



# Building Nursing Pathways

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## Bellingham Technical College Nursing Simulation Lab Manual

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## Introduction

Bellingham Technical College Nursing Program Simulation Lab provides a realistic, effective, and efficient learning environment for nursing students. This manual is intended for students and faculty.

### Mission Statement

Bellingham Technical College Nursing Program delivers high-quality nursing education to benefit the health of our region.

### Vision Statement

The Nursing program will be a recognized leader in providing innovative, effective, and progressive nursing education. The Program creates options for career success by developing a high-quality, competitive nursing workforce.

### What is Simulation?

Simulation is an attempt at replicating essential aspects of a clinical situation so that similar situations may be understood and managed in the clinical setting. Simulating real life experiences for students in a safe learning environment is conducive to developing critical thinking, clinical reasoning, and clinical judgment skills. Simulation education brings together classroom learning, nursing skills, and real-life clinical experience to allow the nursing student to "put it all together" in a safe learning environment for the purpose of safer nursing practice and improved patient care. A simulation event includes a pre-brief, a scenario, and debriefing. A simulation day may include one or more scenarios preceded by a briefing and followed up with debriefing. The debriefing process is as important as the scenario itself, because this is when important learning opportunities occur.

### Simulation Standards

The BTC Nursing Simulation Lab follows the International Nursing Association for Clinical Simulation & Learning (INACSL) Standards of Best Practice: Simulation<sup>sm</sup>. These standards are:

- Standard I - Terminology
- Standard II - Professional Integrity of Participant(s)



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- Standard III - Participant Objectives
- Standard IV - Facilitation
- Standard V - Facilitator
- Standard VI - Debriefing Process
- Standard VII - Participant Assessment and Evaluation
- Standard VIII - Simulation Enhanced Inter-professional Education (Sim-IPE)
- Standard IX - Simulation Design

More information about INACSL and Standards of Best Practice: Simulation<sup>SM</sup> can be found at: [www.inacsl.org](http://www.inacsl.org)

Students are asked to complete a Simulation Survey at the end of each quarter. Data and comments are reviewed by nursing faculty. Areas of improvement are identified.

## Location

The BTC Nursing Program Skills Labs consists of three lab spaces; Building H, Rooms H12 (Lab A), H14 (Lab B), and H18 (Lab C). The Simulation Lab consists of one space; Building H, Rooms H11 and H13.

## Lab Hours & Scheduling

Normal operating hours for the skills and simulation labs are 8:00am-5:00pm Monday-Friday, but may be occupied outside of these days and times if scheduled and approved in advance. All lab and simulation activities will be scheduled as part of the nursing program master schedule and/or by the instructional tech. The schedules are maintained in Microsoft Outlook calendars (only accessible to BTC faculty and staff) and posted outside the entrance to each lab. Open Lab times will also be included on these calendars. Students may use the lab on a space available basis during normal operating hours.

Schedules are posted outside the entrance to each lab. This is a way for students to check Scheduled Lab Days per course, Open Labs, instructor availability and to look for additional available lab practice times.

## Lab Staff

The BTC Nursing Skills and Simulation Labs are overseen by the Lab and Simulation Coordinator(s). Nursing faculty will lead Skills Lab Days and Evaluations as well as Open Lab.



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## Quality Improvement Process

Bellingham Technical College is committed to providing high quality education. In an effort to maintain standardization and overall quality, a quality improvement process is in place. Continuous quality improvement is instituted in the BTC simulation and skills labs through scenario review, student feedback through data collection and the debriefing process, and NCLEX program reports.

## Expectations

### Student

- Come prepared by completing any pre-assigned work.
- Be on time.
- Be willing to suspend your disbelief and treat the simulation as if it were a real life encounter.
- Be fully engaged in the simulation as well as the pre-briefing and debriefing sessions.
- Be respectful of all participants.
- Adhere to the clinical dress code.
- Maintain confidentiality regarding the scenario and all aspects of the session.
- During the debriefing session write down reflections.

### Faculty

- Review all materials prior to the session.
- Be on time.
- Inspect the set-up of the activities to assure that they align with the stated objectives.
- Conduct a pre-briefing session to review confidentiality, schedule, objectives, and orientation to simulated environment.
- Be fully engaged in the simulation as well as the pre-briefing and debriefing sessions.
- Be respectful of all participants.
- Wear professional attire with a white lab coat or clinical uniform.
- Maintain confidentiality regarding the scenario and all aspects of the session.
- Summarize student performance.



## Skills Lab Information

Students will spend time in the labs each quarter, learning new skills, reviewing previously learned skills, or being evaluated in preparation of clinical. The Nursing Skills Labs are an integral part of nursing education. It is where students have the opportunity to overcome fears and insecurities while working with a variety of task trainers, simulators, and actual clinical equipment.

The labs simulate the clinical environment where students have the ability to learn and practice safely without causing harm to clients. The clinical setting is not a practice setting. The primary goal of the Nursing Skills Labs is to provide an environment for students to become competent with nursing skills and becoming a safe practitioner while working towards excellence in nursing.

### Lab Guidelines

The following are mandatory practices for everyone using the Nursing Skills and Simulation Labs. These have been designed to ensure that all users of the labs will be able to enter and engage in teaching and learning without delay. Since the lab is designed to represent realistic clinical environments, all areas are to be left ready to be used by the next group of learners.

### General

- No food or fluids allowed.
- No coats, jackets, school bags or purses are to be stored in the labs. Lockers in hallway are available for day use only; bring a lock for securing belongings and remove it from locker at the end of the day.
- No shoes on beds.
- No cellphone use in the labs (unless directed to do so by instructor).

### Dress Code

- Adherence to the dress code is expected at all times.
  - Scheduled Skills Lab and Skill Evaluation Days: full clinical uniform.
  - Open Lab Days: uniform top, BTC name tag & closed toed non-skid shoes.





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## Media

- Use of the computers and electronic devices are limited to assigned classroom work, not for personal use.

## Supplies/Equipment

- Any equipment malfunction should be report to nursing faculty/staff ASAP.
- All beds should be left in the low position with bed rails down after each use.
- Use beds for practice and evaluation purposes only.
- Linens should be properly placed back on the manikin as if caring for a client.
- Clean linen should be refolded and placed back in linen room.
- Soiled linen should be placed in hamper for laundering.
- Many supplies are reusable and should be restocked when not being used.
- Needles/sharps are to never be reused under any circumstance and should be disposed of in sharps containers.
- Some supplies are past expiration dates and are intended for practice only.
- Supplies and equipment must not be taken out of labs unless requested by nursing faculty/staff.
- Personal supplies and equipment such as stethoscope, penlight, and calculator.
- Report any malfunctioning, unsafe, or damaged equipment to nursing faculty/staff ASAP.

