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# Simulation's Role in Next Generation NCLEX (NGN) Success

18 April 2023 at 11:00 a.m. ET

*with* **Janeen Berndt, DNP, ACNS-BC, CNE, CHSE**  
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United States of America | North America



# NGN is Here: What Faculty Need to Know

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A webinar series on introductory content, item writing and test strategies, case studies, simulation and debriefing, and LMS integration.



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# Simulation's Role in Next Generation NCLEX (NGN) Success

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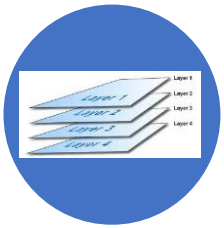
# Learning Objectives



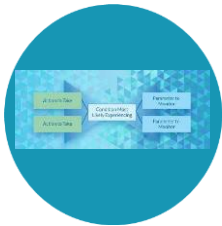
- ❖ Describe best practices for integrating formative NGN-style activities into prebriefing (preparation & briefing) for screen-based simulation.
- ❖ Demonstrate methods to integrate simulation-based simulation into the traditional classroom with formative assessment strategies using NGN-style questions.
- ❖ Discuss the integration of NGN-style prompts into debriefing for screen-based simulation experiences.

# Brief Overview

## NCSBN CJMM



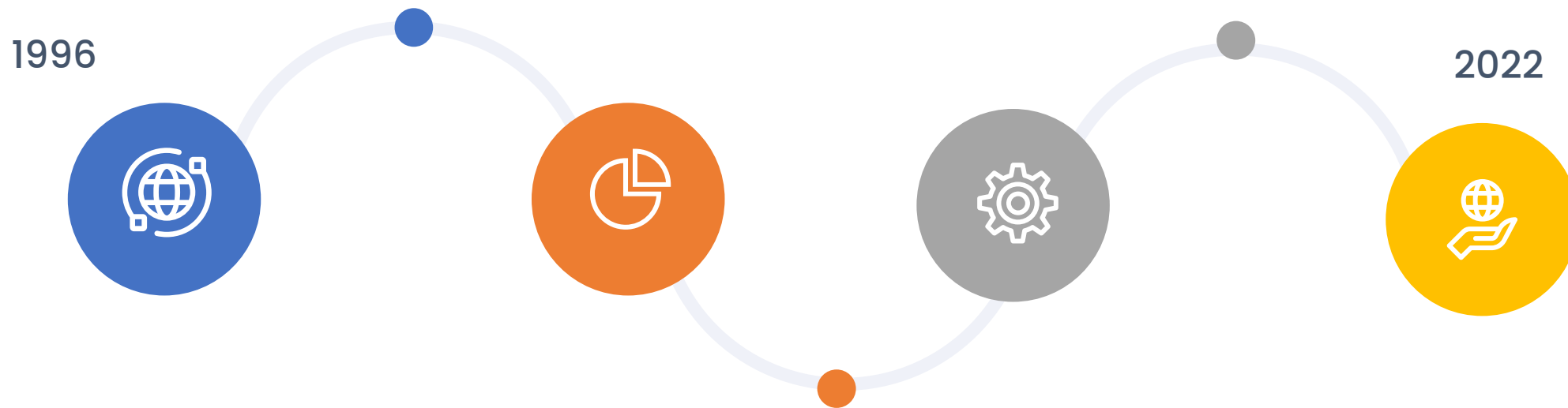
Layer 3 – Cognitive aspects of clinical decision making



