2022

Simulation Guide Template – In Person

Elsie Franz Finely Simulated Health Center

School of Nursing and Health Innovations
University of Portland

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Simulation Faculty/Technology Specialists Guide

Manikin Setup –N/A

Control Room

- ☐ Log into Cisco Jabber
- ☐ Open B-Line in a separate window
- ☐ Open LLEAP software in a separate window
- ☐ Start chat on Teams with team members of scenario
- ☐ Open Voicemeeter

Room Set-Up – [Clinic, Home, Acute Care]

- ☐ Turn monitor on and open LLEAP window
- ☐ Make sure monitor settings are on Big Numeric View
- ☐ Silence all alarms on monitor
- ☐ Blood Pressure Cuff
- ☐ Thermometer Settings – *via laminated cards*
    - **Visit 1 –** [--] ^{o}C

- **Visit 2 –** [--] ºC
- **Visit 3 –** [--] ºC

- Pulse Oximeter Settings – *via laminated cards*
  - **Visit 1 –** [--] %
  - **Visit 2 –** [--] %
  - **Visit 3 –** [--] %
- IV Pole
  - [Alaris Pump, Kangaroo Feeding Pump, or N/A]
- Laminated Documents
  - [In Patient Room or In Debriefing Room Folder] –

Medication Labels – [own pill bottles/medication cabinet/not made available]

- [Name of med, mg/ml, tab/vial, administration instructions if home prescription; *Ex: Lorazepam 2 mg/mL vials*]

Supply Drawers

- 20g needles
- Saline flushes
- Alcohol wipes
- 1 mL syringes
- 3 mL (or 5 mL) syringes
- Primary tubing
- Secondary tubing
- Lactated Ringers

SP Setup – (Patient Name and Age)

- Clothing/Appearance –
- Moulage –
- Cue Cards –
  - *Ex: Heart Sounds, Lung Sounds, Vital Signs, Pupil Size*

Moulage

Visit 1 –

Visit 2 –

Visit 3 –

Simulation Facilitator Guide

Prebrief Checklist

1. **Welcome/Prep/Introductions**
   a. Use AIDET method (**A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank You)
   b. Participants need to show completed prep assignment
   c. Participants need to be dressed for clinical
   d. Participants need to be on time
   e. Introduce self, supporting team members, participants

2. **Safe Container**
   a. Simulation is a learning environment, mistakes are inevitable
   b. Simulation is an educational tool that promotes critical thinking, clinical decision making, and clinical judgement in a safe learning environment
   c. 'Mistakes are puzzles to be solved, not crimes to be punished'
      - Simulation is inherently vulnerable!
      - Mutual respect and professionalism is expected
   d. Establish the basic assumption: 'Everyone participating in activities in this facility are intelligent, capable, cares about doing their best, and wants to improve.'
   e. We recognize that simulation often deals with heavy topics, and our personal experiences may affect how we respond to these scenarios. We remind you that your own mental and emotional health is just as important as your patients', and encourage you to take time to care for yourself as well. Please remind students that it is ok to become emotional, and they may step out of the debriefing space to collect themselves at any point if needed.

3. **Fiction Contract**
   a. Acknowledge simulation is not real and it is also not pretend
      - Discuss limitations of realism that are inherent in simulation learning activities
      - The participant is acting as the RN, therefore should care for the patients as if they were in the clinical setting
   b. No "Got'cha" moments – no plans to trick participants
   c. Suspend disbelief and stay professional even if you're having trouble 'buying in'. *Ex. Your client may not look 80 years old, but they will act like it*

d. Confidentiality – what happens in simulation, stays in simulation. HIPAA/FERPA regulations apply. Experiences may vary based on what participants uncover, so discussing the case may alter the perception of participants' experience
   - Reminder that when you started in the nursing program you signed a confidentiality agreement, and that you may be recorded during simulation for the purposes of faculty peer evaluations and/or delivery to students who need to make up a missed simulation

e. Remember to practice just as you would in off-campus clinical. If there is something you need but aren't sure you have access to, or an intervention that you would like to implement, even if you think may not be possible in simulation, please do call the unit secretary and ask for what you need. If possible, we will bring you what you need, or the unit secretary will let you know that it is not available. Please do not let the idea that this is simulation limit your clinical judgment and critical thinking.