## Nurse Kit

- Lab kits are mandatory for every nursing course using the lab. When purchasing your kit, specify the course number to make sure you buy the right kit for the course in which you are enrolled.
- All kits must be purchased from the bookstore. DO NOT use equipment or supplies from work or other sources. The kits sold in the bookstore have the appropriate sizes and materials that will not harm the lab mannequins. All kits look the same; make sure you label everything with your name. The lab is not responsible for lost or missing items.
- Do not throw anything away, including the wrappers of your supplies - reuse them numerous times for practice and return demonstration.
- Be aware that syringes and needles may be seen by law enforcement as drug paraphernalia. Keep these items at home until needed for lab. When transporting these items, keep them out of sight, and have your student ID so that you can prove you are a nursing student if stopped.



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## Manikins

- Use gloves as you would with a client in the clinical setting.
- Do not remove manikins from the beds. Faculty or staff are the only ones who can pick up and move a manikin.
- Do not use betadine on manikins.
- Do not use pens near manikins. May use ball point pen to label items that may be on or near manikins. Such as dressings, patches, and IV labels.

Bring to each Skills Lab Day and Evaluation:

- ATI Skills checklist(s) (see Canvas clinical course)
- Drug guide
- Stethoscope
- Nurse Kit
- Laptop- if directed by instructor
- Any additional supplies as directed by instructor

## Skills Practice Guidelines

The nursing skills lab is an extension of the clinical and academic programs at BTC. Therefore, all the same requirements for maintaining professional behaviors in both clinical and academic settings apply. See Nursing Student Handbook. Follow these guidelines:

- Review each section of the skill on ATI: purpose, delegation, preparation, procedure, post procedure, expected outcome, documentation, variation, and resources/references.
- Complete assigned ATI Skill Module Pre- & Post-test and bring printed copy of Post-test results (showing 90% or better score) to Lab Days where this activity is assigned. See Canvas clinical course.
- Print off skills checklist and have it on hand.
- Practice skills during scheduled lab times, open labs and as homework. Mastery of skills will improve clinical success.
- Have a peer critique your skills performance prior to instructor evaluation. Document this critique with peers signature and credentials (SRN) at the bottom of each skills checklist.
- Bring all necessary supplies and equipment to complete skills.

## Skills Evaluation Guidelines

- Considered a clinical day. Clinical conduct is expected.
- Bring peer critiqued checklist(s) to skills evaluation.



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- Bring all necessary supplies and equipment to complete skills.

## Open Lab Guidelines

- Open lab is an opportunity for students to practice and reinforce skills before an evaluation or clinical experience with the guidance of a nursing instructor.
- Instructors will be scheduled on certain days and times each quarter. See schedules posted for assigned instructor and time.
- Students need to meet all guidelines for lab.

## Skills Training Resources

Resources have been set up to assist faculty and students in the labs with skills instruction, practice, remediation, and “just-in-time” practice learning. A variety of resources, including task trainers are available and are listed below. For many of these resources scenarios are available to assist with learning. These resources and scenarios are developed and are maintained by the simulation and lab coordinator and the instructional technician and are designed to meet the requirements of the ATI skills checklists and/or learning objectives listed in the clinical courses. The skills training resources are reviewed with faculty and restocked at the end of each quarter by the instructional technician. Resources are put out by the instructional technician when needed for lab activities, open lab sessions, and/or made available for students to use for independent/just-in-time practice. It is the expectation that faculty and students will neatly return items to their proper location and inform the instructional technician of restocking needs and/or issues with the resources.

## Skills Stations

- **ADDD and laptop with barcode scanning for medication administration** Located in the simulation lab (H11/13). Contains patient records and MARs for sim patients, simulated medications (units dose, vial, IV, liquid, etc.) used in conjunction with paper sim health records and MARs. Availability is limited due to location in sim lab and can only be accessed outside of scheduled lab time by appointment through the instructional tech.
- **Enteral Feeding** Located in H18 med station cupboards. Setup includes: task trainer abdomens with feeding tubes and drainage bags, enteral feeding scenarios, practice meds & med administration supplies, enteral feeding formula, administration sets for feeding



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pumps & gravity bags, irrigation trays, pH strips, and other feeding supplies. The four feeding pumps are stored in the lab storage area.

- **Blood sugar and insulin supplies** Located in H18 med station cupboards. Blood glucose monitoring supplies and practice insulin administration supplies.
- **Mock Exam Room** Located in H14. Includes exam table with supplies, headwall with BP cuff, otoscopes, and thermometer. Eye cart, scale and x-ray light.
- **Nursing Assistant cupboard** Located in H18. Includes dentures, feeding supplies, shirts, graduated cylinders, scale, call lights, and additional supplies.
- **Neuro/Sensory cupboard** Located in H12. Contains: neuro assessment supplies and sensory simulation activity.
- **Laptop cupboard** Located in H14. Contains 10 laptops for student/faculty use in lab.

## Skills Carts

- **Vital Signs cart** Stored in H18. Contains: thermometers (w/probe covers), BP cuffs and stethoscopes (teaching & individual), pulse oximeters, and Doppler(s).
- **PPE cart** Stored in H18. Contains: gowns, masks, goggles/glasses, and gloves. Included is information on donning & removing PPE, sanitizing supplies, and examples of precaution signage.
- **Treatment cart** Stored in H14. Contains: dressing and bandaging supplies. Can be using in conjunction with nursing skills manikins and wounds (located on H18 manikin storage cart). Includes practice treatment orders.
- **Non-Parenteral Medications carts (2)** Located in H12. Include setups for non-parenteral medication administration for 5 patients and is designed to simulate a skilled nursing style med cart. The setups include practice and evaluation and are designed for NURS115.
- **Catheter Care Skills Trainer cart** Located in H12. Contains: 10 female and 10 male catheter care/insertion task trainers, supplies, and catheters & drainage bags for use with catheter trainers and/or nursing skills manikins for catheter care practice.
- **Urinary Cart** Stored in H10. Contains: variety of urinary catheters, catheter insertion kits, and catheter care supplies.
- **IV Supply Cart** Located in H12. Includes: 2 Chest Chests (peripheral & central line management skills trainers). Contains: IV fluid administration supplies, central line management supplies, and other IV therapy supplies and resources.
- **Opus Medication cart** Located in H12. Includes setups for non-parenteral medication administration (7 patients) for NURS115 simulation scenario of a skilled nursing multi-patient med pass.



