
 @NLNursing
 

***Every Nursing Program is Unique.
Learn How to Optimize Yours.***

Susan Gross Forneris PhD, RN, CNE, CHSE-A
 Excelsior Deputy Director
 NLN Center for Innovation in
 Simulation and Technology



Built on Shared Values

“The National League for Nursing and Laerdal Medical have joined together to help you achieve excellence in simulation. Both organizations stand strong during difficult times with a solid business base helping provide new value in the face of any challenge.”

David Johnson
President, Laerdal Medical

“Our engagement with Laerdal helps nurse educators and our future nurses prepare for today’s changing world and shifting health care environment. This invaluable partnership helps the NLN meet our ultimate mission ‘to advance the health of the nation and the global community’.”

Beverly Malone, PhD, RN, FAAN
CEO, National League for Nursing

NLN – Laerdal Partnership

Objectives

Discuss key areas of planning and development in the use of simulation in nursing education.

Discuss areas of program review to optimize the use of simulation in teaching and learning activities



Preparing Faculty and Programs for Simulation



PHASE 1 COMPREHENSIVE ASSESSMENT

Phase 1 builds an important guide. It will help you create a vision for your simulation program, understand where you currently are, and identify an appropriate strategy to optimize a simulation methodology.

PHASE 2 WORKSHOP IMPLEMENTATION

Phase 2 implements hands-on immersive workshops focused on foundations of simulation, curriculum integration, debriefing methods, and simulation evaluation.



PHASE 3 PULSE CHECK

Phase 3 circles back with pulse checks along the way to ensure achievement of your goals, ongoing evaluation, and recommendations for the success of your simulation programs.



Simulation Education Solutions for Nursing (SESN)

http://bit.ly/NLN_SESN



NCSBN Multi-Site Study 2011

Qualifiers

These results were achieved using:

- INACSL Standards of Best Practice
- High quality simulations
- Debriefing method grounded in educational theory
- Trained and dedicated simulation faculty



NCSBN Simulation Guidelines for Prelicensure Programs:

- Evaluating the readiness in using simulation as substitute for traditional clinical experience
- Establishing evidence-based simulation programs for the undergraduate nursing curriculum



NCSBN Sim Guidelines for Prelicensure Programs

- Commitment by school to simulation program
- Appropriate facilities
- Educational and technological resources and equipment to meet intended objectives
- Lead faculty and sim lab personnel are qualified to conduct simulation



Standards of Best Practice: Simulation SM

[Simulation Design](#)

[Outcomes and Objectives](#)

[Facilitation](#)

[Debriefing](#)

[Participant Evaluation](#)

[Professional Integrity](#)

[Simulation-Enhanced Interprofessional
Education \(Sim-IPE\)](#)

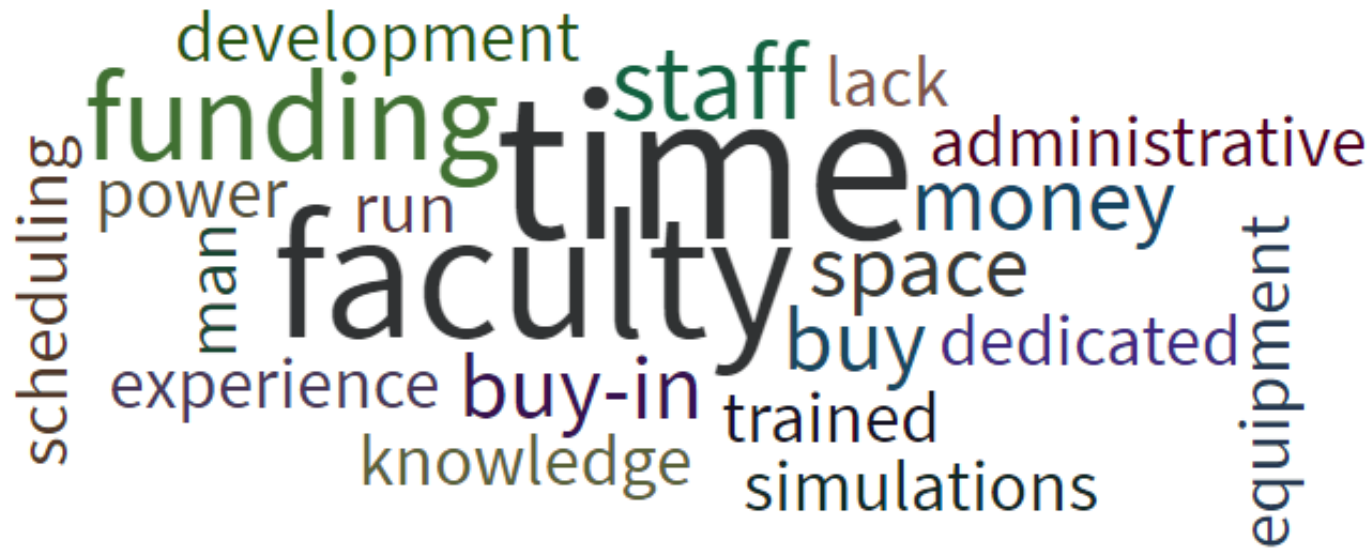
[Simulation Glossary](#)



