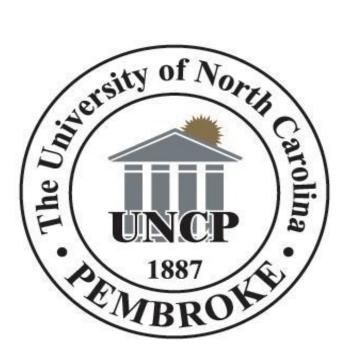The University of North Carolina at Pembroke

Department of Nursing

Clinical Learning Center

Policies and Procedures Manual

TABLE OF CONTENTS

Introduction

The Clinical Learning Center (CLC) is dedicated to supporting the vision, mission and philosophy of the Department of Nursing at the University of North Carolina at Pembroke (UNCP). The mission of the CLC is to facilitate learning for nursing students in a safe, innovative environment while promoting competence in all aspects of professional nursing practice. The CLC strives to design learning activities that replicate true-life clinical situations to the fullest extent, assisting students in their enhancement of critical thinking, clinical reasoning and decision-making skills. Faculty who participate in simulated learning experiences provides students with constructive feedback regarding individual and team performance through debriefing sessions and empower students with the ability to self-analyze their own performance during the reflective process.

The following guidelines enhance learning and promote the safety of all participants during learning experiences held in the CLC. It is expected that everyone involved in CLC activities will adhere to these guidelines, including faculty, staff and students. The Director of the CLC will update the contents of this manual as needed and will advise users of these changes as they occur.

General Information

The Clinical Learning Center (CLC) is a state-of-the art facility located on the 2nd floor of the Health Sciences Building on the UNCP campus and is utilized by all levels of student nurses. The CLC simulates a hospital setting, as well as a home setting, and is fully equipped for students to practice clinical nursing skills at all levels of nursing practice. It consists of cutting-edge technology in simulation education that is housed within seven individual laboratories: Basic Care, Advanced Care, Pediatric, Maternal/Newborn, Psych/Mental Health, Health Assessment, and the Brenda B. Brooks Home Simulation Apartment. Each lab is thoroughly equipped to provide simulated learning experiences related to healthcare situations that may occur with diverse clients of various cultures across the lifespan. Multiple observation rooms facilitate the video capturing for streaming and recording of simulation activities. The CLC also has a seminar room, housing a flat screen television allowing students to view a variety of educational media, as well as a 50-seat classroom. Details regarding the specific learning labs are provided below:

- **Basic Care Lab**: The Basic Care Lab is equipped with eight advanced care bed units, a centralized nursing station as well as a variety of practice models and mannequins. Students utilize this area to learn and practice basic nursing skills such as bathing, skin care, bed making, feeding, mobility, transferring/positioning, vital signs, medication administration, intravenous line insertion, intramuscular and subcutaneous injections, and urinary catheterization, among many other skills. Each bed site is equipped with wall connections for oxygen administration and suctioning as well as network connections for computers. There are two ceiling-mounted video cameras in the lab for the recording of student clinical-based experiences, allowing students, as well as faculty, to review the scenario and reflect on individual and team performance. Debriefing sessions take place in the smart-board-equipped seminar area of the lab.

