KENTUCKY STATE
UNIVERSITY

POLICY AND PROCEDURE MANUAL

SCHOOL OF NURSING

SIMULATION & CLINICAL SKILLS LABORATORY

2022-2023

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Introduction

The faculty and staff of the school of nursing and health sciences (SON) strive to provide a safe and effective environment in which students can practice and learn essential clinical care skills. This policy and procedure manual has been developed to provide guidance in the utilization and maintenance of the Virtual, Simulation & Clinical Skills Laboratory (VSL) by both students and faculty.

- Faculty, clinical instructors and facilitators are to review the Policy and Procedure Manual prior to use of the VSL.
- Students are oriented by VSL personnel and/or faculty to applicable policies and procedures before their first experience in the VSL; and. as needed.

The primary goal for the VSL is to provide a safe, clean, orderly, and supervised environment in which students can attain a basic level of competency in performing course and program required clinical nursing skills. The VSL coordinator is responsible for enforcing the guidelines outlined in this policy.

Definitions (Agency for Healthcare Research and Quality, 2020)

Simulation is: A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions. It is an educational technique that replaces or amplifies real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Agency for Healthcare Research and Quality (AHRQ), 2020). A pedagogy using one or more typologies to promote, improve, or validate a participant's progression from novice to expert using method for implementing a model over time. (INACSL, 2013).

Pre-briefing: An activity immediately preceding the start of a simulation activity where the participants receive essential information about the simulation scenario, such as background information, vital signs, instructions, or guidelines. Included in this is also the information and guidelines given to faculty or simulated patients participating in a scenario to allow them to fully prepare for interactions with the participants (AHRQ, 2020).

Evaluation: Measures quality and productivity against a standard of performance. Evaluation may be formative, summative, high stakes, or related to the simulation program or process (AHRQ, 2020).

Debriefing: To conduct a session after a simulation event where educators/instructors/facilitators and learners re-examine the simulation experience for the purpose of moving toward assimilation and accommodation of learning to future situations. To encourage participants' reflective thinking and provide feedback about their performance, while various aspects of the completed simulation are discussed (AHRQ, 2020)

Goals

Experiences in the VSL will prepare students to:

- Adapt care to meet the needs of a variety of patients in a range of settings.
- Utilize available resources and standard practices to provide safe patient care.
  - Communicate in a professional manner with patients, family members, and the healthcare team.
- Collaborate with inter- and intra-professional team members.
- Demonstrate clinical competency through repeated and deliberate practice.
- Integrate theory and practice to prioritize and implement evidence-based care.
  - Use reflection as a strategy to self-analyze skills performance competence.

Laboratory Location

- The VSL is located on the second floor of the Betty White Building. The VSL designated rooms are 200, 202 and 207. These rooms contain high level, state of the art manikins and equipment that must be maintained and protected.
- In the VSL students will have access to 8 Diana newborn mannequins, three medium fidelity mannequins (Nursing Anne) and four high fidelity manikins (SimMan, SimMan 3G, SimBoy, and SimMom).
- RM 207 contains generator supported headwall units.
- A fully loaded code cart, Baxter and Alaris IV pumps, medication supply stations, several supply carts, and cabinets containing supplemental equipment are also available for use.
- Select skills training equipment such as IV training arms, head and eye models, Breast self-exam models, and wound management trainers, are maintained and managed for use as needed.

Hours of Operation

The VSL is typically staffed to accommodate the needs of the nursing programs and students. Hours of operation are variable and will be posted at the start of each academic semester (i.e., fall and spring).

Students

Student Orientation

At the beginning of each academic semester VSE personnel will provide a general student orientation as needed. Prior to each simulation event, VSL personnel or course faculty will provide students with an orientation to the simulation learning environment, purpose and use of equipment, and explanation of roles and/or expectations.

Student Dress Code

- Those working in or using the VSL are expected to present a professional image at all times while in the lab.
- Students participating in planned simulation activities or clinical makeup must arrive in full SON program approved uniform in accordance with the requirements of the dress code as outlined in SON policy.
- Students participating in unplanned simulation (e.g., self-scheduled practice, open lab practice) and are not in approved uniform may practice in the lab at the discretion of SON faculty.
- Students who are not appropriately attired will not be allowed into the VSL.

