

Simulation in the Classroom!

Critical Thinking Day 1



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(Image Quigley, 2021)

Introduction



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Sim Essentials

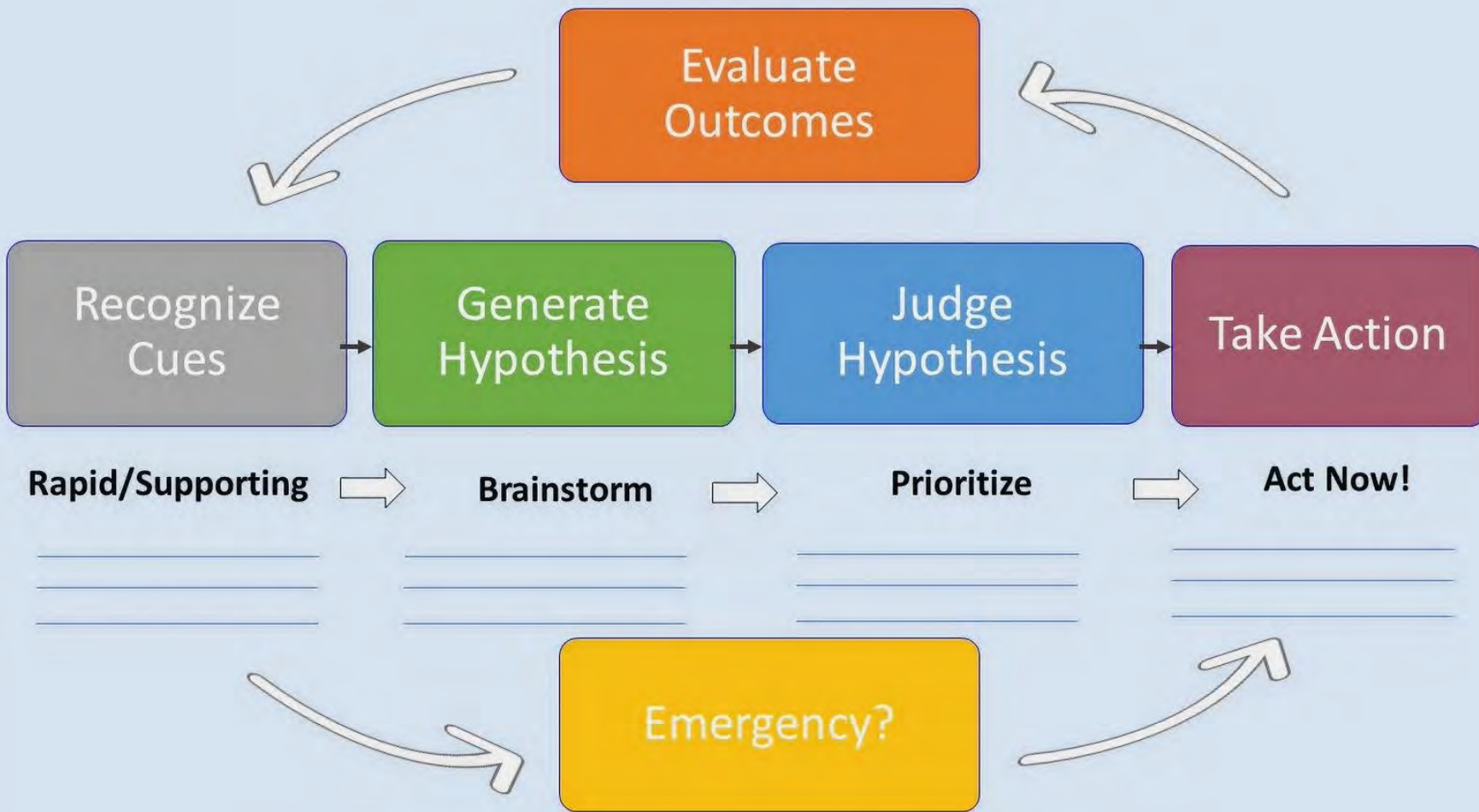
Support
participants
post-
facilitation

5

(NASCE, 2021)



