One School’s Journey through High Fidelity Simulation Curriculum Integration

Ludy Llasus, PhD, APRN, NP-C
Learner Objectives & Disclosure

At the end of this presentation the learner will be able to:

1. Describe the process of integrating high fidelity simulation (HFS) into a pre-licensure BSN curriculum across three program tracks.
2. Identify the successes and challenges encountered in the experience of integrating HFS into a BSN curriculum.

*I have no potential conflicts with this presentation.*
Why High Fidelity Simulation (HFS)?

• A widely accepted learning strategy in nursing education and is supported by a variety of learning and educational frameworks

• Useful for teaching to improve clinical judgment, increase safety and decrease errors (Bearnson & Wiker, 2005).

• Can help prepare clinically proficient health care professionals (Harder, 2010)

• Substituting for up to half of traditional clinical hours with high-quality simulation experiences produces comparable end-of-program education outcomes (Hayden et. al., 2014).
Purpose of HFS Integration Across the Curriculum

• To promote simulation learning as a “safe” activity, to decrease anxiety, and promote discovery and critical thinking during role-play and debriefing.
• To deliver a consistent simulation experience to students
• To ensure that students benefit most of their clinical experiences
Nevada State College (Pre-Licensure BSN Program)

<table>
<thead>
<tr>
<th>Track</th>
<th>Admissions</th>
<th>Student Capacity</th>
<th>Semesters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Track</td>
<td>Admitted Fall and Spring</td>
<td>16 students</td>
<td>4</td>
</tr>
<tr>
<td>Part-Time Track</td>
<td>Admitted Fall, Spring and Summer</td>
<td>16 students</td>
<td>8</td>
</tr>
<tr>
<td>Accelerated Track</td>
<td>Admitted Fall</td>
<td>16 students</td>
<td>12 months</td>
</tr>
</tbody>
</table>
How it began...

2005
Low fidelity simulation in foundations of nursing course.

2009
A shared clinical simulation center was established.
Faculty identified as simulation champions received training in immersive simulation methodology

2010
Educational packages was used and made to fit and match curricular needs.
Faculty Training

- 2 day workshop
- Immersive Patient Care Management Methodology
- Scenario design and writing
- Best practice standards
- Facilitation
- Debriefing
Challenges:

• Scenarios used were not always aligned with the course topical content schedule
• Cost of educational packages were no longer sustainable
• Clinical faculty skills differed in facilitation and debriefing practices
Process

Faculty Collaboration
- Course topical calendar
- Course outcomes
- Course schedule
- Clinical schedule

Curriculum Mapping
- Medical-Surgical
- OB/Pediatrics

Develop and Design Scenarios
- Jeffries (2005) framework
- INACSL Standards of Best Practice
- Immersive patient care management
- Failure to rescue situations
- QSEN competencies
Curriculum Integration

1\textsuperscript{st} Semester
- Communication
- Pain assessment

2\textsuperscript{nd} Semester
- Developmental issues in pediatrics
- Maternity scenarios

3\textsuperscript{rd} Semester
- Failure to rescue situations

4\textsuperscript{th} Semester
- Failure to rescue situations
- Multi-patient scenarios
Failure to Rescue

- Factors that lead to health deterioration or death, such as an underlying disease, complications of medical care, and response to an acute situation.
- Include the evaluation of how healthcare providers react to these situations.
- Communication, collaboration and teamwork competencies are included in scenario objectives.

Agency for Healthcare Research and Quality, 2010
Simulation Center Coordination

Mapping Course Content & Schedule
- Assist in scenario development

Mapping Clinical Schedule
- Assist in timing of SIM activity, SIM center scheduling

Concierge Model of Simulation Faculty
- Ensure consistency in HFS delivery
4 students from 2nd clinical group

4 students from 1 clinical group

SIM Center

CSCLV

Concierge Faculty

Curriculum-Based Simulation Scenarios

** 2 hours HFS activity counted as 1 hour for clinical**
Evaluation: What we have done

- Reaction of students, faculty, simulation tech
- Educational practice, simulation design scale, student satisfaction, self-confidence in learning (in progress)
Future Direction for Evaluation

• Effect of HFS on clinical decision making
• Impact of HFS as a teaching strategy on student learning
• Knowledge translation to practice
• Debriefing practices
Thank You!