde wig with flower; jewelry

Bruising on palms, knees, sacral area, periorbital area of right eye

Jaundice

Valium (diazepam) 10mg PO, IM, or IV –make all available

Thiamine (vitamin B1) 100mg PO

Multivitamin one tablet PO

Folic acid 1mg PO

Tegretol (carbamazepine) 200mg PO

Vistaril (hydroxyzine) 50 mg PO

Phenergan (promethazine) 25mg IM

Motrin (ibuprofen) 400 mg PO

Oleptro (trazodone)50mg PO

Tylenol (acetaminophen) 650 mg PO

Tattoos
Diaphoretic (water and glycerin)
IV site with 0.9% sodium chloride at 125 ml/hr
Armband for 26yo

Room Recovery:

Reapply sweat

Empty drain bag

Check chart

Check meds:

Scenario:
0600 26yo female admitted with vomiting after alcohol ingestion that is at risk for alcohol withdrawal complications.

Student prep prior to simulation: Provide CIWA-Ar, CAGE-Aid Questionnaire, Substance Use History, and Sedative Hypnotic Withdrawal Protocol for student review prior to simulation.

Students should do the following: Primary Nurse, Secondary Nurse, Documentation

	Findings	**Correct Step**	**Wrong Step**
Initial Frame: Millie Potter Admitted 0200 to ED Presently 0600 26 yo female DOB: **7/8/1993** NKDA or NKA Pain 5/10 – **moderate HA** Knees, back, & buttock hurt **CIWA-Ar INITIAL: score = <u>20</u>** **Refer to Initial Assessment** **Substance Use History:** **Refer to Form for answers** **History of Withdrawal Symptoms:** **Refer to Form for answers** **CAGE-Aid Questionnaire:** **Refer to Form for answers**	VS: HR 90, RR 26, SpO_2 98%, BP 160/80, T 100.3° Lung sounds CTA bil. Bowel sounds Normoactive No abdominal Distention Skin diaphoretic with beads of sweat on forehead and warm to palpation Bruising and erythema noted to palms, knees, sacral area, and periorbital area of right eye IVF: NS @ 125 ml/hr infusing in RUE Labs: Mg 2.0 mg/dl; BAC/BAL 250 mg/dl (.25)	Hand Hygiene Introduce self Identify patient Assess patient VS LOC Pain Lungs Abdomen Extremities <u>Perform initial CIWA-Ar; assign score</u> <u>Perform Substance Use History</u> <u>Perform CAGE-Aid Questionnaire</u> <u>Administer meds: Valium, Thiamine, Multivit, Folic Acid Tegretol; optional: Vistaril, pain med: choice Ibuprofen or Tylenol</u>	

Frame 1: **0700** Feeling more anxious **0715**	VS: HR 114, RR 30, SpO_2 94%, BP 180/98, T 101.6°	Repeat VS Check for effectiveness of Valium Assess for effect of Vistaril if given Respond to changing patient status as experiencing visual and tactile hallucinations, paranoid delusions: DTS <u>Repeat CIWA-Ar - 47</u> **<u>Medicate per protocol</u>** Provide physiological and psychological safety Pad rails for history of seizure activity	
Frame 2: **0815** Feeling less anxious Refer to CIWA-AR: Score 7 Assessment 1 hour after DTs	VS: HR 97, RR 22, SpO_2 98%, BP 140/80, T 100°	<u>Repeat CIWA-Ar after DTs episode</u>	

Debriefing:

Setting the scene:

- Let's spend a few minutes debriefing and discussing what transpired during the simulation to improve how everyone works together and care for our patients.

Reactions:

- How do you feel about the simulation?
- What went well
- Is there anything you would have done differently?

Analysis:

1. What questions do you have?
2. How was your teamwork?
3. Did you prioritize in a timely manner?
4. Did you establish therapeutic communication? If so, describe.
5. How did you feel about using the Substance Use History/ CAGE-Aid? CIWA-Ar?
6. What did you find from the skin assessment?

Assess for jaundice, dehydration, rashes, ecchymosis, cuts, and scrapes, signs of injury; signs of IV drug use; reposition due to injury on buttocks.

7. Was a falls assessment performed? Why or why not?
   Symptoms: bruise on forehead and buttocks from falls; cuts and scrapes noted; eye bruising; concussion? Did you notice potential for orthostatic hypotension from BP values given at report?
8. What is provided with seizure precautions?
   Padded side rails; medicated with Tegretol 200 mg due to history of seizures
9. What pharmacological measures were provided based on the initial CIWA-Ar score (20)?
   Use Valium as medication for protocol, Valium 10 mg po; Thiamine 100 mg po; Folic Acid 1 mg; Tegretol 200 mg b/c hx of seizures; Vistaril 25 mg for anxiety.
10. Why is Thiamine administered?
    Prevent Wernicke's encephalopathy / Korsakoff Syndrome.
    Wernicke's brain disorder due to vitamin B_1 or thiamine deficiency; can result from alcohol abuse, dietary deficiencies, prolonged vomiting, eating disorder; ACUTE
    symptoms: mental confusion, vision problems (double vision, nystagmus, eyelid drooping), hypothermia, hypotension, lack of muscle coordination (ataxia), coma; can progress to Korsakoff Syndrome amnesic syndrome; memory disorder that results for thiamine deficiency associated with alcoholism; CHRONIC
    symptoms: amnesia, tremors, coma, disorientation, vision problems, loss of memory, make things up (confabulation), hallucinations; damages nerve cells and supporting cells of brain/spinal cord.
    treatment: thiamine replacement, provide nutrition and hydration

11. What is the best choice for pain?
    Acetaminophen not good choice: while liver panel is not back yet, patient is jaundiced. Ibuprofen better choice because we assessed that there was no bloody emesis and no mouth/esophageal varices. Was this assessment performed?

12. Were the medications explained to patient when given? ID band checked each time. 5 rights?

13. Did you reassess using the CIWA-Ar when patient started experiencing hallucinations/ delusions?
    Score increased to 47; psychological assessment of hallucinations/ delusions

14. What other significant symptoms would you expect to see if the patient was experiencing delirium tremens due to alcohol withdrawal?
    Seizure activity or coarse tremors; precordial pain; agitation; paranoia; without enough medication (Valium) patient could progress into DTs; evaluate closely for response to second dose; contact MD/HCP if symptoms worsen or remain the same over the next hour.

15. What care is provided with patient experiencing hallucinations/ delusions?
    Medicate per protocol: Valium 10 mg po; reassure patient they are safe; have a staff person stay with patient; remove the staff person who has become part of the patient's paranoid delusion; encourage fluids and food per diet restrictions / orders; comfort measures; provide a restful environment; provide an opportunity for discussion of feelings.

16. Were non-pharmacologic interventions provided?

Blanket; cold or hot beverage; flat coke or sprite for nausea if not NPO; washcloth for face

17. Psychosocial interventions?
    Provide non-judgmental, supportive, empathetic and comprehensive emotional care; maintain calm, quiet environment to promote rest and sleep; decrease environmental stimuli; prioritize and organize nursing care to group together patient care activities to promote rest; decrease anxiety using relaxation techniques.

18. When would you use physical restraint?

    Avoid as it may increase agitation unless patient is picking harmfully at skin (as in this case) to get rid of "bugs". Only if dangerous /harmful to self or others. Instead use therapeutic management techniques and medications.

19. What nutritional support would be necessary for this patient?

    Monitor intake and output; encourage food and nourishing fluids; administer IV fluids; administer Thiamine per protocol

20. Explore your feelings about caring for a patient with chronic relapsing alcohol use disorder.

    Recognize your potential for bias based on past personal experiences. What would you have to do to remain objective and not allow personal experiences to interfere with your care? Concepts of stigma; transference.

Application/Summary:

- Any additional comments?
- What will you take away from this experience?

Statement following simulation with debrief:

Confidentiality is imperative. What happens in simulation, stays in simulation. Please do not share any aspects of the simulated experience including the performance of others and details of the simulation, as this would be considered a breech in professional nurse code of conduct, HIPAA, and impact the learning of future students.

**Please remember to complete the evaluation of the simulation on the provided lab computers following the debriefing.*

Appendix H.3

NUR 401 Objectives for Sedative-Hypnotic/Alcohol Withdrawal:

- Utilize essential elements of the nursing mental health interview and assessment.
- Implement appropriate care utilizing standardized assessment protocol to determine medication management of withdrawal symptoms.
- Identify changes in patient condition as a result of treatment protocol.
- Demonstrate appropriate therapeutic communication with patient and team member(s).
- Verbalize the nursing role in restraint and seclusion in management of aggressive and violent behavior.

Objectives: (scenario specific)

1. Utilize essential elements of the nursing mental health interview and assessment.
    a. Integrates knowledge, skills, and values from the arts and sciences to provide humanistic safe, quality care.
        i. Perform a developmentally appropriate head-to-toe assessment allowing for focused assessment as necessary which includes: (Adhere to Skills Performance Checklist Critical Behaviors)
            - Assess using Alcohol Withdrawal Assessment Scoring Guidelines (CIWA-Ar)
            - Obtain Substance Use History
            - Assess drug/alcohol use with the CAGE-Aid Questionnaire
            - Assess skin for IV drug use, falls, and jaundice
        ii. Recognize signs and symptoms of alcohol (ETOH) withdrawal.

2. Implements the appropriate care utilizing standardized protocol to manage withdrawal symptoms in a safe manner.
    a. Demonstrates clinical reasoning in making independent and collaborative decisions in complex health care system.
        i. Utilize alcohol withdrawal protocol
            - Administer Valium PO
            - Administer Thiamine PO
            - Administer Folic Acid PO
            - Administer Tegretol PO
            - Administer Vistaril PO
            - Reassess in timely manner effects of interventions using CIWA-Ar
        ii. Provide safety measures
            - Apply seizure precautions
        iii. Administer care of patient experiencing hallucinations/delusions
            - Medicate per protocol
            - Reassure patient of safety on unit
            - Provide staff member to stay with patient at bedside
            - Provide for restful environment such as decreasing stimuli
        iv. Provide nonpharmacological comfort measures

- Offer blanket, cold or hot drink, crackers, flat coke for nausea, cool washcloth for face

v. Provide psychosocial interventions
- Demonstrate non-judgmental, supportive, empathetic and comprehensive emotional care
- Maintain calm, quiet environment to promote rest and sleep
- Prioritize and organize nursing care to group patient care activities to promote rest
- Decrease anxiety using relaxation techniques

3. Identifies changes in patient condition.
   a. Integrates knowledge, skills, and values from the arts and sciences to provide humanistic safe, quality care.

      i. Identifies relevant signs and symptoms of alcohol withdrawal
      ii. Recognizes patient response to treatment of alcohol withdrawal
      iii. Provides environmental safety

4. Demonstrates appropriate communication with patient and team member(s).
   a. Employs oral and written communication and team collaboration in providing safe, high quality care to improve patient health outcomes.
      i. Communicates effectively with the team
      ii. Explains procedures, protocol, and situation to patient
         - Provide opportunity to discuss feelings
         - Use open-ended questions
      iii. Documents clearly, concisely, and accurately

Objectives: (Simulation)

1. Teamwork
   a. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes
   i. Work together to provide patient care in timely manner
2. Prioritization
   a. Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system
      i. Assessment
      ii. Interventions
         1. Alcohol withdrawal
      iii. Reassess

3. Standard Precautions
   a. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death
      i. Hand hygiene
      ii. Clean gloves as needed
4. Communication
   a. Employs oral and written communication and inter-professional collaboration in providing safe, high quality care to improve client health outcomes

i. Informs patient of any actions
ii. Answers patient questions
iii. Uses therapeutic communication

5. Professionalism
   a. Demonstrates the professional standards of moral, ethical, and legal conduct.
      i. Professional attitude
      ii. Professional attire following CON clinical dress code
      iii. Punctual in attendance of simulation
6. Safety
   a. Applies a systematic process consistent with professional standards and evidence-based practice to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.
      i. Identifies patient
         1. Entry into room
         2. Medication administration
      ii. Seizure Precautions
      iii. Fall Precautions

Appendix H.4

Week: 5 (401) and 12 (ABSN)

Simulation Scenario Name: NUR 401 or ABSN Mental Health Withdrawal Alcohol – Millie Potter

Description: *Millie Potter is a 26-year-old female admitted with vomiting after alcohol ingestion that is at risk for alcohol withdrawal complications. Students will perform physical assessment, complete CAGE-Aid questionnaire, Substance Use History, and CIWA-Ar at three intervals as patient proceeds through alcohol withdrawal and delirium tremens (DTs). Meds per Sedative Hypnotic Withdrawal Protocol will be administered along with implementation of safety measures including seizure precautions and comfort measures, such as dimming the lights, cool compress, etc.*

Patient appearance: *(including genitalia, attire, moulage, equipment applied to patient)*	check
Female genitalia	
Blond long hair wig with hot pink flower barrette	
Eyes open with bruising noted to right eye periorbital area; sclera yellowed	
Facial skin with yellow coloring	
Bruises, abrasions to palms of hands, knees, shins, sacral area	
Tattoos to chest, sacral area, right wrist, right ankle	
Right forearm peripheral IV site with NS infusing at 125 ml/hr 1000 ml bag on Alaris pump	
Patient gown	
Patient armband – 26-year-old	
Sweat applied to face with spray bottle (water/glycerin)	
Pulse oximeter applied to right finger	

Equipment: *(include any equipment to be used in room, med cart, chart, Central Supply, hall)*	check
Alaris pump with 1 channel per each simulation room	
Primary tubing (label < 96 hr) with 0.9% sodium chloride IVF (label < 24 hr) attached to right peripheral link in each room	
Incentive Spirometer on bedside table	
Water pitcher with cup on bedside table	
Emesis basin on bedside table	
Tissue box on bedside table	
Towels/washcloths x2/basin in bedside nightstand	
Bath blankets/ pillows x2 available in each room available for student bedrail padding	
Patient monitor posted SpO2, Tperi, NBP manual	
Chart Electronic Health Record on computer in each room	
CIWA-Ar on clipboard x1 copy per simulation run	
Substance Use History x1 copy per simulation run	
CAGE-Aid Questionnaire x1 copy per simulation run	
Sedative Hypnotic Withdrawal Protocol x1 copy per simulation run	
Flip chart paper for documentation	

Medications: (*include meds on med cart, Pharmacy Inbox)*	check
Valium (diazepam) 10 mg PO tablet; vial for IM, IV routes	
Thiamine (vitamin B1) 100 mg PO tablet	
Multivitamin 1 PO tablet	
Folic Acid 1 mg PO tablet	
Tegretol (carbamazepine) 200 mg PO tablet	

Vistaril (hydroxyzine) 50 mg PO tablet	
Phenergan (promethazine) 25 mg vial for IM route	
Motrin (ibuprofen) 400 mg PO tablet	
Oleptro (trazodone) 50 mg PO tablet	
Tylenol (acetaminophen) 650 mg PO tablet or 2 - 325 mg PO tablets	

Room Recovery: (*any aspect needed to turn-over after sim complete & preparing for next sim)*	check
Remove padding from bedrails	
Empty IV drain bag; refill IVF as needed	
Replace paperwork: CIWA, Substance Use History, CAGE-Aid, Sedative Hypnotic Withdrawal Protocol	
Reset Electronic Health Record chart on computer in each room	
Reapply sweat to face with spray bottle water/glycerin	
Reset Team Viewer (patient monitor)	

Images: *(any pictures of the actual mannequin, moulage, room, equipment & other visual examples to aid in set-up)*

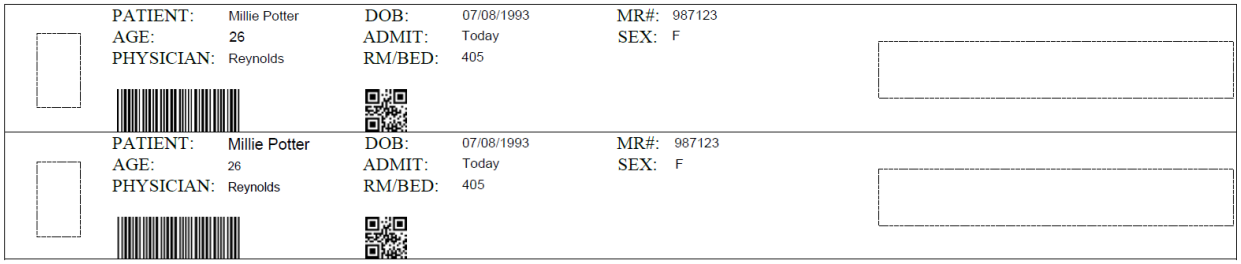








Appendix H.5


PATIENT: Millie Potter
AGE: 26
PHYSICIAN: Reynolds
DOB: 07/08/1993
ADMIT: Today
RM/BED: 405
MR#: 987123
SEX: F
PATIENT: Millie Potter
AGE: 26
PHYSICIAN: Reynolds
DOB: 07/08/1993
ADMIT: Today
RM/BED: 405
MR#: 987123
SEX: F

Appendix H.6

Statement prior to simulation with pre-brief:

As instructors, we have attempted to provide you with a realistic patient care situation in a clinical environment. Your overall role is to treat the simulation as a real clinical experience as you interact with the environment, patient, family, and healthcare team members. Treat the simulated patient as you would a real patient providing care and respect. Be open to learning through simulation realizing that this is a safe learning environment.

ABSN – Millie Potter SBAR Report

Scenario: It is 0600 and you are receiving report on a patient you will be admitting to your medical unit from the ED.