- **Advanced Care Lab**: Upon entering the Advanced Care Lab, students are greeted by high fidelity SimMan 3G® and SimMan® mannequins. These high fidelity simulators have life-like anatomy and physiologic functionality. They assist faculty to provide simulation-based education that challenge and evaluate students' clinical reasoning skills during realistic client care scenarios (http://www.laerdal.com/). Additionally, this lab is equipped with a centralized nursing station with eight advanced care bed units and other adult low- and moderate-fidelity mannequins. Each bed site is equipped with wall connections for oxygen administration and suctioning as well as network connections for computers. There are two ceiling-mounted video cameras in the lab for the recording of student clinical-based experiences, allowing students, as well as faculty, to review the scenario and reflect on individual and team performance. Debriefing sessions take place in the smart-board-equipped seminar area of the lab.
- **Maternal/Child Lab:** The Maternal/Child Lab is equipped with two laboring beds and special high fidelity obstetrical mannequins to simulate the labor and birth process. There are an additional four advanced-care bed units, a nursing station, a newborn radiant warmer, neonatal intensive care isolette, and numerous bassinettes. Each bed site is equipped with wall connections for oxygen administration and suctioning as well as network connections for computers. There are two ceiling-mounted video cameras in the lab for the recording of student clinical-based experiences, allowing students, as well as faculty, to review the scenario and reflect on individual and team performance. Debriefing sessions take place in the smart-board-equipped seminar area of the lab.
- **Pediatric Lab:** The Pediatric Lab features equipment that is used to care for healthy infants/children as well as those who are premature and/or acutely or chronically ill. This lab is equipped with a nursing station and six pediatric bed units as well as pediatric high-fidelity mannequins. SimBaby® has life-like anatomy and physiologic functioning and is used for training during infant emergencies. A pediatric simulator, PediSIM®, represents a true-to life response to student interventions, providing students the opportunity to immediately witness the consequences of their actions. Each bed site is equipped with wall connections for oxygen administration and suctioning as well as network connections for computers. There are two ceiling-mounted video cameras in the lab for the recording of student clinical-based experiences, allowing students, as well as faculty, to review the scenario and reflect on individual and team performance. Debriefing sessions take place in the smart-board-equipped seminar area of the lab.
- **Brenda B. Brooks Home Care Simulation Apartment**: This lab simulates an apartment-style home so that high-tech nursing can be practiced in a low-tech environment. This full-functioning apartment has a kitchen area, dining area, living area, bedroom, and a home-style handicapped accessible bathroom. Due to the generosity of the Brooks family, the home care suite is completely furnished and equipped so that students are able to practice nursing skills in a home-like setting before actually visiting real clients in their homes. This apartment also houses a Virtual I.V. Simulator, enabling students to practice intravenous procedures for all age groups with instant feedback related to technique.
- **Psychiatric/Mental Health Lab**: The psychiatric/mental health lab is equipped with five private interview rooms plus a larger room for simulating group meetings and other group activities with students. Each room is equipped with ceiling-mounted video and recording equipment for the recording of student clinical-based experiences, allowing students, as well as faculty, to review the scenario in order to reflect on individual and team performance.

- **Health Assessment Lab**: The Health Assessment Lab is equipped with eight complete exam units and multiple simulation practice models. Each unit is equipped with a mounted ophthalmoscope, otoscope and sphygmomanometer for blood pressure measurements. As is the case in a healthcare clinic, privacy is provided through the use of drapes and curtains, and students can practice physical assessment skills on various models, as well as on each other, in a private, hands-on clinical setting. There are two ceiling-mounted video cameras in the room for the recording of student clinical-based experiences, allowing students, as well as faculty, to review the scenario and reflect on individual and team performance. Debriefing sessions take place in the smart-board-equipped seminar area of the lab.

The CLC functions to facilitate and enhance learning during various clinical rotations. The CLC is available to students between the hours of 6:00am and 10:00pm. Students needing additional practice with skills and students who require make-up of clinical time are referred to the CLC by clinical faculty. Students desiring extra practice may also schedule an appointment with the CLC director.

Simulation

What is Simulation?

Simulation is an attempt at replicating reality. In healthcare education, simulation serves as a bridge between classroom learning and real-life clinical experiences. Simulation attempts to replicate some, if not all, of the essential aspects of a clinical situation so that the situation may be more readily recognized, understood and managed when it does occur in actual clinical practice. Simulating real-life experiences for students in a safe, simulated environment is conducive for developing psychomotor skill acquisition as well as critical thinking, clinical reasoning, and clinical judgment skills. The CLC allows students to participate in life-like situations using a variety of simulation methods. Low-tech simulation activities include the use of props and models for the acquisition of skills, such as the use of injection pads to teach proper injection techniques or the use of breast models to teach the proper procedure for breast examination. Students and staff may play the role of simulated clients through role-play, such as when students are learning therapeutic communication or how to obtain a health history. Computer simulations, such as Shadow Health®, provide another alternative for replicating reality. Lastly, the CLC utilizes human simulators, such as SimMan 3G®, PediSim®, Noelle®, and SimBaby®, which respond in real-time based on student actions, providing a great opportunity for students to put their critical thinking, clinical reasoning and clinical judgment skills into action. The CLC promotes an environment that replicates reality to the highest extent, and practicing in such an environment will increase the probability that acquired skills are used in the real-world setting. The CLC has adapted the simulation design template recommend by the National League for Nursing (NLN) as the foundation for all simulated scenarios throughout the nursing curriculums (see attached template).

