

THE EVIDENCE-BASED BENEFITS OF A DEDICATED  
SIMULATION LAB COORDINATOR FOR  
A RURAL NURSING PROGRAM

by

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## DEDICATION

To my family and friends who believed in me and supported me through Grad School, you know who you are. I could not have done it without you. When I swore I would never return to school, you said, “yes, you will.” So now here I am, approaching the finish line. You believed in me when I was not sure I believed in myself. You encouraged me to keep pushing. You listened when I needed to vent and let me cry on your shoulders more than once—cheers to the finish line and cheers to all of you who helped me get here.

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## ABSTRACT

**Problem/Purpose:** The pandemic created extreme challenges for the healthcare workforce and impacted the availability of clinical placement sites for students. Student nurses accustomed to direct patient care experiences at a hospital or clinic site were barred from these settings and redirected to learn skills exclusively in simulation labs and online environments. Initially unprepared to educate and account for all required clinical hours for multiple cohorts of students, faculty were forced to take stock of their resources, keep students safe, and prepare for the unpredictable and lengthy COVID-19 event. This project aimed to establish the evidence-based benefits of a dedicated sim lab coordinator/educator and describe the role and expectations of a dedicated sim lab coordinator for a rural-based nursing program. **Procedure:** A microsystem assessment of the Community College Nursing Program (CCNP) and a review of pertinent literature identified the value of a dynamic, well-managed, and expertly staffed clinical simulation lab as a possible solution. **Results:** This project addressed the need for simulation preparation training and implementation among faculty by utilizing the education outlined in the simulation handbook. This education provides a foundation for simulation implementation for faculty. In addition, the implementation of simulation with the National League for Nursing (NLN) simulation template is utilized by all faculty to provide consistent simulation methods for students at the CCNP. By using a standardized template and having faculty educated in the development and implementation of simulation, the nursing students will gain clarity regarding what to expect and how to prepare for the simulation. Ongoing assessments of the simulation program are conducted using faculty and student evaluations, thus allowing the CCNP to facilitate changes and improvements as deemed necessary. **Conclusions:** Expected outcomes include consistency in simulation education and implementation. A well-prepared simulation coordinator manages the lab, educates faculty and students, and creates an environment where academic and clinical learning confidence is nurtured. A coordinator guided by evidence-based best practices provides controlled, managed, and consistent clinical learning experiences for students and fosters readiness for practice as registered nurses.

## CHAPTER ONE

## INTRODUCTION TO THE QUALITY IMPROVEMENT PROJECT

Introduction

In March 2020, the COVID-19 pandemic brought the hustle and bustle of daily life to a standstill. The Centers for Disease Control and Prevention (CDC) recommended stay-at-home orders for all non-essential activities (Moreland et al., 2020). Individuals considered "essential workers" were the exception; healthcare workers were deemed essential, especially at the point of care. Student nurses accustomed to direct patient care experiences at hospitals or clinics were redirected to learn skills exclusively in simulation labs and online environments.

The Community College Nursing Program (CCNP), located in the Northwest, increased simulation in clinical courses to manage the continuation of growth and learning during the early pandemic. After several months, healthcare facilities began to open their doors and allow students to return to on-site clinical locations in limited numbers. However, the local hospital allowed only junior and senior nursing students to return to clinical settings and limited the number of students in dialysis, intensive care units, and labor and delivery units. Additionally, a few smaller units remained closed to students for another six months. According to the hospital administration, the limits on student numbers in the hospital were enforced due to staffing shortages, attempts to minimize exposure, and large volumes of COVID-19 patients, which students were not permitted to access to care for during clinical rotations. In addition, numerous nursing homes and smaller clinics in the community remained closed to nursing students, with only a few willing to have nursing students in the facility. The shortage of clinical sites brought

significant challenges to achieving mandated clinical hours for each course. Incorporating simulation helped fill the gap for students to acquire the required clinical hours. National guidelines for pre-licensure nursing programs allow simulation-based learning experiences (SBLE) to substitute up to 50% of the actual clinical time (Dolan et al., 2021). In 2010, an initial study of simulation use was completed, with a follow-up study in 2017 that described the current state and use of simulation, compared the 2017 findings with the 2010 results, and looked at the impact the study had and the outreach success of the results nationally and regionally. Notably, 89% of nursing education programs across the United States adjusted curriculums to include simulation, and 61% of programs substituted simulation for bedside clinical time (Smiley, 2019).

