

PILOT WOUND MANAGEMENT

Estimated Time: 15 minutes • Debriefing Time: 30 minutes



Scan to Begin



Patient Name: Clint D. Fullerton

SCENARIO OVERVIEW

This scenario is one of the initial pilot ARISE scenarios on Wound Management. The original documentation is contained in Appendix A. The scenario involves a 67-year-old male patient admitted to the hospital from a long-term care facility with an ankle ulceration. He has received multiple rounds of antibiotic treatment with no successful results. Last night he developed foul smelling diarrhea and a wound culture and stool culture was sent. Students should assess the patient and implement appropriate interventions.

LEARNING OBJECTIVES

1. Complete a head to toe assessment
2. Accurately document patient assessments and medications
3. Demonstrate proper therapeutic communication and teaching
4. Implement proper precautions as needed

CURRICULUM MAPPING

WTCS NURSING PROGRAM OUTCOMES

- Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, caring, advocacy and quality care
- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- Integrate social, mathematical, and physical sciences, pharmacology, and pathophysiology in clinical decision making
- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
- Use information and technology to communicate, manage data, mitigate error, and support decision-making

SIMULATION LEARNING ENVIRONMENT & SET-UP

ENVIRONMENT

Inside room: Patient lying in bed, mother on patient's right

Inside or outside room: Hand sanitizer or sink with **QR Code: Sanitizer/Sink** attached

Outside room: Charting documents

PATIENT PROFILE

Name: Clint D. Fullerton

Height: 172.7 cm (68 inches)

DOB: 02/26/19xx

Weight: 65 kg (143 pounds)

Age: 67 years

Code Status: Full code

MR#: 0610

Primary Language spoken: English

Gender: Male

Allergies: None

EQUIPMENT/SUPPLIES/SETTINGS

Patient

- Hospital gown
- No moulage
- ID band present with **QR code: Patient ID**
- **QR Code: Patient** placed on Patient
- Place the **QR Code: Leg** on the mannikin's left inner ankle

Monitor Settings

- Display Vitals after students obtain them: BP 188/98, P 108, RR 12, O2 sat 99%, T 38.2 C (100.8F)

Supplies

- Chart forms (from Appendix B)
 - Orders
 - MAR
- Duoderm dressing
- IV pump with 0.9% NaCL running at 75 ml/hr
- Medications:
 - Lisinopril 20 mg PO
 - 0.9% NS

- Lantus insulin
- Novolin R insulin

QR CODES

REPORT 	PATIENT 	PATIENT ID 	SANITIZER/SINK 
MEDICATIONS 	LEG 	END/DONE 	

TEACHING PLAN

PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Explain how the iPad works in the simulated learning environment including:
 - Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.
 - For some scenarios, it may be helpful to tell students where the QR Code are located. For others, you may want students to “find” the QR Codes during their assessments. This is your choice.
 - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
- Scan the **QR Code: “Scan to Begin”** while students are in Prebrief
- A “Start” plaque appears with Patient information displayed (tap continue)
- Discuss the “Learning Objective(s)” displayed on the iPad (tap continue)
- Tap the menu icon in top left corner of screen, then tap “QR Scan” to Scan **QR Code:Report** on iPad
- A plaque with Provider orders appears for students to review
 - Please note that in these pilot scenarios, there is no EMR-like tabbed data on the iPad
 - Possible Facilitator Questions
 - What are your planned focused assessments based on the nurse report?

SCANNER

Use this tab to scan the QR codes

STATE 1

PATIENT ASSESSMENT

- Patient Overview
 - Students should enter the room and assess the patient.
- Expected Student Behaviors
 - Wash hands or use hand sanitizer. **Scan QR code: Sanitizer/Sink** to indicate this has been accomplished
 - Introduce self to the patient
 - Identify patient by scanning **QR Code: Patient ID** on the patient's armband while simultaneously asking for name and date of birth
 - Scan **QR Code: Patient** to gather patient's subjective information
 - Scan **QR Code: Leg** to assess the patient's wound
 - Communicate therapeutically with the patient
 - A confirmation message appears:
 - “Have you done the following?”
Taken patient vitals
Completed head to toe assessment
 - No: if tapped, message is repeated
 - Yes: if tapped, another message appears:
 - “Please wash your hands to Exit the room.”
 - Exit
 - **Scan QR code: Sanitizer/Sink** to indicate this has been accomplished upon exiting the room, which will cause the iPad to display the incoming Lab report with positive Clostridium difficile results
 - Students receive a message: Based on the results of labs, do you need to call the provider?
 - No