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- **Parenteral Medication carts (2)** Located in H12. Includes practice setups for parenteral (non-IV) medication administration for NURS125. Supplies include: needles (various gages), syringes (various sizes), injection pads, insulin administration supplies, epi pens, gloves, sharps containers, and practice vials. Designed as self-contained teaching/practice units. Not to be used for evaluation.
- **Ostomy Care Cart** Located lab storage area. Includes ostomy care supplies and resource materials. Ostomy task trainers stored separately from cart. Ostomy supplies may be using in conjunction with nursing skills manikins.
- **IV Direct & IV Medication Cart** Stored in H10. Includes practice setups for IV direct medication administration with physician orders. Practice PICC lines. Demo IV medications; antibiotics, nitro w/vent tubing, insulin, dopamine, morphine, heparin, etc.
- **Trach Care & Suctioning Cart** Stored in H10. Includes suction pump and trach skills trainer, trach care kits and suctioning supplies. Cart should be using in conjunction with nursing skills manikins with tracks inserted.
- **NG Insertion & Suctioning Cart** Stored in H10. Includes: variety of nasogastric tubes, NG insertion supplies, suction supplies, and nasogastric tube information.
- **Managing Central Lines Cart** Includes: 2 Chest Chests (peripheral & central line management skills trainers). Contains supplies for managing central lines. Can be used also with IV direct practice scenarios.
- **ECG Cart** Located in the simulation lab (H11/13). Contains 2 ECG machines that are fully functional and can be used with the high-fidelity patient simulators, electrodes, and paper. Instructions for electrode placement and manuals for the machines are also included.

## Lab Activity Bins

- **ECG Interpretation** Located in H10 storage area. Contains ECG resources, ECG strip interpretation activities, calipers. To be used in conjunction with ECK machines (located on ECG cart) and simulated patient monitors.
- **NURS135 Basic IV Therapy** Located in H10 storage area. Contains sample of IV fluids (isotonic/hypertonic/hypotonic), IV complication resources (photos and teaching materials), and IV access device types. Used in conjunction with Chester Chests and IV pumps.
- **NURS120 Oxygenation** Located in H10 storage area. Contains teaching materials for oxygenation classroom instruction. May be used with O<sub>2</sub> tanks and regulators.



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- **Diagnostics** Located in H10 storage area. Contains a variety of supplies used for diagnostic lab tests.
- **NURS225 Antepartum, Intrapartum, & Postpartum** Located in H10 storage area. Contains SJH OB orders, sample demo medications, and worksheet.

## Task Trainers

- **IV arms: advanced & simple.** Located in H10 storage area. Advanced IV arms (5) have simulated blood in fluid reservoirs and can be pressurized for greater realism and can have fluids infused. Simple IV arms do not contain fluids and cannot have fluids infused into them.
- **Nursing Skills Manikins (5)** Located in H skills labs. Can be used for patient care or in conjunction with any of the appropriate teaching resources.
- **Obstetric Delivery and Cervical Models (6)** Located in H12 linen closet. These models are for use with NURS125 & NURS225 perinatal curriculum.
- **Simulated Wounds (for use with nursing skills manikins)** Located in H12 linen closet. These may be using in conjunction with the nursing skills manikins (Laerdal Nursing Anne and Kelly only) or alone.
- **Ostomy Training Model set** Located in H12 linen closet. Six models representing different types of ostomies.
- **Surgical Sally (2)** Located in H10 storage area. Models different types of surgical incisions, sutures, staples, and drains. It is used in conjunction with the NURS135 perioperative simulations.
- **Negative Pressure Wound Therapy Trainer** Located in H12 linen closet. Models used for teaching about wound-vac use and care.
- **Breast Feeding babies and breast models.** Located in H12 linen closet. Used for demonstration of breast feeding positioning and techniques.

## Other Resources

- **IV pumps (Baxter Sigma smart pumps), order sets, fluids, and tubing** Located in H12 or H10. Five IV pumps, tubing (primary, secondary, & vented) and fluids (variety), order sets (10 practice and 5 evaluation). Simulated patients (bins with IV catheters attached), high-fidelity patient simulators, advanced IV arms can be used the pumps.



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- **Mobile RX Med Cart with barcode scanner.** Located in the simulation lab (H11/13). Used in conjunction with the ADDD, sim patients and sim medical records. Contains drawers that are accessed using an ADDD system. Simulated EMR is under development to be used with ADDD and this cart.
- **Laptop cart with barcode scanner.** Located in the simulation lab (H11/13). Simulated EMR is under development to be used with ADDD and this cart.
- **Laptop cart with monitor.** Located in the simulation lab (H11/13). Used for video debriefing and sim orientations.

## Supplies – Simulation Lab

<p><b>Supplies:</b></p> <ul style="list-style-type: none"> <li>• PPE – gloves, gown and mask</li> <li>• IV start kit</li> <li>• Primary IV tubing</li> <li>• Secondary IV tubing</li> <li>• Urinary catheter kit</li> <li>• Oxygen tubing</li> <li>• Nebulizer</li> <li>• Nasal cannula</li> <li>• Oxygen mask – adult &amp; pediatric</li> <li>• Incentive spirometer</li> <li>• Sequential compression device</li> <li>• Anti-embolism stockings</li> <li>• Dressing change kit</li> <li>• Lancets</li> <li>• Syringes – insulin, 3cc, 5cc, 10cc</li> <li>• Needles – filter, 23g, 27g</li> <li>• Chest tube</li> <li>• Sharps Containers</li> </ul> <p><b>Fluids:</b></p> <ul style="list-style-type: none"> <li>• Normal saline</li> <li>• Lactated ringers</li> <li>• D5 0.45%NS</li> <li>• D5NS</li> </ul>	<p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>• Acetaminophen</li> <li>• Albuterol</li> <li>• Alteplase</li> <li>• Ampicillin</li> <li>• Aquamephyton</li> <li>• Azithromycin</li> <li>• Bisacodyl supp.</li> <li>• Calcium carbonate</li> <li>• Carvedilol</li> <li>• Cefepime</li> <li>• Ceftriaxone</li> <li>• Docusate sodium</li> <li>• Enoxaparin</li> <li>• Erythromycin</li> <li>• Furosemide</li> <li>• Gabapentin</li> <li>• Heparin</li> <li>• Hepatitis B vaccine</li> <li>• Hydrochlorothiazide</li> <li>• Insulins</li> <li>• Ipratropium</li> <li>• Levothyroxine</li> <li>• Lisinopril</li> <li>• Magnesium sulfate</li> <li>• Methylprednisolone</li> <li>• Metoprolol</li> <li>• Morphine</li> <li>• Naloxone</li> <li>• Norepinephrine</li> <li>• Ondansetron</li> <li>• Oxycodone</li> <li>• Oxytocin</li> <li>• Simvastatin</li> <li>• Tdap vaccine</li> <li>• Tiotropium</li> <li>• Vasopressin</li> </ul>
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## Equipment – Simulation Lab