4. **Detail & Expectations of SBE –** logistics and flow of the day
   a. Scheduled breaks are 10 minutes and are set between visits 1 & 2 and visits 2 & 3.
   b. Electronic device use (Electronic devices can be used for simulation purposes)
      - Computers are valuable resources for checking orders, taking notes, and looking up resources, so use is permitted in the simulation setting
      - As you will be taking hand written notes in the off campus practice setting, we do encourage you to keep notes that way. We also encourage the printing of your prep so that you can reference it and take notes without having to refer back to your computer.
      - We ask that laptops/electronic devices remain closed during pre-brief and debrief discussions, and are only utilized, if needed, during the planning phase of simulation.
      - The large computers in debriefing rooms can be used to look up resources and education materials, as a way to ensure all team members are engaged and able to participate. The charge nurse for a given visit may be asked to be in charge of any computer searches that need to be done.
      - "the use of cell phones, computers, cameras, or other electronic devices should not be used unless their use is directly related to learning, or with advanced instructor permission
   c. Visit length, working in pairs
      i. Visits will be about 20 minutes long
      ii. You will receive a phone call with a 2 minute warning to allow you time to wrap up your visit. If you have not wrapped up your care within the two minutes, you will receive a second phone call, which will be your final cue to end the visit and exit the room.
      iii. There may be some instances where you feel unsafe/uncomfortable leaving the room due to the patient's status, however you should still do so when you receive the phone call to exit. This may require some suspension of disbelief, and will be discussed during debrief.
      iv. Visit lengths may run shorter than 20 minutes if all objectives have been met, but should not run longer than 20 minutes.

5. **Role Descriptions –** participants play the role of RNs, not student nurses
   a. Assign roles – Primary RNs, Charge RN/Clinic Lead/Care Coordinator, Observers. Facilitator will decide order prior to Simulation start.
      - **Primary RNs –** Actively provide patient care for 20 minutes or until you are cued that it is time to leave. Complete what you are doing, exit the client area, and head to the debrief room.
      - **Charge RN/Clinic Lead/Care Coordinator –** If the primary RNs need any assistance. You can help only if requested by Primary RN. You oversee the care your colleagues provide to the client. You are also responsible for taking notes as the scene unfolds and providing a summary and feedback related to the care your colleagues provided and/or response. Additionally, please be prepared to provide recommendations/next steps. For example, if you notice your client misunderstood an educational point and your colleagues missed it, you can provide feedback and make recommendations for strengthening practice, as well as additional resources/strategies that may be helpful.
        - You are a reference for your colleagues to go to for feedback on the plan and for care recommendations
        - You provide input regarding the plan of care after the nurses identify what their plan is
        - You provide recommendations before and after each visit
        - You take summary notes of each visit
      - **Observers –** Please take notes as the scene unfolds to discuss in debrief. Consider how your colleagues are implementing their plan according to the needs of the patient; consider how your colleagues are meeting the objectives of the Simulation.
      - **Debriefing Faculty –** My role is to guide you through simulation today, and help facilitate discussion and meeting of case objectives. I'm going to be pointing out things that I noticed; this isn't to call anyone out, but just to stimulate conversation so we can all learn from each other. I might call on you specifically to share your thoughts because I want to make sure everyone has a chance to contribute to the conversation, and sometimes I'll draw in examples from my own experience and ask you to share yours to help expand the conversation further and think about how to apply what we are learning to a slightly different context**.**
   b. Participants are expected to stay engaged, take notes, and participate in debriefing to explore clinical judgment and how it is applied to safe patient care.