Situation:
0600 Millie Potter has been admitted with persistent vomiting after alcohol ingestion

Background:
Came into ED at 0200.
26 yo divorced female who arrived at the ED after being brought to the hospital by paramedics.
States she had been experiencing persistent vomiting over the past 2 hours.
Reports that she thinks she vomited blood, and this frightened her, which lead her to calling an ambulance.
Paramedics did not see any bloody emesis; as the ED nurse I have not seen bloody emesis.
States she has been drinking 12 beers a day and 'hard liquor' when she can afford it for the past 2 years.
States her last drink was about 6 hours ago, but she really can't be for sure.
IVF 0.9% Sodium Chloride (NS) started at 125 ml/hr.
Labs drawn including serum glucose, electrolytes and sodium bicarbonate levels.
Magnesium level was 2.0 mg/dl; BAC/BAL 250 mg/dl (.25).
VS at 0500: T-100.2 F orally; P-88; R-24; BP 120/80 lying; 100/65 upon sitting up.
NKDA/NKA.
HCG is negative.
Has not received any medications in the ED.

Assessment:
Risk for complications of alcohol withdrawal.

Recommendations:
Continue with patient assessment. Follow medical orders given. Use MAR to document medication given.

Appendix H.7

Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

Nausea/Vomiting - Rate on scale 0 - 7

0 - None
1 - Mild nausea with no vomiting
2
3
4 - Intermittent nausea
5
6
7 - Constant nausea and frequent dry heaves and vomiting

Tremors - have patient extend arms & spread fingers. Rate on scale 0 - 7.
0 - No tremor
1 - Not visible, but can be felt fingertip to fingertip
2
3
4 - Moderate, with patient's arms extended
5
6
7 - severe, even w/ arms not extended

Anxiety - Rate on scale 0 - 7
0 - no anxiety, patient at ease
1 - mildly anxious
2
3
4 - moderately anxious or guarded, so anxiety is inferred
5
6
7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.

Agitation - Rate on scale 0 - 7
0 - normal activity
1 - somewhat normal activity
2
3
4 - moderately fidgety and restless
5
6
7 - paces back and forth, or constantly thrashes about

Paroxysmal Sweats - Rate on Scale 0 - 7.
0 - no sweats
1- barely perceptible sweating, palms moist
2
3
4 - beads of sweat obvious on forehead
5
6
7 - drenching sweats

Orientation and clouding of sensorium - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4
0 - Oriented
1 – cannot do serial additions or is uncertain about date

2 - disoriented to date by no more than 2 calendar days

3 - disoriented to date by more than 2 calendar days
4 - Disoriented to place and / or person

Tactile disturbances - Ask, "Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"
0 - none
1 - very mild itching, pins & needles, burning, or numbness
2 - mild itching, pins & needles, burning, or numbness
3 - moderate itching, pins & needles, burning, or numbness
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Auditory Disturbances - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"
0 - not present
1 - Very mild harshness or ability to startle
2 - mild harshness or ability to startle
3 - moderate harshness or ability to startle
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Visual disturbances - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"
0 - not present
1 - very mild sensitivity
2 - mild sensitivity
3 - moderate sensitivity
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Headache - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.

0 - not present
1 - very mild
2 - mild
3 - moderate
4 - moderately severe
5 - severe
6 - very severe
7 - extremely severe

Procedure:

1. Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "Orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic medication should be started for any patient with a total CIWA-Ar score of 8 or greater (ie. start on withdrawal medication). If started on scheduled medication, additional PRN medication should be given for a total CIWA-Ar score of 15 or greater.
2. Document vitals and CIWA-Ar assessment on the Withdrawal Assessment Sheet. Document administration of PRN medications on the assessment sheet as well.
3. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.

Initial Assessment

Assessment Protocol a. Vitals, Assessment Now. b. If initial score ≥ 8 repeat q1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h. c. If initial score < 8, assess q4h x 72 hrs. If score < 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to (b) above. d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.													
	Date												
	Time												
	Pulse	88											
	RR												
	O2 sat												
	BP	170/80											
Assess and rate each of the following (CIWA-Ar Scale):		**Refer to reverse for detailed instructions in use of the CIWA-Ar scale.**											
Nausea/vomiting (0 - 7) 0 - none; 1 - mild nausea ,no vomiting; **4 - intermittent nausea;** 7 - constant nausea , frequent dry heaves & vomiting		4											
Tremors (0 - 7) **0 - no tremor;** 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended.		0											
Anxiety (0 - 7) 0 - none, at ease; 1 - mildly anxious; **4 - moderately anxious or guarded;** 7 - equivalent to acute panic state		4											
Agitation (0 - 7) 0 - normal activity; 1 - somewhat normal activity; **4 - moderately fidgety/restless;** 7 - paces or constantly thrashes about		4											
Paroxysmal Sweats (0 - 7) 0 - no sweats; 1 - barely perceptible sweating, palms moist; **4 - beads of sweat obvious on forehead;** 7 - drenching sweat		4											
Orientation (0 - 4) 0 - oriented; **1 - uncertain about date**; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person		1											
Tactile Disturbances (0 - 7) **0 - none**; 1 - very mild itch, P&N, ,numbness; 2-mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning ,numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 – extremely severe hallucinations; 7 - continuous hallucinations		0											
Auditory Disturbances (0 - 7) **0 - not present;** 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		0											
Visual Disturbances (0 - 7) **0 - not present;** 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		0											
Headache (0 - 7) 0 - not present; 1 - very mild; 2 - mild; **3 - moderate**; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe		3											
Total CIWA-Ar score:													
PRN Med: Diazepam	**Dose given (mg):**												
	Route:												
Time of PRN medication administration:													
Assessment of response (CIWA-Ar score 30-60 minutes after medication administered)		**20**											
RN Initials													

Scale for Scoring:
Total Score =
0 – 9: absent or minimal withdrawal
10 – 19: mild to moderate withdrawal
more than 20: severe withdrawal

Indications for PRN medication:
a. Total CIWA-AR score 8 or higher if ordered PRN only (Symptom-triggered method).
b. Total CIWA-Ar score 15 or higher if on Scheduled medication. (Scheduled + prn method)
Consider transfer to ICU for any of the following: Total score above 35, q1h assess. x more than 8hrs required, more than 4 mg/hr lorazepam x 3hr **or** 20 mg/hr diazepam x 3hr required, or resp. distress.

Patient Identification (Addressograph)

Signature/ Title	Initials	Signature / Title	Initials

Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

Nausea/Vomiting - Rate on scale 0 - 7

0 - None
1 - Mild nausea with no vomiting
2
3
4 - Intermittent nausea
5
6
7 - Constant nausea and frequent dry heaves and vomiting

Tremors - have patient extend arms & spread fingers. Rate on scale 0 - 7.
0 - No tremor
1 - Not visible, but can be felt fingertip to fingertip
2
3
4 - Moderate, with patient's arms extended
5
6
7 - severe, even w/ arms not extended

Anxiety - Rate on scale 0 - 7
0 - no anxiety, patient at ease
1 - mildly anxious
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7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.

Agitation - Rate on scale 0 - 7
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4 - beads of sweat obvious on forehead
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7 - drenching sweats

Orientation and clouding of sensorium - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4
0 - Oriented
1 – cannot do serial additions or is uncertain about date

2 - disoriented to date by no more than 2 calendar days

3 - disoriented to date by more than 2 calendar days
4 - Disoriented to place and / or person

Tactile disturbances - Ask, "Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"
0 - none
1 - very mild itching, pins & needles, burning, or numbness
2 - mild itching, pins & needles, burning, or numbness
3 - moderate itching, pins & needles, burning, or numbness
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Auditory Disturbances - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"
0 - not present
1 - Very mild harshness or ability to startle
2 - mild harshness or ability to startle
3 - moderate harshness or ability to startle
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Visual disturbances - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"
0 - not present
1 - very mild sensitivity
2 - mild sensitivity
3 - moderate sensitivity
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Headache - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.

0 - not present
1 - very mild
2 - mild
3 - moderate
4 - moderately severe
5 - severe
6 - very severe
7 - extremely severe

Procedure:

1. Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "Orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic medication should be started for any patient with a total CIWA-Ar score of 8 or greater (ie. start on withdrawal medication). If started on scheduled medication, additional PRN medication should be given for a total CIWA-Ar score of 15 or greater.
2. Document vitals and CIWA-Ar assessment on the Withdrawal Assessment Sheet. Document administration of PRN medications on the assessment sheet as well.
3. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.

Scoring Delirium Tremens

Assessment Protocol a. Vitals, Assessment Now. b. If initial score ≥ 8 repeat q1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h. c. If initial score < 8, assess q4h x 72 hrs. If score < 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to (b) above. d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.														
	Date													
	Time													
	Pulse	114												
	RR	**30**												
	O2 sat	94%												
	Temp	101.6F												
	BP	180/98												
Assess and rate each of the following (CIWA-Ar Scale):		**Refer to reverse for detailed instructions in use of the CIWA-Ar scale.**												
Nausea/vomiting (0 - 7) 0 - none; 1 - mild nausea ,no vomiting; **4 - intermittent nausea;** 7 - constant nausea , frequent dry heaves & vomiting.		4												
Tremors (0 - 7) 0 - no tremor; 1 - not visible but can be felt; **4 - moderate w/ arms extended;** 7 - severe, even w/ arms not extended.		4												
Anxiety (0 - 7) 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded; **7 - equivalent to acute panic state**		7												
Agitation (0 - 7) 0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety/restless; **7 - paces or constantly thrashes about**		7												
Paroxysmal Sweats (0 - 7) 0 - no sweats; 1 - barely perceptible sweating, palms moist; **4 - beads of sweat obvious on forehead;** 7 - drenching sweat		4												
Orientation (0 - 4) 0 - oriented; 1 - uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; **4 - disoriented to place and / or person**		4				"I'm at Doug's house of course!"								
Tactile Disturbances (0 - 7) 0 - none; 1 - very mild itch, P&N, ,numbness; 2-mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning ,numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 – extremely severe hallucinations; **7 - continuous hallucinations**		7				The patient states: " Get these bugs off me! They are crawling all over my arms!" Pointing to the nurse states: "Get him out of my room he's trying to hurt me!"Patient is agitated, trying to get out of the bed; eyes wide and scanning the room;								
Auditory Disturbances (0 - 7) **0 - not present**; 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; **5 severe hallucinations;** 6 - extremely severe hallucinations; 7 - continuous hallucinations		0												
Visual Disturbances (0 - 7) 0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; **7 - continuous hallucinations**		7				I can see you over there Doug..why aren't you helping me?								
Headache (0 - 7) 0 - not present; 1 - very mild; 2 - mild; **3 - moderate**; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe		3												
Total CIWA-Ar score:														
PRN Med: Diazepam	Dose given (mg):													
	Route:													
Time of PRN medication administration:														
Assessment of response (CIWA-Ar score-60 minutes after medication administered)		**47**												
RN Initials														

Scale for Scoring:
Total Score =
0 – 9: absent or minimal withdrawal
10 – 19: mild to moderate withdrawal
more than 20: severe withdrawal

Indications for PRN medication:
a. Total CIWA-AR score 8 or higher if ordered PRN only (Symptom-triggered method).
b. Total CIWA-Ar score 15 or higher if on Scheduled medication. (Scheduled + prn method)
Consider transfer to ICU for any of the following: Total score above 35, q1h assess. x more than 8hrs required, more than 4 mg/hr lorazepam x 3hr or 20 mg/hr diazepam x 3hr required, or resp. distress.

Signature/ Title	Initials	Signature / Title	Initials

Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

Nausea/Vomiting - Rate on scale 0 - 7

0 - None
1 - Mild nausea with no vomiting
2
3
4 - Intermittent nausea
5
6
7 - Constant nausea and frequent dry heaves and vomiting

Tremors - have patient extend arms & spread fingers. Rate on scale 0 - 7.
0 - No tremor
1 - Not visible, but can be felt fingertip to fingertip
2
3
4 - Moderate, with patient's arms extended
5
6
7 - severe, even w/ arms not extended

Anxiety - Rate on scale 0 - 7
0 - no anxiety, patient at ease
1 - mildly anxious
2
3
4 - moderately anxious or guarded, so anxiety is inferred
5
6
7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.

Agitation - Rate on scale 0 - 7
0 - normal activity
1 - somewhat normal activity
2
3
4 - moderately fidgety and restless
5
6
7 - paces back and forth, or constantly thrashes about

Paroxysmal Sweats - Rate on Scale 0 - 7.
0 - no sweats
1- barely perceptible sweating, palms moist
2
3
4 - beads of sweat obvious on forehead
5
6
7 - drenching sweats

Orientation and clouding of sensorium - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4
0 - Oriented
1 – cannot do serial additions or is uncertain about date

2 - disoriented to date by no more than 2 calendar days

3 - disoriented to date by more than 2 calendar days
4 - Disoriented to place and / or person

Tactile disturbances - Ask, "Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"
0 - none
1 - very mild itching, pins & needles, burning, or numbness
2 - mild itching, pins & needles, burning, or numbness
3 - moderate itching, pins & needles, burning, or numbness
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Auditory Disturbances - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"
0 - not present
1 - Very mild harshness or ability to startle
2 - mild harshness or ability to startle
3 - moderate harshness or ability to startle
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Visual disturbances - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"
0 - not present
1 - very mild sensitivity
2 - mild sensitivity
3 - moderate sensitivity
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Headache - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.

0 - not present
1 - very mild
2 - mild
3 - moderate
4 - moderately severe
5 - severe
6 - very severe
7 - extremely severe

Procedure:

1. Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "Orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic medication should be started for any patient with a total CIWA-Ar score of 8 or greater (ie. start on withdrawal medication). If started on scheduled medication, additional PRN medication should be given for a total CIWA-Ar score of 15 or greater.
2. Document vitals and CIWA-Ar assessment on the Withdrawal Assessment Sheet. Document administration of PRN medications on the assessment sheet as well.
3. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.

Assessment One Hour after DTs and Second Valium Administered

Assessment Protocol a. Vitals, Assessment Now. b. If initial score ≥ 8 repeat q1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h. c. If initial score < 8, assess q4h x 72 hrs. If score < 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to (b) above. d. If indicated, (see indications below) administer prn medications as ordered and record on MAR and below.													
	Date												
	Time												
	Pulse	88											
	RR												
	O_2 sat												
	BP	170/80											
Assess and rate each of the following (CIWA-Ar Scale):		**Refer to reverse for detailed instructions in use of the CIWA-Ar scale.**											
Nausea/vomiting (0 - 7) 0 - none; **1 - mild nausea ,no vomiting;** 4 - intermittent nausea; 7 - constant nausea , frequent dry heaves & vomiting.		1											
Tremors (0 - 7) **0 - no tremor;** 1 - not visible but can be felt; 4 - moderate w/ arms extended; 7 - severe, even w/ arms not extended.		0											
Anxiety (0 - 7) 0 - none, at ease; **1 - mildly anxious;** 4 - moderately anxious or guarded; 7 - equivalent to acute panic state		1											
Agitation (0 - 7) 0 - normal activity; **1 - somewhat normal activity;** 4 - moderately fidgety/restless; 7 - paces or constantly thrashes about		1											
Paroxysmal Sweats (0 - 7) 0 - no sweats; **1 - barely perceptible sweating, palms moist;** 4 - beads of sweat obvious on forehead; 7 - drenching sweat		1											
Orientation (0 - 4) 0 - oriented; **1 - uncertain about date**; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by > 2 days; 4 - disoriented to place and / or person		1											
Tactile Disturbances (0 - 7) **0 - none**; 1 - very mild itch, P&N, ,numbness; 2-mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning ,numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 – extremely severe hallucinations; 7 - continuous hallucinations		0											
Auditory Disturbances (0 - 7) **0 - not present;** 1 - very mild harshness/ ability to startle; 2 - mild harshness, ability to startle; 3 - moderate harshness, ability to startle; 4 - moderate hallucinations; 5 severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous.hallucinations		0											
Visual Disturbances (0 - 7) **0 - not present;** 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations		0											
Headache (0 - 7) 0 - not present; 1 - very mild; **2 - mild**; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe		2											
Total CIWA-Ar score:													
PRN Med: Diazepam	**Dose given (mg):**												
	Route:												
Time of PRN medication administration:													
Assessment of response (CIWA-Ar score 30-60 minutes after medication administered)		**7**											
RN Initials													

Scale for Scoring: Total Score = 0 – 9: absent or minimal withdrawal 10 – 19: mild to moderate withdrawal more than 20: severe withdrawal	**Indications for PRN medication:** a. Total CIWA-AR score 8 or higher if ordered PRN only (Symptom-triggered method). b. Total CIWA-Ar score 15 or higher if on Scheduled medication. (Scheduled + prn method) Consider transfer to ICU for any of the following: Total score above 35, q1h assess. x more than 8hrs required, more than 4 mg/hr lorazepam x 3hr **or** 20 mg/hr diazepam x 3hr required, or resp. distress.

Patient Identification (Addressograph)

Signature/ Title	Initials	Signature / Title	Initials

Substance Use History		
RN Assessment Questions	**Patient Responses**	**Comments**
What alcohol/drugs do you use regularly/most often?	Only alcohol. I never got into the hard stuff like my brother did.	
What is your longest period free of substance use?	I was off it and sober for about 6 months once.	
When did this occur?	Last year; but I really struggled. The rehab didn't take very well.	
What is the pattern of use and non-use?	Once and awhile I can go a few days drinking less but I usually drink some all through the day. Depends on how much money I have coming in	
Is there a family history of addiction?	My parents both drank a lot; and all of us kids got into it pretty young.	
When was your last drink/use of drug?	It's probably been about 12 hours now.	
How much did you drink/ use?	"I drink about 2 6 packs a day and whiskey when I can get it."	
History of Withdrawal Symptoms	**Patient Response**	
Seizures	"Yeh- one time it was real bad but I don't remember it too well. Really scared my friend."	
Hallucinations	"I don't see things.. I'm not crazy"	
Diaphoresis or tremors	"Yeh I get the shakes and sweats but it usually calms down after I get another drink"	
Hypertension of hypotension	"No problem with my heart"	
Nausea	"My stomach always seems to hurt"	
Diarrhea	Denies any problem	
Blackouts	Denies any problem	

CAGE-Aid Questionnaire	
1. Have you felt you should **Cut down** or stop drinking or *using drugs?*___Yes __No	Patient is agitated. Yeh-I've tried a lot of times; I know it's something I should do but it's hard.
2. Has anyone **Annoyed** you or gotten on your nerves by telling you to cut down or stop drinking or *using drugs?*____Yes _No	Yes-my friend and my Mom are always on my back about how much I drink.
3. Have you felt **Guilty** or bad about how much you drink *or use drugs*?____Yes ____No	No. a lot of people my age drink
4. Have you **Ever** awakened wanting to have an alcoholic drink or *use drugs*?___Yes ____No	I don't drink in the morning.. not til I get up around noon.