According to Dolan et al. (2021), over the last two years, burnout has been high among healthcare workers, increasing the impact of the nursing shortage in the nation. Nursing care is increasingly specialized; nursing students must prepare for diverse patients in various care settings. Finding clinical sites and clinical experiences for nursing students is increasingly difficult due to staff shortages and high turnover rates. Local facilities report that it is too difficult to facilitate learning for nursing students when they are short staffed or training new staff.

Simulation use became necessary in light of access and staff shortages at healthcare facilities. With advancements in simulation, there are a variety of simulation methods utilized. From SBLE, high-fidelity simulation to virtual simulation on the computer to virtual reality simulation, nursing simulation advancement allows students to learn in situations similar to patient encounters (Hayden et al., 2014). In addition, the advancement enables scenarios to be repeated, fostering an environment of learning and repetitious practice. In discussions with

students at the local CCNP, students report feeling like the simulation lab is a “safe” space where they can repeatedly practice without fear of irreversible mistakes.

The CCNP petitioned for and received approval to recruit a simulation lab coordinator to increase the number of simulations. The CCNP feels that implementing a dedicated simulation lab coordinator may help alleviate the burden on staff with full schedules and allow consistency in creating, implementing, and debriefing simulation scenarios (see Appendix A).

### Background

The rural-based CCNP admits 16 to 20 new nursing students each semester to the four-semester associate degree nursing program. Many students who enter the nursing program have returned to school to pursue nursing as a second career. Of these students, several have a bachelor’s or master’s degree in another field. This school has only four full-time faculty members and two adjunct instructors who participate in simulation; there is no simulation coordinator or lab staff. With this small number of faculty, individual instructors with varying levels of simulation training are often the sole facilitators of these activities. Each instructor has a different approach, which creates uncertainty and confusion among nursing students.

The CCNP is supported by the administration, the general education department (as students must first complete the required prerequisites for acceptance into the nursing program), advisors, disability services, and TRIO (“given its name after the first three programs Upward Bound, Talent Search, Student Support Services were implemented; is a federal outreach and student services program in the United States designed to identify and provide services for individuals from disadvantaged backgrounds”; Wikimedia Foundation, 2022). Once admitted, ongoing support from these departments remains to help ensure student progress and success

leading up to graduation. The CCNP utilizes the four student learning outcomes as a core measure.

- **Human Flourishing**—Nurses must use their skills and knowledge to enhance human flourishing for their patients, communities, and themselves. This is achieved by the nurse serving as an advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.
- **Nursing Judgment**—Nurses must demonstrate sound nursing judgment by making judgments in practice, substantiated with evidence that integrates nursing science in the provision of safe, quality care and promotes the health of patients within a family and community context.
- **Professional Identity**—Nurses should continue to develop their professional identity. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.
- **Spirit of Inquiry**—It is important that nurses approach all issues and problems with a spirit of inquiry. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

Didactic classes are held on Tuesday and Thursday, with clinical rotations on Monday, Wednesday, and Friday. In addition, nursing simulation is scheduled on any clinical day at the instructor's discretion and pending lab availability.

### National Data

Simulation is one of nursing education's most effective teaching pedagogies (National League for Nursing [NLN], 2007; National Council of State Boards of Nursing [NCSBN], 2017). Simulation attempts to replicate a clinical situation as closely as possible so that if this situation occurs in practice, the learner will be more readily prepared (NLN, 2007). Simulations also provide students with an active way of learning skills in a dynamic and realistic environment (Jeffries, 2014).

Shin et al. (2015) developed a meta-analysis that supported the use of simulation in healthcare education. Studies have shown that simulation can improve communication, collaboration, and critical thinking. In addition, simulation allows students to develop and improve clinical judgment (Hallin et al., 2016). Clinical judgment is essential to effective and safe practice (Lawrence et al., 2018). According to the NLN (2007), there is a need for a consistent and evidence-based support framework to create effective simulation programs. The framework was created to guide simulation design, implementation, and evaluation in nursing education. The initial simulation model was informed by existing theories of learning and the use of technology-based learning theories.

### Local Data

The rural location of the CCNP makes finding clinical sites exceedingly difficult and is especially problematic in specialty areas such as obstetrics and pediatrics. In order to meet clinical requirements, many schools have been using simulations to replace clinical hours (Breymer et al., 2015). Simulation decreases the demand on the community from nursing schools while still providing students with valuable educational experiences. In addition,

simulation has consistently been among the best ways for students to develop clinical judgment skills (Lawrence et al., 2018).