Simulation Scenarios

The CLC fosters an active learning environment, requiring active participation by all students. Students are expected to report to all simulated experiences prepared and ready to actively participate in all simulated experiences. Students and faculty are expected to be professional and respectful of others, including all mannequins and other equipment. Situations simulated in the lab are to be considered learning tools and no discussion regarding the actions of fellow students should take place outside of the lab. A debriefing session, facilitated by faculty, is conducted after all simulated experiences. After the debriefing session, students and faculty will complete an evaluation of the simulated experience, providing them the opportunity to reflect on the experience and to provide constructive feedback to further enhance the simulation for future students.

Debriefing

Debriefing involves a reflective, critical thinking analysis of a simulation exercise. It is an active process, driven by faculty and students, involving the identification and sharing of both the facts and the emotions associated with a simulated experience. Nursing faculty and/or the Director of the CLC will facilitate a debriefing session immediately after a simulated experience, and this session should foster an intense post-conference discussion with active participation from all participants. The focus of the debriefing should be a positive experience that encourages students to critically think about what was done, what was not done and what could be done differently in the future.

General Clinical Learning Center Guidelines

Orientation to the Clinical Learning Center

All users of the Clinical Learning Center, including faculty, staff and students, are required to complete an orientation prior to utilizing any of the CLC resources. Information to be included in the orientation will include a tour of the facility, demonstrations of proper use of equipment and discussions of the *CLC Policies and Procedures* manual (see attached orientation checklist). The Director of the CLC maintains responsibility for ensuring that this orientation is provided and completed by all users of the CLC.

Clinical Learning Center Code of Conduct/Behavior

1. All faculty and students will adhere to the Clinical Learning Center (CLC) guidelines.

2. All policies in the Department of Nursing *Student Handbook* regarding clinical expectations apply to the CLC.

3. All faculty, staff and students will complete a CLC orientation ***prior*** to using the equipment.

4. Students are expected to report to the CLC prepared to actively participate in all learning experiences. Professional conduct and communication are expected at all times.

5. Infection control measures utilized in actual client care environments are utilized in simulated care areas. Natural oils found on hands can destroy the mannequin "skin". Hands should be washed before and after all client contact. Gloves are utilized as they are utilized in the actual clinical setting.

6. All mannequins and equipment are treated with proper care and respect as if they were real, human clients.

7. Mannequins are to remain on the beds at all times. Equipment should only be relocated or removed as instructed by the Director of the CLC.

8. Equipment and supplies are returned to their appropriate location upon completion of simulated exercises. Beds should be made and left in their lowest position after each use. Bed rails should be lowered when unoccupied by mannequins. Gowns should be properly placed back on the mannequin after each use.

9. Damaged, missing or malfunctioning equipment should be reported immediately to the Director of the CLC or nursing faculty (see attached form).

10. Ink pens, felt-tipped markers, iodine, betadine, or KY jelly should not be used on or near the mannequins. These items permanently stain task trainers and mannequin skins.

11. Students and faculty are expected to maintain a respectful and safe learning environment for colleagues while participating and observing in simulated learning experiences.

12. Simulated learning experiences are to be used for learning purposes only and no discussion of the scenarios or the actions of fellow students should take place outside of the lab.

13. Cell phones are not permitted in the CLC.

14. Food and beverages are not permitted in any area of the CLC.

15. Simulation labs are to be used for teaching and learning purposes only and not for personal use. (Ex. Appliances and furniture in the simulated apartment are not to be utilized for personal use by faculty, staff or students.)

Confidentiality

Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality. In order to preserve the realism of scenarios used in the CLC and to provide an equitable learning experience for each student, all persons utilizing the CLC are required to sign a simulated learning contract and confidentiality agreement (see attached form). Students are expected to protect information pertaining to the actions of peers and are expected to keep these experiences within the clinical group for learning purposes only. Students agree to report any violations to the

Director of the CLC or nursing faculty. Simulated experience have the potential of being recorded, and students must protect these recorded simulations in the same manner they would protect real client situations. Student consents for photography and/or video are obtained during new student orientation. These photos and videos will only be utilized by the CLC for educational and public relations purposes. Students are not permitted to share these recordings/photos with anyone. Any sharing of recorded CLC activities, such as on YouTube, is inappropriate and will result in disciplinary action.