Professionalism

Students are expected to act in a professional manner at all times while in the VSL or the debriefing room for pre-briefing, monitoring, or debriefing. Student learners should exercise the highest level of integrity, ethics, objectivity and mutual respect in their behaviors while in the VSL. The VSL personnel reserve the right to suspend privileges of use for misconduct or misbehavior at any time.

Suspension may impact the student's ability to meet course objectives and thus, suspension may influence academic progression in the program.

General Use Guidelines

- Absolutely **NO** food or drink permitted in the VSL.
- Absolutely **NO** children in the VSL lab at any time.
- Absolutely **NO** animals allowed in the VSL, with the exception of approved service animal, which are allowed in the VSL as needed.
- Cell phones, personal electronic devices, and approved nursing skills manuals may be utilized for reference while performing skills during practice or at the discretion and direction of VSL personnel and/or course faculty. If using social media, using device for personal communication without leaving the lab, or using device for any other non-lab related activity, device will be removed from lab area and student may be asked to leave the lab if behavior continues.
- All users of the VSL must sign-in and sign-out with date and time.
- All users of the VSL are expected to leave the VSL clean, orderly, and ready for use by the next individual.
- Supplies and equipment are not to be moved from one VSL room to another without permission from VSL personnel.
- Do not remove manikin parts or attempt to remove or disconnect electronic equipment. Seek assistance with the use of all manikins.
- Do not use betadine, ink, marking pins, or any chemical solutions on the manikins.
- Clearly labeled manikin lubricant and alcohol wipes are the only solutions to be used on the manikins.
- Immediately report any problems, or malfunctioning equipment to VSL personnel.
- No sitting on beds located in VSL areas.
- The VSL is not a study area. The technology center and the conference room (when available) may be used as study areas.
- Dedicated skills manuals and reference materials in the VSL are **not** to be removed.
- All participants must have on file a signed and dated Authorization Release for Photography and Video form. By signing this release, the student hereby grants the irrevocable right and permission to use photographs and/or video recordings of said student on University and other websites and in

publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to the student.

- VSL personnel will not make copies of course handouts. Each student is expected to bring necessary and appropriate resource materials with them to the VSL (e.g., text, skills manual course PowerPoints, course handouts).
- Students are only allowed to use the high-fidelity manikins while accompanied by trained faculty or VSL personnel.
- At no time are ***any*** supplies or equipment in the VSL to be used for human treatment.
- Students with latex allergies or sensitivities of any kind, **should make this known to VSL personnel.**
- Students are to act as if they are in a real patient situation keeping in mind safety and infection and HIPAA regulations.
- Students are to remain confidential and professional regarding the performance of other students during and after simulation experiences.
- Students are to come prepared for simulation including having the necessary materials including stethoscope, paper and pen/pencil.

Additional considerations for students

- Students are not allowed to touch the high-fidelity simulators, associated computer lap top or peripherals unless assisted by trained staff or faculty. **No exceptions.**
- Students will be held responsible for damage to or misuse of equipment that results from failure to follow lab policy or procedure.
- Students may be expected to work in small groups and assist each other in performing and evaluating skills. This helps to foster teamwork, self-evaluation, and beginning teaching skills.
- Students are responsible for completing pre-lab study and coming to lab with appropriate materials and preparation for actual practice based on approved standards of care.
- Students must be prepared to accept coaching and direction.
- Disruptive or inappropriate behavior will result in student being asked to vacate the lab.

Scheduling-Rescheduling Lab Time

- Student responsibilities: If student is unable to attend lab hours, contact faculty by email or phone to inform them that you will not be in lab. Students without university excused absence or 24 hour emailed notice are subject to disciplinary action as described in the SON handbook.
- For any excused absence, rescheduling of lab hours must be completed within a 1-week time frame.
- Entry to the lab more than 15 minutes after scheduled time may result in loss of hours and students are potentially subject to disciplinary action as described in the SON handbook. Also leaving early before completion of activities and debriefing may result in loss of hours.
- Students are responsible for rescheduling, making-up, and managing all hours. It is student responsibility to contact faculty to reschedule hours.
- Faculty responsibilities: In the event that scheduled lab time must be rescheduled by VSL personnel, the students shall be notified, if possible, via electronic mail as soon as possible. Every effort shall be made to find a reasonable reschedule accommodation.