6. **Debriefing Structure –** PEARLS → Reactions-Description-Analysis-Summary
   a. **Reactions Phase – Happens Immediately After Scene**
      - Debrief Faculty will engage reactions (i.e. 'How did that feel?' or 'How was that experience for you?') from scene participants first, then will turn to rest of group
   b. **Description Phase – Details of what was observed**
      - Observers may utilize this time to offer feedback to their colleagues now
      - Charge RN will summarize visit and provide feedback on care provided

c. **Analysis Phase – Advocacy/Inquiry**
   - Utilize Critical Conversations to understand how the scene unfolded and how this effected client care
   - "I noticed… I'm curious what this means… How did the client respond?... etc."
   - We will assess how the nursing process was utilized, including what we **noticed**, how we **interpreted** what we noticed/the data we collected, how we **responded**, and **reflect** on how our care affected our client and how we might continue caring for this patient moving forward

d. **Summary Phase –** Charge RN reads back comments for planning and provides recommendations to the team to implement their plan of care
e. **Break –** 10 minutes
f. **SBAR –** Read story update and next scene participants incorporate Charge RN/group recommendations into the story update to create their visit plan

7. Orientation to Room

a. Physical environment (what participants need to know to successfully care for the client) – phone use, process to contact others as needed, documentation system, computer lockout, moulage being used, cue card use, med/storage supply, discarding biohazard fluids, etc.
b. Manikin function/ SP engagement guidelines (cue card use, stay fully engaged to client story)
c. Medications will be in a med cart located outside of your patient's room, rather than in the cupboard as they have in the past. This is to simulate a more realistic patient environment. You may utilize your laptop/ipad/electronic device to do your first and second checks at the medication cart, or check it against the computer in the patient room if you do not have an electronic device available to bring to the visit with you.
d. Linen cart will be located at the end of the hall if clean linens are needed during your visit.

8. Objectives – After participating in this Simulation the learner will be able to:

-
-

Visit 1 SBAR Report

It is Sim time [----] and Sim date [----].

- **S:** You are about to see [patient] a(n) [age] year old [male, female, non-binary, etc.) patient, who's pronouns are [he/him, she/her, they/them, etc.].
- **B:**
- **A:**
- **R:**

a. What do we already know about this patient's diagnosis? What more do we want to know? What information from the client's background is significant? What do you expect to happen?
b. Based on what you know, what are this client's top 3 priority problems?
   - Here, we are interested in getting behind their thinking, especially the 'related to' or etiology, because that tells us a lot about how they plan to proceed with interventions. This will tell us if they are making the necessary connections in their clinical judgment. Less concerned with perfectly written NANDA format.

Simulation Faculty/Technology Specialists Guide

Visit1 (Time of Visit) [Home/Clinic/Hospital]

TIME BLOCK/ASSESSMENT SETTINGS/FAC-TECH DIRECTION	SP DIRECTION (Patient Name) DOB: --/--/XX (--yrs. old)	EXPECTED LEARNER BEHAVIORS	CUES
Beginning (phase 1) **0-5 min** • Faculty/Tech set timer for 18 min • BP cuff • Thermometer – ºC • Pulse Oximeter – XX%	**SP CUE FOR VITAL SIGNS/CUE CARDS:**	• • ***Students should [expected goal to transition to next phase].**	• "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]
Middle (phase 2) **5-15 min**		• • ***Students should [expected goal to end interaction].**	• "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]
Ending (phase 3) **15-20 min**	**At 18 min mark, [*direction provided on how to end the scene*]. This is your cue to end the visit.**	*Potential outcomes* **A:** If all expected learner behaviors are met **B:** If learners do not meet	***SP Direction:** [Statement/behavior that confirms learners are meeting objectives] "Thank you for your time. I'm just tired of living like this. There must be another way." ***SP Direction:** [Statement/behavior that confirms learners are not meeting objectives] "This is a lot of information to process right now."