Remediation

Remediation of simulated lab performance as well as actual clinical performance is recommended by clinical faculty on an individual basis. If it is determined that remediation is necessary in the CLC, the student is referred to the CLC utilizing the electronic student referral form located on the CLC Intranet. The student is asked to return to the CLC based on the recommendation of the Director, CLC staff or clinical faculty. Students who are referred to the CLC are notified via email within 3 days by the CLC when a plan has been drafted and will collaborate with the CLC regarding the day and time of remediation. Any remediation is documented and kept in the student's permanent file.

Communication

All telephones, fax machines, iPads and other technological equipment housed in the CLC are to be used for simulation purposes only. Students may utilize personal electronics during any simulation experiences for educational purposes only. Resources, such as medication references, are housed in the simulation labs for student reference during simulated experiences. Faculty needing to reserve a classroom or laboratory experience in the CLC should submit the electronic request form located on the CLC Intranet at least 4 weeks in advance of anticipated need.

Inventory and Supplies

Supplies required for simulated experiences are provided by the CLC. However, personal clinical supplies such as stethoscopes, penlights, bandage scissors, goggles and pens are the responsibility of students and will not be provided. When supplies are running low or if faculty would like to request additional supplies, the Director of the CLC should be notified. Request for equipment/supplies should be submitted at least four weeks in advance of anticipated need utilizing the electronic request form located on the CLC Intranet. Supplies not typically housed within the CLC need to be requested at least 8 weeks in advance to ensure adequate time to order and receive the requests. Reusable supplies should be returned to the same cabinet in which they were found. Students should check for expiration dates on supplies, but it is understood that supplies that are expired are intended for practice purposes only and are utilized for that purpose. Unless soiled, all linen should be refolded and placed back onto the linen cart in each storage area. Needles and other sharps are not to be reused under any circumstance and should be disposed of in the nearest sharps container.

Checking Out Equipment

Faculty, staff and/or students may check out equipment (teaching stethoscopes, models, mannequins, etc.) for teaching/learning experiences as approved by the Director of the CLC. Equipment is checked out and returned directly through the Director of the CLC utilizing the electronic request form located on the CLC Intranet. Equipment must be returned within two weeks of checkout unless pre-approved by the Director of the CLC for an extended checkout period.

Clean Up

All users of the CLC have the responsibility for maintaining the CLC in proper working condition. The center should be left in the manner in which it was found, so that those who follow will have a positive lab experience. All trash should be disposed of appropriately and reusable supplies and resources should be returned to their designated locations. Beds should be remade and left in the lowest position with the bed rails down (if unoccupied by mannequins). Curtains should be placed back against the wall and overbed tables should be placed at the foot of the bed. Bedpans, urinals, and/or basins need to be washed, dried and placed in the bedside drawers. Soiled linen is placed in covered linen hampers that may be temporarily located in the simulation lab during linen changes and then returned to their storage location in the soiled utility room (bathroom connected to the simulation lab). Linen hamper bags should only be filled to ¾ capacity, tied securely and left in the soiled utility room. Soiled linen is washed and dried by the CLC staff utilizing the washer and dryer housed in Home Care Simulation Apartment. Reusable supplies should be restocked when not being used. All faculty members and CLC staff are responsible for replacing sharps containers when they become 2/3 of the way full, but the CLC Director maintains responsibility for disposing of filled containers appropriately. Lights should be turned off upon leaving the lab area.

Any spray used for lubrication of the mannequins needs to be used sparingly. Mannequins and task trainers in the skills lab are to be cleaned with mild soap and water, rinsed and dried after every use. All tubes, catheters, dressings, tape, etc. must be removed and the area cleaned appropriately upon completion of simulated exercises. Mannequins are to be left in the bed and are not moved unless directed by the Director of the CLC. All injection pads need to be squeezed of any fluid and left to dry. All drainage bags must be emptied, disposed of or cleaned appropriately for later use.

Media: Videos, CD's, and DVD's

The CLC has the capability of displaying a variety of media. Multiple cameras and microphones are located throughout the simulation labs and have the capability of recording all activity in the rooms. Audiovisual equipment should only utilized by those who have received appropriate training. Recordings are used for educational purposes and debriefing opportunities with the appropriate faculty, staff and students. The confidentiality agreement signed by students protects privacy and discourages inappropriate discussion of video contents or student performance in the simulation scenarios. ***Any unethical viewing or publication outside of the classroom, such as posting on YouTube, is unacceptable and will result in disciplinary action.*** Recorded media is

saved to a backup hard drive in the CLC and is available for student reviewing but shall not be removed from the CLC.

