



## Implementing a 50% simulation-based on campus clinical program: Lessons learned

Liana Kappus, Teresa Twomey, Patricia Natkiel, Darlene Rogers, Lisa O'Connor, Lisa Rebesch, Cory Ann Boyd

### Purpose

The purpose of this presentation is to define essential elements of a 50% simulation-based on campus clinical program for specialty clinical areas.

### Background

Varied exposure to specific patient populations coupled with declining numbers of accessible clinical placements has created significant challenges for providing BSN students essential clinical experiences. An on-campus clinical (OCC) program was designed to address these gaps based on the National Council of State Boards of Nursing (NCSBN) National Simulation Study and the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation (Hayden, 2014; INACSL, 2016)

### Description / Methods

Using an iterative "plan, do, study, act" approach, the design team comprised of administration, a clinical coordinator, content experts, and simulation experts, launched a 50% OCC clinical model for specialties including: pediatrics, maternity, psych-mental health and community (See Figure 2). Simulation-based clinicals were designed using the ADDIE model of instructional design. Prior to the launch of an OCC model for each specialty area, pilots were evaluated through focus group discussions and surveys of students and faculty.

### This is our story...

#### Faculty Development

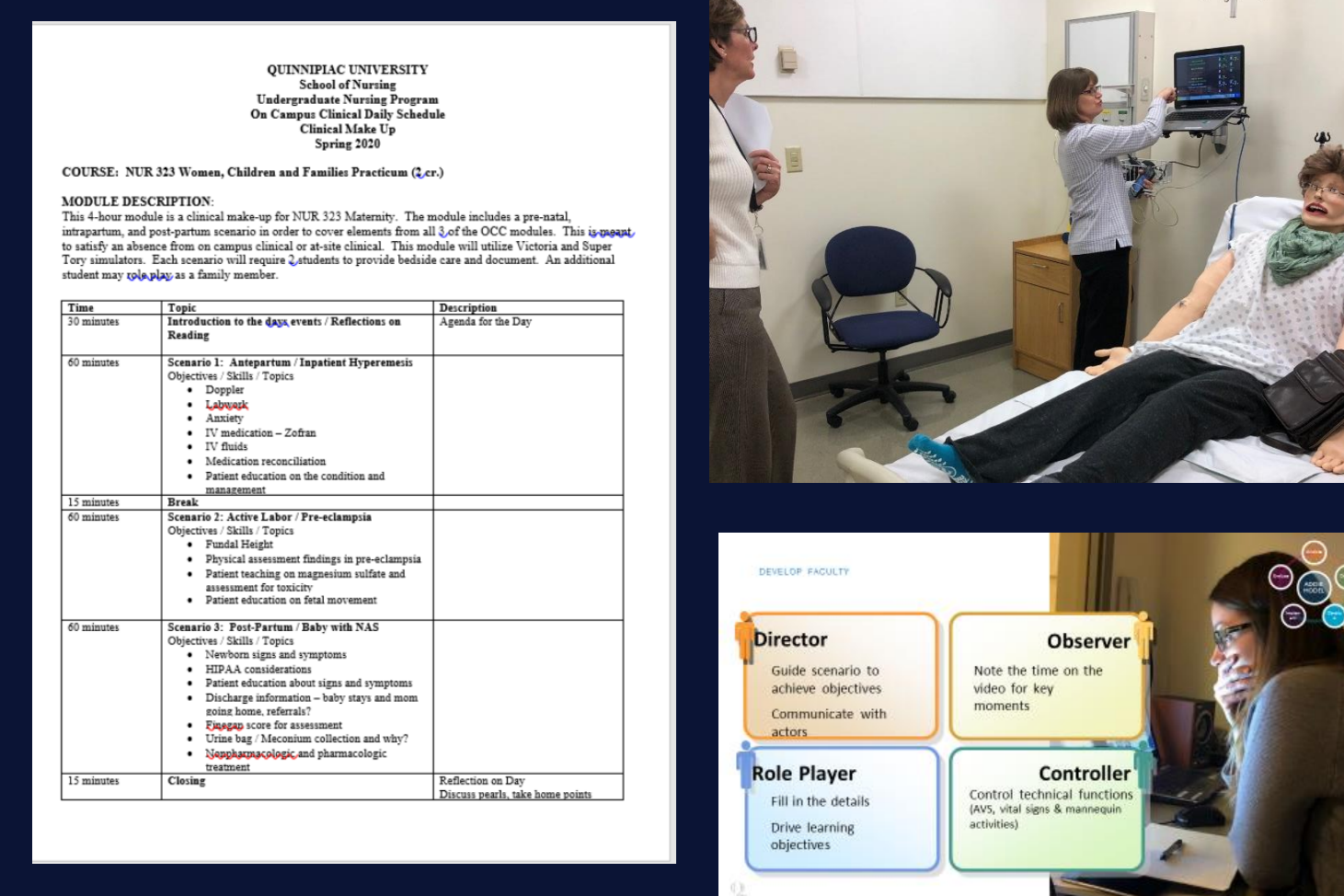


Figure 3 - Faculty Development—In order to facilitate simulation-based education, faculty must participate in an orientation program on the art and science of implementing simulation including pre-briefing, debriefing and an orientation to technology.

