



California Simulation Alliance (CSA) Simulation Scenario Template

The California Simulation Alliance (CSA) is comprised of simulation users from all disciplines from throughout the state. Several regional collaboratives have formed totaling 7 as of March, 2011: The Rural North Area Simulation Collaborative (RNASC), the Capital Area Simulation Collaborative (CASC), the Bay Area Simulation Collaborative (BASC), the Central Valley Simulation Collaborative (CVBSC), the Southern California Simulation Collaborative (SCSC), the Inland Empire Simulation Collaborative (IESC), and the San Diego Simulation Collaborative (SDSC). The CINHC, a non-profit organization focused on workforce development in healthcare provides leadership for the CSA.

The purpose of the California Simulation Alliance (CSA) is to become a cohesive voice for simulation in healthcare education in the state, to provide for inter-organizational research on simulation, to disseminate information to stakeholders, to create a common language for simulation, and to provide simulation educational courses. The goals of the alliance will include providing a home within the CINHC for best practice identification, information sharing, faculty development, equipment/vendor pricing agreements, scenario development, sharing and partnership models. More information can be found on the CSA website at www.cinhc.org/programs.

All scenarios have been validated by subject matter experts, pilot tested and approved by the CSA before they were published online. All scenarios are the property of the CINHC/CSA. The writers have agreed to release authorship and waive any and all of their individual intellectual property (I.P.) rights surrounding all scenarios. I.P. release forms can be found at www.bayareanrc.org/rsc and click documents. (Please send signed I.P. release forms to KT at kt@cinhc.org)

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SECTION I: SCENARIO OVERVIEW

| | | |
|--|--|-----------------------------------|
| Scenario Title: | Acute Coronary Syndrome –Case C Prep for Cardiac Intervention | |
| Original Scenario Developer(s): (name and credentials) | Anne Bolter Lucero, RN, MSN anlucero@cabrillo.edu Validated by: Gina Galluchi, RN, CCRN | |
| Date - original scenario | 7-08-07 | |
| Validation: | 8-01-07 | |
| Revision Dates: | 11-15-07, 6-26-09, 4-02-12 | |
| Pilot testing: | 10-15-07 | |
| QSEN revision: | 4-02-12- Marjorie Miller, MA, RN | |
| | | |
| Estimated Scenario Time: | 15-20 min | Debriefing time: 30-40 min |
| Target group: Advanced Medical Surgical Nursing students, new grads, orientees to Telemetry | | |
| Core case: Acute Coronary Syndrome; Clinical Decision Making in evolving case | | |
| QSEN Competencies: | | |
| <input type="checkbox"/> Patient Safety <input type="checkbox"/> Teamwork and Collaboration <input type="checkbox"/> Patient Centered Care | | |
| <p>Brief Summary of Case: (See ACS-A & B) Third part of a 4 part evolving scenario occurring several hours after the second scenario. 58 year old female with new onset chest pain and diagnosis of Acute Coronary Syndrome (ACS). Experienced 2 episodes of chest pain relieved with NTG. Experienced one episode of v. tach. Labs indicated rising troponin levels and a K or 2.6. Patient stabilized with Amiodarone and is receiving K riders, but is now experiencing EKG changes. Learners are to prepare patient for cardiac cath and intervention. Patient is anxious, repeatedly asking if husband has arrived. Husband arrives and requests private time with wife at her request. Learners are to deal with preparation issues and deal with expressed patient/family needs.</p> | | |

| EVIDENCE BASE / REFERENCES (APA Format) |
|--|
| American Heart Association, (2010) Advanced Cardiovascular Life Support Provider Manual |
| Black, J.M. & Hawks, J.H., (2009) Medical Surgical Nursing, Clinical Management for Positive Outcomes, Vol 2, 8th edition. St Louis: Elsevier Saunders. |
| Deglin, J.H. & Vallerand, A.H., (2009) Davis Drug Guide for Nurses, 10 th edition. Philadelphia |
| Cronenwett, L., Sherwood, G., Barnsteiner, J. et al. (2007). Quality and safety education for nurses. Nursing Outlook, 55(3), 122-131. doi:10.1016/j.outlook.2007.02.006 |

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES

Learning Outcomes

1. Provide nursing care that promotes safety and minimizes risk of error.
2. Apply clinical decision making skills in interpreting and analyzing data in evolving situations.
3. Prioritize interventions considering multiple dimensions of patient/family centered care.
4. Communicate effectively with members of the inter-professional team.