Faculty Preparation before Scenario Simulation

Faculty are expected to provide the Director of the CLC with specific objectives and supplies needed for a simulated experience at least two weeks prior to the scheduled experience (see attached template). It is expected that the clinical faculty for the course will review all simulation scenarios thoroughly prior to the scheduled experiences and work directly with the Director of the CLC to obtain props and equipment. Rehearsing scenarios prior to presenting them to students is extremely important because it provides the faculty time to become familiar with the equipment and supplies being used, the scenario being presented, specific learning objectives, and debriefing points. It also allows faculty to adjust the simulation as necessary so that established objectives are fulfilled. Faculty must schedule a rehearsal time with the Director of the CLC at least one week prior to presenting the scenario to students.

Safety Guidelines

Infection Control

Healthcare workers are occupationally exposed to a variety of infectious diseases during performance of client care activities. Clients are also exposed to a variety of healthcare-associated infections (HAI) from a variety of microorganisms. These infections can be devastating and sometimes evenly deadly. Wherever client care is provided, adherence to infection control guidelines is necessary to ensure safe care for clients as well as healthcare personnel. Participants of simulated scenarios are expected to adhere to all standard precautions and transmission specific precautions (contact, droplet, airborne) as recommended by the Centers for Disease Control and Prevention (CDC). Simulated clients as well as any equipment coming into contact with them are considered contaminated and must be handled accordingly. Personal protective equipment (PPE) is utilized and disposed of just as it is in actual client situations. Needles and other sharps are placed into the designated sharps containers located throughout the CLC. Students, staff and faculty should notify the Director of the CLC when the sharps containers are 2/3 full so that they can be changed and disposed of appropriately.

"Clean" Needle Stick Guidelines

In accordance with the Center for Disease Control (CDC), all sharps are to be handled safely and disposed of properly. In the event of a "clean" needle stick, the Director, CLC or nursing faculty should be notified immediately, so first aid can be provided. The Director, CLC should be notified so that an incident report form can be filled out and reported according to Department of Nursing guidelines. Complications from a "clean" needle stick may include: tenderness, minor bleeding or bruising, and infection.

Latex Warning

Students, staff and faculty must be aware that some of the equipment and supplies in the CLC contains latex. Those with a known sensitivity/allergy to latex should contact the Director, CLC. Every effort is made to replace equipment with latex-free substitutions. All users who suffer from a latex sensitivity/allergy should take precautions while using or handling latex parts by wearing non-latex gloves.

Security and Emergencies

All faculty members are to ensure that lab rooms are secure and safe when using the rooms. The doors to the CLC should be locked at all times when not in use. The University Public Safety Department should be notified if the CLC is going to be utilized after regular business hours (evenings/weekends). It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the Health Science Building. In case of a fire, all persons are expected to evacuate the building and Public Safety needs to be notified immediately at extension 6235. Fire extinguishers are located upon entering door 207 (area leading to the control room between the Pediatric and Maternal labs) and door 213 (area leading to the control room between the Basic and Advanced care labs). A fire pull alarm and another fire extinguisher is also located at Stairwell A, located across from the Brenda A. Brooks Home Simulation Apartment.

Physical Safety

All students are instructed on safe handling, repositioning and transfer techniques prior to practicing on mannequins and each other. All users should use caution when practicing lifting skills and should not lift a mannequin or heavy object without assistance. Proper body mechanics should be utilized during all simulated practice and clinical experiences. Wheels of all equipment (beds, wheelchairs, stretchers, etc.) should remain locked. A first aid kit is stored in the Basic Care Lab in case injuries should occur. There should be no running in the CLC, and any accident or injury needs to be reported immediately to faculty and/or the Director of the CLC. The Director of the CLC will complete and maintain all incident reports. The incident report is located in each lab, as well as the faculty handbook.

