



ST. CATHERINE  
UNIVERSITY

[www.stkate.edu](http://www.stkate.edu)

# Teaching Thinking: Using Simulation Effectively

Susan Gross Forneris PhD RN CNE CHSE

## LEARNING OBJECTIVES:

- ...discuss simulation pedagogy and specific strategies for use in curriculum development
- ...discuss the current research on the use of debriefing to improve clinical reasoning
- ...discuss the available faculty development resources to build simulation strategies into nursing curriculum.



# Simulation and Curriculum Design

**...beginning with the end in mind**



## PROFESSIONAL STANDARDS

Faculty members in the Department of Nursing are committed to using professional nursing standards in the development, implementation, and evaluation of curricula. Professional standards are used by nursing faculty to promote and evaluate student learning. In the Baccalaureate Degree Program, these professional standards include:

- + *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001)
- + *Nursing Rules* (Minnesota Board of Nursing, 2003)
- + *Nursing Laws* (Minnesota Board of Nursing, 2011)
- + *Nursing: Scope and Standards of Practice* (ANA, 2010)
- + *Nursing's Social Policy Statement: The Essence of the Profession* (ANA, 2010)
- + *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)
- + *Centers for Medicare and Medicaid Services Requirements* ([cms.gov/home/regsguidance.asp](http://cms.gov/home/regsguidance.asp))
- + *Essentials of Baccalaureate Nursing for Entry-Level Community/Public Health Nursing* (ACHNE, 2010)
- + *Joint Commission Standards and National Patient Safety Goals* (The Joint Commission)
- + *National Database of Nursing Quality Indicators* ([nursingquality.org/](http://nursingquality.org/))
- + *National Quality Forum Endorsed Measures and Standards* ([qualityforum.org/Home.aspx](http://qualityforum.org/Home.aspx))
- + *NCLEX-RN Test Plan* (NCSBN, 2010)

### ✦ *Quality and Safety Education for Nurses (QSEN)* (Cronenwett et al., 2007)

Other standards may be included as deemed necessary by course coordinator/faculty. These may include:

- + *Minnesota Board of Nursing Abilities* (Chapter 6301, MBN, 2003)
- + *Hospice and Palliative Nursing: Scope and Standards of Practice*, (ANA, 2007)
- + *Home Health Nursing: Scope and Standards of Practice* (ANA, 2008)
- + *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007)
- + *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* (ANA, 2007)
- + *NLNAC Accreditation Standards and Criteria* (NLNAC, 2008)



# Sim Leader Project: Integrating Simulation into the Curriculum

JoAnn Crownover, MSN, RN, CNE

Laurie Dorsey, MSN, RN

Susan G. Forneris, PhD, RN, CNE

Nancy Leahy, MS, RN

Nancy Maas MSN, FNP-BC, CNE

Lorrie Wong PhD, RN

Anne Zabriskie, MS, RN, CNE

Jean Zavertnik, MN, RN, ACNS-BC, CNE





# QSEN

- Patient Centered Care
- Teamwork and Collaboration
- Evidence-Based Practice
- Quality Improvement
- Safety
- Informatics

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P...Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55, 122-131. doi:10.1016/j.outlook.2007.02.006



**Table 1. Patient-centered Care**

**Definition: 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.**

Knowledge	Skills	Attitudes
<p>Integrate understanding of multiple dimensions of patient-centered care:</p> <ul style="list-style-type: none"> <li>• patient/family/community preferences, values</li> <li>• coordination and integration of care</li> <li>• information, communication, and education</li> <li>• physical comfort and emotional support</li> <li>• involvement of family and friends</li> <li>• transition and continuity</li> </ul>	<p>Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care</p> <p>Communicate patient values, preferences and expressed needs to other members of health care team</p> <p>Provide patient-centered care with sensitivity and respect for the diversity of human experience</p>	<p>Value seeing health care situations "through patients' eyes"</p> <p>Respect and encourage individual expression of patient values, preferences and expressed needs</p> <p>Value the patient's expertise with own health and symptoms</p> <p>Seek learning opportunities with patients who represent all aspects of human diversity</p> <p>Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds</p> <p>Willingly support patient-centered care for individuals and groups whose values differ from own</p>
<p>Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values</p>		
<p>Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P...Warren, J. (2007). Quality and safety education for nurses. <i>Nursing Outlook</i>, 55, 122-131. doi:10.1016/j.outlook.2007.02.006</p>		