Specific Learning Objectives

1. Applies principles of hand hygiene, infection control and personal protection.
2. Correctly identifies patient and introduces team.
3. Correctly assesses IV drips and responds appropriately to patient questions.
4. Correctly administer pre-procedure medications; complete pre-procedure checklist.
5. Correctly prioritize immediate significant interventions required for a patient being transferred to Cath Lab.
6. Demonstrates situational awareness and responds to patient concerns.
7. Communicates hand-off report to cath team using standardized SBAR tool.

Critical Learner Actions

B. PRE-SCENARIO LEARNER ACTIVITIES

Prerequisite Competencies

Required prior to participating in the scenario

| Knowledge | Skills/ Attitudes |
|--|--|
| <input type="checkbox"/> Risk factors, pathophysiology and collaborative management of Acute Coronary Syndrome | <input type="checkbox"/> Assessment of Cardiovascular system |
| <input type="checkbox"/> Normal/abnormal cardiac rhythms. | <input type="checkbox"/> Basic introductory monitor placement skill |
| <input type="checkbox"/> Pharmacology of basic cardiac medications | <input type="checkbox"/> Interpretation of basic cardiac monitor rhythms |
| <input type="checkbox"/> Current National Patient Safety Goals | <input type="checkbox"/> Safe administration of medications, O ² admin. |
| <input type="checkbox"/> Structured communication tools (SBAR) | <input type="checkbox"/> Therapeutic communication in acute situations |
| <input type="checkbox"/> Protocols for pre-procedure preparation | <input type="checkbox"/> Strategies for decreasing patient/family anxiety |
| | <input type="checkbox"/> Decision making skills re. family vs. nursing priorities |

SECTION III: SCENARIO SCRIPT

A. Case summary

(unfolding case) (See ACS-A & B) Third part of a 4 part evolving scenario occurring several hours after the second scenario.

58 year old female with new onset chest pain and diagnosis of Acute Coronary Syndrome (ACS). Experienced 2 episodes of chest pain relieved with NTG. Experienced one episode of v. tach. Labs indicated rising troponin levels and a K or 2.6. Patient stabilized with Amiodarone and is receiving K riders, but is now experiencing EKG changes. Patient has been stable for several hours.

Learners are to prepare patient for cardiac cath and intervention. Patient is anxious, repeatedly asking if husband has arrived. Husband arrives and requests private time with wife at her request. Learners are to deal with preparation issues and deal with expressed patient/family needs.

B. Key contextual details

Acute care telemetry unit. Change of shift. Off going nurse gives accurate and complete report.

C. Scenario Cast

| Patient/ Client | <input type="checkbox"/> High fidelity simulator | |
|-----------------|---|------------------------------|
| | <input type="checkbox"/> Mid-level simulator | |
| | <input type="checkbox"/> Task trainer | |
| | <input type="checkbox"/> Hybrid (Blended simulator) | |
| | <input type="checkbox"/> Standardized patient | |
| Role | Brief Descriptor (Optional) | Actor/Confederate or Learner |
| RN 1 | | Learner |
| RN 2 | | Learner |
| Cath team (2) | Takes SBAR from learners to end scenario | Actor(s) |
| Family member | Enters room prior to patient leaving for cath lab. Asks nurses for private time with wife at her request. Insists if nurses refuse. | Actor |