#### Course Coordination

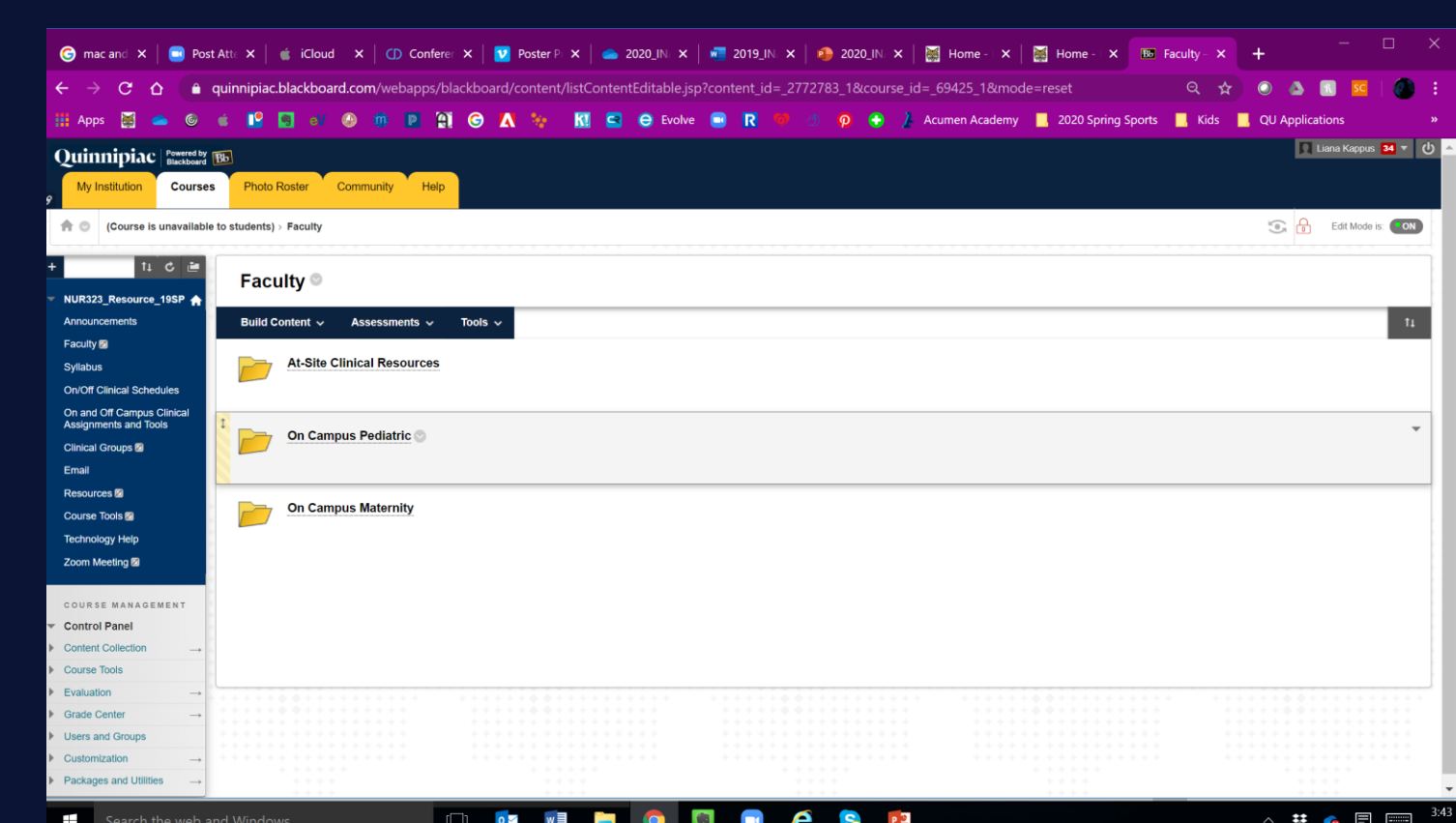


Figure 5 - Course Coordination—The course coordinator is not only responsible for course content but for administration of the course including developing a communication strategy with students and faculty, tracking absences, managing the learning management system and evaluation methods.