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(NCSBN, 2021)



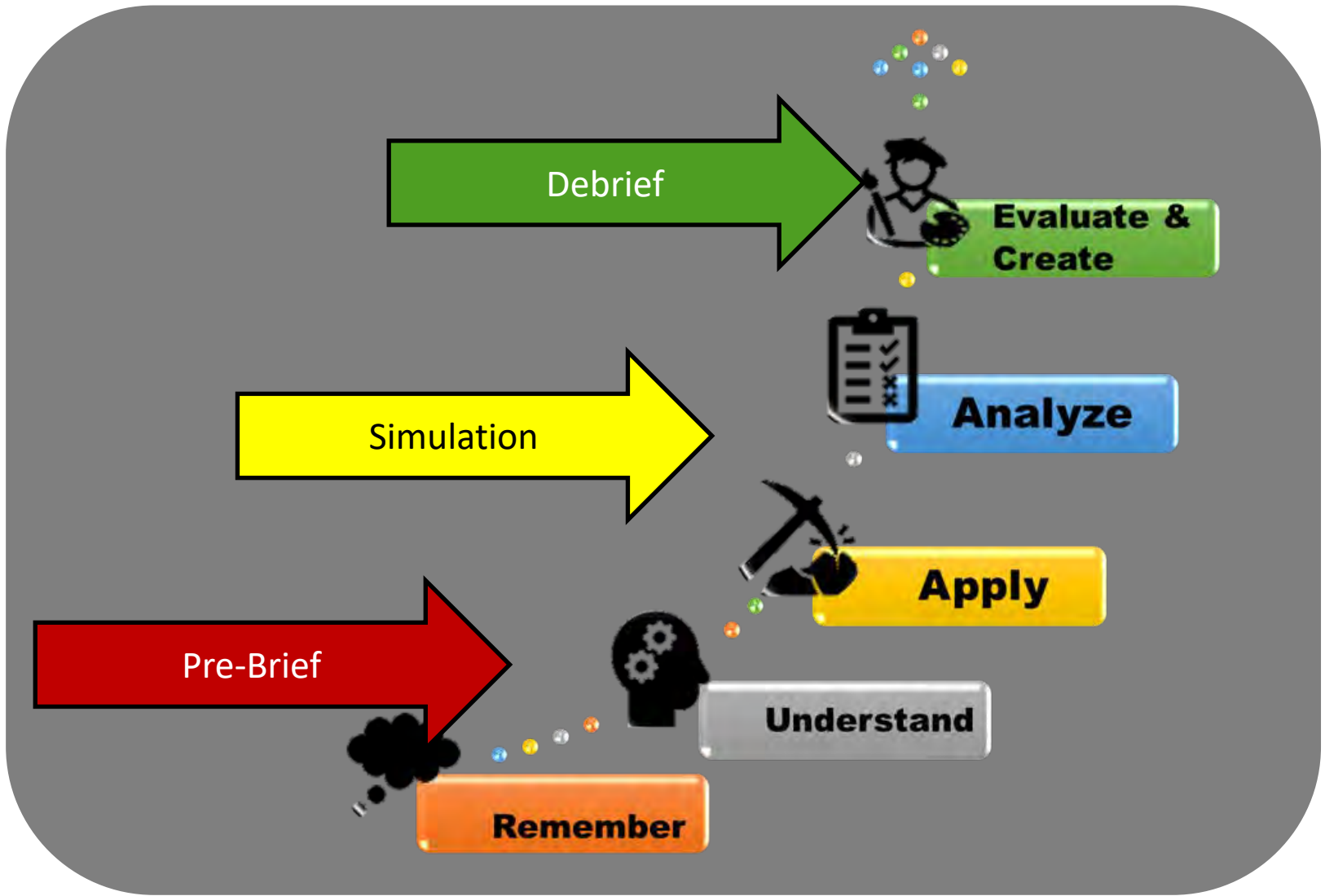
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If you don't have time to debrief,
don't bother to simulate.