| D. Patient/Client Profile | | | | |
|--|---------|-------------------------|-------------|----------------------------------|
| Last name: | Jones | | First name: | Barbara |
| Gender: Fe | Age: 58 | Ht: 5'5" | Wt: 186# | Code Status: Full |
| Spiritual Practice: Christian | | Ethnicity: Caucasian | | Primary Language spoken: English |
| 1. History of present illness | | | | |
| No previous diagnosis of ACS was noted. She has not been under the care of any general physician. Risk factors include: overweight, smokes 1 pack per day. She is married; works full time outside the home as a bank manager, has three full grown children and two grandchildren that she cares for on weekends. | | | | |
| Primary Medical Diagnosis | | Acute Coronary Syndrome | | |

| 2. Review of Systems | |
|--|--|
| CNS | Alert, oriented, cooperative |
| Cardiovascular | Regular sinus rhythm, no gallops, rubs or murmurs, apical clear, pulses +4 radial/ pedal |
| Pulmonary | Breath sounds clear, effortless, O2 sat 98% on room air |
| Renal/Hepatic | WNL Renal: voids well without incontinence; Hepatic: liver non-tender, non-palpable |
| Gastrointestinal | WNL GI = normal bowel sounds X 4 quads |
| Endocrine | WNL post-menopausal |
| Heme/Coag | WNL |
| Musculoskeletal | Well-developed muscle mass, moves all extremities equally and well |
| Integument | Good tone, intact, no bruises, |
| Developmental Hx | Middle age adult WNL |
| Psychiatric Hx | WNL |
| Social Hx | Married, mother of 3, Professional |
| Alternative/ Complementary Medicine Hx | None noted; occasional visit to chiropractor for low back pain. |

| | | | |
|-----------------------|------|-----------|--|
| Medication allergies: | NKDA | Reaction: | |
| Food/other allergies: | NKFA | Reaction: | |

| 3. Current medication | Drug | Dose | Route | Frequency |
|-----------------------|--------------------------|------|-------|-----------|
| | <i>(from Scenario A)</i> | | | |
| | | | | |
| | | | | |

CSA REV template (12/15/08; 5/09; 12/09; 4/11; 1/15)

ALL DATA IN THIS SCENARIO IS FICTITIOUS

| 4. Laboratory, Diagnostic Study Results | | | | | |
|---|--------------------|---------------------|---|--------------------|---------|
| Na: 136 | K: 3.2 | Cl: 100 | HCO ₃ : | BUN: 24 | Cr: 1.2 |
| Ca: 9.0 | Mg: | Phos: | Glucose: 143 | HgA1C: | |
| Hgb: 11.4 | Hct: 32 | Plt: 320 | WBC: 11.6 | ABO Blood Type: | |
| PT: 13 | PTT: 21 | INR: 1.0 | Troponin: 5.8 | CK: 520 | |
| Ammonia: | Amylase: | Lipase: | Albumin: | Lactate: | |
| ABG-pH: | paO ₂ : | paCO ₂ : | HCO ₃ /BE: | SaO ₂ : | |
| VDRL: | GBS: | Herpes: | HIV: | | |
| CXR: infiltrates consistent w/ pulm edema | | | ECG: regular sinus rhythm w/ PVC's; ST ↑ - V1 | | |
| CT: | | MRI: | | | |
| Other: | | | | | |

| E. Baseline Simulator/Standardized Patient State (This may vary from the baseline data provided to learners) | | | | | |
|---|--|----------------------|--|---|---------------------------------------|
| 1. Initial physical appearance | | | | | |
| Gender: Female | | Attire: patient gown | | | |
| Alterations in appearance (moulage): short brown, grey, age appropriate wig, light eye, lip make-up | | | | | |
| x | ID band present, accurate information | | ID band present, inaccurate information | | ID band absent or not applicable |
| | Allergy band present, accurate information | | Allergy band present, inaccurate information | x | Allergy band absent or not applicable |

| 2. Initial Vital Signs Monitor display in simulation action room: | | | | | |
|---|--------------------|---|-----------------------------------|--|------------------------------|
| | No monitor display | x | Monitor on, but no data displayed | | Monitor on, standard display |

