

SECTION I: SCENARIO OVERVIEW

Scenario Title:	Transgender Female (TGF) Trauma Patient Unfolding Scenario. Part B: DVT.	
Original Scenario Developer(s):	Michele Solakian, Jessica Dorthalina, Alyssa Becerra, and Lisa Aloy	
Date - original scenario	February 3, 2016	
Validation:	February 2020	
Pilot testing:	December 4, 2017	
Revisions:	Included in original scenario	
<u>Estimated Scenario Time</u>	20 Minutes	<u>Debriefing time</u> 30 minutes
<u>Target group:</u> Senior Nursing Students with concurrent critical care course or newly graduated nurse.		
<u>Core case:</u> chest trauma in transgender patient; assessment and management of DVT with high alert drugs.		
<u>Brief Summary of Case:</u> 49-year old transgender patient (partial reassignment completed). She was pedestrian in car vs. pedestrian accident at 30 mph. ED assessment reveals chest trauma (fx ribs, hemo-pneumothorax), increased blood alcohol and 30-year history of smoking. This is an unfolding scenario in 3 parts. Sensitivity to communication with transgender patient is woven throughout. Part A: assessment & pain management with relief or respiratory depression Part B: recognition of DVT; SBAR & administration of high alert drugs Part C: recognition & assessment of pelvic pain		
<u>QSEN Competencies</u>		
X Patient Centered Care	X Teamwork and Collaboration	
<input type="checkbox"/> Informatics	Quality Improvement	
X Patient Safety	Evidence Based Practice	

EVIDENCE BASE / REFERENCES (APA Format)
Arnold, J.D., Sarkodie, E.P., Coleman, M.E., & Goldstein, D.A. (2016). Incidence of Venous Thromboembolism in Transgender Women Receiving Oral Estradiol. <i>The Journal of Sexual Medicine</i> , 13(11), 1773-1777. doi.org/10.1016/j.jsxm.2016.09.001
Deglin, J. H., & Vallerand, A. H. (2019). <i>Davis's Drug Guide for Nurses</i> (11 th Ed.). Philadelphia, PA: F. A. Davis Company
Deutsch, M.B. (2017). Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non Binary People. Retrieved from http://transhealth.ucsf.edu/trans?page=guidelines-feminizing-therapy
Dickey, I.M., Karasic, D.H., Sharon, N.G. (2017). Mental health considerations with transgender and gender nonconforming clients. Retrieved from http://transhealth.ucsf.edu/trans?page=guidelines-mental-health
Hashemi, L. (2018). Transgender care in the primary care setting: a review of guidelines and literature, <i>Federal Practitioner</i> , 30-37.
Mancini, M.C. (2016). Blunt Chest Trauma Treatment & Management. <i>Medscape</i> . Retrieved from https://emedicine.medscape.com/article/428723-treatment
Roberts, T., Kraft, C., French, D., Ji, W., Wu, A., Tangpricha, V., & Fantz, C. (2014). Interpreting Laboratory Results in Transgender Patients on Hormone Therapy. <i>The American Journal of Medicine</i> , 127(2), 159-162. Retrieved from http://www.sciencedirect.com/summit.csuci.edu:2048/science/article/pii/S0002934313008966
Weinand, J.D., & Safer, J.D. (2015). Hormone therapy in transgender adults is safe with provide supervision; A review of hormone therapy sequelae for transgender individuals. <i>Journal of Clinical & Translational Endocrinology</i> , 2(2), 55-60. Retrieved from https://doi.org/10.1016/j.jcte.2015.02.003
Inaba, K. et al., (2016). Cervical spine clearance: a prospective Western trauma association multi-institutional trial. <i>Journal of Trauma Acute Care Surgery</i> , 81(6), 1122-1130.