Question types for NGN to assess CJ

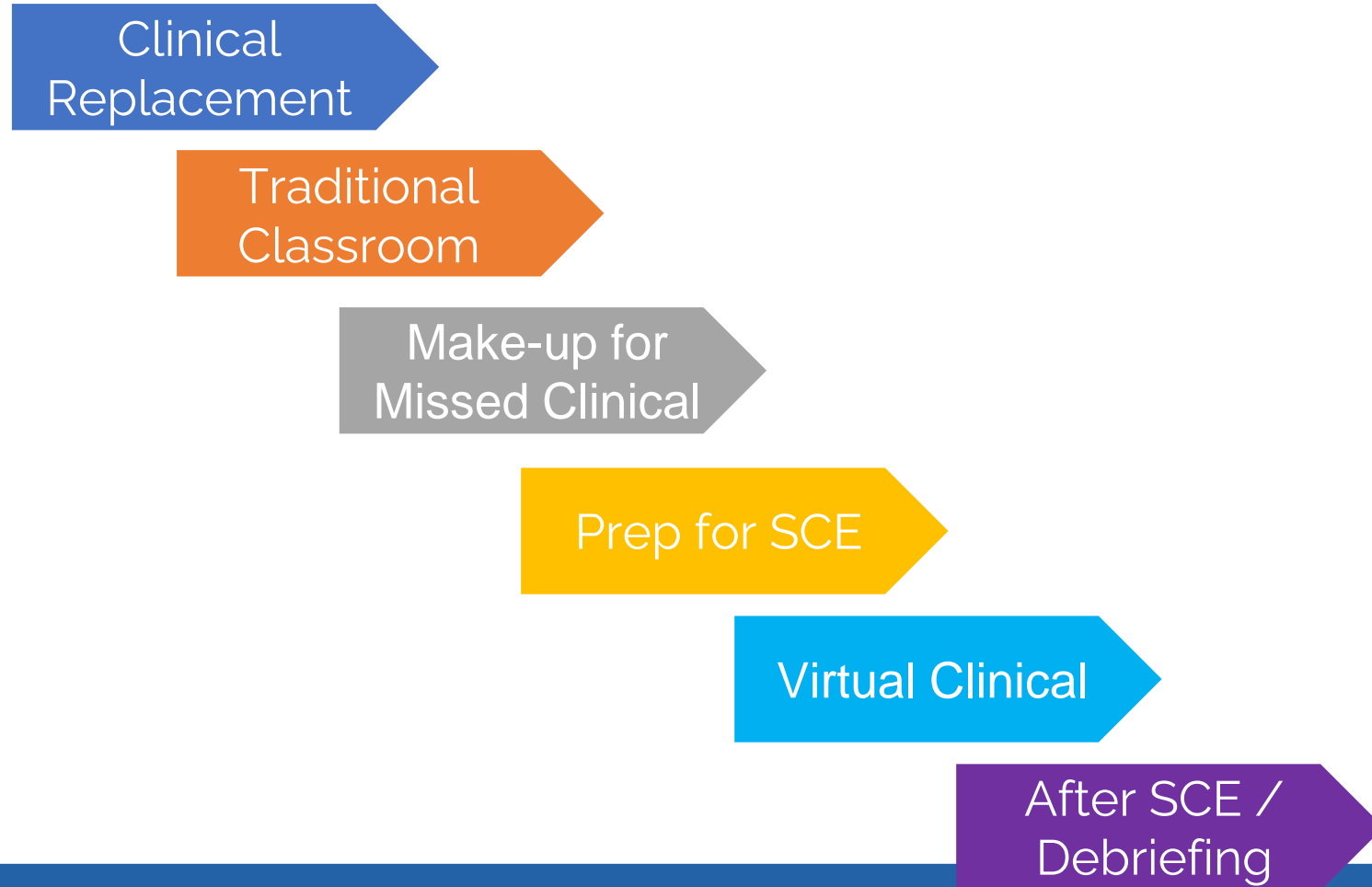
# History of Virtual Simulation

Reference: Foronda, et al. (2020)



# Ways to Use Virtual Simulation

## Nursing Education



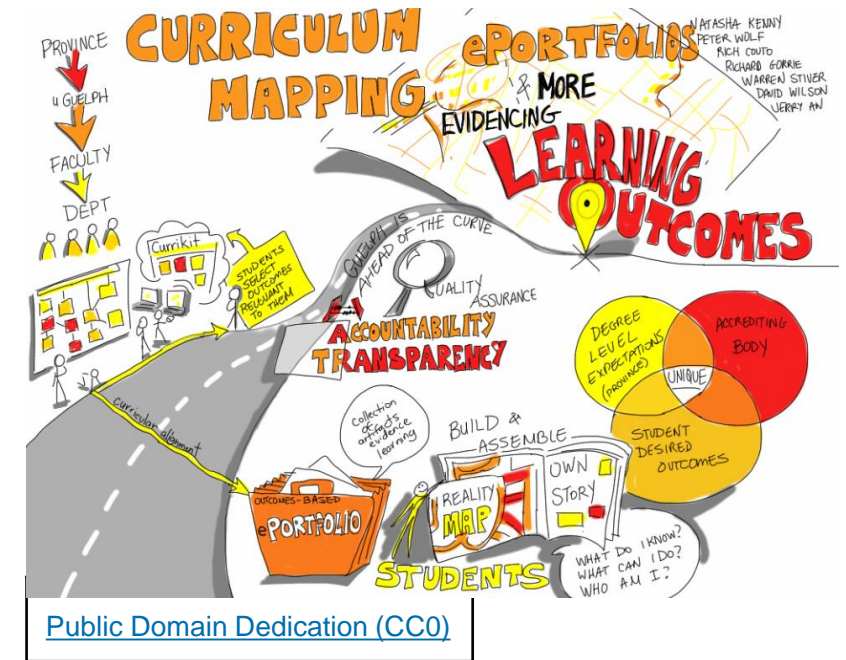


# Integrating Virtual into Curriculum

Reference: Brown, et al. (2022); Verkuyl, et al. (2022)

## VS Curricular Roadmap

- ❖ Orientation
- ❖ Prebriefing
- ❖ Scenario implementation
- ❖ Debriefing
- ❖ Virtual Simulation Educators Toolkit



# Technology and NGN



Homegrown IT  
design solutions



Purchased products



Google forms



Hand out paper



[Interactive Content  
Authoring Tool](#)