- If this is tapped, students receive a message ‘Please review labs and provider orders again....>I have reviewed provider orders
 - Yes
 - If this is tapped, students receive a message “Please call the provider regarding the lab results. Exit>”
- Technician Prompts
 - Patient does not feel well and is grouchy. He wants to be left alone.
 - If the student requests a blood sugar reading, it is 210
 - When students call the provider, ask questions if pertinent information is not provided in the SBAR report. Give the following new orders:
 - Vancomycin 25 mg/kg IVPB x 1 dose
 - Then administer Vancomycin 15 mg/kg IVPB every 12 hours
 - Implement contact precautions
- Facilitator Questions
 - What parameters should be included in a wound assessment?
 - How will you prioritize the orders?
 - When should the provider be contacted?

STATE 2

NOTIFY THE PROVIDER AND RECEIVE NEW ORDERS

- Patient Overview
 - Students should call the provider and provide information using SBAR format. Students will administer medications based on the new orders and implement contact precautions.
- Expected Student Behaviors
 - Scan **QR Code: Medications** when ready to administer medications
 - A question will appear: “Please select a medication to prepare from the following list:
 - Vancomycin
 - Lantus
 - Lisinopril
 - Novolin R
 - Done Preparing Medications
 - If students click on Vancomycin, the following question appears: “Select the correct dose of Vancomycin to be given.”
 - Go back to Select Meds
 - 1.6 grams
 - 3.6 grams
 - 7.9 grams
 - 9.8 grams
 - If the incorrect dose is selected, students receive a message: “Please recalculate the dose needed.”
 - Recalculate
 - If the correct dose is selected, students receive a message “Correct! You may prepare your medication.” (Continue)

- If students click on Lantus, the following question appears: “Select the correct dose of Lantus to be given.”
 - Go back to Select Meds
 - 4 units
 - 13 units
 - 27 units
 - 63 units
 - If the incorrect dose is selected, students receive a message: “Please recalculate the dose needed.”
 - Recalculate
 - If the correct dose is selected, students receive a message “Correct! You may prepare your medication.” (Continue)
- If students click on Lisinopril, the following question appears: “Select the correct dose of Lisinopril to be given.”
 - Go back to Select Meds
 - 10 mg
 - 20 mg
 - 40 mg
 - 60 mg
 - If the incorrect dose is selected, students receive a message: “Please recalculate the dose needed.”
 - Recalculate
 - If the correct dose is selected, students receive a message “Correct! You may prepare your medication.” (Continue)
- If students click on Novolin R, the following question appears: “Select the correct dose of Novolin R to be given.”
 - Go back to Select Meds
 - 4 units
 - 8 units
 - 12 units

- 16 units
 - If the incorrect dose is selected, students receive a message: “Please recalculate the dose needed.”
 - Recalculate
 - If the correct dose is selected, students receive a message “Correct! You may prepare your medication.” (Continue)
- The iPad returns to the medication choice plaque with the remaining medications listed after each medication is selected with the correct dosage.
 - After all medications have been selected and correct dosages supplied, the students receive the message: “Please select a medication to prepare from the following list: Done preparing medications”
- A message appears, “Enter the room and verify your patient.” At this point students should re-enter the room to administer medications
 - Wash hands. **Scan QR code: Sanitizer/Sink** to indicate this has been accomplished.
 - Students receive a message: “Use of hand sanitizer is not recommended in this case.”
 - Students view an image of the patient stating, “Why are you dressed like that? What’s going on?”
- Identify patient by scanning **QR Code: Patient ID** on the patient’s armband while simultaneously asking for name and date of birth
- Students receive a message: “You have entered the room to administer the patient’s medications. When you are finished administering ALL prepared medications, please wash your hands to exit the room.
- Students receive a message: “Please select the medications to administer from the following list:
 - Lantis
 - Lisinopril
 - Novolin R
 - Vancomycin