Substance Use History and CAGE-Aide Form for Simulation Speaker

Appendix H.8

Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

Nausea/Vomiting - Rate on scale 0 - 7

0 - None
1 - Mild nausea with no vomiting
2
3
4 - Intermittent nausea
5
6
7 - Constant nausea and frequent dry heaves and vomiting

Tremors - have patient extend arms & spread fingers. Rate on scale 0 - 7.
0 - No tremor
1 - Not visible, but can be felt fingertip to fingertip
2
3
4 - Moderate, with patient's arms extended
5
6
7 - severe, even w/ arms not extended

Anxiety - Rate on scale 0 - 7
0 - no anxiety, patient at ease
1 - mildly anxious
2
3
4 - moderately anxious or guarded, so anxiety is inferred
5
6
7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.

Agitation - Rate on scale 0 - 7
0 - normal activity
1 - somewhat normal activity
2
3
4 - moderately fidgety and restless
5
6
7 - paces back and forth, or constantly thrashes about

Paroxysmal Sweats - Rate on Scale 0 - 7.
0 - no sweats
1- barely perceptible sweating, palms moist
2
3
4 - beads of sweat obvious on forehead
5
6
7 - drenching sweats

Orientation and clouding of sensorium - Ask, "What day is this? Where are you? Who am I?" Rate scale 0 - 4
0 - Oriented
1 – cannot do serial additions or is uncertain about date

2 - disoriented to date by no more than 2 calendar days

3 - disoriented to date by more than 2 calendar days
4 - Disoriented to place and / or person

Tactile disturbances - Ask, "Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"
0 - none
1 - very mild itching, pins & needles, burning, or numbness
2 - mild itching, pins & needles, burning, or numbness
3 - moderate itching, pins & needles, burning, or numbness
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Auditory Disturbances - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"
0 - not present
1 - Very mild harshness or ability to startle
2 - mild harshness or ability to startle
3 - moderate harshness or ability to startle
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Visual disturbances - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"
0 - not present
1 - very mild sensitivity
2 - mild sensitivity
3 - moderate sensitivity
4 - moderate hallucinations
5 - severe hallucinations
6 - extremely severe hallucinations
7 - continuous hallucinations

Headache - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.

0 - not present
1 - very mild
2 - mild
3 - moderate
4 - moderately severe
5 - severe
6 - very severe
7 - extremely severe

Procedure:

1. Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "Orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic medication should be started for any patient with a total CIWA-Ar score of 8 or greater (ie. start on withdrawal medication). If started o scheduled medication, additional PRN medication should be given for a total CIWA-Ar score of 15 or greater.
2. Document vitals and CIWA-Ar assessment on the Withdrawal Assessment Sheet. Document administration of PRN medications on the assessment sheet as well.
3. The CIWA-Ar scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-Ar score of 8 or greater provides the best means to prevent the progression of withdrawal.

Sedative-Hypnotic Withdrawal Protocol and Order Set
Fixed and Symptom Trigger Schedules
(Benzodiazepines, Barbiturates, and Alcohol)

- **Vital signs:**
  - **VS upon admission**
  - **If initial score ≥ 8 repeat q1h x 8 hours; then if stable q2h x 8 hours; then if stable advance to q4h**
  - **If initial score < 8, assess q4h x 72 hours. If score < 8 for 72 hours, d/c assessment.**
- **Administer CIWA-Ar Tool**
  Choose either Protocol A or B based on initial CIWA-Ar Score.
  - **Protocol A: If initial score ≥ 8 repeat q1h x 8 hrs, then if stable q2h x 8 hrs, then if stable q4h.**
  - **Protocol B: If initial score < 8, assess q4h x 72 hrs. If score < 8 for 72 hrs, d/c assessment. If score ≥ 8 at any time, go to Protocol A**

- **Diazepam (Valium) 10 mg PO, IM, or IV TID (Hold Valium if excess sedation)**
- **Re-check CIWA-Ar one hour after scheduled Valium (diazepam) dose is given. For a CIWA-Ar score of 15 or greater give additional Valium 10 mg po, IM or IV.**
- **Thiamine (vitamin B_1) 100 mg po daily**
- **MVI one tablet po daily**
- **Folic acid 1 mg po daily**
- **Magnesium Sulfate 50% 2 ml IM daily x 3 if magnesium level < 1.4 md/dl (UMC)**
- **Carbamazepine (Tegretol) 200mg bid during hospital stay if history of seizures**
- **Ibuprofen 400 mg PO every 6 hours prn for complaint of pain**
- **Acetaminophen (Tylenol) 650mg PO every 6 hours prn for fever above 101 degrees F or complaint of pain.**
- **Trazodone (Oleptro or Trazorel)50mg PO at qhs prn sleep. May repeat in 1 hour.**
- **Hydroxyzine (Vistaril) 50mg PO every 8 hours prn for sleep or anxiety.**
- **Promethazine (Phenergan) 25mg IM every 4-6 hours prn for observed vomiting.**
- **Full Liquid Diet; may give po medications**

Patient NAME: Potter, Millie
Patient ID: 987123
DOB: 7/8/1993
ALLERGIES: NKDA
Date: TODAY

Init.	Signature	Init.	Signature

	Scheduled Orders	Route	FIRST SHIFT 07:31 to 15:30	SECOND SHIFT 15:31 to 23:30	THIRD SHIFT 23:31 to 07:30
Start Stop Qty/Alert	Diazepam (Valium) 10mg PO, IM, or IV TID (If initial CIWA-Ar Score is ≥ 15)	PO/IM/IVP	0600 1400	2200	
Start Stop Qty/Alert	Thiamine (vitamin B1) 100mg Daily	PO	0600		
Start Stop Qty/Alert	Multivitamin one tablet Daily	PO	0600		
Start Stop Qty/Alert	Folic acid 1mg Daily	PO	0600		
Start Stop Qty/Alert	Carbamazepine (Tegretol) 200mg BID (if history of seizures)	PO	0600	1800	
Start Stop Qty/Alert	Full Liquid diet; may give PO medications				
Start Stop Qty/Alert	Administer CIWA-Ar per protocol				
	PRN / ONE TIME DOSE / OTHER / LISTED BELOW				
Start Stop Qty/Alert	Diazepam (Valium) 10mg prn per protocol For repeat CIWA-AR score of 15 or greater	PO/IM/IVP			
Start Stop Qty/Alert	Hydroxyzine (Vistaril) 50 mg Every 8 hours prn for sleep or anxiety	PO			
Start Stop Qty/Alert	Promethazine (Phenergan) 25mg every 4-6 hours prn for observed vomiting	IM			
Start Stop Qty/Alert	Ibuprofen (Motrin) 400 mg q6h prn pain	PO			
Start Stop Qty/Alert	Trazodone (Oleptro) 50mg qhs prn sleep. May repeat in 1 hour.	PO			
Start Stop Qty/Alert	Acetaminophen (Tylenol) 650 mg q4h prn pain or fever above 101 degrees F	PO			
24 hr Check by: J. Dent RN					

Substance Use History

What alcohol/drugs does the patient use regularly/most often? _____

_____

_____

What is the patient's longest period free of substance use? _____

When did this occur? _____

What is the pattern of use and non-use?_____

Is there a family history of addictions? ___no ___yes - if so, who/drug?

_____

History of Drug Withdrawal Symptoms

Alcohol _____

Opiates: _____

None: _____

Symptoms experienced: seizures___ hallucinations ___diaphoresis___ tremors____

hypertension___hypotension___ nausea___diarrhea_____ other _____

CAGE-Aid Questionnaire

Cage-Aid :

1. Have you felt you should **Cut down** or stop drinking or *using drugs?*____Yes ____No
2. Has anyone **Annoyed** you or gotten on your nerves by telling you to cut down or stop drinking or *using drugs?* ____Yes ____No
3. Have you felt **Guilty** or bad about how much you drink *or use drugs*?____Yes ____No
4. Have you **Ever** awakened wanting to have an alcoholic drink or *use drugs*? ____Yes ____No

[Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem.]

Appendix H.9

ABSN Psych/MH Withdrawal Simulation – Schedule Fall 2020

Monday

Time	Pre-brief	Simulation	Debrief	Clean
0830-1000	0830-0850	0850-0925	0925-1000	1000-1045
1045-1215	1045-1105	1105-1140	1140-1215	1215-1300
1330-1500	1330-1350	1350-1425	1425-1500	1500-1545
1545-1715	1545-1605	1605-1640	1640-1715	1715-1800

Wednesday

Time	Pre-brief	Simulation	Debrief	Clean
1015-1145	1015-1035	1035-1110	1110-1145	1145-1230
1300-1430	1300-1320	1320-1355	1355-1430	1430-1515

Appendix H.10

References:

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Pace, C. (2018). Alcohol withdrawal: Epidemiology, clinical manifestations, course, assessment, and diagnosis. https://www.uptodate.com/contents/alcohol-withdrawal-epidemiology-clinical-manifestations-course-assessment-and-diagnosis?search=alcohol%20withdrawal%20treatment&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3#H533851283

University of Kentucky Hospital Order Set/Protocols. COM – Adult – Alcohol and Sedative Withdrawal – Non-intubated (v3.1). Retrieved from UK CareWeb Order Sets and Protocols http://careweb/ordersets/viewdocument.asp?OID=1494

Wong, J., Saver, B., Scanlan, J. M., Gianutsos, L. P. Bhakta, Y., Walsh, J., Plawman, A., Sapienza, D., & Rudolf, V. (2020, May/June). The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management. *Journal of Addiction Medicine, 14*(3S Suppl 1): 1-72. http://doi.org/10.1097/ADM.0000000000000668

Appendix H.11

Withdrawal QSEN Competencies

Patient-Centered Care

Knowledge	Skills	Attitudes
• Integrate understanding of multiple dimensions of patient centered care: • coordination and integration of care; • information, communication, and education; • physical comfort and emotional support; • describe the limits and boundaries of therapeutic patient-centered care; • discuss principles of effective communication; • examine nursing roles in assuring coordination, integration, and continuity of care.	• Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care; • communicate patient values, preferences, and expressed needs to other members of health care team; • assess levels of physical and emotional comfort; elicit expectations of patients and family for relief of pain, discomfort, or suffering; • Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs; • Assess level of patient's decisional conflict and provide access to resources; • engage patients or designated surrogates in active partnerships that promote health, safety and well-being and self-care management; • recognize the boundaries of therapeutic relationships; • assess own level of communication skill in encounters with patients and families.	• Value seeing health care situations through patient's eyes; • respect and encourage individual expression of patient values, preferences and expressed needs; • value the patients expertise with own health and symptoms; • recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds; • willingly support patient centered care for individuals and groups whose values differ from own; • recognize personally held values and beliefs about the management of pain or suffering; • appreciate the role of the nurse in relief of all types and sources of pain or suffering; • recognize that patient expectations influence outcomes in management of pain or suffering; • value continuous improvement of own communication and conflict resolution skills.

Teamwork and Collaboration

Knowledge	Skills	Attitudes
• Describe own strengths, limitations, and values in functioning as a member of a team; • describe scopes of practice and roles of health care team members; • recognize contributions of other individuals and groups in helping patient/family achieve health goals; • analyze differences in communication style preferences among patients and families, nurses and other members of the health team; • describe impact of own communication style on others.	• Demonstrate awareness of own strengths and limitations as a team member; • act with integrity, consistency and respect for differing views; • function competently within own scope of practice as a member of the health care team; • assume role of team member or leader based on the situation; • initiate requests for help when appropriate to situation; • communicate with team members, adapting own style of communicating to needs of the team and situation; • solicit input from other team members to improve individual, as well as team performance; • initiate actions to resolve conflict; assert own position/perspective in discussions about patient care.	• Acknowledge own potential to contribute to effective team functioning; • value the perspectives and expertise of all health team members; • respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities; • value teamwork and the relationships upon which it is based; • value different styles of communication used by patients, families and health care providers.

Evidence-based Practice

Knowledge	Skills	Attitudes
• Demonstrate knowledge of basic scientific methods and processes.		

Quality Improvement

Knowledge	Skills	Attitudes
• Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families.		• Value own and others' contributions to outcomes of care in local care settings; • value measurement and its role in good patient care; • Appreciate the value of what individuals and teams can do to improve care.

Safety

• Examine human factors and other basic safety design principles as well as commonly used unsafe practices; • Describe the benefits and limitations of selected safety-enhancing technologies; • Discuss effective strategies to reduce reliance on memory.	• Demonstrate effective use of technology and standardized practices that support safety and quality; • Demonstrate effective use of strategies to reduce risk of harm to self or others; • use appropriate strategies to reduce reliance on memory; • Communicate observations or concerns related to hazards and errors to patients, families, and the health care team.	• Appreciate the cognitive and physical limits of human performance; • value vigilance and monitoring by patients, families, and other members of the healthcare team.

Informatics

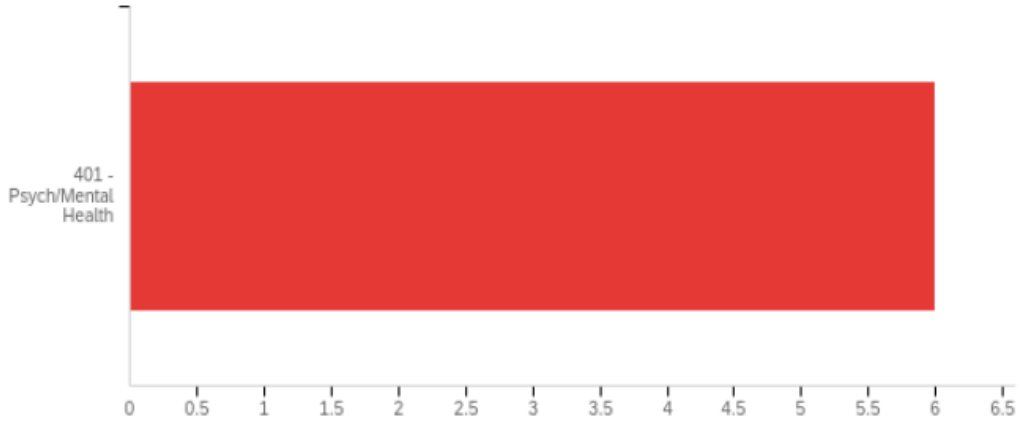
Appendix H.12

Spring 2019 NUR 401 Withdrawal Simulation Student Surveys

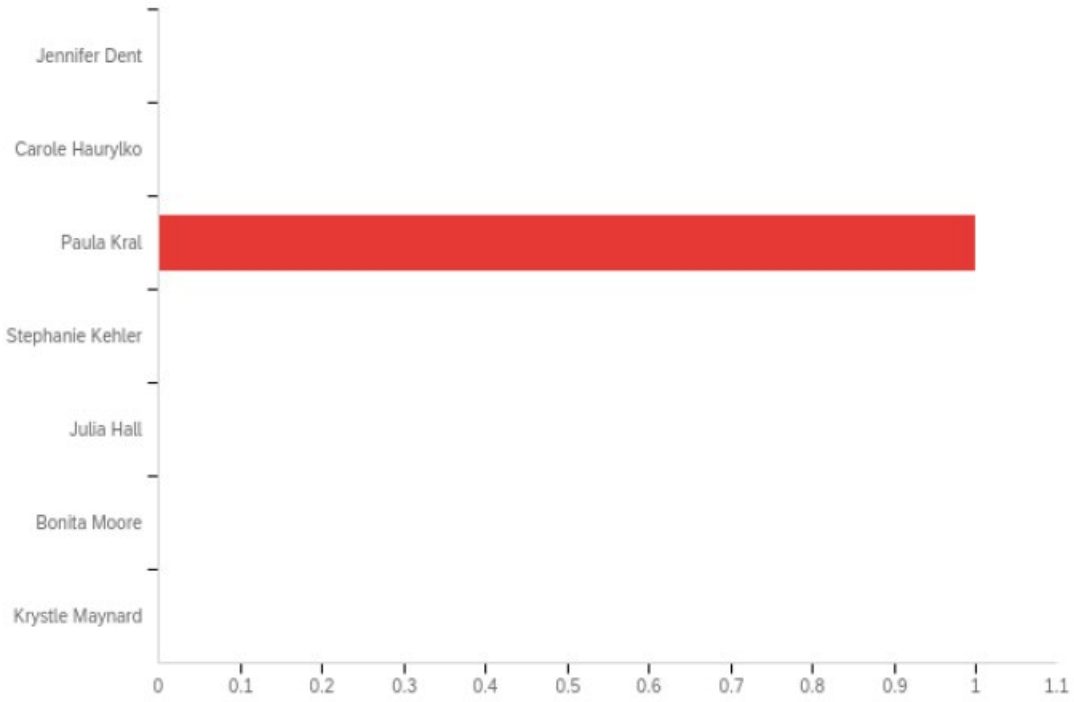
Q2 - Course #:

#	Answer	%	Count
1	401 - Psych/Mental Health	100.00%	6
	Total	100%	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	10.00	10.00	10.00	0.00	0.00	6	0.00%	0.00%



Q3 - Who led the debrief session after your simulation.



Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
therapeutic communication
therapeutic communication
Medications were a little challenging during this
A full assessment to determine if he had sharp objects in his pants.
safety and knowing which medications to give and not give
safety

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	66.67%	4
2	No	33.33%	2
	Total	100%	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.33	0.47	0.22	6	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
nothing
I do not think i would change anything
more cues to notice that he should not being wearing a gown still
nothing

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
Discussing how to handle specific situations
Helpful- she explained everything even things we did very well to reinforce our strengths
I find the debriefing very helpful, I always get great take home points from it.
Prof. Courtney's positive feedback
talking it over at the end

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
4. I received cues during the simulation in a timely manner.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
8. Using simulation activities made my learning time more productive.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
3	3. I learned from the comments made by the teacher before, during, or	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%

	after the simulation.								
4	4. I received cues during the simulation in a timely manner.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
5	5. I had the chance to discuss the simulation objectives with my teacher.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
8	8. Using simulation activities made my learning time more productive.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	0.00%	0	0.00%	0	33.33%	2	66.67%	4	6
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	4.00	5.00	4.67	0.47	0.22	6	0.00%	100.00%
2	10. My instructor communicated the goals and expectations to accomplish during the	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%
5	5. My instructors used helpful resources to teach the simulation.	3.00	5.00	4.67	0.75	0.56	6	16.67%	100.00%

Q21 - Any other comments:

Any other comments:
no it was great!
no

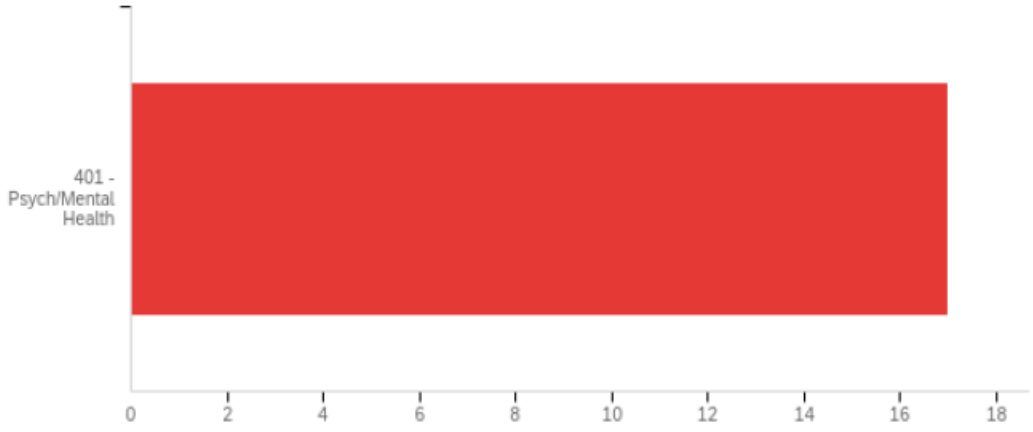
Appendix H.13

Fall 2019 NUR 401 Withdrawal Simulation Student Surveys

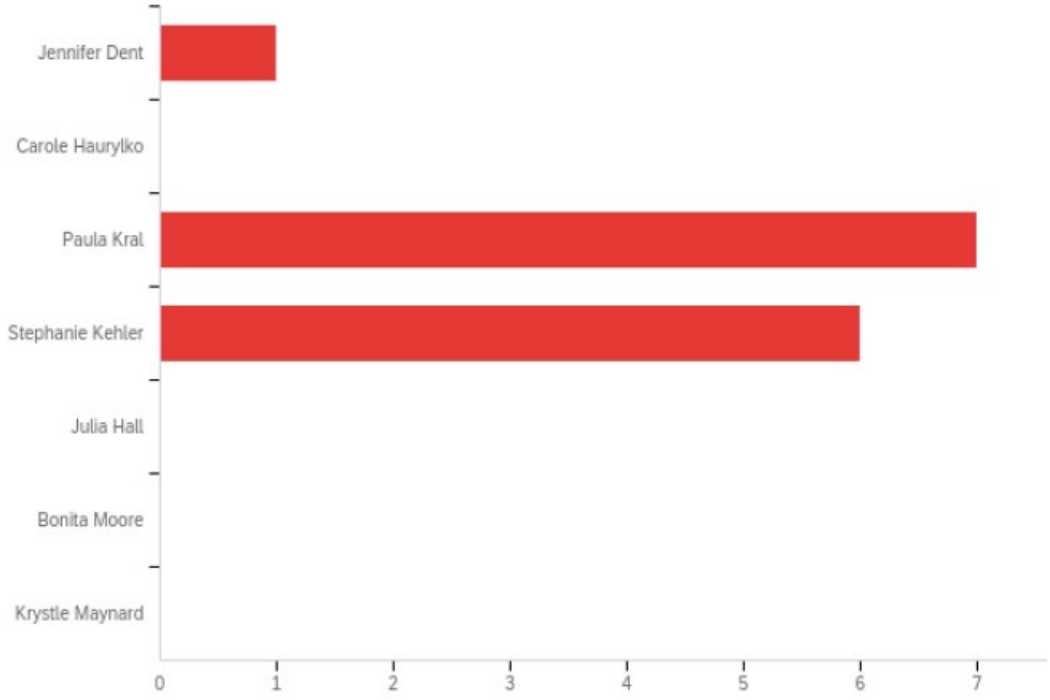
Q2 - Course #:

#	Answer	%	Count
1	401 - Psych/Mental Health	100.00%	17
	Total	100%	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	10.00	10.00	10.00	0.00	0.00	17	0.00%	0.00%



Q3 - Who led the debrief session after your simulation.



Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
Making sure we had the proper assessment to provide the best medication.
Timing of care and screening
Dealing with a patient who was kind of in a crisis
Patient safety/ remembering everything that needs to be checked for patients going through withdrawal and at risk for suicide.
Complete and thorough physical assessment — wasn't sure to look for certain things (e.g., track marks between the toes)
Management of delusions and hallucinations
Remembering what meds are for what
Therapeutic communication
Communication
being persistent when the patient is telling you no
Patient refusing to communicate
Communicated effectively with a hallucinating patient
Assessment of alcoholic pt
I didnt think about Thiamine
Thinking about the whole patient, remembering to prioritize their needs before the assessment and questions

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	94.12%	16
2	No	5.88%	1
	Total	100%	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.06	0.24	0.06	17	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
Nothing
I can't think of anything
Nothing
Nothing
Having all the information in the room and the sound working
N/A
I found it very helpful, all aspects helped me

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
The debriefing was really helpful about how to utilize the screening tool and how to examine ourselves to provide the best care for our patients.
Given constructive feedback on ways to improve
How to better handle the patient during a crisis situation and how to be a better teammate
It's always helpful to discuss holistic care and how we can care for the patient from a psychosocial standpoint in addition to our clinical skills.
Really helpful to see what we could have looked for differently or to hear about real-life patients
Discussing everything we did right/wrong
Open talking and review over things that we learned in lecture and sim
Just how to approach each type of patient and not to assume how things happened
Everything was addressed and reviewed thoroughly

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17
4. I received cues during the simulation in a timely manner.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
8. Using simulation activities made my learning time more productive.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
3	3. I learned from the comments made by the teacher before, during, or	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%

	after the simulation.								
4	4. I received cues during the simulation in a timely manner.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
5	5. I had the chance to discuss the simulation objectives with my teacher.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
8	8. Using simulation activities made my learning time more productive.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	11.76%	2	88.24%	15	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.88	0.32	0.10	17	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	5.88%	1	0.00%	0	17.65%	3	76.47%	13	17
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	0.00%	0	17.65%	3	82.35%	14	17

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	2.00	5.00	4.65	0.76	0.58	17	5.88%	94.12%
5	5. My instructors used helpful resources to teach the simulation.	4.00	5.00	4.82	0.38	0.15	17	0.00%	100.00%

Q21 - Any other comments:

Any other comments:
I learned a lot, this was a good sim!
Thank you for all you do!
N/A

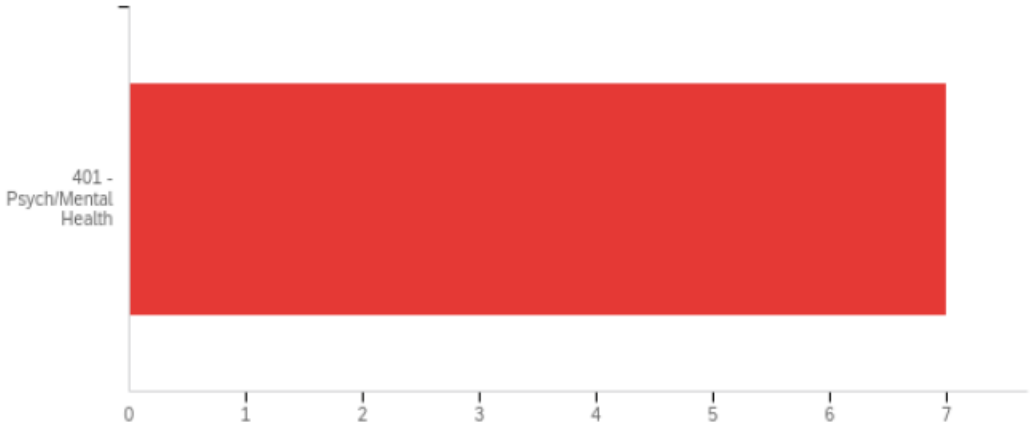
Appendix H.14

Spring 2020 NUR 401Withdrawal Simulation Student Surveys

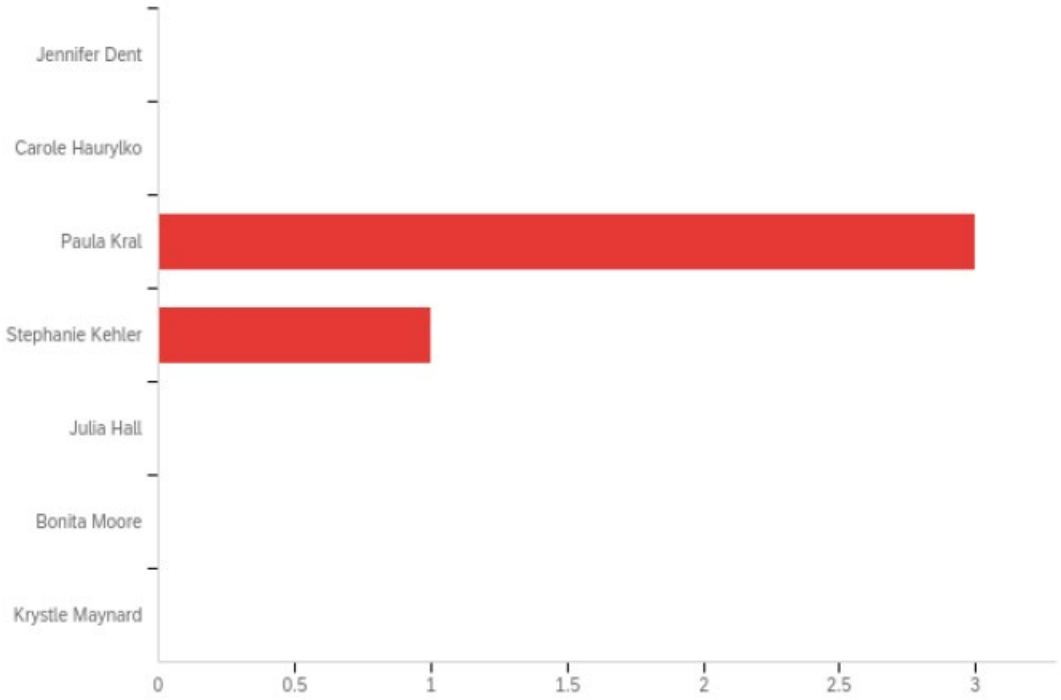
Q2 - Course #:

#	Answer	%	Count
1	401 - Psych/Mental Health	100.00%	7
	Total	100%	7

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Course #:	10.00	10.00	10.00	0.00	0.00	7	0.00%	0.00%



Q3 - Who led the debrief session after your simulation.



Q4 - What skill or aspect of this simulation challenged you the most?

What skill or aspect of this simulation challenged you the most?
not knowing how to rate a symptom on screening when patient was not telling me subjective symptoms and telling me to go away
Therapeutic communication
meds
Working with an agitated patient
Unfamiliar with distressed patients
it was an unfamiliar situation

Q5 - Did you feel prepared to handle it?

#	Answer	%	Count
1	Yes	71.43%	5
2	No	28.57%	2
	Total	100%	7

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Did you feel prepared to handle it?	1.00	2.00	1.29	0.45	0.20	7	100.00%	100.00%

Q19 - What would you change about this simulation to improve it for future students?

What would you change about this simulation to improve it for future students?
have correct time displayed in room so med would be less confusing
Nothing
Nothing

Q20 - What did you find particularly helpful or weak about the debrief discussion?

What did you find particularly helpful or weak about the debrief discussion?
It is helpful to 'talk out' the scenario to work out individual experiences we went through and challenges we felt, questions that came up, etc.
Routes of med admin to agitated patient
Getting constructive feedback

Q8 - ACTIVE LEARNING

Question	1		2		3		4		5		Total
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
3. I learned from the comments made by the teacher before, during, or after the simulation.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7
4. I received cues during the simulation in a timely manner.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
5. I had the chance to discuss the simulation objectives with my teacher.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
7. The instructor was able to respond to the individual needs of learners during the simulation.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
8. Using simulation activities made my learning time more productive.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
2	2. There were enough opportunities in the simulation to find out if I clearly understand the material.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
3	3. I learned from the comments made by the teacher before, during, or	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%

	after the simulation.								
4	4. I received cues during the simulation in a timely manner.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
5	5. I had the chance to discuss the simulation objectives with my teacher.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
6	6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
7	7. The instructor was able to respond to the individual needs of learners during the simulation.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
8	8. Using simulation activities made my learning time more productive.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%

Q9 - HIGH EXPECTATIONS

#	Question	1		2		3		4		5		Total
1	9. The objectives for the simulation experience were clear and easy to understand.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	9. The objectives for the simulation experience were clear and easy to understand.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
2	10. My instructor communicated the goals and expectations to accomplish during the simulation.	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%

Q12 - OBJECTIVES AND INFORMATION

#	Question	1		2		3		4		5		Total
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7
3	3. The cues were appropriate and geared to promote my understanding.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%
2	2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%
3	3. The cues were appropriate and geared to promote my understanding.	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%

Q13 - SUPPORT

#	Question	1		2		3		4		5		Total
1	4. Support was offered in a timely manner.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
2	5. My need for help was recognized.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
3	6. I felt supported by the teacher's assistance during the simulation.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7
4	7. I was supported in the learning process.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	4. Support was offered in a timely manner.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
2	5. My need for help was recognized.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
3	6. I felt supported by the teacher's assistance during the simulation.	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%
4	7. I was supported in the learning process.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%

Q14 - PROBLEM SOLVING

#	Question	1		2		3		4		5		Total
1	8. Independent problem-solving was facilitated.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7
2	9. I was encouraged to explore all possibilities of the simulation.	0.00%	0	0.00%	0	0.00%	0	42.86%	3	57.14%	4	7
3	10. The simulation was designed for my specific level of knowledge and skills.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	8. Independent problem-solving was facilitated.	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%
2	9. I was encouraged to explore all possibilities of the simulation.	4.00	5.00	4.57	0.49	0.24	7	0.00%	100.00%
3	10. The simulation was designed for my specific level of knowledge and skills.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
4	11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%

Q15 - FEEDBACK/GUIDED REFLECTION

#	Question	1		2		3		4		5		Total
1	12. Feedback provided was constructive.	0.00%	0	0.00%	0	0.00%	0	14.29%	1	85.71%	6	7
2	13. Feedback was provided in a timely manner.	0.00%	0	0.00%	0	0.00%	0	14.29%	1	85.71%	6	7
3	14. The simulation allowed me to analyze my own behavior and actions.	0.00%	0	0.00%	0	0.00%	0	14.29%	1	85.71%	6	7
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	12. Feedback provided was constructive.	4.00	5.00	4.86	0.35	0.12	7	0.00%	100.00%
2	13. Feedback was provided in a timely manner.	4.00	5.00	4.86	0.35	0.12	7	0.00%	100.00%
3	14. The simulation allowed me to analyze my own behavior and actions.	4.00	5.00	4.86	0.35	0.12	7	0.00%	100.00%
4	15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%

Q18 - SATISFACTION WITH CURRENT LEARNING

#	Question	1		2		3		4		5		Total
1	1. The teaching methods used in this simulation were helpful and effective.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	0.00%	0	0.00%	0	0.00%	0	28.57%	2	71.43%	5	7
3	3. I enjoyed how my instructor taught the simulation.	0.00%	0	0.00%	0	0.00%	0	14.29%	1	85.71%	6	7
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	0.00%	0	0.00%	0	0.00%	0	14.29%	1	85.71%	6	7
5	5. My instructors used helpful resources to teach the simulation.	0.00%	0	0.00%	0	0.00%	0	16.67%	1	83.33%	5	6

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	1. The teaching methods used in this simulation were helpful and effective.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
2	2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	4.00	5.00	4.71	0.45	0.20	7	0.00%	100.00%
3	3. I enjoyed how my instructor taught the simulation.	4.00	5.00	4.86	0.35	0.12	7	0.00%	100.00%
4	4. The way my instructor(s) taught the simulation was suitable to the way I learn.	4.00	5.00	4.86	0.35	0.12	7	0.00%	100.00%
5	5. My instructors used helpful resources to teach the simulation.	4.00	5.00	4.83	0.37	0.14	6	0.00%	100.00%

Appendix I

Standardized Scenario Template for Scenario Design

Simulation

Objectives:

Date of Simulation:

Estimated Time:

Simulators Used:

Personnel:

Equipment:

Scenario:

Students should do the following:

	Findings	**Correct Step**	**Wrong Step**
Initial Frame:		Hand Hygiene Introduce self Identify pt Assess pt	
Frame 1:			
Frame 2:			

Debriefing:

Key:

References:

Other:

Association of Standardized Patient Educators

Case Development Template

Template Development Team (listed alphabetically)

Carrie Bohnert, University of Louisville
Bob Bolyard, University of Vermont
Howard Gregory, Case Western Reserve University
Karen Lewis, The George Washington University
Robert MacAulay, University of California, San Diego
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This template is intended to be comprehensive in nature, but may not contain every element necessary for an activity or scenario. Conversely, not every activity or scenario will require each part of this template. SP educators may exercise their judgment when selecting which parts of this template are applicable to their activities or scenarios.