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES

A. SCENARIO LEARNING OBJECTIVES	
Learning Outcomes	
1.	Determine the essential physical assessment in the trauma client, correctly prioritize needs in a timely manner. Correctly analyze assessment and lab data.
2.	Demonstrate timely and efficient nursing interventions to promote oxygenation, hydration, mobility, comfort, elimination and skin integrity.
3.	Communicate effectively with the client, family and healthcare team; utilize SBAR format; empathetic communication with a transgender patient
4.	Administer medications safely; demonstrate attention to standard precautions, handwashing, use of PPE when appropriate.
Specific Learning Objectives	
1.	Perform a focused and complete physical assessment including: neurological, respiratory, cardiac, abdominal, GU, skin integrity and pain/comfort.
2.	Assess hydration status intake & output, chest tube dressing & output, laboratory and diagnostic data.
3.	Integrate nursing interventions in a timely manner: administer oxygen, assist client with incentive spirometry, turn cough deep breathe (TCDB), monitor fluid balance, and administer medications safely.
4.	Communicates effectively with client and family regarding the plan of care, communicate with the nursing and medical team, including SBAR report.
5.	Provide a safe environment and administer medications using the 3 checks and 6 rights.
6.	Demonstrate attention to the National Patient Safety Goals for postoperative care, the care of the patient with pain, and safe medication administration, including intoxicated patients.
7.	Demonstrate therapeutic communication with the transgender patient. Use of appropriate language, respectful use of appropriate pronouns, gender neutral terms and recovery from mistakes in communication.
Critical Learner Actions	
1.	Assess pain (pain level 0-10, detailed pain assessment)
2.	Administer appropriate pain medication
3.	Administer Narcan if patient becomes over-sedated with altered level of consciousness
4.	Assist with chest tube management
5.	Successful insertion of Foley catheter in TGF
6.	Communicate therapeutically with patient and family

B. PRE-SCENARIO LEARNER ACTIVITIES

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Knowledge trauma care: assessment and expected outcomes.	Skills/ Attitudes therapeutic communication with traumatized patient
<input type="checkbox"/> Lung atelectasis: pathophysiology and anticipated interventions.	<input type="checkbox"/> Use of the Incentive Spirometer
<input type="checkbox"/> DVT Prophylaxis/treatments r/t trauma & estrogen therapy	<input type="checkbox"/> Chest tube drain care
<input type="checkbox"/> I & O fluid monitoring	<input type="checkbox"/> Side effects of morphine administration and BAC 0.25% on admission

SECTION III: SCENARIO SCRIPT

A. Case summary

Victoria Bowie is a 49-year old (5' 11") 180 lb. (82 kg.) white English-speaking transgender (female). She was with a friend after leaving a night-club and was "hit by that crazy driver" according to her acquaintance. The car was traveling an estimated 30 miles per hour. She arrived by ambulance with rigid cervical spine collar in place, hypotensive with moderate blood loss, but neurologically intact. Blood tests revealed an elevated blood alcohol concentration (BAC) was 0.25%. CT scan of the patient's cervical spine was completed and results are pending. Chest x-rays reveal three left rib fractures with a hemo-pneumothorax. The patient has been medicated for pain and needs assessment of calf pain, SBAR communication to physician, assessment of hematology lab data and medications administered for DVT prophylaxis.

B. Key contextual details

The patient will have calf pain, atelectasis, hemo-pneumothorax, and respiratory compromise due to history of smoking. There will be blood pressure instability with possible DVT development in lower right extremity. Communication with the patient will require sensitivity to pronouns, names, and symptoms associated with intoxication.

C. Scenario Cast

Patient/ Client	<input checked="" 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)	Imbedded Participant or Learner (L)
Team Leader		Learner
Assessing RN		Learner
Interventionist	Medication administration	Learner
Recording RN	Assists team and gives the SBAR report	Learner

D. Patient/Client Profile

Last name:	Bowie		First name:	Victoria	
Gender:	Age: 49 years	Ht: 5'11"	Wt: 180 lbs. (82 kg)	Code Status: Full Code	
Spiritual Practice: Christian		Ethnicity: Irish		Primary Language spoken: English	
1. Past history					
<p>Social History: Actress, dance teacher. Divorced with 3 adolescent children who live nearby. Partially transitioned from male to female; heavy smoker; history of drug use but says she is "clean".</p> <p>Medical History: smoking for 30 years (1 pack/day), mild hypertension diagnosed and treated four years ago; underwent surgical sex reassignment (partial). HIV status not known.</p> <p>Past Surgical History: Breast Augmentation (10 years ago), Reduction Thyroid-chondroplasty (9 years ago).</p> <p>Family History: Mild Depression in first-degree family members (she denies any depressive symptoms).</p> <p>Prior hospitalizations: Substance Rehab (2000, 2010). Hospitalized for substance abuse (alcohol and opioids).</p>					
Primary Medical Diagnosis		Left Hemo-pneumothorax, Rib Fx. 5-7. S/P Trauma Auto vs. Pedestrian.			