Simulation Facilitator Guide

Debriefing Guide – Visit 1

- Use the PEARLS Healthcare Debriefing tool
  - **Reactions –** 'How are you feeling?' 'Any initial reactions?'
    - Direct first towards learners who were just ended the scenario
    - 'Observers, how are you feeling about **[Patient name]**'s care?'
    - "Charge, what do you think about the care the nurses provided for **[Patient name]**?"
  - **Description –** 'CHARGE RNs: Can you please share a short summary of the case thus far?' 'What did we learn about **[Patient name]**?'
    - Make sure everyone is on the same page about what happened, develop a shared understanding
    - Make sure data, interventions, client response, initial plan, etc. makes sense to everyone
  - **Analysis** – Explore clinical judgement utilizing Critical Conversations
    - "I noticed… I'm curious … What does that mean… **[Patient name]**'s response … etc."
    - Now that we have gathered this initial data – our assessment, what is your interpretation of the data? What does this mean to **[Patient name]**'s care?

- **SAMPLE DEBRIEFING QUESTIONS TO USE DURING THE ANALYSIS PHASE OF DEBRIEFING, FOLLOWING THE NURSING PROCESS**
  - Notice
    - What did you notice about **[patient name]** (ex. safety, behaviors, medications)? Any patterns or inconsistencies? Is there anything about what you noticed that was concerning? Why or why not?
    - What did you notice about how **patient name]** understands their care?
  - Interpret
    - What are possible causes of what you noticed? Which signs and symptoms were most significant?
    - Are there any new nursing diagnoses/priority problems you might formulate based on what you noticed?
    - How might **patient name]'s** understanding of care affect them?
  - Respond
    - How did you/your colleagues respond to what you noticed?
    - What is the expected care for this patient based on the new data we have collected?

- What nursing interventions might be appropriate?
- What patient education might be important to include?

- Reflect
  - What interventions were successful during this visit? What was not successful? Why?
  - If interventions were not successful, what might you do differently moving forward?
  - What will you continue to monitor moving forward?
  - What data might be important to collect as you continue caring for this client?
  - Using SBAR, what recommendations would you give moving forward?

Summary – Provide wrap up and summary of recommendation/plan.

FACILITATORS – PLEASE INSTRCUT STUDENTS TO TAKE A 10 MINUTE BREAK

Visit 2 SBAR REPORT – Facilitator please adjust assessment findings as needed.

It is Sim time [----] and Sim date [----].

- **S:**
- **B:**
- **A:**
- **R:**

Simulation Faculty/Technology Specialists Guide

Visit 2 (Time of Visit) [Home/Clinic/Hospital]

TIME BLOCK/ASSESSMENT SETTINGS/FAC-TECH DIRECTION	SP DIRECTION (Patient Name) DOB: --/--/XX (--yrs. old)	EXPECTED LEARNING BEHAVIORS	CUES
Beginning (phase 1) **0-5 min** • Faculty/Tech set timer for 18 min • BP cuff • Thermometer – ºC • Pulse Oximeter – XX%	**SP CUE FOR VITAL SIGNS/CUE CARDS:**	• • ***Students should [expected goal to transition to next phase].**	• "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]
Middle (phase 2) **5-15 min**		• • ***Students should [expected goal to end interaction].**	• "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]
Ending (phase 3) **15-20 min**	**At 18 min mark, [*direction provided on how to end the scene*]. This is your cue to end the visit.**	*Potential outcomes* **A:** If all expected learner behaviors are met **B:** If learners do not meet	***SP Direction:** [Statement/behavior that confirms learners are meeting objectives] ***SP Direction:** [Statement/behavior that confirms learners are not meeting objectives]

Simulation Facilitator Guide

Debriefing Guide – Visit 2

- Use the PEARLS Healthcare Debriefing tool
  - **Reactions –** 'How are you feeling?' 'Any initial reactions?'
    - Direct first towards learners who were just ended the scenario
    - 'Observers, how are you feeling about **[Patient name]**'s care?'
    - "Charge, what do you think about the care the nurses provided for **[Patient name]**?"
  - **Description –** 'CHARGE RNs: Can you please share a short summary of the case thus far?' 'What did we learn about **[Patient name]**?'
    - Make sure everyone is on the same page about what happened, develop a shared understanding
    - Make sure data, interventions, client response, initial plan, etc. makes sense to everyone
  - **Analysis** – Explore clinical judgement utilizing Critical Conversations
    - "I noticed… I'm curious … What does that mean… **[Patient name]**'s response … etc."
    - Now that we have gathered this initial data – our assessment, what is your interpretation of the data? What does this mean to **[Patient name]**'s care?