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Debriefing for Meaningful Learning in a Nutshell:

1. Initial Reactions
2. What went well & WHY?
3. What didn't go well & WHY?
4. What are the takeaways from this experience?

(Dreifuerst, 2015)



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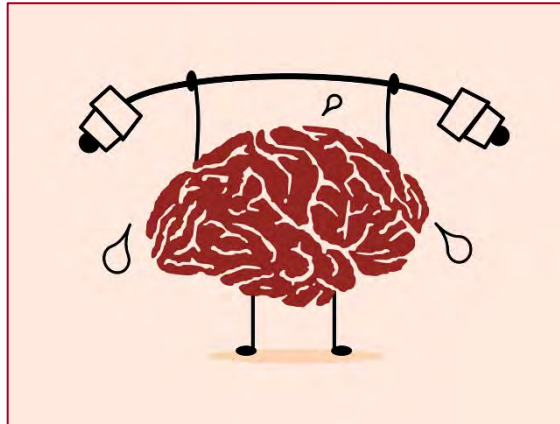
Not all SIM needs a lab.



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Active Learning

- Move towards creating and implementing teaching strategies that replace inactive, traditional classroom learning (Jeffries, 2021)
- Empowers *learner*
- Engages *learner* in active higher order thinking
- Engages *learner* in reflection facilitated by an educator
(Cambridge Assessment International Education, n. d.)



(Image Pixabay.com)

Active Learning applied in Simulations

- *Learner-centered*
- Dynamic
- Meaningful
- Engaging safe learning environment
- Collaborative interaction
- Goal safe patient care
- Ongoing constructive and nonjudgmental feedback

(Franco-Tantulco, 2021)

(Image Rappleyea Root Cause Simulation, 2021)

Lewis, Celia	Sex: Female	Age: 72	DOB: 06/10/xx
Weight: 165	MRN: 18045016	Physician: Dr. House	Allergies: NKA
Code Status: Full			
Nursing Care			
Wound dressing orders, wet to dry dressing change BID sterile normal saline, and sterile gauze.			
Vitals			
Q4H Notify attending provider for: Temp >100.5, HR>110 or < 50, BP systolic <90 or > 130, titrate to maintain SpO2>93%.			
Diet			
Med CHO diet			
Activity			
up to ambulate x 4 times/day			



Constructivist Pedagogy and Simulations

Creating reality

- Discussion
- Self-reflection
- Questioning

(Kriz, 2010; Mukhalalati & Taylor, 2019)

Feedback provided by nurse educator

- Helps construct new learning with prior learning
- Promotes learning in future simulations

(Kaakinen & Arwood, 2009)

(Image Rappleyea Root Cause Simulation, 2021)

Medication	Time	Status
ceftriaxone (Rocaphen) Daily IVPB	5:00	Given 1g 5:00
regular insulin Sliding scale BG: 61-150 0 units, 151-200 3 units, 201-250 5 units, 251-300 8 units, >301 call provider	7:00	Due
morphine sulfate 2mg/ml, Valium 2 mg IV Once Now for pain	5:00	Given 1mg 5:00
furosemide (Lasix) 20mg IV NOW once	5:00	Given 1mg 5:00
hydrocodone/acetaminophen 10/325 1-2 tabs Q 6H PRN for moderate pain		
lisinopril (Prinivil, Zestril) 10 mg daily PO	8:00	Due



Team-Based Learning (TBL) and Simulations

- Learner-centered strategy
- Evidenced-based literature
- Interaction builds teamwork skills
(Kim & Jang, 2017)
- Teamwork Perceptions Questionnaire scores (n= 229) increased after session on teamwork and simulation
(Roh, Kim, Park, & Ahn, 2020)



(Image Pixabay.com)



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Design Considerations

Be all in

[Healthcare Simulation Standards
of Best Practice™ Simulation
Design - Clinical Simulation In
Nursing
\(\[nursingsimulation.org\]\(http://nursingsimulation.org\)\)](#)