<b>High-Fidelity Human Patient Simulators:</b> Laerdal SimMan 3G Laerdal SimMom Laerdal SimBaby Laerdal Nursing Kid Laerdal Nursing Anne	<b>Other Equipment:</b> Automated Drug Dispensing Device (ADDD) Electric Hospital Beds Electric Birthing Bed Portable Functional Headwall Smart IV Pump(s) Refrigerator Portable compressor for nebulizer Glucometer Infant scale
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## Usage and re-usage

Supplies needed for each simulation will be provided. Personal clinical supplies such as stethoscope, penlight, and calculator are the responsibility of the student and will not be provided. When supplies are running low, the faculty should be notified. All supplies should be returned to the same cabinet in which they were found. Unless soiled, all linens should be refolded and placed back in the cabinet. All soiled linens should be placed in the linen hamper for cleaning. Many supplies are reusable and should be restocked when not being used. Needles/sharps are to never be reused under any circumstance and should be disposed of in the sharps containers. Many supplies will have expiration dates and are intended for practice.





## Simulations

The objectives of the BTC Nursing Program simulation experience will be to:

- Provide a risk-free environment for student learners that reinforce critical thinking and decision making;
- Enhance the student's ability to promote patient safety and quality healthcare;
- Increase clinical competence through scenarios that build in complexity through the program;
- Improve performance, communication, and efficiency in clinical setting;
- Promote evidence-based practice;
- Facilitate debriefing and positive feedback to enhance student learning;
- Encourage students to self-analyze their performance and use critical thinking during the reflection process;
- Provide opportunities to enhance caring behaviors towards peers and clients.

### Simulation Scenarios

All six (6) quarters of the BTC Nursing Program include three primary types of simulation scenarios for clinical outplacement:

- Integrated Clinical Simulation
- Lab Activity
- Adjunct to the theory course (sixth quarter)

The simulation scenarios are designed to coincide with each course's theory/clinical content and allow students to reinforce nursing skills. Each quarter's simulation scenarios will require students to call upon previously learned skills and knowledge. The simulation scenarios are intended to build in complexity and challenge students at a level appropriate with their progress through the nursing program.

\*\*\*Note, these simulation scenarios are facilitated by the Lab & Simulation Coordinator instructor and/or the clinical and theory instructor(s).



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## Overview of Simulation Scenarios and Clinical Sites

Quarters 1 through 4 have Integrated Clinical Simulation. These days are considered part of the clinical rotation. The table below provides a snapshot of the content that will be covered. Clinical schedule, lesson plans, and student prep information are posted in Canvas.

Course	Simulation 1	Simulation 2	Simulation 3	Clinical
NURS 115 QTR 1 25%	Orientation to Simulation & Automated Drug Distribution Device (ADDD) (1230-1630 = 4hrs) <ul style="list-style-type: none"> <li>- Orient to all the patient simulators</li> <li>- Orient to Sim Lab equipment &amp; locate supplies</li> <li>- Introduction to ADDD</li> <li>- Practice simulation through “mini sims”</li> </ul>	Multi-Client Medication Administration (0800 – 1630 = 8hr) <ul style="list-style-type: none"> <li>- Roles of the nursing team and report</li> <li>- NTL</li> <li>- NA or another client ambulatory</li> </ul>	Comfort, Mobility & Tissue Integrity (0800 – 1630 = 8hr) <ul style="list-style-type: none"> <li>- S/P hip fracture assessment</li> <li>- Interdisciplinary conversations (PT, OT)</li> <li>- Medicare Charting</li> <li>- Fall assessment</li> <li>- Neuro assessment</li> <li>- Incident report</li> <li>- Skin tear</li> <li>- Bucks traction</li> </ul>	<ul style="list-style-type: none"> <li>- Skilled Nursing- 5 shifts (40 hours)</li> <li>- Parent/child class at BTC (3 hours)</li> <li>- Dementia Care (4 hours)</li> <li>- Adult Day Health (4 hours)</li> <li>- Center for Sr. Health (8 hours)</li> <li>- Simulation (21 hours)</li> </ul> <p style="text-align: right;">(80 hours total)</p>
	Clients: <ul style="list-style-type: none"> <li>- From other sims as needed to practice with manikins and ADDD</li> </ul>	Clients: <ol style="list-style-type: none"> <li>1. Vincent Brody</li> <li>2. Charles Jones</li> <li>3. Ruth Livingston</li> <li>4. Jim Norman</li> <li>5. Steve Dillon</li> <li>6. Maria Hernandez</li> <li>7. William Hampton</li> </ol>	Clients: <ul style="list-style-type: none"> <li>• Ruth Livingston</li> </ul>	



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Course	Simulation 1	Simulation 2	Simulation 3	Clinical
NURS 125 QTR 2 20%	Metabolism (0800 – 1630 = 8hr) - Diabetes in Adults - Diabetes in Children	Oxygenation (0800 – 1630 = 8hr) - COPD - RSV  Perfusion - Heart failure (HF, CHF) - HTN	n/a	- Skilled Nursing- 4 shifts (32 hours) - 2 shifts on acute med-surg unit (16 hours): SJH 4 south or MCU - Pediatric Clinic - Nutrition and Diabetes Center (4 hours) - Wound Care Clinic (4 hours) - Endoscopy Clinic (8 hours) - Simulation (16 hours)  (80 hours total)
	Clients: 1. Sarah Holt – Peds 2. Jim Norman - Adult	Clients: 1. Vincent Brody – COPD 2. John Smith – RSV 3. Charles Jones – CHF 4. Bud Day – CHF 5. William Edwards – HTN	n/a	
NURS 135 QTR 3 20%	Perioperative Care (AM) (0800 – 1130 = 4hr) - Pre-Op - Post-Op Antepartum, Postpartum & Newborn assessment (PM) (1230-1630 = 4hrs) - Assessment of the normal patient (no complications)	Addiction & Mood/Affect (0800 – 1630 = 8hr) - Alcohol – CIWA - Opioid overdose & withdrawal - Suicide – safety	n/a	- Rainbow Center (4 hours) - 12 Step meeting (2 hours) - Home Infusion or Skilled (8 hours) - Perioperative Nursing (8 hours) - 5 shifts on acute med-surg. unit (40 hours): SJH 4 south or MCU - Simulation (16 hours)  (78 hours total)
	Clients: 1. Maria Hernandez 2. Fatime Sanogo	Clients: 1. Steve Dillion 2. Luke Johnson 3. Mei Wang	n/a	