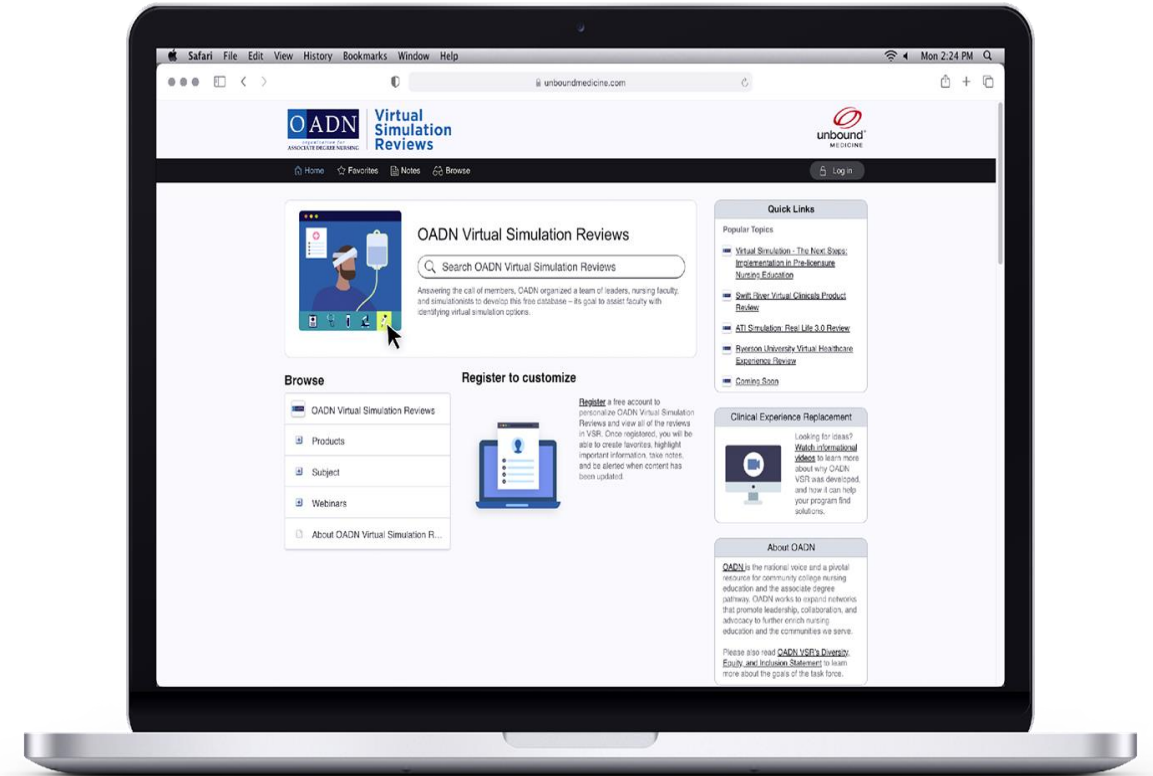
# Virtual Simulation Reviews



Registration – FREE



Low cost / free products

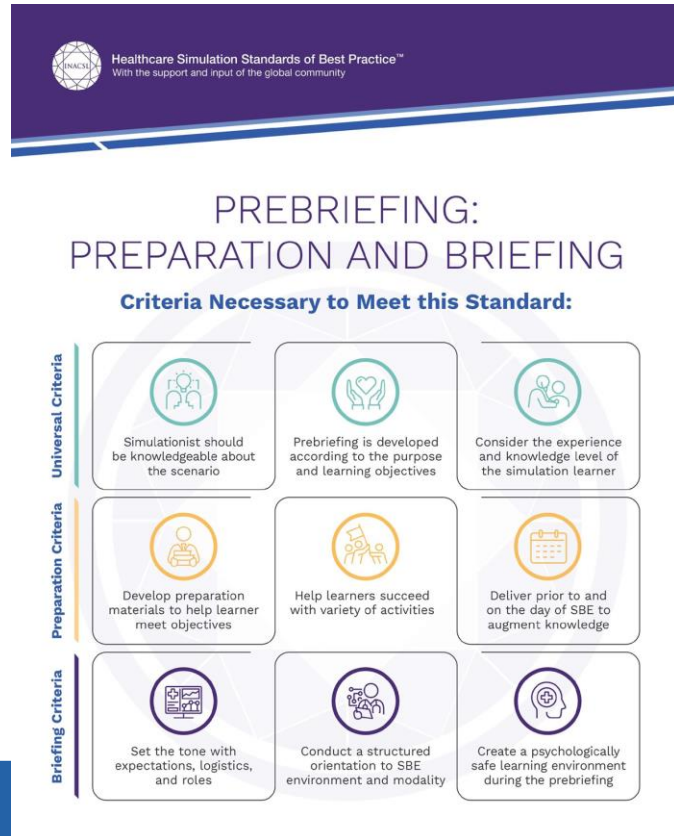


<https://bit.ly/3NGJ65F>

# Prebriefing with NGN Integration

# What is Prebriefing Preparation & Briefing

## ❖ Healthcare Simulation Standards of Best Practice™ Prebriefing: Preparation and Briefing



➤ “the activities PRIOR to the start of the simulation including the preparation and briefing aspects of the simulation-based experience.”