Part 1 – Administrative Details

Patient (SP) Name:

Patient's Reason for the Visit (e.g. why is the patient coming to the doctor today?):

Patient's Chief complaint:

Differential Diagnosis:

Actual Diagnosis:

Case Purpose or Goal: (e.g. formative, summative, teaching, learner practice, assessment, lecture, demonstration)

Diagnosis/Complaint (Patient's Name)
Course/Clerkship

Level of the learner and discipline: **(e.g. 3rd year Nursing Learner)**

Learner's prerequisite knowledge and skills:

Case authors:

Date of case development:

Summary of patient story:

Learning/Case objectives:

List of learner assessment instruments used: **(e.g. SP checklist, post-encounter note, quiz)**

Diagnosis/Complaint (Patient's Name)
Course/Clerkship

Event format: **(e.g. formative, summative, small group, individual, multi-station OSCE, duration)**

Demographics of patient/recruitment guidelines: **(e.g. age range, gender, body type, ethnicity, other)**

List of special supplies needed for encounter: **(e.g. additional materials *see part 6*, moulage, props, SP attire, physical exam equipment, etc.)**

Recommended SP training agenda:

SP Training materials needed: **(e.g. documents, video, physical exam equipment, references, images, websites)**

Instructions for additional staff: **(e.g. sim tech, proctor, sim educator)**

Part 2 – Door Chart/Note & Learner Instruction

Setting (place/time)

Patient Name:
Age:
Gender:
Chief Complaint:

Vital Signs: (if applicable)
Blood Pressure
Temperature
Respiratory Rate
Heart Rate
BMI

Lab Results: (if applicable)
Image Results: (if applicable)

Instructions to Learners:

- Tasks to be completed (e.g. elicit an appropriate history, conduct a focused physical exam)
- Patient encounter length (10 minutes, 20 minutes, 30 minutes, etc.)

Part 3 – Content for SPs

Presentation and Resulting Behaviors (e.g. body language, non-verbal communication, verbal characteristics)

Examples:

Affect: pleasant and cooperative
Body language: relaxed
Facial expression: relaxed
Eye contact: natural

Opening Statement

Dealing with Open-Ended Questions and Guidelines for Disclosure

- Information offered spontaneously (what the patient can disclose after an open-ended question)
- Information hidden until asked directly (what the patient should withhold until specific questioning)

Diagnosis/Complaint (Patient's Name)
Course/Clerkship

History of Present Illness (HPI): (consider the following)

Quality/Character
Onset
Duration
Location
Radiation
Intensity
Aggravating Factors (what makes it worse)
Alleviating Factors (what makes it better)
Precipitating Factors (does anything seem to bring it on)
Associated Symptoms
Significance to Patient (impact on patient's life, patient's beliefs about origin of problem, underlying concerns/fears, expectations for the visit)

Review of Systems: (e.g. pertinent positives and negatives)

Past Medical History (PMH): (consider the following)

Illnesses/Injuries
Hospitalizations
Surgical History
Screening/Preventive (if relevant)
Medications (Prescription, Over the Counter, Supplements)
Allergies (e.g. environmental, food, medication and reaction)
Gynecologic History (if relevant)

Family Medical History: (consider the following)

Family tree (e.g. health status, age, cause of death for appropriate family members)
Relevant Conditions/Chronic Diseases (management/treatment)

Social History:

Substance Use (past and present) **Drug Use (Recreational and medications prescribed to other people)** **Tobacco Use** **Alcohol Use**
Home Environment
Social Supports
Occupation
Relationship Status **Current sexual partners (if relevant)** **Lifetime sexual partners (if relevant)** **Safety in relationship (if relevant)**
Leisure Activities
Diet
Exercise

Diagnosis/Complaint (Patient's Name)
Course/Clerkship

Physical Exam Findings: (may also include instructions on replicating findings)

Prompts and Special Instructions:

Questions the patient MUST ask/ Statements patient must make (optional)
Questions the patient will ask if given the opportunity
What should the patient expect from this visit?

Guidelines for Feedback: (e.g. logistics, content for feedback)

Part 4 – SP Checklist

Learner Name:_____ Date:_____ SP:_____

Grading Scale (LIKERT or Dichotomous):

Please describe the scale to be used for each item in this section (e.g. Yes/No, Done/Not Done, etc.). Include the point values for each. (e.g. Yes = 1, No=0)

Insert checklist here:

Part 5 – Checklist Guidelines

Checklist guidelines are a description of the intent of a checklist item. Not all items on a checklist must be included; however clarification of certain items may be useful for rater/SPs.

This includes specifics of what raters/SPs should be looking for in order to receive credit for an item. Include examples of questions or approaches a student might take and the appropriate response.

Examples *(note these are institution specific, authors do not intend example criteria to serve as recommendations for a specific technique)*

History

- **#3. Learner asks about shortness of breath**
  Yes
  No
  note to scorers: Any questions about trouble breathing, difficulty breathing or trouble catching your breath would warrant credit for this item.
  note to scorers: Questions about "lung problems" would not warrant credit for this item.

Physical

- **#7. Learner palpated the area of pain.**

  DONE: The learner will place his hand OR fingertips right over the area of pain.
  DONE INCORRECTLY: The student does this maneuver over gown (or other clothing).

- **#10. Learner examined neck on ONE side while patient was lying down (head of bed elevated 15-45^{o}).**

  DONE
  Not Done
  Done incorrectly

  -For credit: Must be done while patient is lying down at an angle of 15-45 degrees. The learner should turn your head to one side to see if the veins in neck are distended (sticking out).

  -Criteria for DONE INCORRECTLY:
  - If the learner attempts this maneuver while patient is lying flat OR sitting upright.
  - If the learner does not have the patient turn head.

Part 6 – Additional Learner Materials

(e.g. laboratory results/readings, images, physical exam results cards)

Part 7 – Post-Encounter Activities

Describe the type of activity the student will engage after the SP Encounter.
(Write a SOAP Note, Order Labs, Answer Multiple choice questions, etc.)

**note – debriefing may also be a post-encounter activity*

Part 8 – Note Rubric or Answer Key for Post-Encounter Activities

(Insert here – criteria that make explicit for raters how learners earn credit sections/items)

Part 9 – Briefing/Learner Orientation

Format and timing:

Session objectives: **(as applicable)**

Special instructions: **(e.g. special equipment)**

Part 10 - Debriefing

Technique to be used: **(e.g. Plus-Delta, Advocacy-Inquiry, Debriefing with Good Judgment)**

Discussion questions/topics:

Appendix K

Policy and Procedure for Scenario Design

A. Scenario development: See Appendix E for the Association of Standardized Patient Educators Case Development Template to be used for scenario development using standardized patient. See Appendix D for the UK CON standardized scenario template for all other events. Both templates allow for consistency in developing scenarios and consists of all areas that are required for simulation development. Any questions regarding simulation development can be posed to the CSLC Director or simulation faculty. Simulation faculty should be involved in the development and design of simulation scenarios to ensure that the INACSL Standards of Best Practice are being followed. Newly-developed simulation scenarios should be sent to the CSLC Director no later than two weeks prior to date scheduled.

B. Scenario structure: Simulation scenarios should be structured using the UK CON simulation template or the Association of Standardized Patient Educators Case Development Template that includes the pertinent structure needed to prepare for simulation events. The scenario structure should contain a title, objectives, estimated time, equipment/supplies needed, brief overview of scenario, pertinent patient information, situation/background/assessment/recommendation (SBAR) report or learner brief with appropriate information to be successful, events and response to events (if applicable, personnel, and simulation modality.

1. Objectives: Objectives to be met by the students should be included and guide both the development and the facilitation of simulation events. The objectives need to align with course objectives and be leveled according to the student level in the program. Objectives will incorporate only content of which the students have been exposed. A limit of four objectives will be allowed for simulation activities.

2. Roles: As indicated by scenario design, roles may be used for groups participating in an SCE. When roles are utilized each student will be assigned a role prior to the simulated clinical experience. Roles may include leader, medication, assessment, skills, document, and observer. No student shall be assigned a role outside of that which they are being educated.

3. Learner Pre-brief: All learners must be provided with necessary background information about the SCE and simulated patient. Allowed time for questions and time to plan. Oriented participants to the simulated environment and simulation modality (simulator, standardized patient, etc.) and provide a time frame to complete objectives.

4. Diagnostics: Any pertinent diagnostic findings must be included in the scenario development and how the participants will have access.

5. Debriefing questions: The scenario structure should include questions for guided reflection and are congruent with scenario objectives.

6. Evidence-based references: All scenarios require at least two documented evidence-based practice references.

C. Authorship: Scenario authors will be recognized on the scenario template based on their involvement with the development of the case.

Appendix L

Student SCE Evaluation

Q1. **Here is your chance to change this simulation. Your answers will assist in revising and improving. Thanks for your help!**

Q2. **Course #:**

Q3. **Who led the debrief session after your simulation.**


Jennifer Dent


Julia Hall


Paula Kral


Bonita Moore


Stephanie Kehler


Krystle Maynard


Carole Haurylko

Q4. **What skill or aspect of this simulation challenged you the most?**

Q5. **Did you feel prepared to handle it?**

- ○ Yes
- ○ No

Q6. In order to measure if the best practices are being used in your simulation, please complete the survey below as you perceive it. There are no right and wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Q7. **Use the following rating system when assessing the educational practices:**
1 - Strongly Disagree with the statement
2 - Disagree with the statement
3 - Undecided - you neither agree or disagree with the statement
4 - Agree with the statement
5 - Strongly agree with the statement
NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Q8. ACTIVE LEARNING

	1	2	3	4	5	NA
1. I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students.	○	○	○	○	○	○

	1	2	3	4	5	NA
2. There were enough opportunities in the simulation to find out if I clearly understand the material.	○	○	○	○	○	○
3. I learned from the comments made by the teacher before, during, or after the simulation.	○	○	○	○	○	○
4. I received cues during the simulation in a timely manner.	○	○	○	○	○	○
5. I had the chance to discuss the simulation objectives with my teacher.	○	○	○	○	○	○
6. I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	○	○	○	○	○	○
7. The instructor was able to respond to the individual needs of learners during the simulation.	○	○	○	○	○	○
8. Using simulation activities made my learning time more productive.	○	○	○	○	○	○

Q9. HIGH EXPECTATIONS

	1	2	3	4	5	NA
9. The objectives for the simulation experience were clear and easy to understand.	○	○	○	○	○	○
10. My instructor communicated the goals and expectations to accomplish during the simulation.	○	○	○	○	○	○

_Q10._ In order to measure if the best simulation design elements were implemented in your simulation, please complete the survey below as you perceive it. There are no right and wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Q11. **Use the following rating system when assessing the educational practices:**
1 - Strongly Disagree with the statement
2 - Disagree with the statement
3 - Undecided - you neither agree or disagree with the statement
4 - Agree with the statement
5 - Strongly agree with the statement
NA - Not Applicable; the statement does not pertain to the simulation activity performed.

Q12. OBJECTIVES AND INFORMATION

	1	2	3	4	5	NA
1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	○	○	○	○	○	○
2. The simulation provided enough information in a clear matter for me to problem-solve the situation.	○	○	○	○	○	○
3. The cues were appropriate and geared to promote my understanding.	○	○	○	○	○	○

Q13. SUPPORT

	1	2	3	4	5	NA
4. Support was offered in a timely manner.	○	○	○	○	○	○
5. My need for help was recognized.	○	○	○	○	○	○
6. I felt supported by the teacher's assistance during the simulation.	○	○	○	○	○	○
7. I was supported in the learning process.	○	○	○	○	○	○

Q14. PROBLEM SOLVING

	1	2	3	4	5	NA
8. Independent problem-solving was facilitated.	○	○	○	○	○	○
9. I was encouraged to explore all possibilities of the simulation.	○	○	○	○	○	○
10. The simulation was designed for my specific level of knowledge and skills.	○	○	○	○	○	○
11. The simulation allowed me the opportunity to prioritize nursing assessments and care.	○	○	○	○	○	○

Q15. FEEDBACK/GUIDED REFLECTION

	1	2	3	4	5	NA
12. Feedback provided was constructive.	○	○	○	○	○	○
13. Feedback was provided in a timely manner.	○	○	○	○	○	○
14. The simulation allowed me to analyze my own behavior and actions.	○	○	○	○	○	○
15. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another	○	○	○	○	○	○

	1	2	3	4	5	NA
level.						

Q16. **This questionnaire is a series of statements about your personal attitudes about the instruction you receive during your simulation activity. Each item represents a statement about your attitude toward your satisfaction with learning and self-confidence in obtaining the instruction you need. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your personal feelings about each statement below by marking the numbers that best describe your attitude and beliefs. Please be truthful and describe your attitude as it really is, not what you would like for it to be. This is anonymous with the results being compiled as a group, not individually.**

Q17. **1 - Strongly Disagree with the statement**
2 - Disagree with the statement
3 - Undecided - you neither agree or disagree with the statement
4 - Agree with the statement
5 - Strongly agree with the statement

Q18. SATISFACTION WITH CURRENT LEARNING

	1	2	3	4	5
1. The teaching methods used in this simulation were helpful and effective.	○	○	○	○	○
2. The simulation provided me with a variety of learning materials and activities to promote my learning the course curriculum.	○	○	○	○	○
3. I enjoyed how my instructor taught the simulation.	○	○	○	○	○
4. The way my instructor(s) taught the simulation was suitable to the way I learn.	○	○	○	○	○
5. My instructors used helpful resources to teach the simulation.	○	○	○	○	○

Q19. **What would you change about this simulation to improve it for future students?**

Q20. **What did you find particularly helpful or weak about the debrief discussion?**

Q21.
Any other comments:

Appendix M

Senior Lecturer Biosketch

Name: Paula R. Kral	
Title / Position: Senior Lecturer	
Provides instructional support for students; course instructional support; curriculum facilitation that includes developing, coordinating, and teaching nursing content and nursing interventions. Utilizes evidence-based simulation models to develop, implement and evaluate simulation scenarios as an educational modality. Evaluates clinical simulation curriculum to achieve the mission, vision and goals of the Clinical Simulation and Learning Center (CSLC). Operates simulators in development and implementation of simulated clinical events. Assists in planning and implementing special projects within the simulation center. Attends and participates in meetings related to simulation center and implementation of evolved plans. Assists director in her absence and in scheduling rooms and CSLC events. Assists in the daily operations of the CSLC.	
Background	**Date of Completion**
Degree(s): MSN, University of Kentucky BSN, Eastern Kentucky University	August 1986 May 1980
Licensure(s): RN	September 1980-current
Healthcare Simulation Certifications: CHSE	November 2018-current
Evidence of scholarship in simulation activities	
Articles (citation):	

Textbooks (citation):
Other media (citations/webpages/listings/etc):
Simulation Organization memberships and participation:
International Nursing Association For Clinical Simulation and Learning Society for Simulation in Healthcare Kentucky Simulation Alliance
Brief Narrative of simulation experience (250 words or less):
From 1995 to 2000 utilized task trainers and low fidelity in the laboratory setting to instruct UK undergraduate nursing students in physical assessment and psychomotor skills. From November 2009 to January 2015 became part of the UKCON Simulation Human Resource Infrastructure team, assessing educational needs of undergraduate second semester sophomores and second semester senior students, then developing simulation scenarios using task trainers, standardized patients, low and high-fidelity manikins to meet those student needs. Continued to utilize task trainers to assist students in developing competency of various psychomotor skills. Beginning in January 2015 accepted position as simulation specialist in UKCON responsible for simulation design of various simulation scenarios to meet student needs across the curriculum based on individual course and program outcomes, along with BSN Essentials and QSEN Standards. Includes performing needs assessment working with faculty content experts; development of measurable objectives based on individual course and program outcomes; development of structured simulation scenarios with identification of specific modalities and fidelities to be used; logistics of scheduling rooms and student attendance of simulation events; and facilitation of developed scenarios including pre-briefing, technological application of running simulations, debriefing and formative evaluation of student participation. Experience in Interprofessional Education (IPE) working with standardized patients and as a facilitator over last four years. Mentor new faculty in role of simulation facilitators and staff in technological support. Active participation in providing yearly simulation conferences and workshops in the UKCON with demonstration of simulation scenarios and panel discussions. In November 2018 became Certified Healthcare Simulation Educator.

Appendix N

Lecturer/Simulation Specialist Biosketch



Name: Stephanie Kehler	
Title / Position: Lecturer/Simulation Specialist	
Uses evidence based simulation models to develop, implement and evaluate simulation scenarios as an educational modality in an undergraduate nursing program. Acquires expertise in the use of interactive and simulation technology. Collaborates with other faculty and staff to incorporate simulation technology in nursing education. Utilizes other transferable skills to facilitate operations for the simulation center.	
Background	**Date of Completion**
Degree(s): BSME, BSN, PhD (nursing)	1994, 2013, 2017
Licensure(s): RN #1135989	current
Healthcare Simulation Certifications: CHSE	2020

Evidence of scholarship in simulation activities
Articles (citation):
N/A
Textbooks (citation):
N/A

Other media (citations/webpages/listings/etc):

Kehler, S., & Dent, J. Moving forward using simulation pedagogy. 14th Annual Nursing Faculty Development Workshop (presentation)

Simulation Organization memberships and participation:

INACSL – member

Kentucky Simulation Alliance – member

Society for Simulation in Healthcare - member

Brief Narrative of simulation experience (250 words or less):

I am a Certified Healthcare Simulation Educator (CHSE) with over 2.5 years' experience with simulation with undergraduate nursing students. Experience includes various levels of fidelity. I have completed the INACSL Standards of Best practice modules (Simulation Design, Outcomes and Objectives, Facilitation, Debriefing, Participant Evaluation, Professional Integrity, Simulation-Enhanced Interprofessional Education, and Operations), attended a INACSL Conference 2019, Tennessee Simulation Alliance Conference 2019, Simulation Workshop (2018), and Facilitators Workshops (2017, 2018, 2019) at the University of Kentucky to continue my education with simulation as an educational modality.