- Done Administering All Prepared Meds
- When Lantis is selected, students receive a message “13 units of Lantis has been given to Clint D. Fullerton on (timestamp of date and time displayed) – Continue
- When Lisinopril is selected, students receive a message “20 mg of Lisinopril has been given to Clint D. Fullerton on (timestamp of date and time displayed) – Continue
- When Novolin R is selected, students receive a message “4 units of Novolin R have been given to Clint D. Fullerton (timestamp of date and time displayed) – Continue
- When Vancomycin is selected, students receive a message “1.6 grams of Vancomycin has been given to Clint D. Fullerton (timestamp of date and time displayed) – Continue
- When all meds have been selected, students receive a message “Please select the medications to administer from the following list: Done Administering Medications”
- Students receive a message “Medication Administration is completed.”
- Students receive a message, “You have administered the medications that you have prepared. Please wash your hands to exit the room.”
- Perform hand hygiene upon leaving the room. **Scan QR code: Sanitizer/Sink** to indicate this has been accomplished
 - Students view a message, “Use of hand sanitizer is not recommended in this case.”
- Students should scan **QR Code: End** when ready to end the scenario
 - They will receive a message, “Congratulations! You have met your objectives and completed this scenario.” Followed by “Quest completed C. Fullerton Level 2 – Continue”
- Technician Prompts
 - Clint is concerned about the contact precautions and new medications and continues to ask questions until the students answer appropriately.
 - “What is the medicine for? I’ve already taken antibiotics and now I have diarrhea.”
 - “Why are you wearing a gown and gloves?”

- “What is C. Diff?”
 - “How did I get C. diff?”
- Facilitator Questions
 - What is C. Diff? What causes it?
 - How are contact precautions for C.diff different than other contact precautions?
 - How does Vancomycin work?
 - What is the difference between Lantus and Novolin R?
 - What are your assessments before administering these medications?

DEBRIEF

Nothing needed from the iPad.

QUESTIONS

1. How do you feel this scenario went?
2. Review learning objective: Complete a head to toe assessment
 - a. What focused assessments did you perform based on the patient's status?
 - b. What are important assessments to include in a wound assessment?
 - c. If you could "do over," are there other assessments you would perform?
3. Review learning objective: Accurately document patient assessments and medications
 - a. What elements are important to document as a part of this scenario?
4. Review learning objective: Demonstrate proper therapeutic communication and teaching
 - a. How did you use therapeutic communication to address Clint's concerns? Was it effective?
 - b. What teaching did you provide to Clint? Was it effective?
 - c. If you could "do over," would you communicate or teach anything differently?
5. Review learning objective: Implement proper precautions as needed
 - a. What precautions were required for this scenario? Why?
6. Tie the scenario back to the nursing process in a large group discussion. Concept mapping can be used to facilitate discussion.
 - a. Identify 3 priority nursing problems you identified.
 - b. Create a patient centered goal for each nursing problem you identified.
 - c. Discuss focused assessments for each nursing problem.
 - d. Discuss nursing interventions for each nursing diagnosis.
 - e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?
7. Summarize/Take Away Points: "In this scenario you care for a 67-year-old patient admitted for a non-healing ankle wound that developed C. diff. What is one thing you

learned from participating in this scenario that you will take into your nursing practice?”
(Ask each student to share something unique from what the other students share.)

NOTE: Debriefing technique is based on INASCL Standards for Debriefing and NLN Theory-Based Debriefing by Dreifuerst.

APPENDIX A: ORIGINAL PILOT DOCUMENTATION



Clint D. Fullerton

Estimated Time: 30 min
Debriefing Time: 60 min

Wound
Level Two, Nursing
High Fidelity

AUGMENTED REALITY INTEGRATED SIMULATION FOR EDUCATION

OVERVIEW OF SCENARIO

Developer: Kasey Carlson, RN MSN MA- Simulation Curriculum Specialist

Original Date: 4/21/15

Alpha version: 6/9/15

Beta version:

Piloted:

Pre-Simulation Learning Activities

Review prior to
participating in the
scenario:

- Head to toe assessment
- Therapeutic communication
- Documentation
- Medication administration
- Infection Control

Clint D. Fullerton is a 67 year old male who was admitted to the medical/surgical floor for treatment of a left ankle ulceration. Mr. Fullerton resides at a local long term care facility due to self-care deficits and being a brittle diabetic. He has had multiple rounds of antibiotic treatment with no successful results. Last night he developed foul smelling diarrhea and a culture was sent. A wound culture was also sent.