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Course	Simulation 1	Simulation 2	Simulation 3	Clinical
NURS 215 QTR 4 20%	Infection (0700 – 1530 = 8hr) or (1200 – 2030 = 8hr) - Pneumonia Adult & Peds - Septicemia	Perfusion (0700 – 1530 = 8hr) or (1200 – 2030 = 8hr) - Stroke	n/a	- 8 shifts on acute med-surg unit (64 hours): SJH 4 south or MCU - Simulation (16 hours)  (80 hours total)
	Clients: 1. Jim Norman – Pneumonia 2. John Smith – Pneumonia 3. Ruth Livingston – Sepsis	Clients: 1. William Edwards - CVA	n/a	

Quarter 5 Simulations are scheduled on lab days and Quarter 6 Simulations are scheduled during class time. These hours consist of skills stations and simulations. Lab and classroom schedule, lesson plans and student prep information are posted in Canvas.

Course	Lab Day 1	Lab Day 2	Lab Day 3	Lab Day 4	Lab Day 5	Clinical
NURS 225 QTR 5	Maternal Newborn Medications & Antepartum Care (4 hours)	Pregnancy Induced Hypertension (4 hours)	Intrapartum Care Delivery (4 hours)	Postpartum & Newborn Care (4 hours)	Pediatric Diabetic Ketoacidosis & Overdose (4 hours)	Specialty Rotations in Acute Care: - Childbirth Center (16 hours) - Nursery (8 hours) - Pediatrics (8 hours) - PCU (8 hours) - ICU (8 hours) - SECU/1C : mental health (16 hours) - ED- (16 hours)  (80 hours total)
	Client: 1. A. Marcum	Client: 1. O. Jones	Clients: 1. A. Marcum 2. N. Strepp	Clients: 1. A. Marcum 2. N. Strepp	Clients: 1. S. Holt 2. J. Smith	



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Course	Lab Day 1	Lab Day 2	Lab Day 3	Lab Day 4	Lab Day 5	Clinical
NURS 235 QTR 6	Disaster Multi-Client					120 hours with RN preceptor

## National and State Nursing Initiatives

Each integrated clinical simulation day exposures students to National and State Nursing Initiatives and covers at least one concept but often more than one from each National Initiatives and Practice Guidelines in Nursing and Healthcare. The simulation day allocates 15-20 minutes of pre-brief to cover the assigned initiatives. Approximately 1 hour will be spent covering these concepts.

Examples below of how the National and State Initiatives are presented in a simulation day:

AM pre-brief: NURS 115, SIM #2, NPSG #9 = 15 minutes. NURS 115, SIM #2 QSEN Patient Centered Care = 15 minutes.

PM pre-brief: NURS 115, SIM #2 TeamSTEPPS Framework Key Principles = 15 minutes. NURS 115, SIM #2 Practice Guide/NCQAC [Functions of a registered nurse and a licensed practical nurse WAC 246-840-705](#) = 15 minutes.

Websites and resources used for referencing these initiatives:

- TeamSTEPPS©: Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/index.html>
- Nursing Care Quality Assurance Commission Practice Guide (NCQAC) <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformation>
- National Patient Safety Goals (NPSG) [http://www.jointcommission.org/standards\\_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)
- Quality and Safety Education in Nursing (QSEN) <http://qsen.org/competencies/pre-licensure-ksas/>



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NCQAC, NPSG, QSEN, & TeamSTEPPS Mapped Across BTC Nursing Program Integrated Clinical Simulation Curriculum

Course NURS	SIM	NCQAC	NPSG	QSEN	TeamSTEPPS
115	#1 Medication Administration to Multiple Clients		<p>#1 Improve the accuracy of resident identification (LTC)</p> <ul style="list-style-type: none"> <li>NPSG.01.01.01 Use at least two patient identifiers when providing care, treatment, and services (hospital)</li> </ul> <p>#3 Improve the safety of using medications (LTC)</p> <ul style="list-style-type: none"> <li>NPSG.03.04.01 Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings (Hospital).</li> <li>NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy (hospital)</li> <li>NPSG.03.06.01 Maintain and communicate accurate patient medication information.</li> <li>Introduction to Reconciling Medication Information</li> </ul>		



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Course NURS	SIM	NCQAC	NPSG	QSEN	TeamSTEPPS
	#2 Fall	<a href="#">Functions of a registered nurse and a licensed practical nurse WAC 246-840-705</a>	#9 Reduce the risk of resident harm resulting from falls (LTC) <ul style="list-style-type: none"> <li>• NPSG.09.02.01 Reduce the risk of falls.</li> </ul>	Patient/Client Centered Care	Framework Key Principles
	#3 Mobility Comfort	<a href="#">Violations of standards of nursing conduct or practice WAC 246-840-710</a>	#6 Reduce the harm associated with clinical alarm systems (Hospital) <ul style="list-style-type: none"> <li>• NPSG.06.01.01 Improve the safety of clinical alarm systems</li> </ul>	Teamwork/Collaboration	Team Structure
125	#1 Metabolism	<a href="#">Standing Orders and Verbal Orders (PDF)</a>	#2 Improve the effectiveness of communication among caregivers (Hospital) <ul style="list-style-type: none"> <li>• NPSG.02.03.01 Report critical results of tests and diagnostic procedures on a timely basis.</li> </ul>	Safety	Communication
	#2 Oxygenation Perfusion	<a href="#">Medication Organizer Device, Letter from Secretary of Health (PDF)</a>  <a href="#">Medication Organizer Device (PDF)</a>	#14 Prevent health care–associated pressure ulcers (decubitus ulcers) <ul style="list-style-type: none"> <li>• NPSG.14.01.01 Assess and periodically reassess each resident’s risk for developing a pressure ulcer and take action to address any identified risks.</li> </ul>		Communication
135	#1 Perioperative Perinatal	<a href="#">Physician's Order for Life Sustaining</a>	#7 Reduce the risk of health care–associated infections (Hospital)	Evidence Based Practice	Leadership