Appendix O

Lecturer/Simulation Specialist Biosketch

Name: Tammy Courtney	
Title / Position: Lecturer/Simulation Specialist	
I use simulation in my labs. I use case studies, task trainers, simulated patients, and virtual simulations in lab.	
Background	**Date of Completion**
Degree(s): MSN, Nursing BSN, Nursing ADN, Nursing	April 2015 April 2013 May, 1984
Licensure(s): Nurse Registration, KY 1052550, Kentucky Board of Nursing Basic Life Support CPR, American Heart Association Certified Nurse Educator, National League for Nursing	August 1984-present April 2019-2021 August 2016-2021
Healthcare Simulation Certifications:	
Evidence of scholarship in simulation activities	
Articles (citation):	
Textbooks (citation):	

Other media (citations/webpages/listings/etc):
Simulation Organization memberships and participation:
Brief Narrative of simulation experience (250 words or less):
I began in simulation in 2013 as a lab assistant, setting up rooms for scenario, moulage, etc. In 2015 after receiving a masters degree in nursing I was hired as a simulation expert challenged with writing simulation, as well as, pre-briefing, running simulation, and debriefing students following the simulation experience. I have since left that position and now use simulation in the labs that I teach.

Appendix P

Lab Instructor/Simulation Specialist Biosketch

Name: Carole Haurylko	
Title / Position: Lab Instructor	
Simulation facilitator and clinical instructor for Undergraduate students at University of Kentucky	
Background	**Date of Completion**
Degree(s): BSN	5/2009
Licensure(s): RN	Current
Healthcare Simulation Certifications:	

Evidence of scholarship in simulation activities
Articles (citation):
Textbooks (citation):
Other media (citations/webpages/listings/etc):

Simulation Organization memberships and participation:
Kentucky Simulation Alliance
Brief Narrative of simulation experience (250 words or less):
Currently, I am a part time simulation facilitator for nursing students in the undergraduate program. Attended 6 simulation workshops focusing on facilitation and debriefing methods from 2012 thru 2019.

Appendix Q

Lecturer/Simulation Specialist Biosketch



Name: Julia Jeanette Hall	
Title / Position: Lecturer/Simulation Specialist	
Simulation facilitator for students in the undergraduate program. Guide and facitlitate simulation experiences using evidenced based practice guidelines as applicable to the scenario. Work with the simulation team to evaluate student feedback for improvement in the scenarios.	
Background	**Date of Completion**
Degree(s): BSN, MSN, PhD	1992, 2004, 2015
Licensure(s): RN#1072488	Current
Healthcare Simulation Certifications:	N/A
Evidence of scholarship in simulation activities	
Articles (citation):	
N/A	
Textbooks (citation):	
N/A	
Other media (citations/webpages/listings/etc):	
N/A	

Simulation Organization memberships and participation:
Kentucky Simulation Alliance-member

Brief Narrative of simulation experience (250 words or less):

I began teaching clinical groups in 2004 for the obstetrics course at the University of Kentucky College of Nursing and began teaching full time in the college that same year. Currently, I coordinate the obstetrics course and continue to teach clinical groups in obstetrics. For the last seven years, I have been participating in writing scenarios for obstetric simulations and facilitating the scenarios with debriefing and evaluation of students' performance. During the last two years, I began facilitating simulation scenarios for all of the undergraduate courses.

Appendix R

Simulation Specialist Biosketch



Name: Christy Hubbard	
Title / Position: Simulation Specialist	
I am a facilitator in the Clinical Simulation and Learning Center and have responsibility of running simulation activities. I am responsible for pre-briefing the students, reviewing objectives, orienting them to the room, facilitating simulation, and debriefing the students.	
Background	**Date of Completion**
Degree(s): MSN, BSN	2016, 2014
Licensure(s): RN	2004-present
Healthcare Simulation Certifications:	

Evidence of scholarship in simulation activities
Articles (citation):
N/A
Textbooks (citation):
N/A
Other media (citations/webpages/listings/etc):
N/A
Simulation Organization memberships and participation:

Brief Narrative of simulation experience (250 words or less):

Christy Hubbard, MSN, RN, obtained a Masters of Science in Nursing Education in 2016. Professor Hubbard joined the University of Kentucky's College of Nursing in August of 2018. She began her career as a clinical instructor for the medical surgical class. In 2016, Professor Hubbard became the clinical coordinator for the medical surgical class while also teaching clinical. In 2017, she joined the simulation team in the Clinical Simulation and Learning Center. During this time, Professor Hubbard facilitates simulation, educates students, and assists them in providing safe care. In 2018, Professor Hubbard began teaching clinical reasoning and nursing skills in the lab. She has attended professional development related to simulation: Simulation Facilitator Workshop (2018) at the University of Kentucky, 14th Annual Nursing Faculty Development Workshop: Establishing an Evidence-Based Teaching Culture (Simulation), University of Kentucky, Lexington, KY, and the National League for Nursing Simulation Innovation Resource Center simulation webinars (Simulation Pedagogy: What every Nurse Educator Needs to Know, Debriefing Foundations, and Evaluating Simulation) .

Appendix S

Part-Time Faculty/Simulation Specialist Biosketch

Society for Simulation in Healthcare
ACCREDITATION

Name: Bonita Moore	
Title / Position: Part time Faculty member	
<insert short description of the individual's role in the simulation program> Facilitate Simulation and assist prepare equipment for a variety of simulation scenarios	
Background	**Date of Completion**
Degree(s): Master of Science in Nursing	December 2018
Licensure(s): Registered Nurse 1136045	10/31/2019-10/31/2010
Healthcare Simulation Certifications:	

Evidence of scholarship in simulation activities
Articles (citation):
Textbooks (citation):
Other media (citations/webpages/listings/etc):
Simulation Organization memberships and participation:

Brief Narrative of simulation experience (250 words or less):

I have worked in the simulation lab at the University of Kentucky College of Nursing beginning January 2019 - present. I have also facilitated simulation for the graduating nursing class of 2020 for Bluegrass Community and Technical College. My previous simulation experience consisted of a capstone project I completed during my master' program completed in 2018.

Appendix T

Part-Time Faculty/Simulation Specialist Biosketch



Name: Krystle Maynard, MSN, RN	
Title / Position: Part-Time Faculty/Simulation Specialist	
•Manage complex simulation technology, while providing educational guidance for nursing students from multiple different levels as an adjunct to their didactic coursework. •Promote a safe and effective learning environment that allows students to meet their objectives •Facilitate student's critical thinking development through explanation, demonstration, and observation while ensuring student and patient safety •Monitor the progress of each student and provide structured educational interactions •Directed, managed and evaluated student development and critical thinking in the clinical setting	
Background	**Date of Completion**
Degree(s): BSN, MSN, and presently enrolled in DNP	2011, 2015
Licensure(s): Registered Nurse	
Healthcare Simulation Certifications:	

Evidence of scholarship in simulation activities
Articles (citation):
Textbooks (citation):
Other media (citations/webpages/listings/etc):

Simulation Organization memberships and participation:

Brief Narrative of simulation experience (250 words or less):
Since joining the CSLC team, I have been pushed outside of a specific teaching mindset and have learned to develop a teaching method based upon the development of critical thinking of the students. This thought process not only allows the students to grow and learn, but myself included. Simulation is a fascinating educational adjunct tool that fosters a level of growth and learning that can only enhance the student's education, while promoting a safe environment. Simulation- based education has proven to be a vital piece of the educational components of a well-rounded nursing education.

Appendix U

Simulation Facilitator Peer Review

	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
Objectives:					
Provided participants with objectives prior to the SCE					
Professional Integrity:					
Reinforced confidentiality of simulated patient information and scenario					
Provided clear expectations of participant attitudes and behaviors for treating SCE as a clinical experience					
Maintained a safe learning environment					
Provided clear communication and honest feedback in an effective, respectful manner.					
Fostered professionalism among participants					
Pre-brief:					
Provided participants necessary background information about the SCE.					
Provided care-giver handoff and allowed for questions					
Oriented participants to the simulation environment and simulator.					
Allowed appropriate time frame for participants to plan.					
Acknowledged that mistakes may happen and will be reflected upon during the debriefing.					
Assigned roles with clear descriptions.					
Provided time frame to complete objectives					
During Scenario:					
Followed simulation design template.					
Observed participant performance during SCE.					
Cued the participants as needed and appropriate.					
Did not intervene when mistakes made.					
Ended scenario at correct time					

	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
Debriefing:					
Conducted by a facilitator that had direct observation of the SCE.					
Engaged all participants.					
Utilized the objectives in debriefing.					
Used a theoretical basis for debriefing.					
Facilitated but allowed participants to guide discussion.					
Facilitated reflection on performance.					
Facilitated clinical reasoning.					
Summarize learning at the end of the debriefing process to close the gaps in knowledge and reasoning.					

INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: SimulationSM Outcomes and objectives. Clinical Simulation in Nursing, 12(S), S13-S15. http://dx.doi.org/ 10.1016/j.ecns.2016.09.006.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Facilitation. Clinical Simulation in Nursing, 12(S), S16-S20. http://dx.doi.org/10.1016/ j.ecns.2016.09.007.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Debriefing. Clinical Simulation in Nursing, 12(S), S21-S25. http://dx.doi.org/10.1016/ j.ecns.2016.09.008.

INACSL Standards Committee (2016, December). INACSL standards of best practice: SimulationSM Professional integrity. Clinical Simulation in Nursing, 12(S), S30-S33. http://dx.doi.org/10.1016/ j.ecns.2016.09.010.

Appendix V

2018 Simulation Facilitator Workshop Attendance Records and Agenda

	2018 Simulation Facilitator Workshop // August 8, 2018				
Last name	First name	Email Address	RN/LPN	License #/ or last four of SSN	Signature- 8.8.2018
Kral	Paula	prkral2@uky.edu	RN	6825	
Degener	Cassie	cddegener@uky.edu	RN	8382	
Eddington	Samantha	Sdhalc@uky.edu	RN	5922	
Hampton	Debra	dhampo@uky.edu	RN	1033941	
Kehler	Stephanie	stephanie.kehler@uky.edu	RN	9228	
Wheeler	Kathy	kwhee2@uky.edu	APRN RN	3000656 1039563	
Hall	Julia	jjhall2@uky.edu	RN	0035	
Biddle	Martha	mjbiddle@uky.edu	APRN	3004126	
Parrish	Evelyn	evelyn.parrish@uky.edu	APRN	2070	
Simpson	Carol	carol.simpson@uky.edu	—	6079	
Fugate	Stephanie	sj.fugate@uky.edu	APRN	0010	
Chojnacki	Megan	mebonn2@uky.edu	APRN	7326	
Ossege	Julie	Julieann.Ossege@uky.edu	APRN	2276	
Dent	Jennifer	jennifer.dent@uky.edu	RN	1457	

	2018 Simulation Facilitator Workshop // August 8, 2018				
Last name	First name	Email Address	RN/LPN	License #/ or last four of SSN	Signature- 8.8.2018
Sutton-Amr	Jenny	Jenny.Sutton-amr@uky.edu	—	8417	
SALISBURY	DOUG	sdsa226@uky.edu	—	5664	
Nowitzki	Megan	mnowi2@uky.edu	—	0315	
Sturdivant	Dan	Daniel.Sturdivant@uky.edu		1511	
Grubbs	Angie	angela.grubbs@uky.edu	APRN	7586	
Inman	Diana	diana.inman@uky.edu	APRN	3087	
Thompson	Carol	carol.thompson@uky.edu	APRN	7569	
Churchill	Erin	erchis2@uky.edu	APRN	3004738	
Stefanik	Jean	kastefan@email.uky.edu	RN	4642	
Harden-Pierce	Melanie	~~mhpier01~~ mhpier01@uky.edu		0729	
Courtney	Tammy	tammy.courtney@uky.edu	RN	1052352	
Haurykiewicz	Carole	cjhaur2@uky.edu	RN	0833	
Pilon	Suzie	suzie.pilon@uky.edu	APRN	3195	
Hubbard	Christy	clhubb1@uky.edu	RN	1515	

2018 Simulation Facilitator Workshop	
9:00 to 9:15 am	Registration
9:15 to 9:20 am	Welcome and introductions
9:20 to 9:50 am	Purpose of healthcare simulation
9:50 to 10:50 am	Use of learning theory in simulation pedagogy
10:50 to 11:00 am	*Break*
11:00 to 12:00 N	INACSL Standards of Best Practice: Simulation℠ Facilitation Professional Integrity
Noon to 1:00 pm	*Lunch*
1:00 to 2:00 pm	INACSL Standards of Best Practice: Simulation℠ Simulation Design Outcomes & Objectives
2:00 to 3:00 pm	INACSL Standards of Best Practice: Simulation℠ Debriefing
3:00 to 3:10 pm	*Break*
3:10 to 3:55 pm	INACSL Standards of Best Practice: Simulation℠ Participant Evaluation Simulation enhanced IPE Operations Questions
3:55 to 4:00 pm	Evaluations and Wrap-Up

2019 Simulation Facilitator Workshop Attendance Records and Agenda

	2019 Simulation Facilitator Workshop // August 12, 2019				
Last name	First name	Email Address	RN/LPN	License #/ or last four of SSN	Signature- 8.12.2019
Mcynard	Krystle	kdmc253@uky.edu	RN	2790	Krystle Maynard
Courtney	Tammy	tammy.courtney@uky.edu	RN	1385	
Simpson	Carol	carol.simpson@uky.edu	-	6079	Carol Simpson
Moore	Bonita	bonita.moore2@uky.edu	RN	5902	Bonita Moore
Underwood	Malik	malik.underwood@uky.edu	-	5999	Malik Underwood
Haury/k	Carole	cjhaur2@uky.edu	RN	0833	Carole J Haury

2019 Simulation Facilitator Workshop	
9:00 to 9:15 am	Registration
9:15 to 9:20 am	Welcome and Introductions: Jennifer Dent DNP, MSN, RN, CHSE
9:20 to 9:50 am	Purpose of healthcare simulation: Jennifer Dent DNP, MSN, RN, CHSE 30
9:50 to 10:50 am	Use of learning theory in simulation pedagogy: Jennifer Dent DNP, MSN, RN, CHSE 60
10:50 to 11:00 am	***Break***
11:00 to 12:00 N	INACSL Standards of Best Practice: Simulation℠: Jennifer Dent DNP, MSN, RN, CHSE 60 Facilitation Professional Integrity

Noon to 1:00 pm	***Lunch on your own***	
1:00 to 2:00 pm	INACSL Standards of Best Practice: : Jennifer Dent DNP, MSN, RN, CHSE Simulation℠ Simulation Design Outcomes & Objectives	***60***
2:00 to 3:00 pm	INACSL Standards of Best Practice: Simulation℠ : Jennifer Dent DNP, MSN, RN, CHSE Debriefing	60
3:00 to 3:10 pm	***Break***	
3:10 to 3:55 pm	INACSL Standards of Best Practice: Jennifer Dent DNP, MSN, RN, CHSE Simulation℠ Participant Evaluation Simulation enhanced IPE Operations Questions	**45**
3:55 to 4:00 pm	Evaluations and Wrap-Up	315=5.2ANCC/6.3KBN

Simulation Facilitator Workshop // 1.8.2020 // Lexington, KY

No.	Last Name	First Name	Credentials	Email	License or Last 4 of SSN	Signature
1	Adair	Monica	BSN, RN	monica.adair@uky.edu	3614	Monica Adair
2	Thomas	Lindsay	BSN, RN	lindsay.thomas6@uky.edu	9945	
3	Doerr	Sarah	BSN, RN	sarah.Doerr@uky.edu	4246	
4	Hardin	Shannon	MSN MHA	Shannon.hardin@uky.edu	~~5546~~ 5546	Shannon Hardin
5	Baxter	Cynthia		cynthia.baxter@va.gov	7941	Cynthia Baxter
6	Powell	Connie	MHA, MSN	Connie.Powell1963@uky.edu Connie.powell3@va.gov		Connie Powell
7	Mitchell	Cheryl	DNP, RN	clmitc2@uky.edu	0784	Cheryl DNP, RN CNM, NE-BC
8	Randle	Reginald	MSN, M.Ed	RN reginald.randle@uky.edu	1288	Reginald Randle
9	Hines	Sarah	APRN	sarah.r.hines@uky.edu	3791	Sarah Hines
10	Lowry	Kimi	APRN	Kimberly.Lowry@uky.edu	5127	Kimi Lowry
11	Helm	Kendall	BSN	Kendall.helm2@uky.edu	3821	Kendall Helm
12	Saleeby	Charley	RN	charley.brown@uky.edu	2368	Charley Saleeby
13	Pilon	Suzie	APRN	suzie.pilon@uky.edu	3195	
14	Schrader	Laura	APRN	laura.schrader@uky.edu	3424	Laura Schrader
15						
16						

January 2020 Simulation Facilitator Workshop		
12:30 to 12:45 pm	Registration	
12:45 to 12:50 pm	Welcome and Introductions: Jennifer Dent DNP, MSN, RN, CHSE	
12:50 to 1:15 pm	Purpose of healthcare simulation: Jennifer Dent DNP, MSN, RN, CHSE	
1:15 to 1:45 pm	Use of learning theory in simulation pedagogy: Jennifer Dent DNP, MSN, RN, CHSE	
1:45 to 2:45 pm	INACSL Standards of Best Practice: Simulation℠: Jennifer Dent DNP, MSN, RN, CHSE Facilitation Professional Integrity	
2:45 to 2:55 pm	***Break***	
2:55 to 3:25 pm	INACSL Standards of Best Practice: : Jennifer Dent DNP, MSN, RN, CHSE Simulation℠ Outcomes & Objectives	
3:25 to 4:10 pm	INACSL Standards of Best Practice: Simulation℠ : Jennifer Dent DNP, MSN, RN, CHSE Debriefing	
4:10 to 4:25 pm	INACSL Standards of Best Practice: Simulation℠ Jennifer Dent DNP, MSN, RN, CHSE Participant Evaluation	
4:25 to 4:55 pm	On campus clinical: Jennifer Dent DNP, MSN, RN, CHSE Questions	
4:55 to 5:00 pm	Evaluations and Wrap-Up	