| | | | | | |
|----------------------------|---|---|--|------------------------|--|
| BP: 128/68 | HR: 112 | RR: 20 | T: 99.2 | SpO ₂ : 94% | |
| CVP: | PAS: | PAD: | PCWP: | CO: | |
| AIRWAY: | ETCO ₂ : | FHR: | | | |
| Lungs: Sounds/mechanics | Left: ↓ bilaterally, crackles in upper fields | | Right: ↓ bilaterally, crackles in upper fields | | |
| Heart: | Sounds: | S1, S2 no murmurs | | | |
| | ECG rhythm: | Sinus Tachycardia with PVC's; ST↑ in V1 | | | |
| | Other: | | | | |
| Bowel sounds: | ABS x 4 quadrants | | | Other: | |

| 3. Initial Intravenous line set up | | | | | | |
|--|------------------------------------|-------|---------|---------------------------------------|-----------------------------|------------------------|
| x | IV #1 Main | Site: | RA | Fluid type: Normal Saline | Initial rate: 20 mL/hour | IV patent (Y/N) Yes |
| x | Piggyback | | | KCL 10 mEq/100 mL | 100 mL/hour | |
| | IV #2 | Site: | RA | Fluid type: | Initial rate: | IV patent (Y/N) |
| x | Main | | | Amiodarone drip 1000 mg/500 ml D5W | 1 mg/min | |
| | Piggyback | | | | 100 mL/hour | |
| 4. Initial Non-invasive monitors set up | | | | | | |
| x | NIBP | | x | ECG First lead: Lead II | x | ECG Second lead: V1 |
| x | Pulse oximeter | | x | Temp monitor/type | | Other: |
| 5. Initial Hemodynamic monitors set up | | | | | | |
| | A-line Site: | | | Catheter/tubing Patency (Y/N) | CVP Site: | PAC Site: |
| 6. Other monitors/devices | | | | | | |
| | Foley catheter | | Amount: | | Appearance of urine: | |
| | Epidural catheter | | | Infusion pump: | Pump settings: | |
| | Fetal Heart rate monitor/tocometer | | | | Internal | External |
| Environment, Equipment, Essential props | | | | | | |
| Recommend standardized set ups for each commonly simulated environment | | | | | | |
| 1. Scenario setting: (example: patient room, home, ED, lobby) | | | | | | |
| Telemetry unit, monitored | | | | | | |

| 2. Equipment, supplies, monitors | | | | | | | |
|---|---|--|---|--------------------|---|--|---|
| (In simulation action room or available in adjacent core storage rooms) | | | | | | | |
| x | Bedpan/ Urinal | | | Foley catheter kit | | Straight cath. kit x Incentive spirometer | |
| x | IV Infusion pump | | | Feeding pump | | Pressure bag x Wall suction | |
| | Nasogastric tube | | | ETT suction cath | | Oral suction cath Chest tube insertion kit | |
| x | Defibrillator | | x | Code Cart | x | 12-lead ECG Chest tube equip | |
| | PCA infusion pump | | | Epidural inf. pump | | Central line Kit Dressing Δ equipment | |
| x | IV fluid Type: Normal Saline w/primary tubing Amiodarone w/filter tubing KCl Riders 10 mEq in 100 mL D5W w/PB tubing | | | | | | Blood product ABO Type: # of units: |

| 3. Respiratory therapy equipment/devices | | | | | | |
|--|---------------|--|------------------|---|---------------------------|------------------------|
| x | Nasal cannula | | Face tent | x | Simple Face Mask | x Non re-breather mask |
| x | BVM/Ambu bag | | Nebulizer tx kit | | Flowmeters (extra supply) | |

| 4. Documentation and Order Forms | | | | | | |
|----------------------------------|--|---|-------------------------|---|---|-----------------|
| x | Health Care Provider orders | x | Med Admin Record | x | H & P | x Lab Results |
| | Progress Notes | | Graphic record | | Anesthesia/PACU record | ED Record |
| x | Medication reconciliation | | Pre-procedure checklist | | Surgical permit <i>(completed and signed unless part of learner actions)</i> | ICU flow sheet |
| | Nurses' Notes | x | Dx test reports | | Code Record | Prenatal record |
| x | Actual medical record binder, constructed per institutional guidelines | | | x | Other: 12 lead EKG, monitor strip showing runs of ventricular tachycardia 5-6 beats | |