[www.nln.org/ACES](http://www.nln.org/ACES)







➔ About the NLN

➔ Certification for Nurse Educators

Faculty Programs & Resources

➔ Faculty Programs & Resources

- Professional Development Calendar
- Leadership Activities
- Teaching Resources
- Simulation and Technology
- NLN Competencies for Nursing Education
- Get Involved

➔ Membership Information

➔ NLN Publications

➔ Public Policy

➔ Recognition Programs

➔ Research & Grants

➔ Testing Services

➔ NLN Education Summit

Home > Faculty Programs & Resources

## Faculty Programs & Resources

# ACES

Advancing Care Excellence for Seniors

### Case #1: Millie Larsen

**Author: Cynthia Reese, PhD, RN, CNE**  
Professor  
Lincoln Land Community College  
Springfield, IL

**Overview:** Millie Larsen is an 84-year-old Caucasian female who lives alone in a small home. Her husband Harold passed away a year ago and she has a cat, Snuggles, who is very important to her. Millie has one daughter, Dina Olsen, who is 50, lives nearby, and is Millie's major support system. Her current medical problems include: hypertension, glaucoma, osteoarthritis of the knee, stress incontinence, osteoporosis, and hypercholesterolemia.

**Monologue:** Millie is at the clinic for routine examination and medication follow up. She is taking several anti-hypertensive medications, diuretics, and analgesics. During the monologue, Millie provides important details of how she views her current life situation.



## Patient Centered Care



Competency	Curricular Introduction			Curricular Emphasis		
	Beg	Inter	Adv	Beg	Inter	Adv
Integrate understanding of multiple dimensions of patient-centered care:						
* patient/family/community preferences, values	X				X	
* coordination and integration of care	X					X
* information, communication, and education	X				X	
* physical comfort and emotional support	X			X		
* involvement of family and friends	X				X	
* transition and continuity		X				X
Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values	X				X	
Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort	X				X	
Examine how the safety, quality, and cost-effectiveness of health care can be improved through the active involvement of patients and families		X				X
Examine common barriers to active involvement of patients in		X			X	

Barton, A. J.,  
Armstrong, G.,  
Preheim, G., Gelmon,  
S. B., & Andrus, L. C.  
(2009).



ACES Millie Larsen Unfolding Simulations	<u>Overview of Unfolding Simulation</u>	<u>QSEN Competency Level</u>
Simulation #1	3:00 PM -Initial admission to the hospital from the outpatient clinic.	Beginner QSEN competencies - FOCUS on Patient Centered Care
Simulation #2	7:00 AM- Hospital stay Day 2	Intermediate QSEN competencies - FOCUS on Safety, Patient-Centered Care, Teamwork and Collaboration
Simulation #3	9:00 AM - Hospital stay Day 2 - discharge planning	Advanced QSEN competencies - FOCUS Safety, Patient-Centered Care, Teamwork and Collaboration, Quality Assurance, Informatics

*Table 1 – Integration of QSEN competencies leveled with ACES Millie Larsen Simulations*

Fornieris, S. G., Crownover, J. G., Dorsey, L. E., Leahy, N., Maas, M. A., Wong, L., Zabriskie, A., and Zaverinik, J. E. (2012).



# Let's Meet Millie!



# QSEN Beginner – Millie Larsen Scenario 1

## Patient Centered Care

- Effective communication
- Physical and emotional comfort
- “See through patients’ eyes”
- Personal attitudes – ethnic, cultural, social
- Utilize 1° & 2° resources validate data
- Communication techniques appropriate to age and mental status
- Use of appropriate assessment tools
- Recognize pattern changes