#### Infrastructure

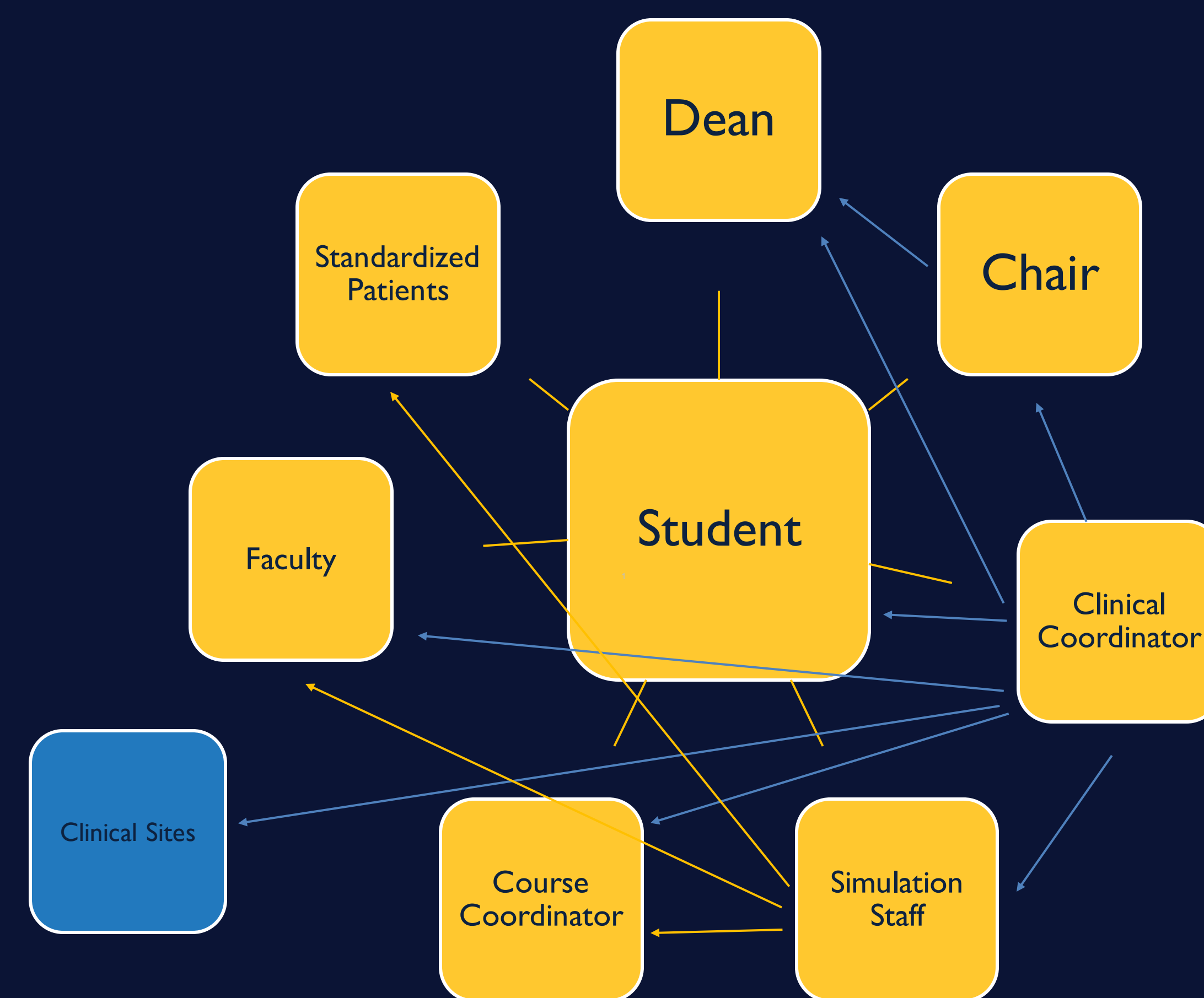


Figure 1 - Staffing Model – A sound infrastructure, with the student as the center, is required to coordinate an integrated on-campus clinical program. Each of the roles represented in this model contributes to the implementation of OCC.

#### OCC for Specialties



Figure 2 - A. Maternity OCC – Nursing students practice a delivery with physician assistant students. B. Pediatric OCC – A junior nursing student assesses and manages a patient in respiratory distress. C. Community and Public Health Nursing OCC – Standardized Patients portray patients in the home setting. Students participate in a module surrounding veterans' health. D. Psychiatric and Mental Health Nursing OCC – students practice essential communication skills with standardized patients.