# Value of Prebriefing

- ❖ Why Prebriefing is important
  - Facilitator
  - Learners
  
- ❖ How to incorporate NGN concepts into prebriefing



# Preparation Activity



Home / Education & Assessment / Teaching Resources / ACE.S

Developed through a collaborative effort between the National League for Nursing and Community College of Philadelphia, Advancing Care Excellence for Seniors (ACE.S) fosters integration of gerontological nursing education.

ACE.S Unfolding  
Cases

ACE.S Teaching  
Strategies

<https://forms.gle/aGzuVeWKd9xrRCe57>

Red Yoder - Part 1 (3 minute video)



After listening to Red Yoder's introductory videos, what do you consider his strengths?  
(Recognize Cues) (Hint: 3-digit code) \*

- (1) Red has family who live nearby.
- (2) Red is able to drive and goes to town weekly.
- (3) Red has a close group of friends at the VFW and he has ties to his church.
- (4) Red does not do much of the farm work anymore.
- (5) Red is cognitively and physically active.

...

What concerns have you identified for Red from his introductory videos? (Analyze Cues) (Hint: \* 4-digit code)

- (1) Sore on big toe which is beginning to heal.
- (2) Sore on big toe for three weeks.
- (3) Needs a new pair of shoes.
- (4) Needs help with activities of daily living.
- (5) Eats or drinks items with high calorie and fat content.
- (6) Consumes several beers daily.
- (7) Uses Benadryl to help with him sleep.
- (8) Uses the internet for medical advice.

## Unfolding Case - Meet Sherman "Red" Yoder

This simulated event using an interactive virtual escape room will support working with an older client. Resources to assist with preparing for this simulated event will be provided on your Blackboard course. These resources will include textbook references and lesson objectives. You will have to "escape" five rooms to successfully complete the assignment. Make sure you keep track of your progress, as you will need this information to complete the last task. DOWNLOAD and SAVE the "Accuracy Report" after submitting. This report will show both correct and incorrect responses.

# Briefing Activities

- ❖ Care planning activity to prepare for scenario
  - Group activity
  - Facilitator's role



## Prebriefing Overview for NP2 SCE

Elizabeth (Liz) Robison, EdD, MSN, RN, CNE, CHSE  
Simulation Center Coordinator/  
Professor of Nursing

SCE Plan of Care	
Use Nursing Center's Nurse's Pocket Guide	
Priority #1	Nursing Dx
Defining Characteristics (Subjective & Objective)	Cardiac Output, decreased Tachycardia (100), edema (2+), abnormal skin color (intermittent cyanosis), decreased peripheral pulses, hyperpnea (150/100), adventitious breath sounds (crackles in base of lung fields), oxygen fraction (50%), 03 gals/
Interventions/Nursing Priority No. 1: To identify cause(s) contributing factors	Review lab data, CBC, electrolytes, proptin, ABGs, BNP. Review diagnostic studies: ECG, echocardiogram, chest radiograph, coag studies. Chronic heart failure, age (74), ethnicity (African American)
Interventions/Nursing Priority No. 2: To separate each by an asterisk (*)	breath sounds, lung sounds, vital signs, chest pain, fatigue level, weight gain, edema, dyspnea, heart sounds, urinary output
Actions/Interventions (Nursing Priority#2, R3, R4, R5, etc. → note what number based on Nurse's Pocket Guide) - Appropriate for 1-2 hr time frame.	R3 Administer oxygen per physician order: 3-5 LPM R3 Set up telemetry R3 Administer diuretic, inotropic drug, and antiarrhythmics
Desired Outcome(s)	Decrease in BP, decrease in HR, increased urinary output, decrease in dyspnea
Medication which may influence either + or - (New + or -)	Morphine (+), Captopril (+), Furosemide (+), Metoprolol (+), Digoxin (+), Doxazosin Sodium (+), Potassium (+), Nitroglycerin (+)
Priority #3	Nursing Dx
Defining Characteristics (Subjective & Objective)	Impaired Gas Exchange Dyspnea (RR 32), Cyanosis (perioral and peripheral), Abnormal Breathing Pattern, Tachycardia (HR 100), ABGs
Interventions/Nursing Priority No. 1: To identify cause(s) contributing factors	Decreased Cardiac Output and Fluid Volume Excess V/S: BP, HR, RR, SpO2, assesses muscle usage, respiratory level, crackling lung sounds/crackles, adventitious breath sounds, LOC/mental status, reports of consciousness, malaise/nausea, headache. Lab Data: ABG, CBC, chest xray
Interventions/Nursing Priority No. 2: To separate each by an asterisk (*)	R3 Elevate HOB R3 Deep Breathing and IS R3 Actively Listen to questions and concerns
Desired Outcome(s)	SpO2 increase
Medication which may influence either + or - (New + or -)	Morphine (+), Captopril (+), Furosemide (+), Metoprolol (+), Digoxin (+), Doxazosin Sodium (+), Potassium (+), Nitroglycerin (+)
Priority #4	Nursing Dx
Defining Characteristics (Subjective & Objective)	Fluid Volume, excess Anxiety, dyspnea, adventitious breath sounds, alteration in BP, edema, weight gain, S3 sounds
Interventions/Nursing Priority No. 1: To identify cause(s) contributing factors	Medical conditions: chronic heart failure
Interventions/Nursing Priority No. 2: To separate each by an asterisk (*)	Compare current weight with baseline, vital signs, tachycardia, S3 gallop, breath sounds, dyspnea, edema, appetite, skin and mucous membranes, lab data
Actions/Interventions (Nursing Priority#2, R3, R4, R5, etc. → note what number based on Nurse's Pocket Guide) - Appropriate for 1-2 hr time frame.	R3 Restrict fluid intake to 1000 mL/24 hours R3 Measure and record I&O R3 Apply SCDs
Desired Outcome(s)	Improvement in fluid balance, decrease in BP
Medication which may influence either + or - (New + or -)	Morphine (+), Captopril (+), Furosemide (+), Metoprolol (+), Digoxin (+), Doxazosin Sodium (+), Potassium (+), Nitroglycerin (+)
Priority #5	Nursing Dx
Defining Characteristics (Subjective & Objective)	Fatigue Pt Stated "shortness of breath is worse at night and when walking."
Interventions/Nursing Priority No. 1: To identify cause(s) contributing factors	Rate of CHF, 74 y/o Male, Nonadherence to medication.
Interventions/Nursing Priority No. 2: To separate each by an asterisk (*)	Rate fatigue * Discuss lifestyle changes or limitations * Note Daily Energy level * Vitals (HR, BP, RR) * Piper Fatigue Index *
Actions/Interventions (Nursing Priority#2, R3, R4, R5, etc. → note what number based on Nurse's Pocket Guide) - Appropriate for 1-2 hr time frame.	R3 Accept the reality of the chronic report of fatigue and do not underestimate effect on the IE. R3 Establish realistic activity goals with IE. R3 Assist with self care needs and ambulation as tolerated.
Desired Outcome(s)	Patient reports more energy or rates fatigue less than IE
Medication which may influence either + or - (New + or -)	Captopril (+), Digoxin (+), Metoprolol (+), morphine (+), Doxazosin (+), Furosemide (+), Nitroglycerin (+), Potassium (+)