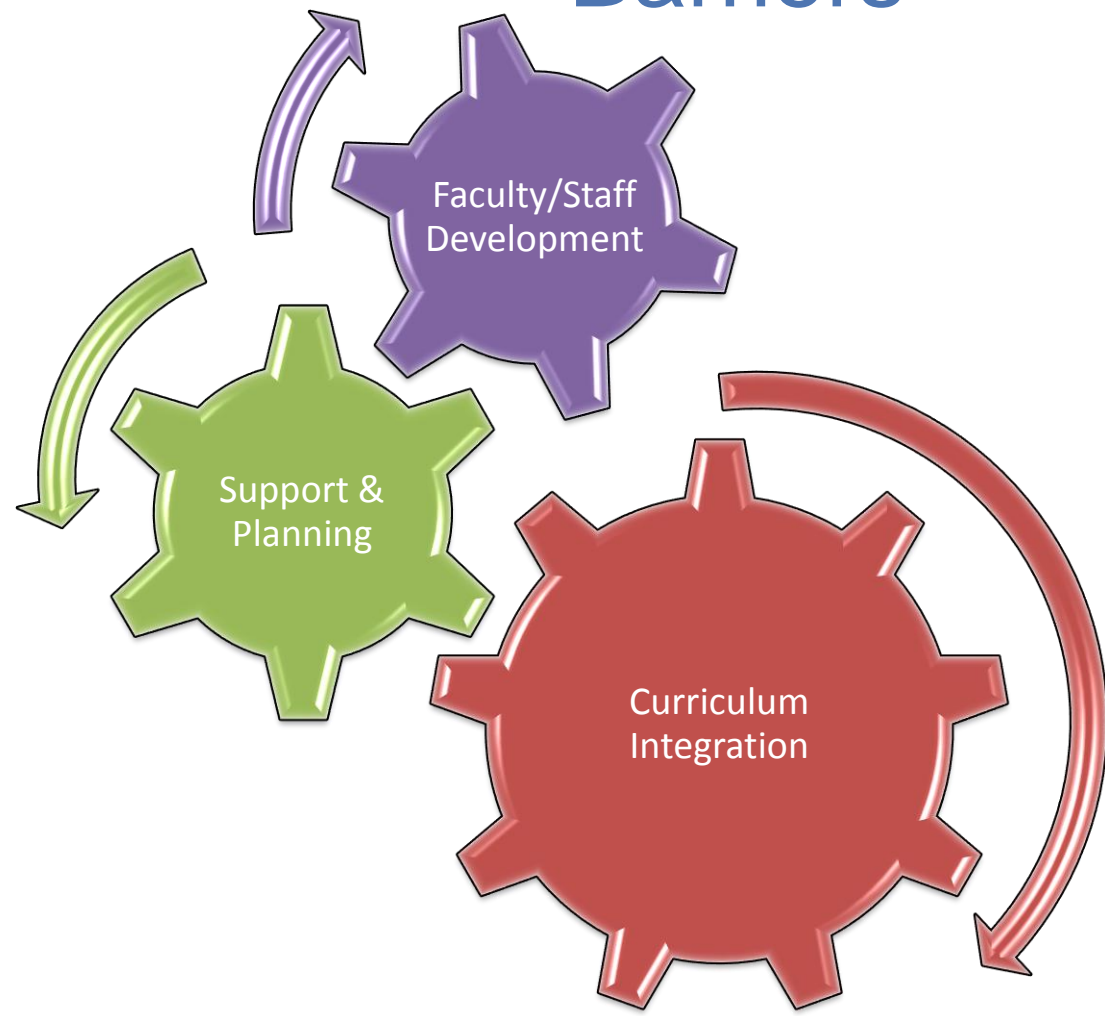
Strategies



What are your Simulation Barriers?



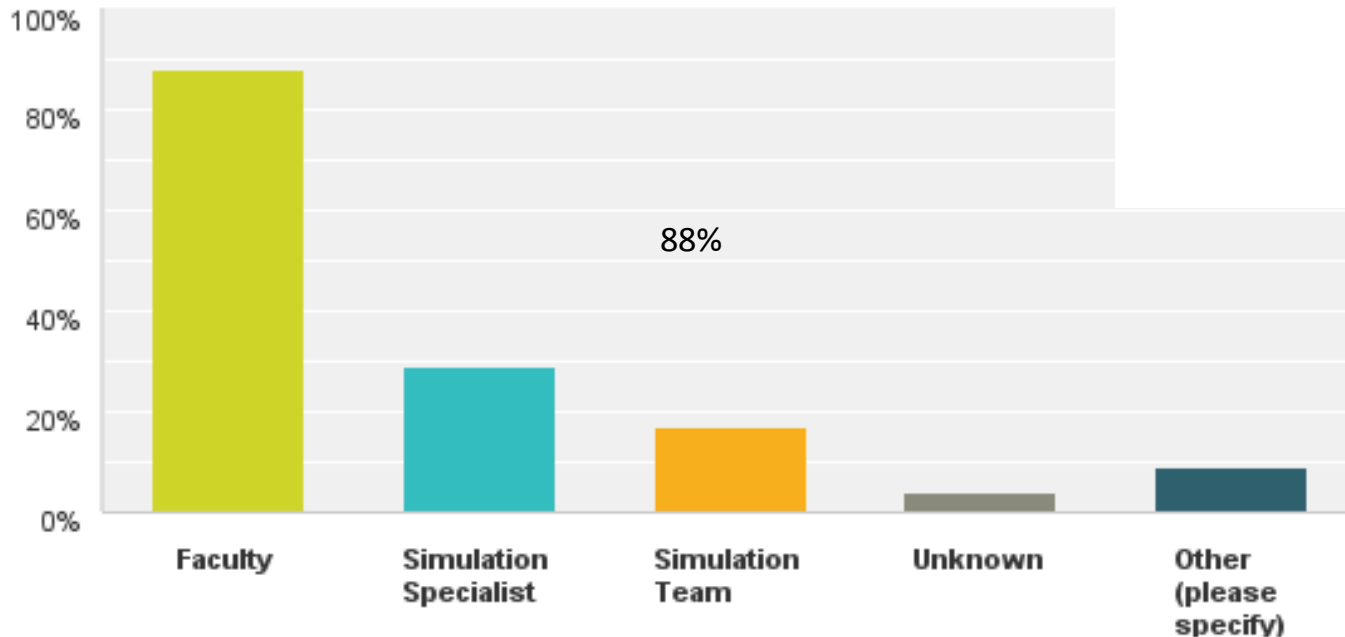
Managing Simulation Barriers



Clear Roles & Expectations

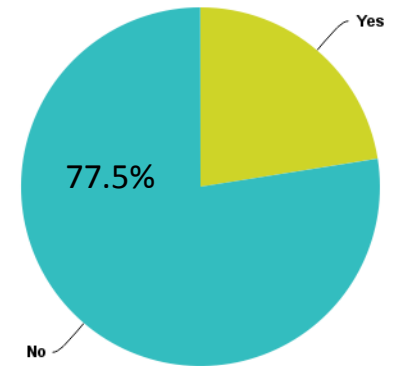
Q1 Simulation activities are conducted by (Select all that apply)

Answered: 244 Skipped: 2



Q8 Does your organization have a standardized training program for simulation methodology for the Faculty / Staff?