Appendix W

2018 College of Nursing Annual Faculty Development Conference Attendance Records and Agenda

14th Annual Nursing Faculty Development Workshop May 11, 2018: Simulation

Last Name	First Name2	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/11/2018
Allen	Collista	RN	callen0193@kctcs.edu	1092294	KCTCS	Collista Allen
Bowling	Ann	RN	abowling@bellarmine.edu	1035750	Bellarmine	Ann Bowling
Bronner	Nancy	RN	nancy.bronner@uky.edu	1034804	UKHC	Nancy Bronner
Brown	Vickie	RN	vbrown@uky.edu	1094104	UKHC	Vickie Brown
Burns	Tammy	RN	tammy.burns@kctcs.edu	1061937	KCTCS	Tammy Burns
Christman	Rhonda	RN	rchristman@southern.edu		Southern	
Coin	Savanah	RN	savannah.coin@nortonhealthcare.org	1140046	UKHC	
Cole	Shannon	ARNP	shannon.cole@vanderbilt.edu		Vanderbilt	
Dent	Jennifer	RN	jennifer.dent@uky.edu		Richmond KY	
Gallion	Ashlee	RN	lantz11@marshall.edu	71028	Marshall	
Guinn	Cherry	RN	cherry-guinn@utc.edu		UTC	
Haurylko	Carole	RN	CAROLE.HAURYLKO@uky.edu	1121461	UKCON	
Heid	Christine	RN	christine.heid@atitesting.com	309911	OH	
Hodges	Sarah	ARNP	hazlett5@marshall.edu		Marshall	

14th Annual Nursing Faculty Development Workshop May 11, 2018: Simulation

Last Name	First Name2	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/11/2018
Jervis	Monica	RN	mjervis0008@kctcs.edu	1123814	KCTCS	Monica Jervis
Johnson	Jennifer	RN	jjohnson@bw.edu		BW	
Kehler	Stephanie	~~ARNP~~ RN	stephanie.kehler@uky.edu		UKHC	
Kral	Paula	RN	prkral2@email.uky.edu	1043826	UKCON	
Kuhlenberg	Nicole	RN	Nicole.kuhlenberg@cincinnatistate.edu			
Lesueur	Linda	RN	lindalesueur@southern.edu	5427	Southern	
Link	Kim	ARNP	kim.link@wku.edu	3006789	WKY	
Marion	Lauren	RN	lauren.marion@uky.edu	1114428	UKHC	
Noel-Luttrell	Ryanne	OT	rnoel-luttrell@bellarmine.edu		Bellarmine	
Norwood	Barbara	RN	barbara-norwood@utc.edu		UTC	
Ramsburg	Lisa	RN	kruzan1@marshall.edu	25755	Marshall	
Revert	Danielle	ARNP	dhorrell@bellarmine.edu	3009715	Bellarmine	
Romer	Charlene	ARNP	charlene.romer@atitesting.com		GA	
Sampson	Marlene	RN	marlene.sampson@osumc.edu	264725	OSU	

14th Annual Nursing Faculty Development Workshop May 11, 2018: Simulation

Last Name	First Name2	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/11/2018
Sauls	Denise	RN	dhsauls@valdosta.edu	RN044731	GA	Denise Sauls
Smith	Becky	RN	rsmith22@bellarmine.edu	1117976	Bellarmine	Becky Smith
Stanley	Renee	RN	rvs8a@uvawise.edu	1129584	VA	Renee Stanley
Terry	Jennifer	RN	jenniferterry@catholichealth.net	1099379	Catholic Health	Jterry
Turner	Lynda	RN	turner44@marshall.edu	28451	Marshall	Lynda F. Turner
Vaughn	Brooke	RN	bvaughn@bellarmine.edu	1114174	Bellarmine	Brooke Vaughn
Wynn	Karen	RN	kwynn@unionky.edu wallacm99@gmail.com	1075199	Barbourville	Karen Wynn
Young	Lisa	RN	lyoung3@ashland.edu	223840	Ashland	Lisa M. Young
Courtney	Tammy	RN	tammy.courtney@uky.edu	1053350	UKCON	
Haley-Rosser	Vicki	RN	vicki.haleyrosser@kctcs.edu		MCTC	Vicki Haley-Rosser
Patrick	Rose	RN	rosepatrick@sghlex.org	1047217	KyOne	Rose Patrick
Jones	Hope		hjones@galencollege.edu	1423	Galen	Hope
Bauer	Renee	PhD RN	renee.bauer@indstate.edu	306-6	ISU	Renee Bauer

May 11, 2018 14 Faculty Workshop: Motivating *Students for learning*		
7:30-8:00a	Registration Rooms 152 and 170 Bio-Pharmacy Complex, University of Kentucky, 789 S. Limestone St.	
8:00-8:15 a	Welcome & Introductions Janie Heath, PhD, APRN-BC, FAAN, *Dean and Warwick Professor of Nursing, UK College of Nursing*	
8:15-9:30	Engaging Students in Large Classes	Bill Burke, PhD
9:30-10:30	Motivating Student Confidence for Learning	Cara Worick, MS
10:30-10:45	Break	
10:45-12:00p	Civility in the Classroom and Clinical Evidence-Based practice	Nancy Armstrong, DNP, RN, Assistant Professor, School of Nursing Murray State University
12:00-1:00p	Lunch	
1:00-3:00p	Abstracts Presentations	
3:00-3:15p	Break	
3:15-4:30pm	Strategies for Ensuring a Relevant and Current Curriculum	Terry Valiga, Ed.D, RN, CNE, ANEF, FAAN

May 11, 2018 14 Faculty Workshop: Motivating *Students for learning*		
7:30-8:00a	Registration 4th Floor Simulation Lab College of Nursing, 751 Rose St.	
8:00-8:10a	Welcome and Introductions	Jennifer Dent, DNP, MSN, RNC
8:10-9:10a	The State-of-the Science in Simulation as Pedagogy	Mary Ann Cantrell, PhD, RN, CNE, FAAN
9:10-9:25a	Break	
9:25-10:25a	Developing Faculty in Simulation	Brooke Vaughn, MSN Hope Jones, MSN
10:25-11:45a	Integration of Simulation across a BSN program using Creative Scheduling	Jennifer Dent, DNP, MSN, RNC
11:45-12:45p	Lunch	
12:45-2:45p	Abstract/Presentations	
2:45-3:00p	Break	
3:00-4:00p	Moving Forward using Simulation Pedagogy	Jennifer Dent, DNP, MSN, RNC Stephanie Kehler, PhD, RN

May 11, 2018 14 Faculty Workshop: Motivating *Students for learning*		
7:30-8:00a	Registration Room 170 Bio-Pharmacy Complex University of Kentucky, 789 S. Limestone St.	
8:00-8:10a	Welcome and Introductions	
8:10-9:10a	Best Practices to Meet Learning Outcomes While Keeping Students Engaged in Online Learning	Jessica Wilson PhD, APRN
9:10-9:25a	Break	
9:25-10:25a	Inter-professional Health Education IPE Evidence-Based Practice	Lee Anne Walmsley PhD, MSN, RN
10:25-11:45a	Geriatrics in the Undergraduate Curriculum Evidence-Based Practice	MJ Henderson MS, RN, GNP-BC
11:45-12:45p	Lunch	
12:45-2:45p	Abstracts	
2:45-3:00p	Break	
3:00-4:00p	Transitioning New Graduates into Practice Evidence-Based Practice	Claudia M. Diebold, MSN

2019 College of Nursing Annual Faculty Development Conference
Attendance Records and Agenda

15th Annual Nursing Faculty Development Workshop May 10, 2019: Simulation

Last Name		Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/10/2019
Aebersold	Michelle					
Boone	Debbie	RN	debora.boone@kctcs.edu	1123080	MCTC	Debbie Boone
Bowling	Ann	RN	abowling@bellarmine.edu	103 5750	Bellarmine University	Ann Bowling
Butz	Susan		sbutz@otterbein.edu			
Cecil	Fred	NA				
Chiswell	Erin	ARNP	erin.chiswell@uky.edu	3004938		
Christman	Ronda	RN	rchristman@southern.edu			Ronda M Christman
Clements	Dena	RN	dlclements@campbellsville.edu	7111	Campbellsville University	Dena Clements
Collins	Gwen	RN	gwen.collins@kctcs.edu	1039300		
Dent	Jennifer	RN	jennifer.dent@uky.edu		UK CON	Jennifer Dent
Farrell	Carla	RN	carla.siler@uky.edu	1108359	UKHC BCTC	Carla Farrell
Haley-Rosser	Vicki	RN	vicki.haleyrosser@kctcs.edu	1031596		
Hawkins	Martha	ARNP	martha.hawkins@indwes.edu	3004019	IWU	M Hawkins
Heid	Christine	RN	christine.heid@atitesting.com	309911	ATI	Christine Heid
Howard	Patricia	RN	pb.howard@uky.edu	1016840	UK	Patricia Howard
James	Barbara	RN	bjames@southern.edu	39208	Southern Adventist Univ, TN	Barbara James

15th Annual Nursing Faculty Development Workshop May 10, 2019: Simulation

Last Name	First Name	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/10/2019
Berryman	Jeri	DNP, RN CNE	jberryma@ashland.edu	0H 302999	Ashland Univ	
Kennison	Monica	ARNP	mckeell@berea.edu			
Knapp	Miranda	ARNP	mknapp1@mccn.edu	396960		
Nolder	Debbie		Debbie.nolder@kctcs.edu			
Ouzts	Jessica	RN	jessica.ouzts@gsw.edu	216170	GSU - GA	
Rexford	Tracy	RN	tracyrexford@stjosephhealthmail	1076453	St Joseph Health	
Romer	Charlene	RN	charlene.romer@atitesting.com		ATI	
Scott	Elizabeth	RN	bethscott@southern.ed	4094	Southern adventist univ	
Smoot	Brittany	RN	brittany.smoot@bhsi.com	1126317	BHLA	
Stephens	Tonya	RN	trstephens@midway.edu	1096470	Midway Univ.	
Stolfer	Kathy	RN	kstolfer@waynesburg.edu	2064	Waynesburg University	
Sutherland	Shanda	RN	shanda.sutherland@bhsi.com	1100396	BHLA	
Wilgenbusch	Bev	RN	bawilgen@iupuc.edu	28201982	IUPUC	
Wrate	Sonia	RN	swrate@southern.edu			
Kral	Paula	RN	prkral2@uky.edu	1043826		
Simpson	Carol		carol.simpson@uky.edu			

15th Annual Nursing Faculty Development Workshop May 10, 2019: Simulation

Last Name	First Name	Credentials	Email	License # or First 4 digits of SSN	Workplace	Signature 5/10/2019
Kehler	Stephanie	RN	stephanie.kehler@uky.edu			
Pemberton	Bethany	RN	bethany.pemberton@kdmc.kdhs.us			
Bronner	Nancy	RN	nancy.bronner@kctcs.edu			
Vaughn	Brooke	RN	bvaughn@galencollege.edu			
Allen	E. Shannon	RN	shannon.allen@kctcs.edu			

University of Kentucky College of Nursing
15th Annual Faculty Development Workshop
"Emerging Innovations on Nursing Curricula, Building a Culture of Practice-Ready Students"

DAY TWO – Friday – May 10, 2019		
Time	**Simulation Workshop**	**Faculty Workshop**
7:30am - 8:00am	Registration College of Nursing Building - *outside room 407 on 4th Fl*	Registration Lee T. Todd, Jr Building – Room 152 *Master of Ceremonies:* Lynn Kelso MSN, APRN, FCCM, FAANP
8:00am - 8:10am	Welcome and Introductions: Jennifer Dent DNP, MSN, RN, CHSE	Welcome and Introductions: Kristin Ashford Ph.D, APRN, WHNP-BC, FAAN
8:10am - 9:10am	Opening Session: *Innovation in Virtual Technology: Future of Simulation* Speaker: Michelle Aebersold PhD, RN, CHSE, FAAN	Opening Session: *Diversity, Equity and Inclusion in Nursing: Working with Students with Disabilities* Speaker: Lisa M. Meeks PhD, MA Assistant Professor University of Michigan Medical School
9:10am - 9:25am	Break	Break
9:25am - 10:25am	Session 2 *continued:* Michelle Aebersold PhD, RN, CHSE, FAAN	Session 2: *Nurses First Line of Defense for Patient Safety* Lisa DiBlasi Moorehead EdD, MSN, RN Associate Nurse Executive at The Joint Commission
10:25am – 12:00pm	Session 3: *Simulation in the Practice Setting* Tracy Rexford MSN, RN-BC	Session 3: *What Employers Need in New Grads* Aimee Wentz BSN,RN,CNOR; Connie Powell MSN, RN; Vicki Thompson MSN
12:00pm – 12:45pm	Lunch	Lunch
12:45pm - 2:45pm	Session 4: Abstracts **12:45-1:05pm** – *Improving Nurse-Physician Communication and Collaboration through the use of Simulation: A Bridge to improve Patient Satisfaction* Jeri Berryman DNP, RN, CNE **1:05-1:25pm** - *Bringing Clinical into the Classroom Using Screen-Based Simulation* Christine Heid Ph.D, RN, CNE, CHSE **1:25-1:45pm** - *Student's Anxiety Level During 360 Degree Virtual Reality Simulation Compared to Traditional Simulation* Barbara R. James Ph.D **1:45-2:05pm** - *Implementing an Interprofessional Collaborative Practice Simulation using Emergency Preparedness* Elizabeth Scott Ph.D, MSN, RN **2:05-2:25pm** - *Preparing Students for Tomorrow Based on Realities of Today: Active Shooter Simulation---a Collaborative, Interprofessional Learning Experience* Kathy Stolfer EdD, RN, CNE **2:25-2:45pm** - *Integration of Virtual Reality (VR) simulation: An evaluation of clinical instruction methods.* Bev Wilgenbusch MSN, RN	Session 4: Abstracts **12:45-1:05pm** - *Analysis of Computer Adaptive Quizzing in a Pathopharmacology Course* Elizabeth N. Austin Ph.D, MA, RN, CEN, CNE **1:05-1:25pm** - *Rural Older Adults' Behaviors Toward Healthy Lifestyles* Gloria Ann Browning Ph.D, MSN, RN, HN-BC **1:25-1:45pm** - *Teaching empathy and compassion through Role Play and Service Learning Experiences in a BSN Psychiatric Nursing course* Paula Bryant Ed.D, RN **1:45-2:05pm** - *Teaching Conflict Resolution: From Policy to Procedure to Practice* Monica Kennison Ed.D, MSN, RN **2:05-2:25pm** - *Improving Nutrition ATI Scores via Clinical Intervention, Class Presentation, & Lecture Strategies* Miranda Knapp DNP APRN, AGCNS-BC **2:25-2:45pm** - *Promote Professional Thinking in the Clinical Setting* Julie Marfell DNP, APRN, FNP-BC, FAANP
2:45pm – 3:00pm	Break	Break
3:00pm – 4:00pm	Session 5 Certified Healthcare Simulation Educator Panel: Jennifer Dent DNP, MSN, RN, CHSE; Paula Kral CHSE, MSN, RN; Brooke Vaughn; Hope Jones; Shannon Allen	Session 5 *Building a Culture of Practice-Ready Students* Darlene Welsh PhD, RN; Stephanie Fugate MSN, APRN-ACNP, BC

August 2020 Faculty Development Simulation Workshop Attendance Record

No.	Last Name	First Name	Credentials	Email	Employer	Date
1	Green	Melissa	RN	mgreen0134@kctcs.edu	KCTCS	2/27/2020
2	Bryant	Paula H	RN	paula.bryant@gsw.edu	GA Southwestern State University	3/30/2020
3	Stephens	Tonya R	RN	trstephens@midway.edu		1/22/2020
4	Ratliff	Terri	RN	Terri.Ratliff@kctcs.edu	Ashland Community and Technical College	2/14/2020
5	Schabel	Danielle	RN	schabeld@ohio.edu	Ohio University- Chillicothe	2/26/2020
6	Pennington	Christina	RN	Christina.pennington@louisville.edu	UL	3/6/2020
7	Clutter	Sara		saraclutter@gmail.com		3/7/2020
8	Sue-Ling	Carolyn	ARNP	CarolynS@usca.edu	University of South Carolina Aiken	3/10/2020
9	Jones	Kathryn	RN	kathryn.jones03@lmunet.edu	Lincoln Memorial University	7/16/2020
10	Walston	Pat A	ARNP	nstnp@yahoo.com		7/16/2020
11	Farrell	Carla J	RN	carla.farrell@kctcs.edu	KCTCS	7/17/2020
12	Clements	Dena	RN	dlclements@campbellsville.edu	Campbellsville	7/17/2020
13	Nunn	Kelly K	ARNP	kelly.nunn@lmunet.edu	Lincoln Memorial University	7/17/2020
14	Andrighetti	Tia	ARNP	tia.andrighetti@frontier.edu	Frontier Nursing University	7/17/2020
15	Newsome	Ashlie	RN	ashlienewsome@upike.edu	University of Pikeville	7/17/2020
16	Robinson	Natalie	ARNP	Natalie.Robinson@kctcs.edu	KCTCS	7/20/2020
17	Morris	Melanie J	RN	melanie.morris@kctcs.edu	KCTCS	7/20/2020
18	Tungate	Donnetta	MSN, RN, CDI	tungated@lindsey.edu	Lindsey Wilson College	7/21/2020
19	Purcell (New)	Keri	DNP, RN	keri.new@eku.edu	EKU	7/22/2020
20	Norris	Heather	RN	heather.norris@eku.edu	EKU	7/22/2020
21	Ferguson	Leanna	RN	leanna.ferguson@lmunet.edu	Lincoln Memorial University	7/23/2020
22	Singleton	Donna	RN	donna.b.ayers@gmail.com		7/24/2020
23	Lindsay	Rebecca	RN	rlindsay0010@kctcs.edu	KCTCS	7/24/2020
24	Blanks	Rhonda	RN	rblanks0001@kctcs.edu	KCTCS	7/24/2020
25	Hampton	Julie	RN	jhampton0110@kctcs.edu	KCTCS	7/24/2020
26	Owens	Jamie	RN	jowens0270@kctcs.edu	KCTCS	7/24/2020
27	Simpson	Carol		Carol.Simpson@uky.edu	UK Sim Lab	7/27/2020