- ❖ Part of Learning Objectives
  - Use clinical judgment skills to recognize when intervention is necessary
  - Use clinical judgment skills to recognize when physician should be called





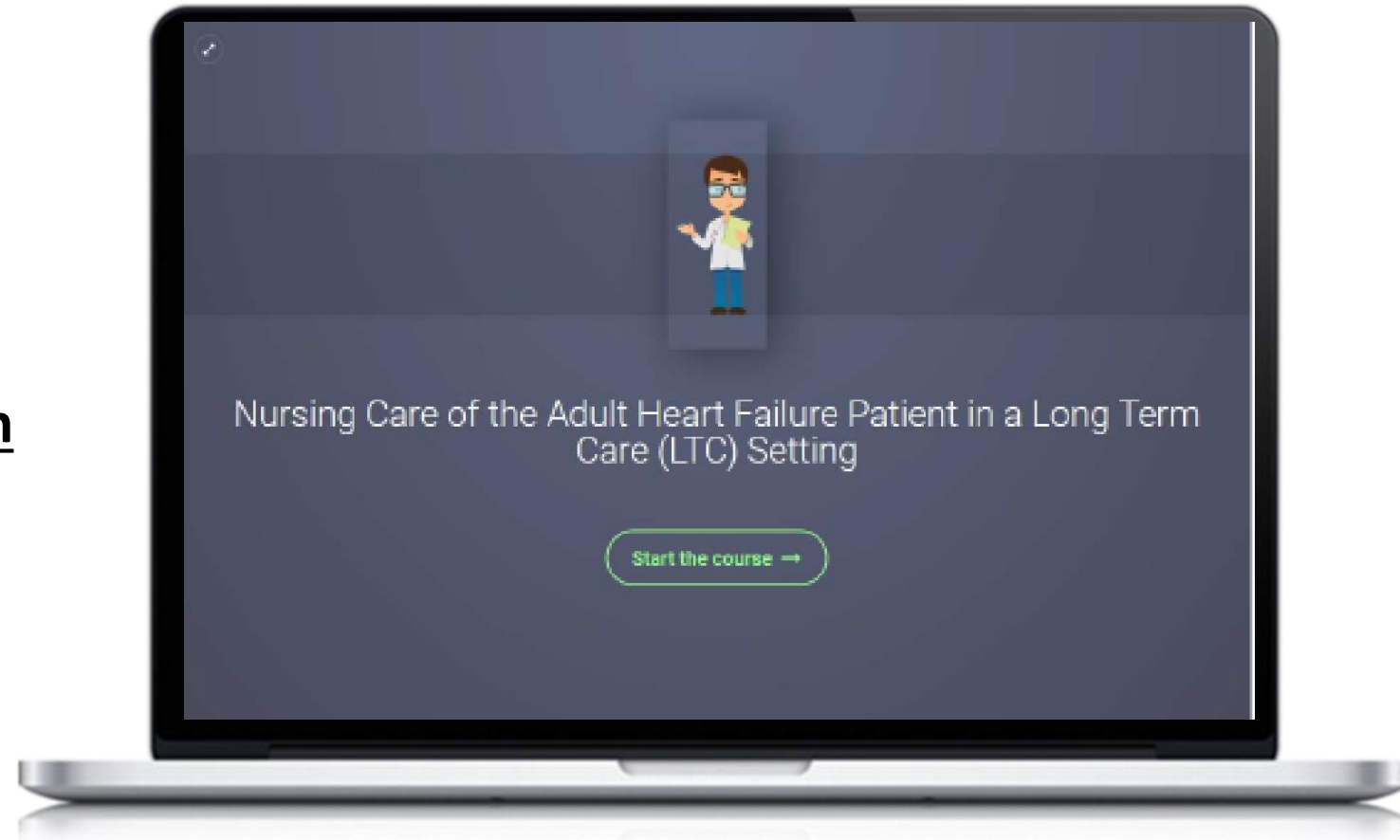
# Moving to the Classroom with formative assessment strategies