      - **SAMPLE DEBRIEFING QUESTIONS TO USE DURING THE ANALYSIS PHASE OF DEBRIEFING, FOLLOWING THE NURSING PROCESS**
        - Notice
          - What did you notice about **[patient name]** (ex. safety, behaviors, medications)? Any patterns or inconsistencies? Is there anything about what you noticed that was concerning? Why or why not?
          - What did you notice about how **patient name]** understands their care?
        - Interpret
          - What are possible causes of what you noticed? Which signs and symptoms were most significant?
          - Are there any new nursing diagnoses/priority problems you might formulate based on what you noticed?
          - How might **patient name]'s** understanding of care affect them?
        - Respond
          - How did you/your colleagues respond to what you noticed?
          - What is the expected care for this patient based on the new data we have collected?

- What nursing interventions might be appropriate?
- What patient education might be important to include?

- Reflect
  - What interventions were successful during this visit? What was not successful? Why?
  - If interventions were not successful, what might you do differently moving forward?
  - What will you continue to monitor moving forward?
  - What data might be important to collect as you continue caring for this client?
  - Using SBAR, what recommendations would you give moving forward?
- **Summary –** Charge RN/Clinic Lead provides recommendations, collaborate with group

FACILITATORS – PLEASE INSTRCUT STUDENTS TO TAKE A 10 MINUTE BREAK

Visit 3 SBAR REPORT – Facilitator please adjust assessment findings as needed.

It is Sim time [----] and Sim date [----].

- **S:**
- **B:**
- **A:**
- **R:**

Simulation Faculty/Technology Specialists Guide

Visit 3(Time of Visit) [Home/Clinic/Hospital]

TIME BLOCK/ASSESSMENT SETTINGS/FAC-TECH DIRECTION	SP DIRECTION (Patient Name) DOB: --/--/XX (--yrs. old)	EXPECTED LEARNING BEHAVIORS	CUES
Beginning (phase 1) **0-5 min** • Faculty/Tech set timer for 18 min • BP cuff • Thermometer – ºC • Pulse Oximeter – XX%	**SP CUE FOR VITAL SIGNS/CUE CARDS:**	• • ***Students should [expected goal to transition to next phase].**	• "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]
Middle (phase 2) **5-15 min**		• • ***Students should [expected goal to end interaction].**	• "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]" • "[Dialogue to get learners to possible behavior]
Ending (phase 3) **15-20 min**	**At 18 min mark, [*direction provided on how to end the scene*]. This is your cue to end the scene.**	*Potential outcomes* **A:** If all expected learner behaviors are met **B:** If learners do not meet	***SP Direction:** [Statement/behavior that confirms learners are meeting objectives] ***SP Direction:** [Statement/behavior that confirms learners are not meeting objectives]