### Montana Board of Nursing

In anticipation of changes that the state board of nursing may soon implement, the benefit of having a dedicated simulation coordinator could be argued. In 2018, a simulation task force reconvened to “consider any rule changes necessary to define and regulate clinical simulation in prelicensure education programs” (Department of Labor and Industry, n.d.). All nursing schools in the state will need to demonstrate compliance with certain conditions once changes and rules are made. These conditions will most likely reflect the recommendations of the NCSBN (2017), which include the following: showing evidence of organization and management, adequate facilities and resources, faculty preparation, integration of simulations into course curriculums, established policies and procedures, and a system for evaluation. Nursing schools must train faculty regarding evidence-based simulation standards to exceed the demands of the NCLEX examination. Simulation standards are a template to help educators provide realistic simulation experiences in place of clinical time that will support the preparation of professional nurses (International Nursing Association for Clinical Simulation and Learning [INACSL], 2021).

### Next Generation NCLEX and Simulation

Simulation is becoming increasingly important not only for students’ success after graduation but also concerning licensure. The NCSBN is currently in the middle of implementing the Next Generation National Council Licensure Examination (NCLEX ) project to test different kinds of questions that can be included on the state board examination to improve the way entry-level clinical judgment is evaluated (NCSBN, 2018). Since the NCLEX

will now focus on measuring clinical judgment skills, nursing schools must prepare students for this change. Simulation is one of the best ways to accomplish this (Hallin et al., 2016). Providing simulation education to prepare students for the challenge of Next Generation NCLEX clinical judgment questions supports nursing students and attends to the nursing shortage.

### Problem

The COVID-19 pandemic halted all nursing school clinicals for several months, causing a nationwide void in nursing student clinical learning (Alexander, 2020). As a result, nursing programs moved to virtual simulations that students completed online. Once students returned to campus and medical facilities reopened, nursing students returned and completed their required clinical hours for graduation; however, a deficit remained in obtaining clinical hours. Local hospital and clinic facilities restricted the number of students allowed to complete clinical hours, and some units/offices remained closed to students. Restrictions left clinical instructors scrambling to find ways for students to receive hands-on learning of patient care, skills, and the required number of hours for course completion and graduation.

In the wake of the loss of clinical sites and sites with decreased staff sufficient to accommodate nursing students, simulation in nursing labs has increased. According to Hayden et al. (2014), in the NCSBN National Simulation Study, simulation is a valuable learning replacement for clinical hours. However, simulation has increased the strain on nursing faculty due to the time and expertise involved in planning, preparing, and performing the simulation. A dedicated simulation coordinator would significantly decrease that strain on faculty and benefit students. New York University uses clinical simulation in its undergraduate nursing program to replace 50% of students' clinical hours. An article in the Wolters Kluwer (2017) simulation site



states that simulation utilization resulted in a “50-percent increase in faculty capacity at the university and a resulting expansion of enrollment from 613 students in 2007 to 900 in 2012”. The implementation of simulation did not have negative impacts on faculty work life or student outcomes.

### Significance

As hospitals and clinics continue to reopen to nursing students after COVID-19, the nursing shortage remains, creating an ongoing challenge for nursing students to obtain the required hours for graduation from nursing school. In addition, the worsening nursing shortage due to the pandemic could potentially threaten student clinical placement and supervision. In anticipation, “the INACSL and the Society for Simulation in Healthcare published a position statement on March 30, 2020, proposing that regulatory bodies and policymakers could be flexible in allowing substitution of clinical experiences with virtual simulations” (Agu et al., 2021).

According to Agu et al. (2021), the NCSBN is reviewing legislation regarding the best practice standards available to make recommendations to nursing schools on how to proceed. More utilization of high-fidelity simulation was one of the proposed solutions. Once a complement to clinical teaching, simulation is now a potential and essential solution for substituting clinical hours. Unfortunately, the necessary material resources and lack of adequate instructors remain potential barriers. In addition, the ongoing COVID-19 pandemic and the suspension of clinical teaching and experiences in healthcare facilities have affected students’ readiness for the licensure examination.

### Purpose

This project aims to establish the evidence-based benefits of a dedicated sim lab coordinator/educator and describe the role and expectations of a dedicated sim lab coordinator for a rural-based nursing program.