# Virtual Simulation – Application in Classroom

## OpenRN (formerly ARISE)

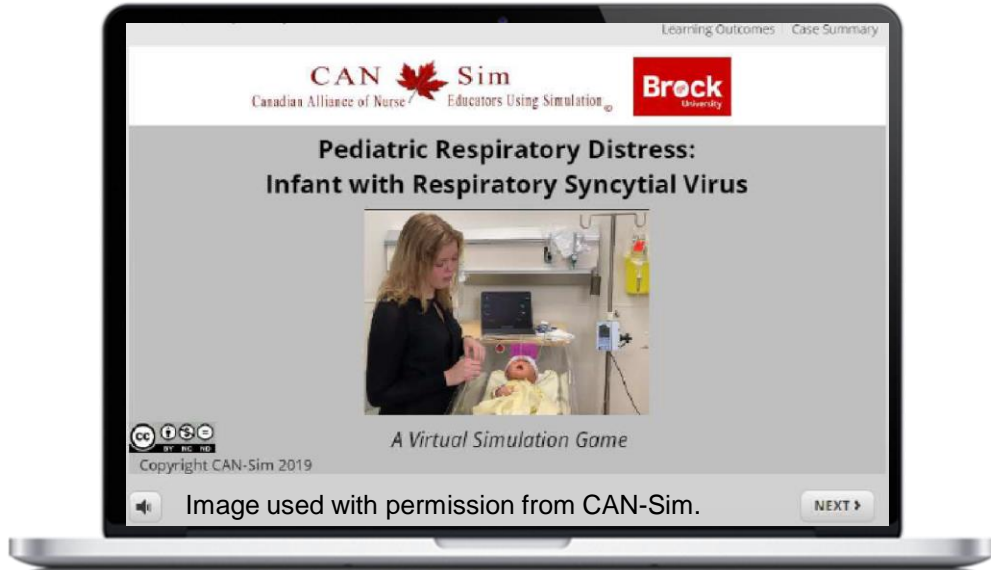
Heart failure patient in LTC facility

- ❖ Location of product info on VSR
- ❖ Resource links
- ❖ Integrating within cardiac lesson
- ❖ Development of lesson plan
- ❖ Building an NGN-type assessment activity on [Google form](#)
- ❖ Use of activity in the classroom



# Virtual Simulation

## Application in Class and Suggestion for Clinical



CAN  Sim → RSV  
Canadian Alliance of Nurse Educators Using Simulation



Trends/bowtie



University of Maryland  
Faculty Case Studies  
and  
NextGen Test Bank

## Recognize Cues

Identify relevant and important information from different sources (e.g., medical history, vital signs).

- What information is relevant/irrelevant?
- What information is most important?
- What is of immediate concern?

Do not connect cue with hypotheses just yet.



## Generate Solutions

Identify expected outcomes and using hypotheses to define a set of interventions for the expected outcomes.

- What are the desirable outcomes?
- What interventions can achieve those outcomes?
- What should be avoided?

Focus on goals and multiple potential interventions – not just the best one – that connect to those goals. Potential solutions could include collecting additional information.



## Analyze Cues

Organizing and linking the recognized cues to the client's clinical presentation.

- What client conditions are consistent with the cues?
- Are there cues that support or contraindicate a particular conditions?
- Why is a particular cue or subset of cues of concern?
- What other information would help establish the significance of a cue or set of cues?

Consider multiple things that could be happening. Narrowing things down comes at the next step.



## Take Action

Implementing the solution(s) that addresses the highest priorities.

- Which intervention or combination of interventions is most appropriate?
- How should the intervention(s) be accomplished (performed, requested, administered, communicated, taught, documented, etc.)?

For "how" questions, ensure that specific elements from the scenario are what determines approach.

Avoid memorized or "textbook" procedures. The item stem and/or the responses should include action verbs.



## Prioritize Hypotheses

Evaluating and ranking hypotheses according to priority (urgency, likelihood, risk, difficulty, time, etc.).

- Which explanations are most/least likely?
- Which possible explanations are the most serious?

Item development should focus on ranking the potential issues and should use phrases such as "most likely."