Challenging but do-able

Make it **real and directly applicable**

Simulation

Andragogy

Establish Trust and Environment

(Image Pixabay.com)



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Design Elements (Review)

- Motivation
 - Build confidence
 - Refresher
 - Serve as critical scaffolding for activity
- How To
 - Scaffolding
 - Curriculum map
 - Collaboration
 - Past knowledge, skills, attitudes (KSA) informs content elements
 - Use familiar and critical constructs when possible
- What we did
 - Core skills from program objectives and licensure boards deliverables
 - Pathopharm I, Adult Nursing I, medical terminology, simulation lab
 - Clinical Judgement Model, ISBAR, Prioritization
 - CTLT feedback



Design Elements (Preview)

- Motivation
 - Prime the learning space
 - Provide scaffolding for the semester
- How To
 - Start with course and unit objectives for critical knowledge, skills, and attitudes
 - Hide as non-critical or gentle content elements
 - Increase the difficulty level of formally introduced skills
- What we did
 - All the way through Clinical Judgment Model and related terminology
 - Sepsis, fluid volume overload, hypovolemia, laboratory value interpretation, clinical vigilance



Simulation in Classroom (Megan)

Let's walk through our example

- A) Review and Preview elements
- B) Curriculum wide Frameworks
- C) How it went, wisdom for the future



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Lessons Learned

Moving forward into the future



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Q&A

Thank You!



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References

- Cambridge Assessment International Education. (n. d.). *Getting started with active learning*. <https://www.cambridge-community.org.uk/professional-development/gswal/index.html>
- Dreifuerst, K. (2015). Getting started with debriefing for meaningful learning. *Clinical Simulation in Nursing*. 11(5). <https://doi.org/10.1016/j.ecns.2015.01.005>
- Franco-Tantulco, M. A. (2021). Active learning: A concept analysis with implications for nursing education. *Nursing Education Perspectives*, 00(0), <https://www.doi.10.1097/01.NEP.0000000000000895>
- INACSL. (2021). Facilitation. Chicago, IL. Retrieved from <https://www.inacsl.org/simfographics>
- INASCL. (2021). Healthcare simulation standards of best practice. Chicago, IL. Retrieved from <https://www.inacsl.org/healthcare-simulation-standards-ql>
- Jeffries, P. R. (2021). *Simulation in nursing education: From conceptualization to evaluation* (3rd ed.). National League for Nursing. Wolters Kluwer.



References

- Kaakinen, J., & Arwood, E. (2009). Systematic review of nursing simulation literature for use of learning theory. *Education Faculty Publications and Presentations*, 6. http://pilotscholars.up.edu_facpubs/6
- Kim, H., & Jang, Y. (2017). Flipped learning with simulation in undergraduate nursing education. *Journal of Nursing Education*, 56(6), 329-336. <https://www.doi:10.3928/01484834-20170518-03>
- Kriz, W. C. (2010). A systemic-constructivist approach to the facilitation and debriefing of simulations and games. *Simulation & Gaming*, 41(5), 663-680. <https://www.doi:10.1177/1046878108319867>
- Mukhalalati, B. A., & Taylor, A. (2019). Adult learning theories in context: A quick guide for healthcare professional educators. *Journal of Medical Education and Curricular Development*, 6, 1-10. <https://www.doi.10.1177/2382120519840332>
- NCSBN (2021). *NCSBN Clinical Judgment Measurement Model*. <https://www.ncsbn.org/14798.htm>
- Quigley, P. (2021). Post-Fall Management for Rehab Nurses. Medbridge, Inc. Retrieved from <https://www.medbridgeeducation.com/course-catalog/details/post-fall-management-for-rehabilitation-nurses-pat-quigley-rehabilitation-nursing-fall-prevention/>
- Spies, C., Seale, I., & Botma, Y. (2015). Adult learning: What nurse educators need to know about mature students. *Curationis*, 38(2), 1494. <https://doi.org/10.4102/curationis.v38i2.1494>