Faculty Expectations

Education and Professional Development

Education and training of new simulation equipment will be arranged by the VSL personnel. When VSL personnel become aware of simulation professional development opportunities, these will be disseminated to all SON faculty for attendance consideration.

Dress Code

VSL personnel are always expected to present a professional appearance for their role.

Scheduling-Rescheduling Lab Time

All Uses of the VSL spaces are scheduled on a first-come, first-served basis. This includes faculty demonstrations, student free practice, skills competence testing, hands-on simulation session, and the use of the technology center or conference room for special testing needs. Courses that include an imbedded simulation

component to meet program and student learning outcomes will receive preferential scheduling.

Faculty are expected to be flexible with their proposed simulation schedules. If scheduling conflicts arise, the determination of and arrangement for simulation use will be decided by VSL personnel. Scheduling conflicts may be managed in a variety of ways, including but not limited to dividing the use of the simulators and denial of VSL Use.

- Faculty requests for use of the simulation rooms, technology center and/or conference room must be submitted to VSL coordinator via email at least I week in advance of activity.
- Scheduling conflicts shall be resolved by VSL personnel.
- Faculty should forward notice of scheduled laboratory time cancellation to the VSL coordinator at least 1 day in advance or as soon as possible.
- Faculty should not send students to the tab unless scheduled with VSL personnel.
    - Students sent to the VSL from a clinical rotation for remediation must either present documentation from clinical personnel to VSL personnel. Faculty shall make every attempt to communicate remediation objectives to VSL personnel prior to the student's arrival.
- Confidentiality regarding VSL performance of others shall be maintained.

Skills Competencies

- **Sim-Lab SCA Days**- Skills Competency Assessment (SCA) days will be scheduled during the first two weeks of each semester or prior to off-site practicum and mentored experiences. SCA days are intensive skills learning and review days totaling 12 hours that must be completed before students will be allowed to attend clinical or off-site practicum. Skills cannot be performed in real-time at any off-site clinical affiliate facilities, until the identified skills have been performed and validated in the VSL by either course faculty or appropriate VSL personnel. If not in attendance student must comply with the lab rescheduling portion of this manual.
- **Sim-Lab Clinical Lab Training**- Each clinical rotation has a set number of contact hours required in the lab. These may be scheduled by faculty or may

require students to sign-up for available hours that will be posted and based on lab faculty availability. Failure to attend or to complete the required amount of hours in the lab will result in disciplinary action as described in SON and could negatively impact a student's ability to complete the clinical component of their class.

- Failure to attend any faculty scheduled skills practices and/or competency assessments will result in student's inability to attend clinical and will result in an incomplete in the clinical component of the class. Missing clinical due to noncompliance will result in an unexcused absence which may impact the student's progression in the program.
- Skills competency needed for each semester should be included as part of the course syllabi and provided to VSL personnel. The manner of inclusion is determined by the course faculty.
- Faculty are responsible for determining and setting deadline dates for competency return demonstrations for all students. Initial return demonstrations are faculty guided and must be scheduled with VSL personnel.
- All students scheduled for competency assessments must demonstrate to the faculty and/or VSL personnel that all pre-assessment preparation and practice have been completed prior to performance assessment.
- Practice sessions of skills for competency assessment is provided on a space available basis.

Faculty Preparedness for Simulation

It is expected that all SON faculty will participate in the preparation of their own (course/specialty specific) simulation scenarios. Faculty may seek assistance from the VSL Coordinator prior to any simulation event as well as request VSL assistance with the simulation event

Scenario writing - Faculty may write their own scenarios for a simulation experience. It is expected that faculty will seek assistance from VSL personnel if they are unsure how to develop or implement scenarios for a simulation experience (including ideas for scenarios and using the simulation software).