Simulation Facilitator Guide

Debriefing Guide – Visit 3

- Use the PEARLS Healthcare Debriefing tool
  - **Reactions –** 'How are you feeling?' 'Any initial reactions?'
    - Direct first towards learners who were just ended the scenario
    - 'Observers, how are you feeling about **(Patient name)**'s care?'
    - "Charge, what do you think about the care the nurses provided for **(Patient name)**?"
  - **Description –** 'CHARGE RNs: Can you please share a final summary of the case?' 'What did we learn about **(Patient name)**?'
    - Make sure everyone is on the same page about what happened, develop a shared understanding
    - Make sure data, interventions, client response, initial plan, etc. makes sense to everyone
  - **Analysis** – Explore various performance domains (see below for sample questions)
    - Decision Making – (*Describe factors that influenced the testing decisions? How did collaboration factor into decision making?)*
    - Technical Skills – (*How did your development/delivery of SBARs contribute to decision making? What was the impact of your understanding of the CDC recommendations?)*
    - Communication – (*What barriers to communication were present? What was present in the group that contributed to effective communication?)*
    - Resource Utilization – (*Let's talk about needing to prioritize test kits. How were you able to effectively consider available resources in your nursing care? How did you use those resources? What additional resources could you have used?)*
    - Leadership – (*You are getting ready to graduate as a nurse leader. How were leadership characteristics demonstrated in your care today? Leadership involves evaluating care delivered. What aspects of today's care can be evaluated? How would you go about doing that? How did you collaborate with colleagues to deliver complex care in incredibly complex circumstances?)*
    - Situational Awareness – (*In what ways did you **respond** today? How did you follow protocols, but then how did you use your clinical judgment to use the protocol to advocate for the best patient outcome?)*
    - Teamwork – (*Considering the roles each of you played today, how did you each contribute? What are the benefits to each of the roles? How did you and your colleagues work together? What were your responsibilities to the team?)*
  - **Summary –** ask some Reflection-Beyond-Action questions: these questions work to help students transfer the learning to future client care experiences.
    - How will you apply what you have learned to day to future practice?

- Maybe you won't begin your nursing practice actively triaging patients, for example, as in an emergency department or outpatient clinic. However, what about this process *is* directly applicable to your understanding of your practice? How can you apply it right away?

Appendix A

Faculty Summary

Overview – The purpose of this simulation is to provide opportunity for [Junior/Senior] level students to apply the concept of [xxx] in the care of a patient presenting with [xxxx]. [*This overview should be adapted per case accordingly.*]

- Target group
  - Semester X – [Junior/Senior] Level
- Time Allotment – 4 hours *(12 clinical hours based on 1:3 ratio)*
  - Prep – X hours; Located in Moodle and DocuCare
  - Prebrief – 45-55 min. approximately
  - Simulation Visits – 3 visits, each scene approximately 15-20 minutes
  - Debriefing – 30-40 minutes between each scene, utilizing PEARLS method of debrief and Critical Conversations
- EHR information located in DocuCare

Trifecta Course Concepts

-

Curriculum Concept Threads

-

NRS [course number] Outcomes – *Professional Practice*

-

NRS [course number] Outcomes – *Didactic*

-

Context

- Who – Clinic nurses conducting an E-Visit
- What – [--] y/o person seeking treatment for [purpose of visit].

- Where – Virtual Platform in [setting]

Objectives – After participating in this simulation the learner will:

- *Note which course outcomes align with each objective*

Competencies – AACN/OSBN/QSEN

-

Preparation

- Familiarize yourself with the student prep materials
- Review [patient initials] case
- Review Prebrief discussion points and Debriefing Guide
- Review faculty guides and scene tables
- Review [patient initials] faculty resources on Teams

Patient Clinical Background – [Purpose of scenario and general description of clinical summary]

Appendix B

Standardized Patient Direction

[Patient Name]'s Monologue

Local Support People:

- Parents:
- Partner:
- Kids:
- Marital status:
- Lives with:
- Education level:
- VA status:
- Profession:
- Hobbies/Interests:
- Social support:
- Socioeconomic status:

General SP Direction:

VISIT 1: [General summary of what the learners should do based on above scene tables]

VISIT 2: [General summary of what the learners should do based on above scene tables]

VISIT 3: [General summary of what the learners should do based on above scene tables]

Patient Clinical Background: [Purpose of scenario and general description of clinical summary]

Appendix C

Student Prep Guide

NRS [course number] Student Preparation Guide to Simulation – [Case Name]

Simulation Objectives:

-

Simulation Preparation Directions:

You are [xxxx] Nurses for University of Portland Northeast Clinic. [See below for instructions on accessing patient information prior to Simulation/You will receive patient information on day of Simulation]