## Evaluate Outcomes

Comparing observed outcomes against expected outcomes.

- What signs point to improving/declining/unchanged status?
- Were the interventions effective?
- Would other interventions have been more effective?

Item development should focus on the efficacy of the intervention(s) from the previous items.



Instructions to make own cards

# Debriefing – Integrating NGN- style prompts

# Planning Debriefing

- ❖ Review the simulation learning objectives
- ❖ Identify details within the scenario:
  - Clinical cues
  - Clinical hypothesis
  - Judgment/Action
- ❖ Select debriefing model or format



Nursing Process	Assessment	Diagnosis/analysis	Planning/Implementation	Evaluation
Tanner's CJM	Noticing	Interpreting	Responding	Reflecting
CJMM	Recognizing Cues	Analyzing Cues/Prioritizing Hypothesis	Generate Solutions/Take Action	Evaluate Outcomes
	<i>Severe shortness of breath, crackles, S3 heart sound, "I can't...breathe"</i>	<i>Increased cardiac workload, poor perfusion</i>	<i>Focused assessment Administer oxygen</i>	<i>Patient condition deteriorates</i>

# “Hot” Debriefing



- ❖ **Recognizing cues:**
  - What assessment findings are most important?
  - What do you need to follow up on
- ❖ **Analysis:**
  - Did you expect these findings?
  - Are any findings of concern to you?
- ❖ **Prioritize Hypothesis:**
  - What are some explanations for these findings?
  - What is the most important problem at this time?
- ❖ **Generating Solutions:**
  - What interventions should you implement?
  - Are there interventions that should be avoided?
- ❖ **Take Action:**
  - What intervention will you complete first?
  - What information should you teach before discharge?
- ❖ **Evaluate Outcomes**
  - What will you monitor to watch for improvements?
  - Were the interventions effective?



# “Cold” Debriefing



- ❖ Drop down cloze
- ❖ Matrix multiple choice
- ❖ Matrix multiple response
- ❖ Drag-and-drop
- ❖ Bowtie
- ❖ Case Studies

# Planning Table

Nursing Process	Assessment	Diagnosis/analysis	Planning/Implementation	Evaluation
Tanner's CJM	Noticing	Interpreting	Responding	Reflecting
CJMM	Recognizing Cues	Analyzing Cues/Prioritizing Hypothesis	Generate Solutions/Take Action	Evaluate Outcomes
	<i>Severe shortness of breath, crackles, S3 heart sound, "I can't...breathe"</i>	<i>Increased cardiac workload, poor perfusion</i>	<i>Focused assessment Administer oxygen</i>	<i>Patient condition deteriorates</i>
	<i>Ventricular fibrillation, code blue, patient intubated &amp; ventilated</i>	<i>Cardiac and respiratory failure</i>	<i>Interpret labs, communicate with wife about advance directives, call provider with wife's concerns, call chaplain</i>	<i>Monitor for anoxic brain injury, monitor fo criteria for treatment cessation</i>
	<i>Patient removed from ventilator</i>	<i>Palliative/End of Life care</i>	<i>Communicate with wife, perform post-mortem care, initiate death protocol, call chaplain</i>	<i>Patient is no longer breathing</i>

Nursing Process	Assessment	Diagnosis/analysis	Planning/Implementation	Evaluation
Tanner's CJM	Noticing	Interpreting	Responding	Reflecting
CJMM	Recognizing Cues	Analyzing Cues/Prioritizing Hypothesis	Generate Solutions/Take Action	Evaluate Outcomes
	<p><i>Severe shortness of breath, crackles, S3 heart sound, "I can't...breathe"</i></p>	<p><i>Increased cardiac workload, poor perfusion</i></p>	<p><i>Focused assessment Administer oxygen</i></p>	<p><i>Patient condition deteriorates</i></p>
	<p><i>Q: What assessment findings were most important?</i> <i>Q: What findings do you need to follow up on?</i></p>	<p><i>Q: Did you expect these findings?</i> <i>Q: Are any findings of concern to you?</i> <i>Q: What are some explanations for these findings?</i> <i>Q: What is the most important problem at this time?</i></p>	<p><i>Q: What interventions should you implement?</i> <i>Q: Are there interventions that should be avoided?</i> <i>Q: What intervention will you complete first?</i> <i>Q: What information should you teach before discharge?</i></p>	<p><i>Q: What will you monitor to watch for improvements?</i> <i>Q: Were the interventions effective? How do you know?</i></p>

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	<ul style="list-style-type: none"> <li>• <i>Matrix item</i></li> <li>• <i>Matrix multiple choice</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Drop down cloze</i></li> <li>• <i>Drag and drop</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Matrix multiple choice</i></li> <li>• <i>Drop down cloze</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Bow-tie</i></li> <li>• <i>Matrix multiple response</i></li> </ul>

# Debriefing

- Plan the experience as a whole to identify the objectives and key concepts to be emphasized in debriefing
- Anticipate the alternate hypotheses and interventions
- Use the table to prepare yourself so hot debriefing maintains its natural flow
- Use the table to plan NGN-style cold debriefing items.