Answered: 240 Skipped: 6



Faculty Development:

Clear Roles & Expectations



Foundations in Simulation Pedagogy

Developing Faculty

Teaching and Learning Strategies

Debriefing: Across the Curriculum

Evaluation



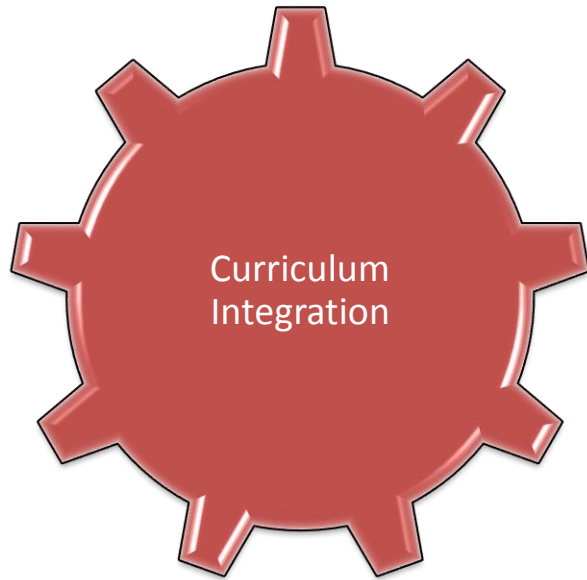


Curriculum Integration: Thoughtful Approach



- Curriculum Drives Simulation
- Learning Objectives Achieved via Simulation
- Content is Contextual
- Simulation Through Mixed Methodology





Curriculum Integration

Integrating Concepts into Simulation

Integrating Simulation into the Curriculum



vSim for Nursing | MEDICAL-SURGICAL



Skyler Hansen
 Diagnosis: Diabetes
 Location: Emergency Department











Skyler Hansen is an 18-year-old male diagnosed with type 1 diabetes 6 months ago.

He was brought to the Emergency Department by his friends.

The friends report that he started acting 'weird' while they were playing basketball. He has not eaten anything for 5 hours.

Skyler told them that he felt lightheaded and was going to lie down on the cement. They became nervous and decided to bring him in to the Emergency Department. The patient is drowsy, wakes with stimulus, has slurred speech, is diaphoretic, and is acting irrationally.

BEST RESULT

3  
 0   
 0   



81%
SCORE

[Click here to see all previous attempts](#)

HELPFUL TIPS



A flashing 'Electronic Health Record' icon indicates that new orders or results from tests and diagnostics have been added to the record.