LEARNING OBJECTIVES

Learning Outcomes

1. Recognize abnormal findings in assessments and diagnostics
2. Demonstrate proper medication administration
3. Accurately document patient assessments and medications
4. Appreciate the importance of therapeutic communication
5. Demonstrate infection control practices

Key Performance Actions

1. Complete a head to toe assessment
2. Accurately document patient assessments and medications
3. Demonstrate proper therapeutic communication and teaching
4. Implement proper precautions as needed

SCENARIO SET-UP

Environment

Inside room: Patient on bed

Inside or outside room: Hand sanitizer or sink (Will use both for scenario)

Outside room: Charting, MAR, Medications, and End code

Patient Profile

Name: Clint D. Fullerton

DOB: 02/26/19XX

Age: 67

MR#: 0610

Gender: Male

Ht: 68 inches

Wt: 143 lbs (65 kg)

Code Status: Unknown

Spiritual Practice: Unknown

Ethnicity: Caucasian

Primary Language spoken: English

Current Medications: See Level 2 Provider Orders for details

Allergies: None

Equipment/Supplies/Settings

Patient

- Hospital gown
- Pad, chux placed under patient or adult brief on
- No moulage
- ID band present with QR code
- IV in left hand

Monitor Settings

- Vitals: BP 188/98, P 108, RR 12, O2 99%, T 38.2C (100.8)
 - Display vitals after student gets them

Supplies

- Chart
 - Provider Orders
 - MAR
- IV pump
 - 0.9% NaCl running at 75ml/hr

Scenario Cast

Patient – Low fidelity
(high fidelity optional)

Nurse (Female) – Can be confederate/actor or low fidelity representation

RN – Learner/Student

Medications

Lisinopril 20mg PO

- May have 10mg tablets

Lantus insulin

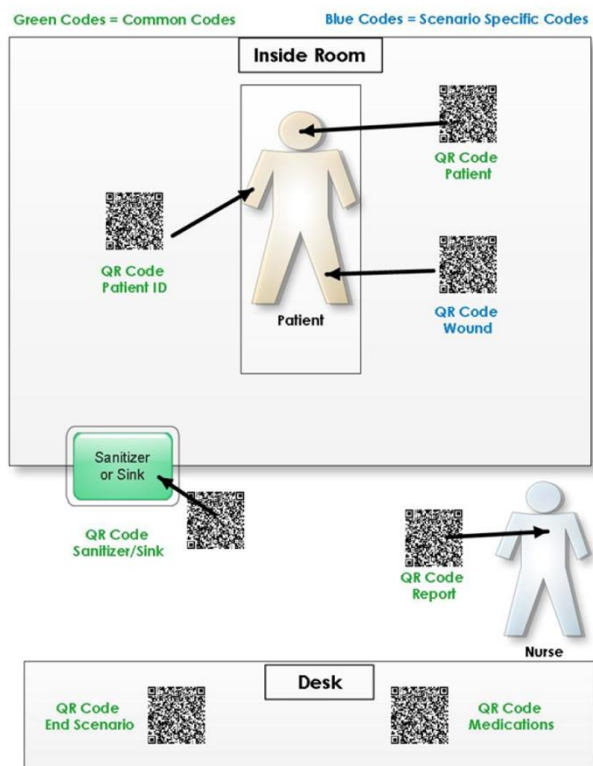
Novolin R insulin

0.9%NaCl Flush 5-10mL

0.9%NaCl 1000mL bag

Vancomycin 1.6 grams IVPB

Location of QR Codes



Scenario Script

Pre - State	Events	Expected Student Behaviors
Title: Report/Entrance of room	ARISE Prompts: Objectives Instructed to get report Nurse instructs to get check orders and get an assessment Nurse gives blood sugar of 210 Will not let student progress unless sanitizer or sink is scanned Will not let student progress unless patient is verified.	Scan Nurse for report Write report down Enter room Introduce self Scan sanitizer or sink to indicate the washing of hands Scan patient ID to verify patient

State	Events	Expected Student Behaviors
State 1 Title: Assessment	Vitals: BP 188/98 P 108 RR 12 O2 99% T 38.2C (100.8) Pain: 3/10 in abdomen and ankle Display vitals after student gets them Neuro: Alert and oriented x3, PERRLA Heart: Normal Lungs: Clear GI/GU: Hyperactive, LBM this morning -	Scan patient for objective information Scan wound for information Communicate therapeutically