References

Jeffries, P. R. (Ed.). (2007). *Simulation in nursing education: From conceptualization to*

    evaluation. New York: National League for Nursing

Missouri Southern State University. (2012). *Policy and procedures manual: Simulation*

    Center for Interdisciplinary Clinical Education.

    http://www.mssu.edu/academics/technology/simulation-center/pdfs

Laerdal International/US. (2012). http://www.laerdal.com

The University of North Carolina at Pembroke
Department of Nursing
Clinical Learning Center
Orientation Checklist

1. Policies and Procedures (Manual posted on the CLC Intranet)

Item	Date	CLC Staff Sign-Off
User consent for recording and photographs For student/faculty training and public relations		
Dress Code Clinical dress code followed during CLC activities		
Food and Beverages No food or drink is permitted in the Simulation Suite		
Latex Allergies Veins in task trainers and simulators contain latex. Users who have a latex allergy should wear non-latex protective gloves while handling latex parts.		
Access and hours of operation		

2. Simulator Overview

Item	Date	CLC Staff Sign-Off
Introduction to Human Simulators SimMan®, SimMan 3G®, PediSim®, SimBaby®, Noelle®		
Partial Task Trainers IV arms, catheter trainers		
Laerdal Virtual I.V. ® Password required		
Low-fidelity mannequins		
EHRTutor Login required		

3. Simulation Guidelines

Item	Date	CLC Staff Sign-Off
Professional Behavior: Professional, respectful and safe behavior is expected during all CLC simulated experiences.		
Care of Human Simulators: No felt-tipped markers, ink pens, acetone, iodine, betadine, or other staining medications allowed on or near the mannequins. Soap and water can be used to clean the mannequins. All drainage devices, dressings and tubing must be removed and areas cleaned at the end of simulated experiences.		
Care of the CLC Space: Simulation labs are to be left in the same manner as it was found (i.e., tables, chairs, equipment); sharps containers changed when 2/3 full; dirty linen hampers in bathrooms connected to lab		
Notify CLC staff immediately of any concerns or problems with equipment and/or supplies in the CLC.		

The University of North Carolina at Pembroke
Department of Nursing
Clinical Learning Center

Student Contract (To be submitted electronically)

I have reviewed and had the opportunity to discuss the contents of the UNCP Department of Nursing's *Clinical Learning Center Policy and Procedures Manual* with the CLC faculty/staff. I, as a student enrolled in a UNCP nursing program, agree to adhere to the policies and guidelines set forth. The policies and procedures are subject to change during my course of study and it is my responsibility to keep abreast of these changes.

Student Name: _____

Student Signature: _____   Date: _____

The University of North Carolina at Pembroke
Department of Nursing
Clinical Learning Center
Simulated Learning Contract and Confidentiality Agreement
(To be submitted electronically)

Simulation Contract: The University of North Carolina (UNCP) Department of Nursing has incorporated simulated experiences throughout my curriculum to best represent actual client situations. During these simulated experiences, the roles of clients, family and members of the interprofessional team are fulfilled by students, volunteers, faculty and/or mannequins, and I am expected to engage with these actors and/or simulators in a professional and realistic manner. The simulation mannequins are to be used with respect and be treated as if they were real clients. Situations simulated in the lab are to be used as learning experiences; thus, I will respect the roles of my faculty and peers as well as volunteers and follow the Clinical Learning Center's Code of Conduct/Behavior during all simulated experiences.

Confidentiality Agreement: As a user of the clinical learning center, I understand the significance of confidentiality with respect to information concerning simulated clients and fellow students. I will uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violation(s) of confidentiality that I become aware of to my instructor or facilitator and I agree to adhere to the guidelines outlined below:

- All client information, actual or simulated, is considered confidential and any inappropriate viewing, discussion or disclosure of this information is a violation of UNCP Department of Nursing policy.
- The simulation center is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.
- I am not to remove, release or make publicly available any documented (written or electronic), observed or recorded client or student information that may be accessible to me as part of a simulated learning experience.
- Simulation and debriefing sessions may be audiotaped and/or videotaped. This recorded information is privileged and confidentiality must be maintained at all times.

CLC Policies and Procedures: I understand that I must uphold the stipulations outlined in the CLC Policies and the Simulated Learning Contract and Confidentiality Agreement as a component of successful progression in the UNCP nursing program. I have continuous access to the policies and procedures manual (with the option to download for saving/printing if desired) on the CLC Intranet.