Technology - If faculty are unsure of how to use the technology (monitors, debriefing videos, etc.), it is expected the faculty will seek assistance from the VSL personnel prior to the day of the scheduled simulation experience.

Equipment - Do not use betadine, markers, or pens on manikins. Use only the provided silicone oil for lubricant. The VSL personnel are expected to setup and tear down for all simulation experiences.

Facilitation

- Faculty are expected to facilitate their own simulations (pre-briefing, simulation, and debriefing). Faculty may request and receive assistance from VSL personnel. Faculty are expected to orient students to the simulation environment in preparation for the simulation. Faculty are also expected to provide students with the objectives and/or deliverables for the simulation experience.

Evaluation/Assessment

- Faculty are expected to continually assess their students for adherence to professionalism standards regardless of the purpose of the simulation. Faculty should make students aware of simulation experience requirements and whether they will be evaluated on selected skills, knowledge, competencies, etc. Faculty should not use the real-time viewing of simulation and evaluation experiences of any student or student cohort as a teaching-learning strategy for other students (e.g., viewing in debriefing room).

Real-Time Video Recording, Viewing & Playback

Faculty have the right to record simulation experiences for playback. However, faculty must take every precaution to assure that students are made aware when they are being videotaped. During the simulation orientation students should be informed that the simulated experiences may be audio and video recorded for use as a debriefing and educational strategy only.

- Faculty may use playback for debriefing purposes in group situations. This viewing will not occur when a student either individually or as part of a class cohort is being evaluated for competency.

- Faculty may use playback for one-on-one student discussion when used for assessment/evaluation of individual students.
- Students viewing simulation exercises should remain professional at all times and not make comments regarding the students completing the simulation experience.

Faculty may request to use video playback in circumstances outside of the simulation environment (e.g., facilitator development, college presentations, conferences, etc.). Students are required to sign a Photo & Recording Release as part of the compliance documentation.

Quality Improvement

- The staff and faculty are continually working to improve and streamline VSL processes.
- Students may be required to evaluate their simulation experience after a simulation day and/or after selected learning activities. These data are used to identify areas of opportunity to improve our VSL and simulation program.
- Faculty feedback is solicited to ensure scenarios are realistic and align with current practice. The Creighton Competency Evaluation Instrument© (Todd, Hawkins, Hercinger, Manz, Tracy, & Iverson, 2014) is used to evaluate student competency and scenario design. In addition, the scenario objectives are evaluated for relevancy to course objectives, simulation goals, and program outcomes. Finally, faculty facilitation of simulation scenarios and debriefings are monitored for quality assurance and quality improvement to identify areas for improvement and faculty development.

Debriefing

Debriefing is arguably the most important component of a simulation experience. It is a process of re-examining the simulation experience for the purpose of moving toward assimilation and accommodation of learning to future situations (AQRH 2020). To encourage participants' reflective thinking and provide feedback about their performance, while various aspects of the completed simulation are discussed (AQRH 2020) The debriefing is learner centered and uses reflection to promote

learning. The debriefing session is not for lecturing. The role of the faculty leading the debriefing is to guide students through the reflective process of debriefing in a structured manner. The aim is to reflect on and make sense of the experience, improve understanding and clinical reasoning, and relate the learning to future experiences (Driefuerst, 2015).

Debriefing for Meaningful Learning (DML) is an evidence-based debriefing method for use in both the simulation and clinical settings. The DML is rooted in Socratic questioning and guided reflection. Socratic questioning is a method of asking questions, so students may reveal answers to problems. The phases of DML include: engage, explore, explain, elaborate, evaluate, and extend.

Safety Guidelines

Needle Sharps Safety

- Needles and other sharps are not to be disposed of in the regular trash.
- Sharps containers are placed in each lab room.
- Needles provided in the practice lab are for use on manikins only.
- Students are not to use needles for injections before they have been instructed in class on proper use and safety.
- Needles used in the lab will be secure at the end of each day and whenever the lab is not in use for practice.
- Recapping of needles is discouraged. One hand recapping can be used if student is participating in repetitive practice session. Needle must be discarded in sharps container at end of each individual's practice session.
- Most needles and syringes are safety needle or syringes.
- Most gloves used in the lab are latex free. Gloves are donated in limited supply and some may not be latex free.
- Clean needle stick injury protocol:
- Report to faculty or lab staff immediately.
- Immediately place needle in sharps container to avoid contact with anyone else.
- Clean area with soap and water or hand sanitizer.