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Course NURS	SIM	NCQAC	NPSG	QSEN	TeamSTEPPS
		<a href="#">Treatment (POLST) (PDF)</a>  <a href="#">Frequently Asked Questions about Physician's Order for Life Sustaining Treatment (PDF)</a>  <a href="#">Death, Determination and Pronouncement by LPNs (PDF)</a>	<ul style="list-style-type: none"> <li>NPSG.07.05.01 Implement evidence-based practices for preventing surgical site infections.</li> </ul> Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™ (Hospital) <ul style="list-style-type: none"> <li>UP.01.01.01 Conduct a preprocedure verification process</li> <li>UP.01.02.01 Mark the procedure site.</li> <li>UP.01.03.01 A time-out is performed before the procedure.</li> </ul>		
	#2 Mental Health	Washington Health Professional Services (WHPS) A Confidential Program for Chemically Impaired Professionals	#15 The organization identifies safety risks inherent in the population of the individuals it serves (BHC) <ul style="list-style-type: none"> <li>NPSG.15.01.01 Identify individuals at risk for suicide</li> </ul>		Situational Monitoring
215	#1 Oxygenation Infection	<a href="#">Scope of Practice Decision Tree (PDF)</a>	#7 Reduce the risk of health care–associated infections <ul style="list-style-type: none"> <li>NPSG.07.01.01 Comply with either the current Centers for</li> </ul>	Quality Improvement	Mutual Support





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Course NURS	SIM	NCQAC	NPSG	QSEN	TeamSTEPPS
		<a href="#">Intravenous Therapy by LPNs (PDF)</a>	<p>Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines</p> <ul style="list-style-type: none"> <li>• NPSG.07.03.01 implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals.</li> <li>• NPSG.07.04.01 Implement evidence-based practices to prevent central line–associated bloodstream infections</li> <li>• NPSG.07.06.01 Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).</li> </ul>		
	#2 Perfusion	<a href="#">RN Coordinating Seizure Management (PDF)</a>	<p>#1 Improve the accuracy of resident identification (hospital)</p> <ul style="list-style-type: none"> <li>• NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification (hospital)</li> </ul>	Informatics	Putting It All Together, Performance Tools, Strategies, Exercises



# Bellingham Technical College

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## Integrated Clinical Simulation Lesson Outline

Caring for a client experiencing an alteration in \_\_\_\_\_.

Scenario #1

Scenario #2

### **Theory Concepts & Exemplars:**

<b>Biophysical</b>	<b>Psychosocial</b>	<b>Reproduction</b>	<b>Nursing</b>	<b>Healthcare</b>

### **Learning Objectives:**

Upon completion of this 8 hour experience, the student will be able to function as a student Registered Nurse in a simulated clinical setting:

**Nursing Care:**

**Caring & Self Care:**

**Professionalism:**

**Communication:**

**Clinical Judgment:**

**Collaboration:**

**Leadership:**

**Safety:**



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## Student Preparation for Simulation Scenario:

<b>Settings</b>	<b>Order Sets/Protocols</b> <i>(Information from these documents have been used in developing simulation scenarios and client charts.)</i>
<b>Assessments</b> <i>(Refer to nursing textbook or ATI skill modules for skill technique.)</i>	<b>Interventions</b> <i>(Refer to nursing textbook or ATI skill modules for skill technique. Fill out treatment section on data base form for reference.)</i>
<b>Diagnostic and Laboratory Results</b> <i>(Refer to laboratory &amp; diagnostic textbook. Fill out lab section on data base for reference.)</i>	<b>Medication Administration</b> <i>(Refer to drug guide. Fill out medication section on data base for reference.)</i>

## Clinical Activities: (times may vary +/- an hour)

<b>Timeline</b>	<b>Activities</b>
1 hour	<ul style="list-style-type: none"> <li>● Pre-briefing               <ul style="list-style-type: none"> <li>○ Introduction to learning objectives.</li> <li>○ Clarify questions related to student preparation information.</li> <li>○ Scenario Situation, Background, Assessment, and Recommendation (SBAR).</li> <li>○ Role Assignment.</li> </ul> </li> </ul>
1.5 hours	<ul style="list-style-type: none"> <li>● Simulation Scenario &amp; Debriefing</li> </ul>
15 minutes	<ul style="list-style-type: none"> <li>● Break</li> </ul>
1 hour	<ul style="list-style-type: none"> <li>● Scenario SBAR &amp; Role assignment</li> <li>● Simulation Scenario &amp; Debriefing</li> </ul>
30 minutes	<ul style="list-style-type: none"> <li>● Break</li> </ul>
1 hour	<ul style="list-style-type: none"> <li>● Pre-briefing               <ul style="list-style-type: none"> <li>○ Introduction to learning objectives.</li> <li>○ Clarify questions related to student preparation information.</li> <li>○ Scenario SBAR &amp; Role Assignment.</li> </ul> </li> </ul>
1.5 hours	<ul style="list-style-type: none"> <li>● Simulation Scenario &amp; Debriefing</li> </ul>
15 minutes	<ul style="list-style-type: none"> <li>● Break</li> </ul>
1 hour	<ul style="list-style-type: none"> <li>● Scenario SBAR &amp; Role assignment</li> <li>● Simulation Scenario &amp; Debriefing</li> </ul>



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## SBAR Report Outline

Last Name	First Name	Age	Gender	DOB	Medical Record #
Physician:					Admission Ht/Wt
Allergies:	Isolation Precautions:	Occupation			Current Wt
		Religious Pref			BMI
		Culture			BSA
Working Diagnosis		Chronic Illness/Medical Diagnosis		Surgical Procedures	
<h1>S</h1>					
Situation					
<h1>B</h1>					
Background					
<h1>A</h1>					
Assessment					
<h1>R</h1>					
Recommendation					



# Bellingham Technical College

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## Scenario Expectations

During each session the student is expected to:

- Introduce self to client
- Use standard client identification procedures
- Use standard precautions at all times
- Demonstrate head to toe and/or focused assessment and data collection skills
- Effectively communicate with client, family, peers, and faculty
- Use the six right of medication administration

## Simulation Roles

**Role of faculty/facilitator.** Faculty assess, plan, implement, and evaluate the simulation experience of the student. The faculty enhances learning by providing cues/prompts when needed, but does not function as an active participant in the simulation.