Signature: _____Date: _____

Printed Name: _____

The University of North Carolina at Pembroke
Department of Nursing
Clinical Learning Center

Simulation Design Template

Date: **File Name:**

Student Level: **Location:**

Expected Simulation Run Time: **Guided Reflection Time:**

Admission Date: **Today's Date:** **Brief Description of Client:** **Name:** **Gender: Age: Race:** **Weight: Height:** **Allergies:** **History of Present illness:** **Primary Medical Diagnosis:** **Surgeries/Procedures & Dates:** **Past Medical History:** **Religion:** **Major Support:** **Immunizations:** **Attending Physician/Team:** **Social History:** **Nursing Diagnoses:**	**Psychomotor Skills Required Prior to Simulation** **Cognitive Activities Required prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]**

Simulation Learning

Objectives 1.

2.

3.

4.

5.

6.

7.

Fidelity (choose all that apply to this simulation)

Setting/Environment	Medications and Fluids
☐ **Community**	☐ **IV Fluids:**
☐ **Emergency Department**	☐ **IVPB:**
☐ **Home Health**	☐ **IV Push:**
☐ **ICU**	☐ **ID**
☐ **Long-term Care**	☐ **Inhalants:**
☐ **Maternal/Newborn**	☐ **IM**
☐ **Medical-Surgical**	☐ **Optic:**
☐ **Mental Health**	☐ **Oral Meds:**
☐ **OR / PACU**	☐ **Otic:**
☐ **Pediatrics**	☐ **Rectal:**
☐ **Pre-Hospital**	☐ **SC**
☐ **Other:**	☐ **Transdermal:**
	☐ **Vaginal:**

Simulator Mannequin/s Needed:

Props:

Equipment Attached to Mannequin(s):
☐ **Drains: type mL output**
       drainage color

☐ **Foley catheter   mL output**

☐ **ID band**

☐ **IVPB with   running at mL/hr**

☐ **IV pump**

☐ **IV tubing with primary line   fluids running at mL/hr**

☐ **Monitor**

☐ **NGT   mL output drainage color**

☐ **02**

☐ **PCA pump running**

☐ **Secondary IV line   running at   mL/hr**

☐ **Other:**

Diagnostics Available

☐ **Labs**

☐ **X-rays**

☐ **12-Lead EKG**

☐ **Other:**

Documentation Forms

☐ **Admit Orders**

☐ **Anesthesia / PACU Record**

☐ **Code Record**

☐ **Flow sheet** ☐

Graphic Record

☐ **Growth Chart**

☐ **Kardex**

☐ **Medication Administration Record**

☐ **Physician Orders**

☐ **SBAR Form**

☐ **Shift Assessment**

☐ **Standing (Protocol) Orders**

☐ **Transfer Orders**

☐ **Triage Forms**

☐ **Other:**

Equipment available in room:	Recommended Mode for Simulation (i.e. manual, programmed, etc.)
☐ **Bedpan/Urinal**	
☐ **Crash Cart**	
☐ **Defibrillator/Pacer**	
☐ **Feeding Pump**	
☐ **Fluids**	
☐ **Foley kit**	
☐ **Incentive Spirometer**	
☐ **IV Mini Infuser Pump**	
☐ **IV Pump**	
☐ **IV start kit**	
☐ **IV tubing**	
☐ **IVPB Tubing**	
☐ **MedDispense**	
☐ **Mobility Device (type)**	
☐ **NeehrPerfect**	
☐ **02 delivery device**	
☐ **(type) Pulse Oximeter**	
☐ **Pressure Bag**	
☐ **Straight Catheter Kit**	
☐ **Suction**	
☐ **Other:**	

Roles	Student Information Needed Prior to Scenario:
☐ **Anesthetist**	☐ **Objectives for simulation** ☐
☐ **Care Manager**	**Orientation to lab/equipment**
☐ **Clergy**	☐ **Pre-simulation requirements**
☐ **Client**	☐ **Role descriptions/expectations**
☐ **Clinical Instructor**	☐ **Information related to roles**
☐ **Code Team Member**	☐ **Time frame for simulation**
☐ **Lab Technician**	☐ **Other:**
☐ **Medical Imaging Technician**	
☐ **Nurse Manager**	
☐ **Nutritionist**	**Report Students Will Receive Before Simulation**
☐ **Observer(s)**	
☐ **Pharmacist**	
☐ **Physical Therapist**	
☐ **Physician/Advanced Practice Nurse**	
☐ **Primary Nurse**	
☐ **Recorder**	
☐ **Respiratory Therapist**	
☐ **Secondary Nurse**	
☐ **Social Worker**	
☐ **Support Member #1**	
☐ **Support Member #2**	
☐ **Unlicensed Assistive Personnel**	
☐ **Other:**	