2. Review of Systems	
CNS	Drowsy; migraine head aches
Cardiovascular	No murmur or arrhythmia
Pulmonary	Cough and dyspnea
Renal/Hepatic	Urinary retention, Bladder infections
Gastrointestinal	No vomiting; Occasional constipation
Endocrine	No diabetes; post-thyroidectomy
Heme/Coag	Bruising to scalp, hip, and trunk
Musculoskeletal	No arthritis or joint swelling
Integument	Eczema; MRSA
Developmental Hx	Adult self-actualizing
Psychiatric Hx	Flat affect; two previous psychiatric admission for Substance Rehabilitation
Social Hx	Divorced with 3 adolescent children, all are in the waiting room
Alternative/ Complementary Medicine Hx	

Medication allergies:	NKDA	Reaction:	
Food/other allergies:	None	Reaction:	

3. Current medications	Drug	Dose	Route	Frequency
	Aldactone	200 mg	PO	Daily
	MVI	1 tablet	PO	Daily
	Aspirin	81 mg	PO	Daily
	Estrace	1 mg	PO	Daily
	Provera	2.5 mg	PO	Daily
	Estradiol Valerate	10 mg	IM	Monthly

4. Laboratory, Diagnostic Study Results					
Na: 138 mEq/L	K: 5 mEq/L	Cl: 100 mEq/L	HCO3: 22	BUN: 49	Cr: 1.9
Ca: 9 mg/dl	Mg: 2	Phos:	Glucose: 99	HgA1C:	
Hgb: 14	Hct: 38%	Plt: 350 X1000	WBC: 12.3 X 1000	ABO Blood Type:	
PT	PTT 77 sec	INR 1	Troponin:	D-Dimer: 5	
ABG-pH: 7.34	paO2: 88	paCO2: 48	HCO3/BE:	SaO2: 90%	
VDRL: P	GBS:	Herpes: P	HIV: P	BAC: 0.24	
CXR: Rib Fx: 5,6 & 7; Hemo-pneumo thorax			ECG:		

E. Baseline Simulator/Standardized Patient State
(This may vary from the baseline data provided to learners)

1. Initial physical appearance			
Gender: Male genitalia Female: Breast		Attire: Hospital gown, wig, bra (gel inserts)	
Alterations in appearance (moulage): Left lateral chest dressing with chest tube and sanguineous drainage (400 mls), cigarettes at bedside. Rice Krispies under left lateral chest to mimic crepitus. Pleuravac connected to chest tube with serosanguinous drainage bubbling			
X	ID band present, accurate	ID band present, inaccurate	ID band absent or not applicable
	Allergy band present, accurate	Allergy band inaccurate	X Allergy band absent or N/A

2. Initial Vital Signs Monitor display in simulation action room:				
No monitor display		Monitor on, but no data displayed		Monitor on, data displayed
BP: 145/90	HR: 110	RR:20	T: 100.3	SpO ₂ : 88
CVP:	PAS:	PAD:	PCWP:	CO:
AIRWAY:	ETCO ₂ :	FHR:		
Lungs:	Left: decreased Right: Crackles; Shallow, diminished, coughing			
Heart:	Sounds: S1 S2		ECG rhythm: NSR-Sinus Tach	
Bowel sounds:	Hypoactive			Other:

3. Initial Intravenous line set up					
	Saline lock #1	Site:	LAC		IV patent (Y/N)
	IV #1	Site:	RAC	Fluid type: NS	Initial rate: 100 ml/hr
	Main	RA			IV patent (Y/N) yes
	Piggyback				
	IV #2	Site:		Fluid type:	Initial rate:
	Main	RA			IV patent (Y/N)
	Piggyback				

4. Initial Non-invasive monitors set up					
X	NIBP	X	ECG First lead: Sinus Tachycardia		ECG Second lead:
X	Pulse oximeter		Temp monitor/type: Oral		Other:

5. Initial Hemodynamic monitors set up					
	A-line Site:		Catheter/tubing Patency (Y/N)	CVP Site:	PAC Site:

6. Other monitors/devices					
X	Foley catheter	Amount: 350 ml		Appearance of urine: concentrated	
	Epidural catheter	X	Infusion pump:		Pump settings:

Environment, Equipment, Essential props

1. Scenario setting: (example: patient room, home, ED, lobby)

Telemetry Unit on central monitoring. Lays supine, in bed. Cigarettes at the bedside.