**Role of the student.** The student's role focuses on preparation, participation in and evaluation of the experience. The student will be assigned a specific role identified by the faculty or the student team which may include:

- **Nurse Team Lead (NTL)/Charge Nurse.** Review client chart and orders. Obtain orders from health care provider. Monitor lab results. Communication with family members. Assisting members of the team as needed. Provide guidance to teammates. Double-check medication and dosage calculation, assisting with data collection. Double-check vital signs. Providing client/family information regarding plan of care. Consult with additional team members.
- **Registered Nurse/s** (a pair). Review client chart, medications, and treatments. Administer medications and document. Maintain client rights of medication administration. Client education related to medication. Evaluation of medication actions related to scenario. Report assessment abnormalities to NTL.
- **Observer.** Observation and documentation of simulation scenario.
- **Family Member.** Provide Client history. Advocacy. Record information obtained such as vital signs. Prompt peers to gather assessment data, give medication etc. Be creative, hug, hold hands with or provide comfort to manikin.



## Debriefing

### What is Debriefing?

“An activity that follows a simulation experience that is led by a facilitator. Participant reflective thinking is encouraged, and feedback is provided regarding the participant’s performance while various aspects of the completed simulation are discussed.” (The International Association for Clinical Simulation and Learning INACSL - Standard I: Terminology)

### Goals of Debriefing:

- Enhance critical thinking and problem solving;
- Compare different perspectives to increase understanding;
- Encourage collaboration and communication;
- Reflect on emotions experienced;
- Safe place to discuss experience without pressure;
- Correlate simulated clinical experiences with real-world experiences.

### Methods of Debriefing

#### Plus/Delta (+/Δ)

Defines successful actions and results (plus +, meaning positive) or needing improvement in some way (delta Δ, the Greek symbol for change).

On a white board create two columns entitled + and Δ. The students and debriefing facilitator write down behaviors or actions that were positive in the plus column and behaviors or actions that should be changed or improved upon in the delta column.

+	Δ
<ul style="list-style-type: none"><li>• Identified client</li><li>• Consistent hand hygiene</li><li>• Client teaching with medications and treatments</li></ul>	<ul style="list-style-type: none"><li>• No recapping needles</li><li>• Disposing of sharps</li><li>• Focus on clients concerns</li></ul>



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## Advocacy/Inquiry

Advocacy-inquiry, sometimes called the “debriefing with good judgment” approach. This method decreases defensiveness in participants, while still allowing them to self-reflect. It allows the facilitator to correct critical errors, without having the participants guess what the facilitators is thinking. This technique also identifies the student’s assumptions.

Additionally, the advocacy/inquiry approach allows for mutual respect of both the facilitator and students, and helps reveal the students thought processes.

This method has three components which are used by the facilitator during a debriefing session.

1. Facilitator seeks to understand the actions of students based on their frame of reference (schema).
2. Facilitators approach is genuine inquiry about the actions and frame of reference.
3. Facilitators uses advocacy-inquiry as of method of understanding actions and frame of reference.
  - o During advocacy the facilitators states observations on students’ performance (actions).
  - o During inquiry the facilitator uses genuine inquiry or questioning to understand the student’s current frame of reference.

Examples:

- An advocacy question, “I noticed that the team was staring at the monitor during the code instead of the client,” paired with an inquiry such as, “What was running through each team members mind as you were evaluating the monitor?”
- An advocacy question, “I noticed that you decided not to give the prn medication that was ordered,” paired with an inquiry such as, “Can help me understand your reasoning?” Or “I wonder what your treatment strategies and priorities were at the time?”



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## Debriefing Across Integrated Clinical Simulation Curriculum

<b>Course</b>	<b>SIM #</b>	<b>Type of Debriefing</b>	<b>Video Recording</b>
115	1	Plus/Delta	None
	2	Plus/Delta	None
	3	Plus/Delta	None
125	1	Plus/Delta Advocacy/Inquiry	None
	2	Plus/Delta Advocacy/Inquiry	Students may view a simulation they participated in.
135	1	Plus/Delta Advocacy/Inquiry	None
	2	Plus/Delta Advocacy/Inquiry	Students may view a simulation they participated in.
215	1	Plus/Delta Advocacy/Inquiry	None
	2	Plus/Delta Advocacy/Inquiry	Student may view other students in a simulation.





## Safety and Confidentiality Guidelines

### Fiction Contract

The Bellingham Technical College Nursing Program faculty and staff make every attempt to create a realistic clinical-like setting in the Simulation Lab within the limitation of the current technology and available equipment and supplies. During your participation in the scenarios you will encounter high, medium and low fidelity patient simulator manikins. Given the limitations of these manikins and equipment the faculty and staff will do their best to make the simulation seem as real as possible. For your part, you will enhance your learning during the simulation scenario if you *suspend your disbelief* and conduct yourself as you would in the clinical setting. To the extent that you are able you should interact with and treat the patient simulator manikins and fellow students as if they are real patients/family members/members of the healthcare team. During the scenarios the faculty and staff will take their roles very seriously and ask that you do the same. Time spent in the Sim Lab is clinical time and all participants should treat this time with all the seriousness that you would any clinical setting.

### Confidentiality Agreement

During your participation in scenarios in the BTC Simulation Lab you will be an observer to the performance of other nursing students managing situations that are intended to be challenging. Due to the unique aspects of simulation education you are asked to maintain confidential all information regarding the performance of your fellow students and the details of the scenarios. As a nursing student you understand the significance of confidentiality of information regarding patients, real or simulated, and will uphold the requirements of HIPPA while in the Sim Lab. Breaching confidentiality not only shows your lack of HIPPA understanding but can also negatively affect your classmates' learning during simulation scenarios.

### Audiovisual Recording Understanding

Recordings are made during simulation scenarios for the purpose of facilitating learning and the debriefing process. These recordings are stored in a secure manner and will not be made available to anyone outside Bellingham Technical College without additional written approval of the participants. Students should be mindful of each other's feelings when reviewing recorded simulation scenarios and act professionally.



# Bellingham Technical College

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## Students Physical and Psychological Safety

Simulation can sometime pose physical and/or psychological risks to the student. To minimize these risks the simulation educator provides a pre-briefing which sets the stage for the simulation. A pre-briefing session reviews the objectives as well as confidentiality, respectful communication, and mutual support.

If a student shows signs that their psychological safety may be compromised during the simulation faculty will be responsible for determining the appropriate course of action including continuing or stopping the simulation. The students' emotional reaction to the simulation will be discussed in private with faculty.