Significant Lab Values:	
Physician Orders:	

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used For This Scenario (site source, author, year, and page):

Scenario Progression Outline:

Approximate Timing	Mannequin Actions	Expected Interventions	May Use the Following Cues
			Role member providing cue: **Cue:**
			Role member providing cue: **Cue:**
			Role member providing cue: **Cue:**
			Role member providing cue: **Cue:**

Debriefing/Guided Reflection Questions for This Simulation

1. How did you feel throughout the simulation experience?

2. Describe the objectives you were able to achieve?

3. Which ones were you unable to achieve (if any)?

4. Did you have the knowledge and skills to meet objectives?

5. Were you satisfied with your ability to work through the simulation?

6. What other courses of action did you consider?

7. What training, information or knowledge would have helped?

8. Did you follow a particular rule, policy or procedure?

9. To Observer: Could the nurses have handled any aspects of the simulation differently?

10. If you were able to do this again, how could you have handled the situation differently?

11. What did the group do well?

12. What did the team feel was the primary nursing diagnosis?

13. What were your specific goals? Priorities?

14. What were the key assessments and interventions?

15. How much was time pressure a factor in your decisions/actions?

16. How would you summarize this experience?

17. Is there anything else you would like to discuss?

Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

Simulation Design Scale (Student Version)

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 or wrong answers, only your perceived amount of agreement or disagreement. Please use the following code to answer the questions.

Use the following rating system when assessing the simulation design elements:
  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.

Rate each item based upon how important that item is **to you.**
  1 - Not Important
  2 - Somewhat Important
  3 - Neutral
  4 - Important
  5 - Very Important

Item	1	2	3	4	5	NA	1	2	3	4	5
Objectives and Information											
1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
2. I clearly understood the purpose and objectives of the simulation.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
3. The simulation provided enough information in a clear matter for me to problem-solve the situation.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
4. There was enough information provided to me during the simulation.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
5. The cues were appropriate and geared to promote my understanding.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
Support											
6. Support was offered in a timely manner.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
7. My need for help was recognized.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
8. I felt supported by the teacher's assistance during the simulation.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5
9. I was supported in the learning process.	○ 1	○ 2	○ 3	○ 4	○ 5	○ NA	○ 1	○ 2	○ 3	○ 4	○ 5

Simulation Design Scale (Student Version)

Use the following rating system when assessing the simulation design elements:

   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.

Rate each item based upon how important that item is **to you.**

   1 - Not Important
   2 - Somewhat Important
   3 - Neutral
   4 - Important
   5 - Very Important

Item	1	2	3	4	5	NA	1	2	3	4	5
Problem Solving											
10. Independent problem-solving was facilitated.	1	2	3	4	5	NA	1	2	3	4	5
11. I was encouraged to explore all possibilities of the simulation.	1	2	3	4	5	NA	1	2	3	4	5
12. The simulation was designed for my specific level of knowledge and skills.	1	2	3	4	5	NA	1	2	3	4	5
13. The simulation allowed me the opportunity to prioritize nursing assessments and care.	1	2	3	4	5	NA	1	2	3	4	5
14. The simulation provided me an opportunity to goal set for my patient.	1	2	3	4	5	NA	1	2	3	4	5
Feedback/Guided Reflection											
15. Feedback provided was constructive.	1	2	3	4	5	NA	1	2	3	4	5
16. Feedback was provided in a timely manner.	1	2	3	4	5	NA	1	2	3	4	5
17. The simulation allowed me to analyze my own behavior and actions.	1	2	3	4	5	NA	1	2	3	4	5
18. There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	1	2	3	4	5	NA	1	2	3	4	5
Fidelity (Realism)											
19. The scenario resembled a real-life situation.	1	2	3	4	5	NA	1	2	3	4	5
20. Real life factors, situations, and variables were built into the simulation scenario.	1	2	3	4	5	NA	1	2	3	4	5

| | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

Revised December 22, 2004