- Faculty or lab personnel are to evaluate student and provide immediate first aid and determine if student needs to be seen in student health
- Incident report completed on all needle sticks.
- Report to student health with incident report as appropriate or advised by faculty.
- Faculty or staff must follow-up within 3 days to determine if student requires any additional assistance.
- VSL coordinator maintains file of needle stick incidents and reports quarterly to the faculty council for review and potential policy adjustments.

Infection Control

- All Students must utilize proper handwashing while practicing in the lab
- Universal precautions are to be followed at all times.
- Clean and sterile gloves are available in the lab at all times
- All lab supplies are for practice on manikins only, no human use.
- All students will have basic health and immunization records up to date as specified in the student handbook.
- Students should report symptoms of cold, fever, or infection immediately and request excuse from lab. (may need physician clearance to come back to lab)
- Students are to report to lab personnel and faculty any allergies such as latex allergy, iodine or other. Efforts will be made to limit exposure to these allergens.
- Manikins are cleaned at the end of each semester, and as needed.
- Housekeeping has access to the labs daily for regular cleaning.
- Sample medicines and fluids are commercial products prepared for student use and are inert substances of water, salt, sugar or food coloring. No active chemicals are used.
- Manikin lubricant is designated glycerol solution marketed for that purpose.
- Red food coloring is used to simulate blood.

- Alcohol is used for cleaning wipes and selected manikin use. • Commercial Hand sanitizer is available for cleaning hands • Sinks with running water are available in each lab for frequent handwashing.

Electrical safety

- Faculty, staff, and students are responsible for reporting frayed electrical cords, cracked plugs, missing outlet covers, or any electrical equipment problems immediately to the lab manager. Work orders will be placed by SON personnel to ensure problem is repaired.
- Electrical cords will be kept out of walkways.
- Only heavy-duty strip cords, with surge protectors will be used with computerized manikins and generators.
- Precautions will be taken to avoid wet materials near electrical outlets.
- Batteries in the computerized manikins will be monitored and maintained according to manufacturer's guidelines.
- Never attempt to repair electrical cords or equipment unless qualified and authorized.
- Have a qualified electrician inspect electrical equipment (e.g., Sim manikins) that has gotten wet before energizing it.

Ergonomic safety

- Students will receive instructions in principles of proper body mechanics prior to practice of moving, turning, lifting or transferring skills.
- All broken or faulty equipment must be reported as soon as noted to VSL personnel to avoid accidental injury.
- Students will receive instructions on the operation of electric beds, wheel chairs, walkers and other equipment prior to use.

Emergency Procedures

- Emergency evacuation and fire procedures are posted in each hallway near the exit doors, along with the fire alarm boxes, and fire extinguishers.
- Campus security can be reached at 6878 for emergency assistance.
- Individuals can also dial 9-1-1

Chemical Biological safety

- No biologic agents are utilized in the VSL.
- Chemical agents in the VSL are limited to 70% alcohol solution, betadine and glycerol solutions.

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Appendix

Simulation Design Template

(revised May 2019)

(name of patient) Simulation

Date:	**File Name:**
Discipline: Nursing	**Student Level:**
Expected Simulation Run Time:	**Guided Reflection Time:** Twice the amount of time that the simulation runs.
Location:	
Today's Date::	**Location for Reflection:**

Brief Description of Client

Name:

Date of Birth:

Gender: **Age**: **Weight**: **Height**:

Race: **Religion**:

Major Support: **Support Phone:**

Allergies: **Immunizations:**

Attending Provider/Team:

Past Medical History:

History of Present Illness:

Social History:

Primary Medical Diagnosis:

Surgeries/Procedures & Dates:

Psychomotor Skills Required of Participants Prior to Simulation

(list skills)

Cognitive Activities Required of Participants Prior to Simulation

(textbooks, lecture notes, articles, websites, etc.)