2. Equipment, supplies, monitors

(In simulation action room or available in adjacent core storage rooms)

X	Bedpan/ Urinal	X	Foley catheter kit		Straight cath. kit	x	Incentive spirometer
X	IV Infusion pump		Feeding pump		Pressure bag	X	Wall suction
	Nasogastric tube	X	ETT suction catheters	X	Oral suction catheters	X	Chest tube kit
	Defibrillator	X	Code Cart	X	12-lead ECG	X	Chest tube equip
	PCA infusion pump		Epidural infusion pump		Central line Insertion Kit	X	Dressing Δ equipment
	IV fluid Type:		IV fluid additives:		IV Piggy back		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		Anesthesia/PACU record		Lab Results
	Progress Notes		Graphic record	X	H & P		ED Record
	Medication reconciliation		Transfer orders		Standing (protocol) orders		ICU flow sheet
	Nurses' Notes	X	Dx test reports		Code Record		Prenatal record
	Actual medical record binder, constructed per institutional guidelines				Other Describe:		

5. Medications (to be available in sim action room)

#	Medication	Dosage	Route	#	Medication	Dosage	Route
	Morphine Sulfate 10 mg/ml	5 mg	IVP		Provera	2.5 mg	PO
	Multivitamin	1 tab	PO		Estrace	1 mg	PO
	Narcan	0.2 mg	IVP		Heparin	5000 units	IVP
	Estradiol Valerate	10 mg	IM		Aspirin	81 mg	PO
	Aldactone	200 mg	PO		Versed	1 mg	IVP
	Motrin	400 mg	PO				

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario: Time: 1:00 AM night shift: Victoria Bowie was brought to Emergency Room by paramedics. Victoria Bowie is a 49-year old (5' 11") 180 lb. (82 kg.) white, English-speaking transgender (female). She was with a friend after leaving a night-club and was "hit by that crazy driver" traveling an estimated 30 miles per hour, according to her acquaintance. She arrived by ambulance with rigid cervical spine collar in place, hypotensive with moderate blood loss, but neurologically intact. Blood tests revealed an elevated blood alcohol concentration (BAC) of 0.25%. CT scan of the patient's cervical spine was completed; results pending. Chest x-rays found three left rib fractures with a hemo-pneumothorax. She is stabilized, a chest tube has been placed on the left side, for hemo-pneumothorax due to rib fractures.

STATE 1 / PATIENT STATUS		DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE	
Group B			
1. Baseline	Operator	Learner Actions	Debriefing Points:
<p>VS: RR: 20 HR: 100 BP: 110/80 Pain 4/10 Sats 91% T: 38 C Chest tube with air leak</p> <p>Patient reports relief after the cervical collar is removed.</p> <p>Full range of motion of neck with soreness reported. Pain level 4/10 Complains of right leg pain: dull ache, pressure</p>	<p>Patient sobbing, emotional and angry (after Narcan) "Can someone give me a cigarette?"</p> <p>Cigarettes at the bedside</p> <p>Triggers: Physician calls to tell nurse the CT scan is negative and cervical spine is clear. Physician enters room to remove cervical collar and leaves following a short assessment of head and neck.</p>	<ol style="list-style-type: none"> 1. WII 2. Head to toe assessment 3. Neurological examination completed. 4. Administer Lovenox SubQ 	<ol style="list-style-type: none"> 1. Pain in calf differentiated from chest tube pain. 2. Flexing the ankle may release the clot. Homan's test is no longer EBP to assess signs and symptoms of a DVT. 3. Effects of estrogen therapy and smoking on DVT formation. 4. What are the EBP for determining clearance of the cervical spine?

State 2/ Patient Status	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points:
<p>Calf pain: sore, ache, throbbing</p> <p>VS: RR: 24 HR: 115 BP: 100/60 Sats: 93% if on oxygen or 91% if RA T: 38.6 C</p> <p>OLD CART: Pain level 6/10 "I must have a cigarette!"</p> <p>Rapid onset Right calf Pain becoming more intense tender, warm, throbbing movement makes it worse, Do not flex the ankle.</p>	<ol style="list-style-type: none"> 1. "Ouch! My calf must have a cramp from that rumba dancing we did last night." 2. Sweat on mannequin "Can someone open up a window? I need some air in here!" 3. Patient begins to shiver and temperature rises to 38.8 C if students do not assess fever. <p><i>Labs: D-Dimer: 5 nmol/L (0-2.5)</i> <i>PT: 13 sec. INR: 1</i> <i>PTT: 30 sec</i></p> <p>Triggers</p> <p>Venous Doppler study of lower extremities: positive finding right calf DVT (results arrive).</p>	<ol style="list-style-type: none"> 1. Call MD with assessment findings and request a diagnostic order to investigate source of calf pain. Verbal order with read-back: Labs D-Dimer/PT/PTT and Venous Doppler study. 5. Administer oxygen NC per protocol 6. Call MD with lab and venous Doppler results 	<ol style="list-style-type: none"> 1. Assessment that differentiates muscle pain from potential DVT. 2. Describe risk factors for development of DVT in this patient. 3. What suggestions can the nurse make for smoking cessation that can be provided during hospitalization? 4. Discuss why the oxygen saturation may have drifted downward? 5. What treatments and assessment techniques are not recommended for patients with leg DVT?

