Purpose: Medication errors are one of the most common, preventable mistakes made in health care and it is estimated that more than half are related to medication administration or prescription error (Harris, Pittiglio, Newton & Moore, 2014; Kohtz & Gowda, 2010). Medication administration is a primary nursing responsibility and complex process that requires competency, time, and intentional practice. Inexperience, lack of knowledge and limited engagement with hospital systems involving medication administration records and automated drug dispensing cabinets contribute to medication errors made by nursing students (Harding & Petrick, 2008; Wolf, Hicks & Seremebus, 2006). Further, opportunities for students to independently practice the multistep process of medication administration are increasingly limited in the clinical setting. Clinical simulation provides a venue for active learning and incorporation of integrated technology to provide real-time practice of the complete process of safe medication administration. Evidence to develop, test, and support the implementation of these innovative strategies into a nursing curriculum is needed but this process can be challenging for even the most seasoned faculty. The purpose of this presentation is to discuss both the pitfalls encountered and lessons learned by nursing faculty during the process of creating, implementing and measuring the effectiveness of a comprehensive strategy to teach safe medication administration to pre-licensure students. Methods: Course faculty for medical-surgical nursing, pharmacology and clinical simulation developed a program for students to independently practice the process of safe medication administration using high-fidelity simulation, bar-code technology, and an automated drug dispensing cabinet. Simultaneously, faculty consulted with expert education researchers to design a quasi-experimental study to examine the effectiveness of these teaching strategies on student competency and confidence in their ability to safely administer medication. Eighty-three third-year, BSN nursing students were randomized to a control group to receive standard clinical learning or an intervention group with enhanced preparation of medication administration using simulation. Knowledge and competency were measured using a pre/posttest and skill observation checklist. Data regarding the student learning experience and reported confidence were measured using a Likert scale questionnaire and open-ended question to generate feedback on the students’ experience during the study. Results: Medication administration competency scores in the intervention group (M= 14.69, SD=2.92) were significantly higher when compared to the control group (M= 11.98, SD=3.12); t(78)=3.96, p<.001. Self-reported student confidence in their ability to safely administer medications was also significantly higher in the intervention group (M= 4.03, SD= 0.51) compared with control group (M= 3.71, SD= 0.87); p=.045. The course faculty identified important pitfalls and key elements of implementing this teaching strategy and evidence to support its future use in the nursing
curriculum. **Conclusion:** To adequately prepare nursing students to competently practice in the current clinical environment, nursing education programs must adapt active learning strategies. Academic nursing faculty can enhance application to practice through collaboration, research, development, and implementation of innovative evidence-based teaching strategies.

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**Title:**
Full Disclosure: Challenges to Implementing and Measuring Success of Medication Administration Simulation for BSN Students

**Keywords:**
high-fidelity simulation, integrated technology and safe medication administration

**Abstract Summary:**
To adequately prepare nursing students to competently practice in the current clinical environment, nursing education programs must adapt active learning strategies. Presenters describe important pitfalls and key elements of developing, implementing and measuring a strategy designed to teach safe medication administration practices in a pre-licensure nursing curriculum

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