# Questions



# References (Scan QR Code or Use URL)



<http://bit.ly/3npikap>

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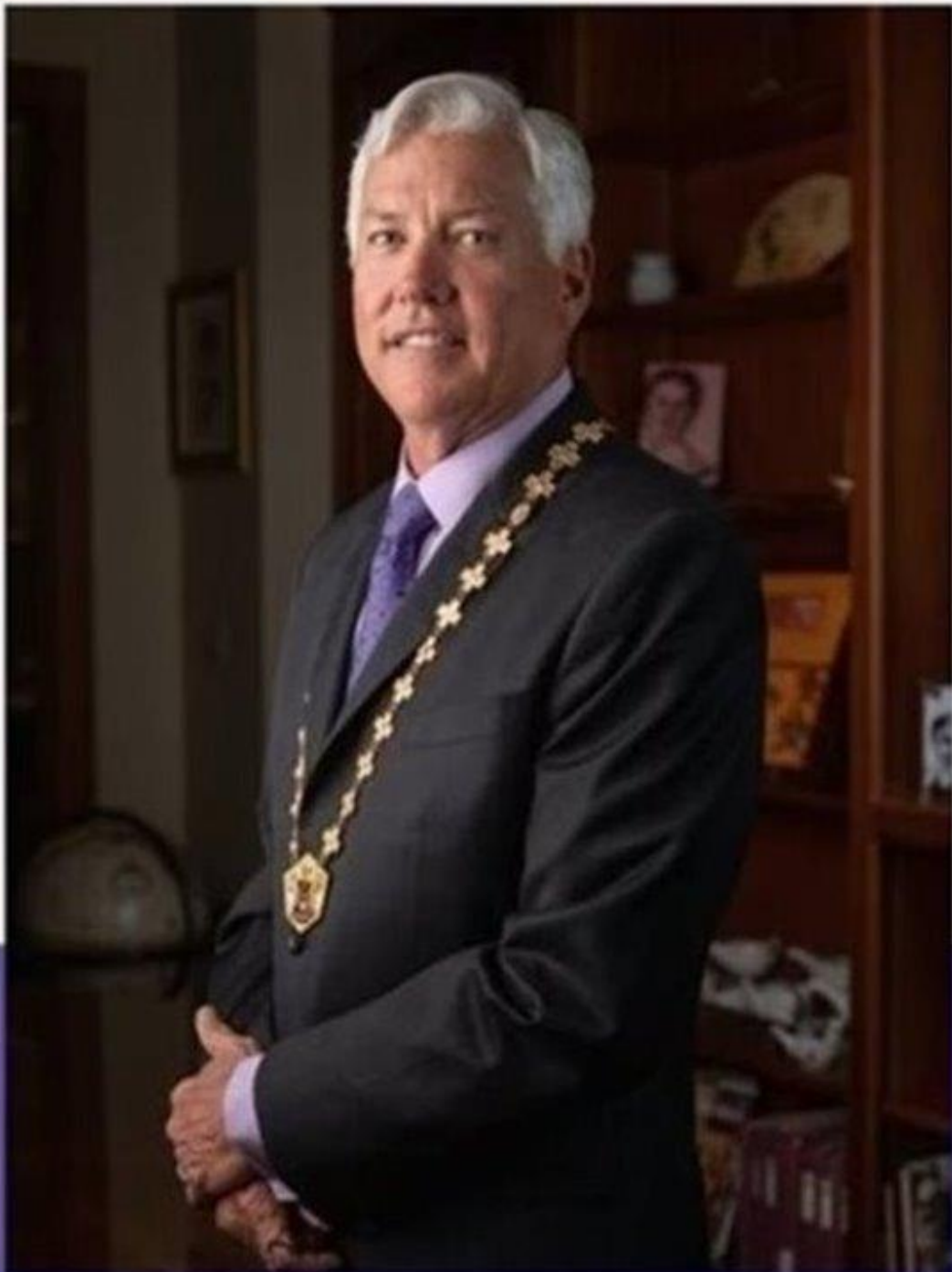
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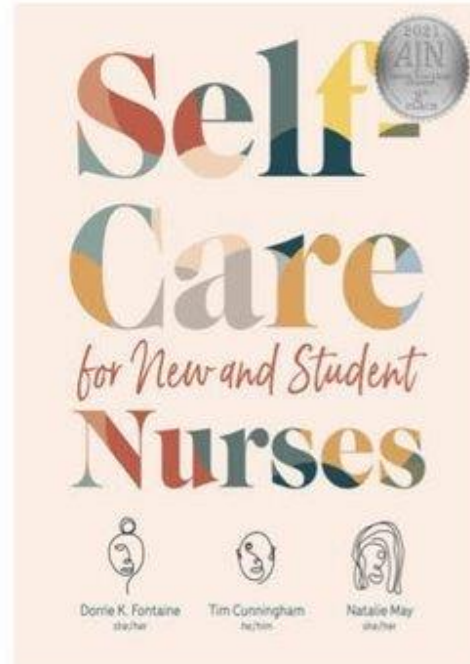
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