

Simulation Lab Summation Fall 2015

The simulation lab has completed its first full academic year. The focus was the sophomore class and laying the groundwork for scenario development, objectives and evaluation. This groundwork will then be used to develop experiences in all levels of the school of nursing (i.e. junior, senior, graduate-level, etc.). The sophomore only focus this past year allowed us to try out different layouts and schedules for simulation to see which one was the most beneficial to the students and achieved the outcomes for the experience.

This past year, we had 12 – 14 students from all the clinical groups (1-2 students from each group) attend simulation lab each week. The structure of the simulation day mimicked that of a clinical day. A patient scenario was created that included all aspects of medical information that is available in the hospital setting (background, health history, lab work, medications, provider orders, etc.). The students were responsible for completing “pre-clinical” work using the provided information the night before and bring their information to simulation the following day. Simulation lab began with a pre-clinical conference that allowed the students to discuss and critically think through their care, assessment and interventions. After pre-clinical conference was complete, the students were separated into groups of 3-4 students. These groups were rotated through 3 different rooms to complete various activities. By the end of the simulation time, each group would have completed the activities of each room.

After all activities were completed, they would meet for post-clinical conference to de-brief as a group and create a care-plan for their patient. A reflective journal was also submitted to faculty after the experience. In the fall semester, we added a second simulation day where the simulation faculty graded all sophomore students on their head-to-toe assessment.

Student feedback during the simulation experience was given during pre-clinical conference (regarding their preparation for simulation, knowledge and understanding of the medical information, etc.), during the de-briefing time after each activity, and at the end of the day during the post-clinical conference. Feedback was verbally given and encouraged the student to reflect on the experience, challenged them to focus on areas of weakness, and celebrated areas of strength. No grades were given for the experience (except the graded head-to-toe in the fall semester). Feedback was also given to the clinical faculty each week, outlining how simulation went and areas that can be followed up on in clinical.

We gathered student feedback each semester and made the following changes as a result.

- 1) Lower numbers of students in simulation (we now have 5-6 students each week)
- 2) Receive the information on the patient earlier the night before (we now send it out by 3pm)
- 3) Lower anxiety regarding the electronic equipment (we now have a “meet the SimMan” time during pre-clinical conference where students can interact freely with the equipment)

Based on further research on best practice for simulation, we also removed the graded head-to-toe assessment from the simulation experience in the fall. Studies have shown that grading should not be incorporated in the simulation learning environment.

Our plans for the future are outlined in our strategic plan. We plan to incorporate the adjustments listed above at the sophomore level. We plan to meet with Junior and Senior level faculty to establish their needs and desires for simulation at their level with the goal being to run junior level scenarios at the beginning of fall 2016.