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all of the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data.
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives (limit to 3 or 4)

For Faculty: References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

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Setting/Environment

☐ Emergency Room ☐ Medical-Surgical Unit ☐ Pediatric Unit ☐ Maternity Unit ☐ Behavioral Health Unit	☐ ICU ☐ OR / PACU ☐ Rehabilitation Unit ☐ Home ☐ Outpatient Clinic ☐ Other:

Equipment/Supplies (choose all that apply to this simulation)

Simulated Patient/Manikin/s Needed:

Recommended Mode for Simulator:
(i.e. manual, programmed, etc.)

Other Props & Moulage:

Equipment Attached to Manikin/Simulated Patient:	**Equipment Available in Room:**
☐ ID band ☐ IV tubing with primary line fluids running at __mL/hr ☐ Secondary IV line running at ___mL/hr ☐ IVPB with _____ running at mL/hr ☐ IV pump ☐ PCA pump ☐ Foley catheter with ___mL output ☐ 02 ☐ Monitor attached ☐ Other: **Other Essential Equipment:** **Medications and Fluids:** ☐ Oral Meds: ☐ IV Fluids: ☐ IVPB: ☐ IV Push: ☐ IM or SC:	☐ Bedpan/urinal ☐ 02 delivery device (type) ☐ Foley kit ☐ Straight catheter kit ☐ Incentive spirometer ☐ Fluids ☐ IV start kit ☐ IV tubing ☐ IVPB tubing ☐ IV pump ☐ Feeding pump ☐ Crash cart with airway devices and emergency medications ☐ Defibrillator/pacer ☐ Suction ☐ Other:

Roles

☐ Nurse 1 ☐ Nurse 2 ☐ Nurse 3 ☐ Provider (physician/advanced practice nurse) ☐ Other healthcare professionals: (pharmacist, respiratory therapist, etc.)	☐ Observer(s) ☐ Recorder(s) ☐ Family member #1 ☐ Family member #2 ☐ Clergy ☐ Unlicensed assistive personnel ☐ Other:

Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate.

Report Students Will Receive Before Simulation

(Use SBAR format.)

Time:

Person providing report:

Situation:

Background:

Assessment:

Recommendation:

Scenario Progression Outline

Patient Name: **Date of Birth:**

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	(Verbal information provided by manikin or SP should be in quotes so a script can be created for individuals in those roles.)	**Learners should begin by:** • Performing hand hygiene • Introducing selves • Confirming patient ID	**Role member providing cue:** **Cue:**
5-10 min		**Learners are expected to**:	**Role member providing cue:** **Cue:**
10-15 min		**Learners are expected to**:	**Role member providing cue:** **Cue:**
15-20 min		**Learners are expected to**:	**Role member providing cue:** **Cue:**

Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many different ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

Themes for this scenario:

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We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). Remember to also identify important concepts or curricular threads that are specific to your program.

1. How did you feel throughout the simulation experience?
2. Give a brief summary of this patient and what happened in the simulation.
3. What were the main problems that you identified?
4. Discuss the knowledge guiding your thinking surrounding these main problems.
5. What were the key assessment and interventions for this patient?
6. Discuss how you identified these key assessments and interventions.
7. Discuss the information resources you used to assess this patient. How did this guide your care planning?
8. Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations?
9. Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking.
10. What information and information management tools did you use to monitor this patient's outcomes? Explain your thinking.
11. How did you communicate with the patient?
12. What specific issues would you want to take into consideration to provide for this patient's unique care needs?

13. Discuss the safety issues you considered when implementing care for this patient.
14. What measures did you implement to ensure safe patient care?
15. What other members of the care team should you consider important to achieving good care outcomes?
16. How would you assess the quality of care provided?
17. What could you do improve the quality of care for this patient?
18. If you were able to do this again, how would you handle the situation differently?
19. What did you learn from this experience?
20. How will you apply what you learned today to your clinical practice?
21. Is there anything else you would like to discuss?