Simulation Learning Objectives

QSEN Competencies

Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

Patient-centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.

Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Evidence-based Practice (EBP): Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Quality Improvement (QI): Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Objectives

1. Introduce QSEN competencies.
2. Implements patient safety measures.
3. Performs an accurate focused physical assessment.
4. Evaluates patient assessment information including vital signs.
5. Performs an accurate pain assessment.
6. Implements therapeutic communication.
7. Selects correct medication.

Simulation expectations:

1. Be respectful and kind in your communications with each other.
2. Approach the simulation with a willingness to participate and “act the part.”
3. What happens during a simulation stays in the simulation/debriefing.
4. Understand that this is an experiment and your responses with be used anonymously to help us learn from this pilot activity and teach others about student participation in simulations.
5. Lastly, that there may be a follow-up activity later in the semester.

Thank you, Profs. Pak, Shaffer, Orlando, Gerrie, and Winstanley

9/3/10
Report:

This is a 3yo white male admitted with a Type A3 tibial fracture of the right leg. Parent at bedside - anxious. Parent stated that patient was playing with his older brother when his leg started to hurt. Brought child to the ED for evaluation two days ago. XRAY showed fracture. Cast applied yesterday.

Allergy to PCN.

N: A & O x3

R: LCTA, incentive spirometer@bedside.

CV: BP: 96/60

98° – 110 – 20,

H/H stable, WBC WNL,

2+ pulses distally x 4

GI: Benign, LBM - yesterday

GU: Last void – 200 ml @ midnight

I/O =

Skin: Right elbow ecchymotic, skin intact.

Ext: MAE x 3, right leg with cast, toes mobile and warm.

PIV: Left Forearm # 20G patent with D5NS at 50 ml/hr

Last pain medication at 0030 with good results, patient slept through the night.

Physician Orders:

Admit to Pediatrics
Regular diet
Bedrest
D5NS at 50 ml/hr
Maintain I+O
VS q 4 hrs
Acetaminophen elixir 150mg q 4 hrs for mild pain
Codeine syrup 7.5mg q 4 hrs for mod-severe pain

Complete your assigned role during the simulations.
Please: do not talk to each other about the simulation until the debriefing.
While you are waiting, “students” complete the daily nursing process plan with a focus/nurses note. “Observers” and “parents” review materials.

STUDENT NURSES: Meet the patient and parent for the first time, assess the patient (and parent), develop a plan of care for the patient/family based on the data collected.

OBSERVER: You are a silent watcher. You do not participate in any way – no advice, gestures or coaching. Try to remember as many of the details of the scene as you can. You are a bystander who will be expected to recall information.

9/3/10