	<p>loose, Last void was this morning - normal Motor intact Sensation limited in fingers and toes Capillary refill normal, no edema</p> <p>ARISE Prompts:</p> <p>Will not let student progress unless patient and wound are scanned</p> <p>Will not let student progress unless sanitizer or sink is scanned</p> <p>**After sanitizer or sink is scanned, student will be notified on iPad that Mr. Fullerton is Clostridium difficile positive</p>	<p>Scan sanitizer or sink to indicate the washing of hands</p> <p>Leave room and accurately chart data</p> <p>Recognize the need for contact precautions</p>
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State	Events	Expected Student Behaviors
<p>State 2</p> <p>Title:</p> <p>New Orders</p>	<p><i>New orders to give to students when provider contacted:</i></p> <ol style="list-style-type: none"> 1. Administer Vancomycin 25 mg/kg IVPB x 1 dose 2. Then administer Vancomycin 15 mg/kg IVPB every 12 hours 3. Implement contact precautions <p>ARISE Prompts:</p> <p>When Medications QR code is scanned, student will select medications and correct doses</p> <p>It will allow student to choose one or all of the medications**</p> <p><i>Give students Vancomycin 1.6 grams IVPB</i></p>	<p>Contacts provider re: Clostridium difficile status</p> <p>Records orders accurately</p> <p>Implements contact precautions</p> <p>Selects Lisinopril, Lantus, and Novolin to prepare</p> <p>Calculates proper Lantus and Novolin R dose</p> <ul style="list-style-type: none"> • Lantus 13 units • Novolin R 8 units <p>Orders Vancomycin IVPB</p>

State	Events	Expected Student Behaviors
State 3 Title: Medication Administration	ARISE Prompts: Will not let student progress unless patient is verified Will not let student leave unless all medications are administered Will ask what medications are given Will not let student progress unless sink is scanned	Dons appropriate PPE Scan patient ID to verify patient Administers insulins correctly Administers Vancomycin correctly Removes PPE correctly Scan sink to indicate the washing of hands (sanitizer not recommended for CDiff)

May repeat with multiple students. Proceed to Debriefing.

Suggested Topics for Debriefing (See Guide in Resources)

- What was noted about Mr. Fullerton's wound?
 - What caused this wound?
 - What are Mr. Fullerton's risk factors that may contribute to wound healing?
- Describe communication techniques used
 - How did you feel about Mr. Fullerton?
- Discuss medications prescribed to Mr. Fullerton
 - Differences between insulins
 - Sliding scale versus carbohydrate counting
- What is Clostridium difficile and what precautions need to be taken?
 - Review prevention of nosocomial infections
 - Review how to properly use PPE
- Discuss use of Vancomycin for wound and Clostridium difficile
 - Note: Peak/trough not covered in level 2

APPENDIX B: CHART FORMS



Lab Report

AUGMENTED REALITY INTEGRATED SIMULATION FOR EDUCATION

Name: Clint D. Fullerton

MR#: 0610

DOB: 02/26/19XX

Sex: Male

Age: 67

Ordering Provider: Bennett

Stool Culture								
Date	Today						Units	Reference Range
Time	Now							
Clostridium difficile	Positive							Negative



Medication Administration Record

AUGMENTED REALITY INTEGRATED SIMULATION FOR EDUCATION

PATIENT NAME	RM	AGE	SEX	WT	DATE	PAGE	SITE CODES												
Fullerton, Clint D.	1	67	M	143	TODAY	1	1 - Deltoid R - Right 2 - Arm L - Left 2 - Abdomen U - Upper 3 - Vastus LW - Lower Lateralis 4 - Ventrogluteal												
MR#	DOB	ALLERGIES		PHYSICIAN															
0610	02/26/19xx	None		Dr. Bennett															
H = Held R = Refused N = See Progress Note					MEDICATION ADMINISTRATION TIME														
					Time	Date:	Date:												
Lisinopril 20mg PO daily					0800	Initials:	Initials:												
Lantus insulin 0.2 units/kg/daily subcutaneously					0800	Initials:	Initials:												
0.9% Normal Saline IV at 75 mL/hour						Initials:	Initials:												
Saline lock flush 10mL IVP PRN						Initials:	Initials:												
Novolin R insulin Sliding Scale subcutaneously as needed:						Initials:	Initials:												
<table border="1"> <thead> <tr> <th>Fingerstick glucose level (mg/dL)</th> <th>Novolin R (units)</th> </tr> </thead> <tbody> <tr> <td>150-200</td> <td>4</td> </tr> <tr> <td>201-250</td> <td>8</td> </tr> <tr> <td>251-300</td> <td>12</td> </tr> <tr> <td>301-350</td> <td>16</td> </tr> <tr> <td>351-400</td> <td>20</td> </tr> </tbody> </table>					Fingerstick glucose level (mg/dL)	Novolin R (units)	150-200	4	201-250	8	251-300	12	301-350	16	351-400	20		Initials:	Initials:
Fingerstick glucose level (mg/dL)	Novolin R (units)																		
150-200	4																		
201-250	8																		
251-300	12																		
301-350	16																		
351-400	20																		