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
State 3	Operator	Learner Actions:	Debriefing Points:
<p>State 3 (Group 2) VS: RR: 16 HR: 90 BP: 110/80 Sats: 93% if on oxygen or 91% if RA T: 38.5 C</p> <p>Morphine Sulfate not due</p> <p>Consider requesting something (Versed) for feeling worried about chest tube and leg pain: "Dancing is my life!"</p> <p>SBAR HAND-OFF REPORT</p>	<p>Pharmacist brings Heparin Drip (concentration: 50,000 units in 500 ml NS) @ 5000 unit bolus in the first hour then decrease to 1000 units per hour.</p> <p>Triggers:</p> <p>Temp following administration of antipyretic: 37.9 C</p>	<ol style="list-style-type: none"> 1. Focused reassessment 2. Heparin arrives from the pharmacy 3. Students initiate correct rate of bolus prior to initiating hourly drip rate 4. Student notes order for Motrin to treat fever, but calls MD to request acetaminophen due to additive effect on platelets while the patient is receiving heparin drip. 5. Reassessment of patient and temperature following administration of antipyretic. 6. Obtain order for Nicotine patch. 7. Administer oxygen NC per protocol 8. Therapeutic communication 	<ol style="list-style-type: none"> 1. Correct initiation of Heparin therapy by bolus followed by maintenance rate. 2. Discuss smoking effects on DVT formation. 3. Sequential Compression Device for prevention of DVT 4. Medication for pain versus anxiety. 5. Platelet effects with antithrombotic medications and effect of NSAID
Scenario End Point: Ends once students have initiated the Heparin drip and complete reassessment			
Suggestions to <u>decrease</u> complexity: Suggestions to <u>increase</u> complexity:			

APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: Victoria Bowie DOB: 1/10/XX Age: 49 years old MR#: 00220044		Diagnosis: Hemopneumothorax, left rib fracture; History of trauma: auto vs. pedestrian
<input checked="" type="checkbox"/> No Known Allergies <input type="checkbox"/> Allergies & Sensitivities		
Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
		Admit to trauma team Telemetry Unit
		Respiratory: Oxygen via NC to keep sats > 92%, Incentive Spirometry hourly while awake
		Chest tube to continuous suction at -20cm H2O
		Activity: Bedrest, TCDB, SCD's to legs; Turn Q2 Hours
		IV: NS @ 100 mls/hr.; decrease fluids to 60 mls/hour
		Diet: NPO
		Strict I & O; Include chest tube output every shift.
		Vital Signs: Q 1 Hours, include Pulse Oximetry; with neuro checks.
		Continuous telemetry monitoring
		Labs: CBC with Differential; CMP 13 Daily
		Medications: Morphine Sulfate 10 mg IV push every 4 hours PRN severe pain 7-10/10 and greater; Morphine Sulfate 7 mg for moderate pain 5-6/10;
		Morphine Sulfate 4 mg for pain 3-4/10
		Motrin 400 mg PO every 6 hours PRN T> 38.4 C or mild pain 1-3/10
		Versed 1 mg IV push every 6 hours PRN anxiety
		Aldactone 200 mg PO/NGT Daily
		Lovenox 30 mg SQ BID
		Estradiol Valerate 10 mg IM once monthly
		Estrace 1 mg tab Daily
		Aspirin 81 mg daily
		Multivitamin 1 tab PO daily
		Provera 2.5 mg PO daily
		Venous Doppler of both lower extremities to Rule out DVT
		Call MD: UOP<25 ml/hr.; Sats< 92%, BP> 150/90 or < 100/70; T > 101.6; HR>110 or < 50
Signature		Jim Sweet, MD

APPENDIX B: HEALTH CARE PROVIDER ORDERS Set 2

APPENDIX C: Digital images of manikin and/or scenario milieu

<p>Insert digital photo here</p>	<p>Insert digital photo here</p>
<p>Insert digital photo here</p>	<p>Insert digital photo here</p>

APPENDIX D: 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:			