- Review patient chart (provided as an excel document)
- Docucare access to **[patient name]**'s chart will be provided on the day of simulation for the purposes of medication administration. Please ensure before coming to simulation that you are able to log into docucare. There are practice charts available for you in the Open Lab Docucare class page (access code: **[docucare classcode])** for you to navigate through prior to sim so you are familiar with the MAR.
- In this simulation you should be prepared to:
- Psychomotor and assessment skills review: options to review videos, attend TA open lab, or practice with peers
    -
- Review **[patient name]** documents in Moodle
    -
    -
- Review in Pearson textbook
- Review Lippincott Advisor resources
    -
- Complete the "nursing diagnosis" portion of the Tanner's Clinical Judgement tool (located in the "assessment" block), your medication table, and ABG Exercise. You will be asked to show this prep work on your way into the simulation space, in order to ensure that you are prepared to safely care for your patient.

- Please also begin to fill out the "Experience/Knowledge/Expectations," "Notice," and "Interpret" sections of the clinical judgement tool as you explore the patient chart and complete your readings. This will help prepare you for simulation, and you will be turning in a completed clinical judgement tool as part of your post simulation assignment.

Dress/Prep for Simulation

Dress as you do for attending off-campus clinical. Wear your uniform (black/white/gray long sleeve shirt is ok underneath scrub top; no hoodies permitted) and student ID badge. Have available your stethoscope, drug book, and prep work.

SHC Acute Care Clinical Prep Sheet
SIMULATION BLOCK [#]: [patient name]

Student's Name:_____Simulation #_____Date: ____

Client Frame: Client's Initials:_____Age:_____Gender:_____ Allergies:_____Primary Care Provider: _____Code Status:

Admitting Medical Dx:

Past Medical Hx:

Emergency Contact: _____

Diet: _____ Activity: _____

Medications

MEDICATION Name/dose/ route/frequency	**THERAPEUTIC ACTION** Classification Indication (Why this medication is prescribed)	**RATIONALE FOR CLIENT AND ASSESSMENT NEEDED PRIOR TO ADMINISTRATION**	**NURSING CONSIDERATIONS AND INTERVENTIONS** (Specific administration considerations and patient monitoring)	**ONSET** **PEAK** **DURATION**
Ex. Acetaminophen 500 mg PO every 6 hours PRN mild pain	Antipyretic, Non-Opioid analgesic for mild/moderate pain	Pain management for client. Need pain assessment prior to administration	Efficacy of pain reduction; amount of acetaminophen and not to exceed 3000 mg/24 hrs	Onset: 1 hr Peak: 2-3 hr Duration: 4-6 hr

SBAR Tanner's Clinical Judgement Tool			
S	**Situation**		
B	**Background**		***Experience/Knowledge/Expectations:*** *What do you already know about the patient's medical diagnosis?* *What do you expect to happen?* *Is there anything from the patient's background that is relevant?*

<table>
<tr><td rowspan="2">A</td><td rowspan="2">Assessment</td><td>NOTICE
Do you recognize any patterns or inconsistencies?

What about what you noticed is concerning and why?</td><td>INTERPRET
What are possible causes of what you noticed?

Which Signs/Symptoms were most significant?

Write 4 nursing diagnosis (3 priority and 1 “risk for”) and rank from highest priority?
1.
2.
3.
4.</td></tr>
<tr><td>R</td><td>Recommendation</td><td colspan="2">RESPOND
What is the expected care for this patient?

What nursing interventions would be appropriate?

What patient education would you be sure to include?</td></tr>
</table>

R	**Reflect**	***REFLECT*** *Reflect In-Action and Reflect On-Action* *Reflect on how the course concept of **[course concept]** was present in this case, and provide at least one example.* *How did interventions implemented connect to this concept? Provide at least one example.* *If successful/not successful, what will you do next?* *What will you continue to monitor?* *What will you take away from this scenario to inform future practice?*

Appendix D

References

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