#### Clinical Coordination

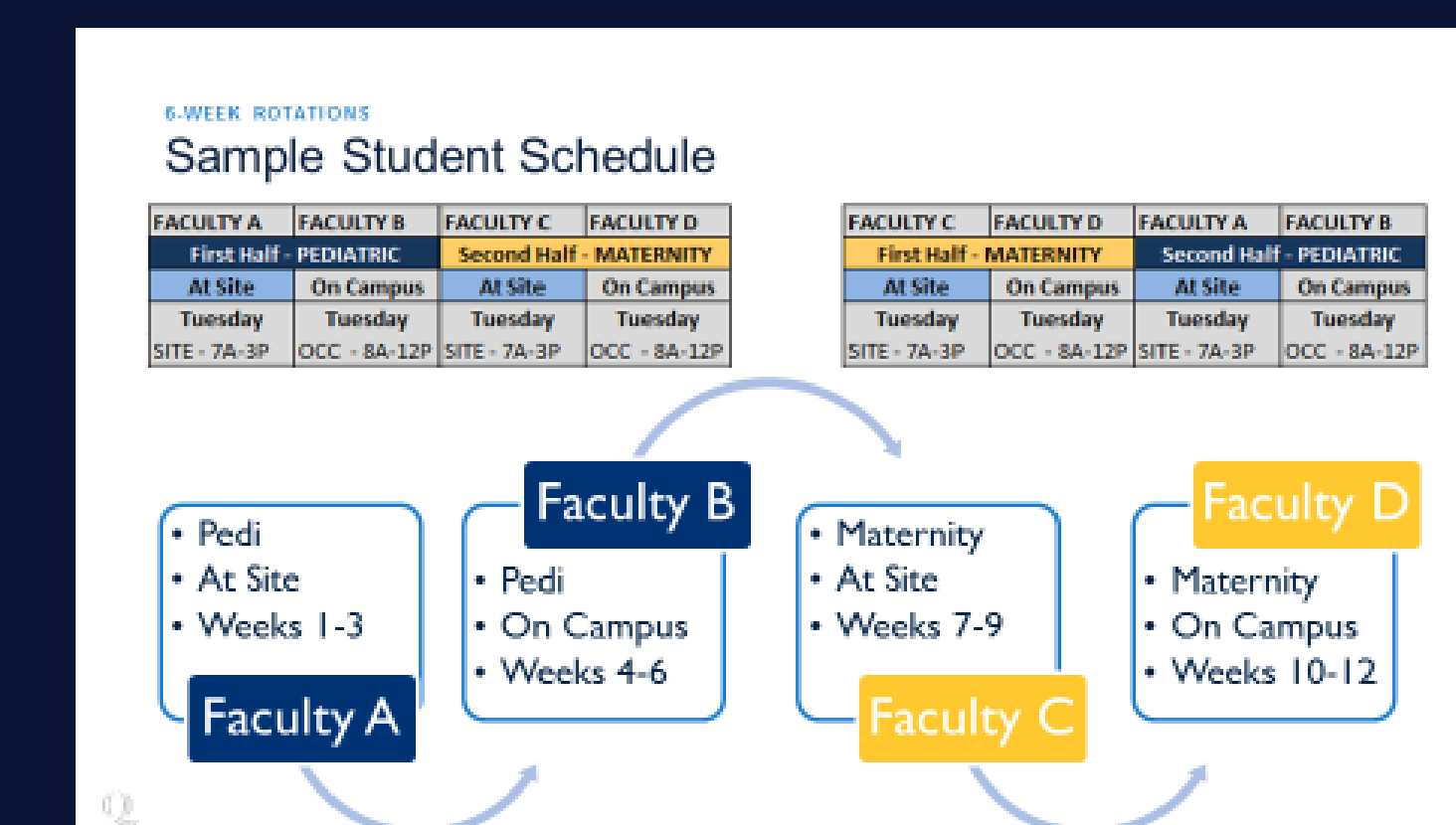


Figure 4 - Clinical Coordination— This is an example of an OCC rotation for a combined Women, Children and Families Clinical Practicum. The process of planning OCC begins with the clinical coordinator determining the clinical sites and faculty based on the size of the class. The clinical coordinator works with the course coordinator to determine the rotation from at-site to on-campus clinical. Once the rotation is determined, the clinical coordinator recruits faculty to teach clinical groups.

#### Simulation Operations



Figure 6 - Simulation Operations- A team comprised of the director of operations, laboratory assistant and technical specialists work together to maintain the sustainability and realism of simulation-based experiences. This support includes the management of financial resources including personnel and equipment, (A) scheduling/space management, scenario development including scripting and staging, technology training, support and sustantation, development and support of outside media resources such as EHR, and faculty/ (B) standardized patient support and training.

### Outcomes

Essential elements to implementing a 50% OCC model were identified. Including stakeholders in the design process, determining equitable workload for faculty and students in a shared on-campus and at-site clinical experience, and establishing guidelines for student evaluation were foundational to a successful clinical experience. Underpinning the initiative in its entirety was the need for a comprehensive communication strategy and orientation to the change initiative.

### Conclusion

A sound infrastructure and staffing model (Figure 1) with clear roles and responsibilities is optimal to design, develop and implement a 50% simulation-based on campus clinical model. The areas of responsibility include: clinical coordination (Figure 4 ), course coordination (Figure 5), simulation operations (Figure 6) and faculty development (Figure 3).

References:  
Hayden, J.K., Smiley, R.A., Alexander, M., Kardong-Edgren, S., Jeffries, P.R. The NCSBN National Simulation Study: A longitudinal, randomized controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*. 2014;5:51–564  
International Nursing Association for Clinical Simulation and Learning Standards of Best Practice: SimulationSM. *Clinical Simulation in Nursing*. 2016; 12: S5-S50.