Examine the pathophysiology of hypoglycemia



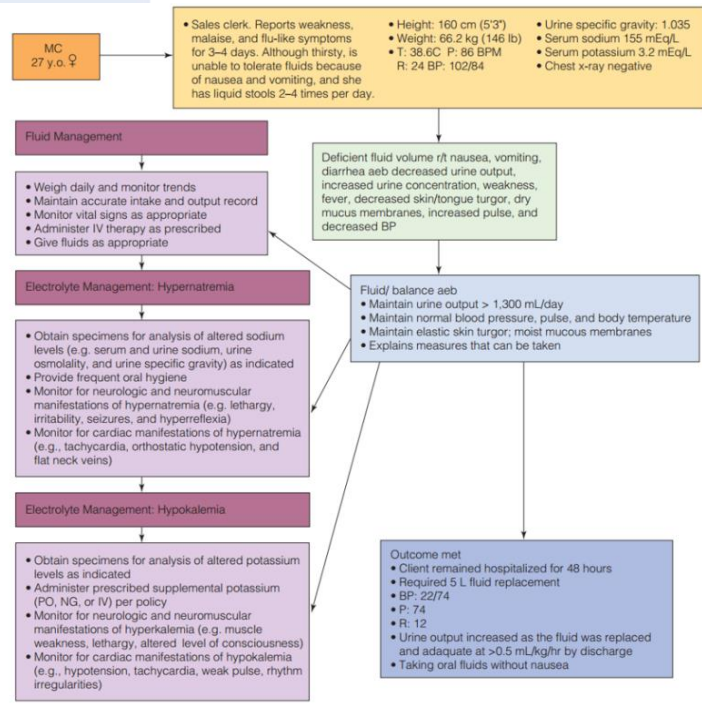


Eva Madison
Diagnosis: Gastroenteritis

Location: Emergency department 11:00 AM

Eva Madison is a 5-year-old Caucasian female who ju department with her mother. Eva has a 2-day history and her mouth is moist but her lips are dry and crack

Her weight is 20.5 kg and height is 120 cm. She has n history, and at her last check-up a few months ago, h She is now waiting in the room for you.



Examine the concept of fluid balance



- > Pediatric Case 3: Sabina Vasquez (Core)



- > Pediatric Case 4: Sabina Vasquez (Complex)



- > Maternity Case 1: Olivia Jones (Core)



- > Maternity Case 2: Olivia Jones (Complex)



Differentiate low acuity
– high frequency from
high acuity – low frequency



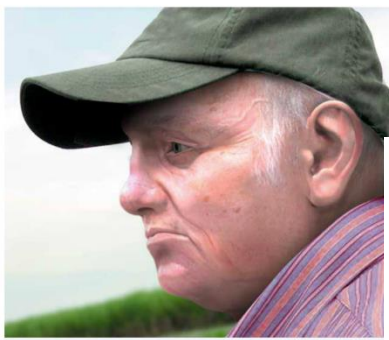


Mona Hernandez
Diagnosis: Pneumonia



Location: Medical Unit 1600
Report from day shift nurse:

Situation: Mona Hernandez is a 72-year-old Hispanic female who was admitted to the medical unit yesterday afternoon with a diagnosis of pneumonia in her



Sherman "Red" Yoder



Report from home health nursing manager:

Red is an 80-year-old farmer and war veteran who lives by himself, 20 miles from the nearest city. He has been a widower for 10 years but his son and daughter-in-law, Jon and Judy, live nearby. He was diagnosed with type 2 diabetes about six months ago and recently began taking insulin.



Carl Shapiro

Diagnosis: Acute Myocardial Infarction
Location: Telemetry Unit



Carl Shapiro is a 54-year-old male who travels frequently. He was seen in the Emergency Department at 1:30 p.m. for complaints of chest pain, diaphoresis, and shortness of breath. He was treated in the Emergency Department with aspirin and two doses of sublingual nitroglycerin.

Chest pain improved with nitroglycerin administration. IV infusion of normal saline was started in the Emergency Department and is running at 25 mL/hour. Ordered lab values are pending. Provider wants to be called as soon as the labs are available.

Referral to receive care at 4:15 p.m. with SpO2 value of 97%. Chest pain was



Mary Richards

Diagnosis: Congestive Heart Failure



Location: Cardiology Unit 22:00
SBAR report from ED nurse:

Situation: I have taken care of Ms. Richards in the emergency department and I would like to give you a report on her. Ms. Richards is an 82-year-old African American female who was brought to the emergency department by her son this evening when he found her confused and complaining of trouble with her vision. Ms. Richards has been ill for several days with complaints of nausea, dizziness, and weakness.

Background: Ms. Richards has a history of hypertension, diagnosed 40 years ago, and heart failure, diagnosed 30 years ago. Her current medications include furosemide, amlodipine, and digoxin.

Examine Delegation and Supervision - Prioritization and clinical reasoning



Support & Planning

Key Initiatives & Goals

What does success look like?



Strategic Planning Cycle



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





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Thoughts? Questions?





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For more information about reaching high quality simulation contact your Laerdal representative.

Start Your Journey

Today!



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NLN Vision Statements:

<http://www.nln.org/newsroom/nln-position-documents/nln-living-documents>

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