Provider Orders

AUGMENTED REALITY INTEGRATED SIMULATION FOR EDUCATION

Name: Clint D. Fullerton

DOB: 02/26/19XX

MR#: 0610

DATE	TIME													
Yesterday	1800	Admit to Med Surg												
		Stool and Wound culture STAT												
		Diabetic Diet												
		Lisinopril 20mg PO daily												
		Saline lock flush 10mL IVP PRN												
		0.9% Normal Saline IV at 75mL/hr												
		Call if CDiff positive												
		Lantus insulin 0.2 units/kg/daily subcutaneously												
		Novolin R insulin Sliding Scale subcutaneously as needed: <table><tr><th>Fingerstick glucose level (mg/dL)</th><th>Novolin R (units)</th></tr><tr><td>150-200</td><td>4</td></tr><tr><td>201-250</td><td>8</td></tr><tr><td>251-300</td><td>12</td></tr><tr><td>301-350</td><td>16</td></tr><tr><td>351-400</td><td>20</td></tr></table>	Fingerstick glucose level (mg/dL)	Novolin R (units)	150-200	4	201-250	8	251-300	12	301-350	16	351-400	20
Fingerstick glucose level (mg/dL)	Novolin R (units)													
150-200	4													
201-250	8													
251-300	12													
301-350	16													
351-400	20													
		Wound care nurse consult												
		-----Dr. Robert Bennett												
Yesterday	1900	Duoderm dressing to left ankle. Change daily.												
		-----Dr. Robert Bennett												

REFERENCES

- Bronze, M. & Cunha, B. (2015). *Diabetic foot infections medication*. Retrieved from Medscape:
<http://emedicine.medscape.com/article/237378-medication#showall>
- Craven, R. F., & Hirnle, C. J. (2013). *Fundamentals of nursing: Human health and function*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.
- Dreifuerst, Kristina Thomas (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *Journal of Nursing Education*, 51(6), 326-333. <http://dx.doi.org/10.3928/01484834-20120409-02>
- Ignatavicius, D. D., & Workman, M. L. (2013). *Medical-surgical nursing: Patient-centered collaborative care*. St. Louis: Elsevier Saunders.
- International Nursing Association for Clinical Simulation and Learning. (2013). *Standards of best practice: simulation*. Retrieved from INACSL:
<http://www.inacsl.org/files/journal/Complete%202013%20Standards.pdf>
- Jarvis, C. (2011). *Physical examination & health assessment*. St. Louis, Mo: Saunders.
- Karlsen, K. (2013). *Stable Program. Adaptation of the RUS model*. Original work from the Center for Medical Simulation (D.R.), Cambridge, MA
- Lentino, J. (2013). *Clostridium difficile – induced diarrhea*. Retrieved from Merck Manual Professional Version: <https://www.merckmanuals.com/professional/infectious-diseases/anaerobic-bacteria/i-clostridium-difficile-i-induced-diarrhea>
- Lipsky, B. B. (2012). *2012 Infectious Diseases Society of America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections*. Retrieved from Clinical Infectious Diseases: <http://cid.oxfordjournals.org/content/54/12/e132.full.pdf+html>

Luey, B. (2011). *Vancomycin empiric dosing guidelines*. Vancouver Acute Pharmaceutical Sciences. Retrieved from Vancouver Coastal Health: <http://www.vhpharmsci.com/>

Medscape. (2015). *Drugs, OTCs, & herbals*. Retrieved from Medscape: <http://reference.medscape.com/drugs>

QSEN Institute. (2014). *Graduate KSAS*. Retrieved from QSEN Institute: <http://qsen.org/competencies>

thesimtech. (2014). *RUST debriefing guide*. Retrieved from thesimtech Resources: <http://thesimtech.com/resources/>

Wiles, B. (2014). *Simulation*. Retrieved from QSEN Institute: <http://qsen.org/teaching-strategies/simulation/>



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