| 5. Medications (to be available in sim action room) | | | | | | | |
|---|------------------|--------|-------|---|---------------|--------|-----------|
| # | Medication | Dosage | Route | # | Medication | Dosage | Route |
| 3 | Nitroglycerin | 0.4mg | SL | 3 | Nitropaste 2% | 1 inch | Transderm |
| 2 | Morphine Sulfate | 2 mg | IV | 3 | Lorazepam | 1 mg | PO |
| 2 | Morphine Sulfate | 4 mg | IV | 2 | EC ASA | 325 mg | PO |
| 2 | Protonix | 40 mg | PO | 2 | Metoprolol | 50 mg | PO |

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario : Shift Report – 2:45 pm

Ms. Barbara Jones was admitted to the Tele unit early this morning from home via the ED after an episode of severe mid-sternal chest pain that lasted at least 5 minutes. Since admission she has had 2 episodes of chest pain relieved by nitro and one episode of ventricular tachycardia. Currently she is on her 3rd K-rider piggy-backed to her main line going at 100 mL/hr for a K of 2.6. She received a loading dose of Amiodarone and is now on a maintenance drip running at 100 mL/hr. She has EKG and lab changes consistent with ACS/MI and is on call for cardiac cath with possible stent placement. She has some new pre-cath orders and the pre-cath checklist to prepare. Ms. Jones has been stable now for several hours and is a little anxious waiting for her husband. Vital Signs: B/P 128/68 HR 112 RR 28 T 99.2 Sat 94%. EKG ST with occasional unifocal PVC.

| STATE / PATIENT STATUS | DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|--|--|--|--|
| <p>1. Baseline Pt sitting up 30 degrees in bed.</p> <p>When nurses enter the room, states “The doctor was just here and said that I need a heart angi ... og.....raphy or something like that.”</p> | <p>Operator B/P 128/68 HR 112 RR 28 T 99.2 Sat 94%</p> <p>Monitor shows sinus tachycardia</p> <p>Triggers: Must complete #1, 2, 3, 4 to progress to next frame</p> | <p>Learner Actions:</p> <ol style="list-style-type: none"> 1. Hand hygiene, introduce themselves & role; identify patient with 2 patient identifiers. 2. Divide and appropriately delegate tasks to team members. 3. Read and prioritize new orders; preparation procedures for cardiac cath. 4. Evaluate status of existing IV sites and medications for dose, rate, compatibility with Amiodarone, KCl, appropriate tubings 5. Reassure patient appropriately regarding upcoming procedure. 6. Assess level of understanding of procedure and answer basic questions. | <p>Debriefing Points:</p> <ol style="list-style-type: none"> 1. Environmental Assessment 2. Strategies for maintaining safety with IV drips and changing medication orders. 3. Nursing role in obtaining legal consents for procedures. 4. Patient centered care/teaching ... explanations of procedure in simple terms |

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|--|--|---|
| <p>2. Waiting for husband/or sister to arrive.</p> <p>Anxiously expresses need to talk with family before she goes for the heart cath.</p> <p>If nurses offer to call, patient states “No, they’re probably on their way.”</p> | <p>Operator: No change in VS; monitor demonstrates ventricular tach without PVC’s @ 110</p> <p>Triggers: Must complete #1, 2, 3, 4 to proceed to next frame.</p> | <p>Learner Actions:</p> <ol style="list-style-type: none"> 1. Administer PO meds and topical paste safely with appropriate vital sign check 2. Explains medications and rationale for administration at this time. 3. One nurse assesses patient while the other assesses new orders, labs and other reports. 4. Reports laboratory changes to charge nurse. 5. Responds to patient’s concerns about family member | <p>Debriefing Points:</p> <ol style="list-style-type: none"> 1. Significance of laboratory results 2. Rationale for metoprolol and nitropaste pre-procedure 3. Rationale for Protonix pre-procedure 4. SBAR communication to team members as well as physician |