No.	Last Name	First Name	Credentials	Email	Employer	Date
28	Butler	Karen	RN	karen.butler@uky.edu	UK	7/27/2020
29	Underwood	Malik		malik.underwood@uky.edu	UK Sim Lab	7/27/2020
30	Kehler	Stephanie A	RN	stephanie.kehler@uky.edu	UK Sim Lab	7/27/2020
31	Schrader	Laura C	ARNP	laura.schrader@uky.edu	UK	7/27/2020
32	~~Catlett~~	~~Cathy A~~	~~RN~~	~~cathy.catlett@uky.edu~~	~~UK~~	~~7/27/2020~~
33	Scott	Leslie K	ARNP	lkscot0@email.uky.edu	UK	7/27/2020
34	Summers	Dawn	RN	dmsummers@kcu.edu	Kentucky Christian University	7/27/2020
35	Edwards	Catherine	RN	catherine.edwards@eku.edu	EKU	7/27/2020
36	Tackett	Angela	ARNP	aktackett@kcu.edu	Kentucky Christian University	7/27/2020
37	Brickey	Carol	ARNP	cbrickey@kcu.edu	Kentucky Christian University	7/27/2020
38	McDavid	Lisa	RN	lamcdavid@kcu.edu	Kentucky Christian University	7/27/2020
39	Horton	Kara	RN	klhorton@kcu.edu	Kentucky Christian University	7/27/2020
40	Courtney	Tammy	RN	tammy.courtney@uky.edu	UK	7/29/2020
41	Melander	Sheila D	ARNP	sheila.melander@uky.edu	UK	7/29/2020
42	Hampton	Debra	RN	dhamp0@uky.edu	UK	7/29/2020
43	Setters	Melissa	RN	msett2@uku.edu	UK	7/29/2020
44	Pilon	Suzanne L	RN	suzie.pilon@uky.edu	UK	7/29/2020
45	House	Delee A	RN	dahou2@uky.edu	UK	7/29/2020
46	Hall	Julia J	RN	julia.hall@uky.edu	UK	7/29/2020
47	Kral	Paula	RN	prkral2@email.uky.edu	UK	7/29/2020
48	Hardin-Pierce	Melanie	ARNP	mhpier00@uy.edu	UK	7/30/2020
49	Ashford	Kristin B	ARNP	Kristin.Ashford@uky.edu	UK	7/31/2020
50	Moore	Bonita	RN	bonita.moore2@uky.edu	UK	7/31/2020
51	Stipp	Dana	RN	Dana.Stipp@va.gov	VA	8/6/2020
52	Hutti	Marianne H	ARNP	Marianne.Hutti@uky.edu	UK	8/6/2020
53	Abner	Lisa		labner@unionky.edu	Union College	8/7/2020
54	Hensley	Amanda		ahensley@unionky.edu	Union College	8/7/2020

No.	Last Name	First Name	Credentials	Email	Employer	Date
55	Wynn	Karen		kwynn@unionky.edu	Union College	8/7/2020
56	Mills	Myrtle		mmills@unionky.edu	Union College	8/7/2020
57	Frazier	Lindsey		lfrazier@unionky.edu	Union College	8/7/2020

August 10, 2020 Simulation Workshop: Best Practice in Nursing Education Simulation		
8:00-8:10 AM	Welcome and Introductions	Jennifer Dent, DNP, MSN, RN, CHSE
8:10-9:10 AM	Psychological Safety in Simulation	Nicole Harder, RN, PhD, CHSE, CCSNE
9:10-9:25 AM	Break	
9:25-10:45 AM	Psychological Safety in Simulation	Nicole Harder, RN, PhD, CHSE, CCSNE
10:45-11:15 AM	Pediatric Nursing High-Fidelity Simulation: Assessing Learning Outcomes and Debriefing Effectiveness	Kristin Clephane, DNP, RN, CPN
11:15-11:45 AM	Course Collaboration to Implement High Impact Learning Experiences in Senior Level Nursing Courses	Paula Bryant, EdD, RN
11:45-12:45 PM	Lunch	
12:45-1:05 PM	Getting them Ready for Reality: Coaching Clinical Reasoning and Confidence	Sara Clutter, PhD, RN
1:05-1:25 PM	Qualitative Study of Faculty Experiences with Social Media and FERPA	Sherry Parsons, PhD, RN
1:25-1:45 PM	Pursuing Compassion Through a Simulated, Transformational Learning Experience	Tammy Minor, DNP
1:45-2:05 PM	Theater Students Practice Improve while Nursing Students Practice Communication	Barbara Zust, PhD, RN
2:05-2:25 PM	Debrief the Debrief	Chris Pennington, MSN, RN
2:25-2:45 PM	Effectiveness of Using High-Fidelity Simulation End-of-Life Care Among Older Adults	Carolyn Sue-Ling, PhD, RN
2:45-3:00 PM	Break	
3:00-4:00 PM	The Great Escape!	Simulation Faculty, UK College Of Nursing

Appendix X

New Simulation Faculty Orientation

New Faculty Name: _____

I. Welcome

Welcome to the Clinical Simulation and Learning Center (CSLC). This area is dedicated to experiential learning and student success. All the lab activities and simulated clinical experiences are designed to increase and develop student knowledge, application, clinical judgment, teamwork, and professionalism.

II. UKY College of Nursing Mission

The mission of the University Of Kentucky College Of Nursing is to promote health and well-being through excellence in nursing education, research, practice and service while fostering diversity and inclusion.

III. Undergraduate Curriculum

200 Foundations Professional Nursing: 1st Semester Sophomore

This course will enable nursing students to develop skills for student success. Students will discover nursing as a profession in historical and emerging contexts of today's interprofessional health care delivery system. Students will begin to develop professional behaviors to promote high quality and safe patient-centered care in an interprofessional healthcare environment. This course is a Graduation Composition and Communication Requirement (GCCR) course in certain programs, and hence is not likely to be eligible for automatic transfer credit to UK.

202/203 Assessments and Health Promotion Across Lifespan: 1st Semester Sophomore

This course introduces the baccalaureate student to the concepts of health and physical assessment, health promotion, and therapeutic communication skills as they are applied with diverse populations in a variety of clinical settings. In addition, students will develop critical thinking skills useful to the nurse in promoting health in individuals and families across the life span. Lecture, five hours; laboratory nine hours per week.

210 Pathopharmacology: 2nd Semester Sophomore

This course is the first of a two semester course sequence that addresses pathophysiological and pharmacologic concepts basic to nursing practice.

211 Fundamentals of Adult Nursing Care: 2nd Semester Sophomore

The course will provide didactic and clinical experiences that enable the students to provide beginning professional nursing care with adults requiring intervention. Students will use the key concepts of safety, patient-centered care, nursing process, teaching-learning, and physical and psychosocial assessment in the care of adults with basic alterations in ability to meet human needs. Content related to providing a safe care environment, such as administering and monitoring medications, aseptic technique, and psychomotor skills will be addressed.

300 Pathopharmacology II: 1st Semester Junior
This course is the second of a two semester course sequence that addresses pathophysiological and pharmacologic concepts basic to nursing practice.

301 Fam Centered Care Adlts W/Com Hlth Probs: 1st Semester Junior
This course will provide classroom, clinical and lab experiences to enable the student to provide patient-centered and family-centered nursing care for adult populations with common health problems across settings. Critical thinking, problem-solving, clinical reasoning, evidence-based practice and ethical considerations are threaded throughout the course. Emphasis will be placed on providing quality and safe nursing care that contributes to optimal patient outcomes. Lecture, 3 hours; clinic, 9 hours per week.

310 Res Evidence Based Nur Practice: 2nd Semester Junior
This course provides an introduction to the research methodology essential to providing evidence-based nursing care. Students will acquire the fundamental basics in quantitative and qualitative nursing research. Legal and ethical issues are discussed. The students will also develop the knowledge and skills necessary to appraise research and apply to evidence-based nursing practice, including up-to-date electronic resources. Students learn to apply this knowledge through evidence-based practice processes. Students will then communicate an evidence-based project to their peers. This course is a Graduation Composition and Communication Requirement (GCCR) course in certain programs, and hence is not likely to be eligible for automatic transfer credit to UK.

311 Nursing Care of Childrearing Families: 2nd Semester Junior
This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families when children and adolescents experience a variety of health problems. Lecture two hours, laboratory six hours per week.

313 Nursing Care of Childrearing Families: 2nd Semester Junior
This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families during uncomplicated pregnancy, labor and delivery, postpartum, and neonatal periods. Lecture 3 credits, clinical 2 credits (6 hours per week).

400 Leadership/Mgmt in Nursing Care Delivery: 1st Semester Senior
This course is designed to advance the student's ability to use leadership and management theory in nursing practice within current and emerging organizational systems. The professional nurse's role in management of care will be examined. Responsibilities for resource management and management of legal and ethical dilemmas in various organizational systems also will be addressed.

401 Psychiatric Mental Health Nursing: 1st Semester Senior
This course is designed to develop students' skill in the use of psychiatric/mental health concepts to provide nursing care to clients across the lifespan and in a variety of settings. Lecture, three hours; clinic, six hours per week.

403 Public Health Nursing: 1st Semester Senior
This course is designed to develop students' skills in applying health promotion and disease prevention frameworks and in using epidemiological and public health concepts to deliver nursing care with diverse populations in a variety of settings. Emphasis will be placed on the effect of changing health care delivery systems on nursing practice. Lecture, three hours; clinic, six hours per week.

410 Career Management in Nur: 2nd Semester Senior
The course provides students with the skills for ongoing professional development and success in nursing.

411 High Acuity Nursing: 2nd Semester Senior
The course emphasizes critical thinking and data analysis skills in the nursing management of patients with complex health problems with and unpredictable outcomes. Students will collaborate with other health care professionals to plan, implement, and evaluate family-centered nursing care across the lifespan in high-acuity settings. Lecture, four hours; clinic, three hours per week.

413 Synthesis of Cli Knowledge Nur Pract: 2nd Semester Senior.
This course was designed to provide opportunity to develop independence and competence in applying principles of care management and leadership to nursing practice in a variety of clinical settings. Lecture, one hour; clinic, 15 hours per week. Graded pass/fail. This course is a Graduation Composition and Communication Requirement (GCCR) course in certain programs, and hence is not likely to be eligible for automatic transfer credit to UK.

Key People:

Dean and Warwick Professor of Nursing:
Janie Heath, PhD, APRN-BC, FAAN

Associate Dean of Undergraduate Faculty& IPE Affairs:
Kristin Ashford, PhD, APRN, WHNP-BC, FAAN

Assistant Dean of BSN Program Studies:
Darlene Welsh, PhD, MSN, RN

Assistant Dean of MSN & DNP Program Studies:
Debra Hampton, PhD, MSN, RN, FACHE, NEA-BC, CENP

Clinical Course Coordinators
NUR 202/203: Cathy Catlett, MSN, RN
NUR 211: Laura Schrader, MSN, RN, APRN
NUR 221: Angela Grubbs, DNP, APRN, NP-C
NUR 301: Jennifer Cowley, MSN, RN
NUR 311: Victoria Hensley, PhD, CPNP
NUR 313: Julia Hall, PhD, MSN, RN

NUR 401: Leslie Beebe, MSN, RN
NUR 403: Kacy Allen-Bryant, MSN, MPH, RN
NUR 411: Stephanie Fugate, MSN, ACNP
NUR 413: Darlene Welsh, PhD, MSN, RN
ABSN Coordinator: Jennifer Cowley

IV. CSLC Information

Mission:

It is our mission to educate and facilitate patient care concepts in a simulated environment that promote knowledge development, patient safety, skills application, clinical reasoning, and evaluation.

Vision:

It is our vision to use simulation, innovation, and research to enhance education relative to patient care and promote patient safety.

Goals:

1. Evaluate simulation education
2. Increase student ability to function in a team.
3. Enhance the student functioning as a professional
4. Create a safe learning environment.
5. Measure the effect of simulation on patient care.
6. Evaluate student competency

V. Theoretical Framework

NLN/Jeffries Simulation Theory
Experiential Learning Theory
NLN SIRC Course "Simulation Pedagogy: What every Nurse Educator Needs to Know" and/or Simulation Facilitator Workshop

INACSL Standards of Best Practice: Simulation℠

Simulation Design
Objectives & Outcomes
Facilitation
Debriefing
Participant Evaluation
Simulation Enhanced IPE
Operations
Simulation Facilitator Workshop

Association of Standardized Patient Educators (ASPE)

The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)

VI. Debriefing Method

PEARLS
Guided Reflection
NLN SIRC course "Debriefing Foundations" and/or Simulation Facilitator Workshop

VII. Pre-briefing

Orientation to simulation environment
Objectives
Establish safe environment
Confidentiality
Roles
Report
Allow time to plan (model this for students in early semesters)
    What information holds significance in report?
    What are the priorities for patient care based on report?
    Get away from assigning tasks.
Simulation Facilitator Workshop

VIII. Schedule

Self-Schedule
Booked scheduling software

IX. Evaluation

Rubrics
NLN Instruments
NLN SIRC course "Evaluating Simulation" and/or Simulation Facilitator Workshop

X. Technology

Camera
Vocals
Simulator
Canvas

XI. Moulage

Carts
Inventory
Equipment

XII. Simulation Scenario Development

Framework
Evidence-based Practice
Careweb: UK Policies
Mosby's Clinical Key: Medical Center Library
Objectives
Simulation Facilitator Workshop

Documentation of Training

Date	Topic	Mode of Training	Trainer Initials
	CSLC Mission and Vision		
	Theoretical Framework		
	INACSL Standards of Best Practice: Simulation[SM] Simulation Design Objectives & Outcomes Facilitation Debriefing Participant Evaluation Simulation Enhanced IPE Operations		
	Pre-briefing		
	Facilitation		
	Debriefing		
	Simulation Rubric		
	Technology Camera Vocals Simulator Canvas		
	Moulage Carts Inventory Equipment		
	Simulation Scenario Development		
	Initial Peer Review		

Signatures:

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Appendix Y

Sample Chart with Time for Each Phase

NUR 211 Elimination Schedule

Monday

Simulation Time	Pre-brief	Simulation	Debrief
0830-1030	0830-0850	0850-0940	0940-1030
0845-1045	0845-0905	0905-0955	0955-1045
1115-1315	1115-1135	1135-1225	1225-1315
1130-1330	1130-1150	1150-1240	1240-1330
1500-1700	1500-1520	1520-1610	1610-1700
1515-1715	1515-1535	1535-1625	1625-1715

Tuesday

Simulation Time	Pre-brief	Simulation	Debrief
1015-1215	1015-1035	1035-1125	1125-1215
1030-1230	1030-1050	1050-1140	1140-1230
1045-1245	1045-1105	1105-1155	1155-1245
1645-1845	1645-1705	1705-1755	1755-1845
1700-1900	1700-1720	1720-1810	1810-1900
1715-1915	1715-1735	1735-1825	1825-1915

Wednesday

Simulation Time	Pre-brief	Simulation	Debrief
0830-1030	0830-0850	0850-0940	0940-1030
0845-1045	0845-0905	0905-0955	0955-1045
0900-1100	0900-0920	0920-1010	1010-1100
1115-1315	1115-1135	1135-1225	1225-1315

1130-1330	1130-1150	1150-1240	1240-1330
1145-1345	1145-1205	1205-1255	1255-1345
1445-1645	1445-1505	1505-1555	1555-1645
1500-1700	1500-1520	1520-1610	1610-1700
1515-1715	1515-1535	1535-1625	1625-1715

Thursday

Simulation Time	**Pre-brief**	**Simulation**	**Debrief**
0945-1145	0945-1005	1005-1055	1055-1145
1015-1215	1015-1035	1035-1125	1125-1215
1045-1245	1045-1105	1105-1155	1155-1245
1645-1845	1645-1705	1705-1755	1755-1845
1700-1900	1700-1720	1720-1810	1810-1900
1715-1915	1715-1735	1735-1825	1825-1915

Friday

Simulation Time	**Pre-brief**	**Simulation**	**Debrief**
0830-1030	0830-0850	0850-0940	0940-1030
0845-1045	0845-0905	0905-0955	0955-1045
0915-1115	0915-0935	0935-1025	1025-1115
1115-1315	1115-1135	1135-1225	1225-1315
1145-1345	1145-1205	1205-1255	1255-1345
1200-1400	1200-1220	1220-1310	1310-1400
1515-1715	1515-1535	1535-1625	1625-1715
1530-1730	1530-1550	1550-1640	1640-1730

Appendix Z

Pre-Brief Script

1. Hi. My name is ……. I am going to be facilitating your simulation today.
2. Let's talk about what you can expect. We have provided as realistic of an environment and experience as possible but we do recognize that there are some drawbacks to the simulation environment. However, the more you are able to immerse yourself in this experience, the more you will benefit and learn.
3. This is your opportunity to function in the role of the registered nurse and that includes making decisions and applying interventions based on those decisions. Please do your best. You will make some really good decisions and some decisions that are not the best. Either way is fine. We will discuss together how you came to the decision. This is your opportunity to apply what you are learning in class and receive feedback so that you can be the best nurse possible. Our goal is for you to learn.
4. The objectives for today are….Do you have any questions about the objectives?
5. Provide the patient report. Any questions about the report?
6. Assign roles and provide information to clarify roles.
7. Provide the room orientation.
8. Inform students of timeframe for scenario.
9. Provide time to plan.
10. Be sure to begin your debriefing with: "We are going to spend a little time talking about your experience because we all want to learn together."