If a student's physical safety is compromised the faculty will stop the simulation. The student/s will be assessed and if warranted given first aid and/or activation of the emergency medical system. Faculty will also be requires to fill out an incident report.

## Incident Injury

Students will report any incidents or injuries to their instructor or the associate dean immediately. Students should follow BTC's incident reporting policy and complete an incident report form and file the form with the associate dean.

## Exposure to Bodily Fluids - Standard Precautions

All blood and body fluids are considered to be potential sources of infection and are treated as if known to be infectious.

- Contaminated sharps shall not be bent, recapped or removed.
- Contaminated sharps must be placed in an appropriate container as soon as possible.
- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure.
- When exposure is possible, personal protective equipment shall be used. Personal protective equipment includes:
  - Gloves to be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when touching contaminated items or surfaces.
  - Masks, eye protection and face shields to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Wash hands immediately after removal of gloves or other personal protective equipment.



# Bellingham Technical College

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## Latex Warning

Every effort has been made to remove supplies containing latex and equipment with latex accessories. Students should notify their instructor and instructional tech that they have a latex allergy or sensitivity. The instructional tech should be notified if a student or faculty finds any latex supplies or equipment accessories. Students and all others using the labs should be aware that there is a possibility that they could encounter a latex product and should be prepared. Expose requiring a healthcare provider visit must be documented in a BTC incident form.

## Sharps and Biohazard Waste Disposal

Potential infectious wastes are collected, contained, stored, and disposed of according to the Occupational Safety and Health Administration (OSHA) guidelines. Sharps disposal is handled by a professional disposal service. When sharps containers are full the instructional tech should be notified. Filled containers are collected and stored in the lab storage area off limits to students in a biohazard box until box is full then it is removed by facilities staff.



## Faculty Development

Bellingham Technical College supports the attainment of the certification through the Society for Simulation in Healthcare (SSH). These certifications include the Certified Healthcare Simulation Educator (CHSE), Certified Healthcare Simulation Educator-Advanced (CHSE-A), and Certified Healthcare Simulation Operations Specialist) CHSOS (Society for Simulation in Healthcare, 2014b).

### Textbooks Resources

The following textbooks can be found in BTC's Library catalog.

- Campbell, S. H. & Daley, K. M. (2009). *Simulation scenarios for nurse educators: make it real*. New York: Springer Pub.
- Jeffries, P.R. (2007). *Simulation in nursing education: from conceptualization to evaluation*. New York, NY: National League for Nursing.
- Kyle, R. R. & Murray, W. B. (2008). *Clinical simulation: operations, engineering, and management*. Amsterdam; Boston: Academic Press.
- Palaganas, J. C., Maxworthy, J. C., Epps, C. A., & Mancini, M. E. (2015). *Defining excellence in simulation programs*. Philadelphia: Wolters Kluwer Health.

### Online Resources

Society for Simulation in Healthcare (SSH)

SSH Certification Programs <http://www.ssih.org/Certification>

University of Washington - Teaching with Simulation

Center for Health Sciences Interprofessional Education, Research and Practice (CHSIERP)

<http://collaborate.uw.edu/faculty-development/teaching-with-simulation/teaching-with-simulation.html-0>

### Basic Simulation Lessons

- Sim 101: Introduction to Clinical Simulation
- Sim 102: Pedagogical Approaches in Simulation for Developing Critical Thinking
- Sim 103: Designing and Writing a Simulation Scenario
- Sim 104: Briefing and Debriefing – The Key to Learning in Simulation



# Bellingham Technical College

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## Advanced Simulation Lessons

- Sim 201: How to Evaluate Learning Using Simulation
- Sim 202: Matching Human Patient Simulators to Clinical Educational Outcomes
- Sim 203: Bringing Realism to Simulation
- Sim 204: Designing and Leading IPE Sessions

## National League for Nursing (NLN)

Simulation Innovation and Resource Center (SIRC) <http://sirc.nln.org/>

- Debriefing Foundations
- Beyond Basic Debriefing
- Guidelines for Simulation Research
- Teaching and Learning Strategies
- Integrating Concepts into Simulation
- Evaluating Simulations
- Advanced Evaluation
- Curriculum Integration
- Designing a Simulation Center
- Maximizing Realism
- Standardized/Simulated Patients
- Developing Faculty
- Unfolding Cases
- Simulation Based Inter-professional Education
- Designing and Developing Simulations
- Programming a High Fidelity Simulator



## Appendix

### Simulation Lab Participation Agreement

Name: \_\_\_\_\_

#### **Fiction Contract**

The Bellingham Technical College Nursing Program faculty and staff make every attempt to create a realistic clinical-like setting in the Simulation Lab within the limitation of the current technology and available equipment and supplies. During your participation in the scenarios you will encounter high, medium and low fidelity patient simulator manikins. Given the limitations of these manikins and equipment the faculty and staff will do their best to make the simulation seem as real as possible. For your part, you will enhance your learning during the simulation scenario if you *suspend your disbelief* and conduct yourself as you would in the clinical setting. To the extent that you are able you should interact with and treat the patient simulator manikins and fellow students as if they are real patients/family members/members of the healthcare team. During the scenarios the faculty and staff will take their roles very seriously and ask that you do the same. Time spent in the Sim Lab is clinical time and all participants should treat this time with all the seriousness that you would any clinical setting.

#### **Confidentiality Agreement**

During your participation in scenarios in the BTC Simulation Lab you will be an observer to the performance of other nursing students managing situations that are intended to be challenging. Due to the unique aspects of simulation education you are asked to maintain confidential all information regarding the performance of your fellow students and the details of the scenarios. As a nursing student you understand the significance of confidentiality of information regarding patients, real or simulated, and will uphold the requirements of HIPPA while in the Sim Lab. Breaching confidentiality not only shows your lack of HIPPA understanding but can also negatively affect your classmates' learning during simulation scenarios.

#### **Audiovisual Recording Understanding**

Recordings are made during simulation scenarios for the purpose of facilitating learning and the debriefing process. These recordings are stored in a secure manner and will not be made available to anyone outside Bellingham Technical College without additional written approval of the participants. Students should be mindful of each other's feelings when reviewing recorded simulation scenarios and act professionally.

I have read all of the above and agree to the terms outlined in the Confidentiality Agreement and I am hereby informed that there will be audiovisual recordings made of myself and my classmates participating in simulation scenarios and furthermore I agree to conduct myself in the manner outlined in the Fiction Contract for the duration of my time in the Bellingham Technical College Nursing Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Original: Student File

Copy: Student