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|---|--|--|
| <p>3.</p> <p>Patient asks again if husband has called back. Very anxious to see husband.</p> <p>Husband/sister arrives</p> | <p>Operator:</p> <p>B/P 134/78 HR 116 RR 28 Sat 92%</p> <p>Continue sinus tachycardia with occasional PVC's, no further runs ventricular tachycardia</p> <p>Triggers:</p> <p>must complete # 1, 2 to move to the next frame</p> | <p>Learner Actions:</p> <ol style="list-style-type: none"> 1. Recognize significance of for "on call" timing to Cardiac Cath lab 2. Calls report to CCU/CIU for post-cath transfer 3. Uses SBAR tool to deliver patient history and current status to receiving nurse. | <p>Debriefing Points:</p> <ol style="list-style-type: none"> 1. Criteria for SBAR transfer report. 2. Management of anxiety in pre-cath patient 3. Decision: offer anti-anxiety agent ? What will help patient to relax? |

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|--|---|--|---|
| <p>4. Husband at patient's bedside. Holding patient's hand. Patient anxiously whispering to husband.</p> <p>Husband asks nurses for privacy to speak with his wife.</p> <p>Patient is expressing need for husband to care for grandchildren in case something happens.</p> | <p>Operator: no further change</p> <p>Triggers: Complete #1,2,3,4</p> <p>Cath team arrives to take patient to Cath Lab.</p> | <p>Learner Actions:</p> <ol style="list-style-type: none"> 1. Greet husband and answer basic questions; explain that patient will be transferred to CCU or CIU after procedure for close monitoring 2. Retreat from bedside to afford privacy 3. Give "hand-off" reports to cath team outside the room | <p>Debriefing Points</p> <ol style="list-style-type: none"> 1. Decision making: balance between privacy and close monitoring 2. Priority: patient is ready for Cath Lab team arrives 3. Need for family communication |
| <p>Scenario End Point: Cath team arrives to take patient for procedure.</p> | | | |
| <p>Suggestions to <u>decrease</u> complexity: For novice students end scenario after call for help and SBAR ... slow first and second frame down.</p> | | | |
| <p>Suggestions to <u>increase</u> complexity: Cath team arrives to pick up patient and upset because patient is not ready. Husband/sister demanding to have private time and patient becomes upset. IV pump alarms. Patient and husband decide not to allow procedure until husband talks with physician.</p> <p>One more scenario follows, each one building on the previous one (unfolding)</p> <p>Scenario D - highlights discharge planning and education, use of the med reconciliation form, family support, communication.</p> | | | |

| APPENDIX B: Digital images of manikin and/or scenario milieu | |
|---|----------------------------------|
| Insert digital photo here | Insert digital photo here |
| Insert digital photo here | Insert digital photo here |

APPENDIX C: DEBRIEFING GUIDE

| General Debriefing Plan | | | |
|--|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> With Video | <input type="checkbox"/> Without Video |
| Debriefing Materials | | | |
| <input type="checkbox"/> Debriefing Guide | <input type="checkbox"/> Objectives | <input type="checkbox"/> Debriefing Points | <input type="checkbox"/> QSEN |
| QSEN Competencies to consider for debriefing scenarios | | | |
| <input type="checkbox"/> Patient Centered Care | <input type="checkbox"/> Teamwork/Collaboration | <input type="checkbox"/> Evidence-based Practice | |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Informatics | |
| Sample Questions for Debriefing | | | |
| <ol style="list-style-type: none"> 1. How did the experience of caring for this patient feel for you and the team? 2. Did you have the knowledge and skills to meet the learning objectives of the scenario? 3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience? 4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP? 5. How would you handle the scenario differently if you could? 6. In what ways did you check feel the need to check ACCURACY of the data you were given? 7. In what ways did you perform well? 8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members? 9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting? 10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome? 11. Discuss actual experiences with diverse patient populations. 12. Discuss roles and responsibilities during a crisis. 13. Discuss how current nursing practice continues to evolve in light of new evidence. 14. Consider potential safety risks and how to avoid them. 15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care. | | | |
| Notes for future sessions: | | | |