### Definitions

Benefit: Something that produces good or helpful results or effects or that promotes well-being: ADVANTAGE (Merriam-Webster, n.d.).

Coordinator: “Someone whose job is to make different groups work together in an organized way to achieve something” (Cambridge English Dictionary, n.d.).

Debriefing: “A directed, intentional conversation that can be used for knowledge or skill attainment, or to answer questions about threats to patient safety and care based on a recent event or a hypothetical situation (AHRQ, 2019).”

Educator: “A person or thing that educates, especially a teacher, principal, or other person involved in planning or directing education” (Dictionary.com, n.d.).

Simulation: “Simulation means instructional techniques designed to replace or amplify real clinical nursing experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner” (Montana Secretary of State, 2019).

Simulation Coordinator: “A simulation coordinator is in charge of a learning environment used to educate nurses and other health care professionals.” (My Big Tomorrow, n.d.)

Simulation Facilitator: An educator who assumes responsibility and oversight for managing the entire simulation-based experience (Persico et al., 2021, p.22-26).

Simulationist: A professional involved in providing simulation activities, products, and services  
(Kardong-Edgren, 2013).

## CHAPTER TWO

## LITERATURE REVIEW

Overview

Nursing simulation allows experiences for students that foster learning and readiness for practice as registered nurses. Nursing simulation experiences provide consistent learning opportunities for each student involved. A framework for designing, facilitating, and improving simulation in nursing education must be understood by faculty implementing simulation with students. This project seeks to investigate if a benefit exists for a dedicated simulation lab coordinator. A summary of the literature review search methods, the research discovered, and pertinent articles will be addressed, along with a review of pertinent information that was not found or clarified in the literature.

Search Strategy

An exhaustive search and review of the literature were conducted. The databases utilized included CINAHL, Web of Science, Medline, PubMed, ProQuest, and Google Scholar. Search terms included simulation, coordinator, facilitator, simulation coordinator, nursing simulation, dedicated sim\* coordinator, nurs\* sim\* coord\*, and multiple other combinations of these words. The vast majority of sources utilized were peer-reviewed articles current in the last five years, with only a small number of articles falling outside of the five-year range. Initially, no exclusion criteria were utilized in the search as the results were not yielding results with the desired specificity. Overall results yielded 250 plus articles surrounding nursing simulation and

simulation coordinators as defined in the search criteria. Of these titles, abstracts were reviewed for titles that met the desired search criteria for nursing simulation and the nursing simulation coordinator/facilitator. Doubles were removed from the search, and further exclusion criteria included refining the search criteria and reviewing abstracts to determine their relevance to the search criteria. After reviewing abstracts, 69 articles were found relevant and reviewed by hand search. Hand-searching the bibliography and subsequent citations of numerous articles yielded more specific results. The final number of articles reviewed for the literature review totaled 24. The 24 articles were chosen by reading abstracts, entire articles, or subheadings that more closely matched the search criteria. No articles in the literature search specifically discussed the benefits of a dedicated simulation coordinator. However, numerous articles discussed the “simulation facilitator” role and pointed to either a single facilitator or nursing faculty trained in simulation.

### Conceptual/Theoretical Framework

To gain insight into the benefits of a dedicated simulation/lab coordinator, one must understand the concepts and structure of simulation. As described by Jeffries (2005) and Hallmark et al. (2021), a simulation coordinator is also referred to as a simulation facilitator. Jeffries (2005) published the NLN Jeffries Simulation Framework that identified the need for simulation training guidance. The NLN, in partnership with the Laerdal Corporation, is currently leading efforts to guide the development and assessment of processes and outcomes for simulation-based learning teaching strategies. The need for simulation training guidance is due, in part, to nursing faculty shortage and decreased clinical site access/availability as employers are asking educators to do a better job of preparing students for nursing outside of school in the “real world.” Employers expect new graduates to transition quickly into independently

functioning caregivers as they no longer have the luxury of offering lengthy and costly orientation programs for nurses (Jeffries, 2005). The original Jeffries simulation framework involved five components: teacher, student, educational practices, simulation design, and outcomes (Figure 1). Jeffries's simulation framework became accepted as a simulation theory by professional organizations, staff educators, and students and faculty (Figure 2). As the NLN and Laerdal testing continued, the framework began to show a significant relationship between the facilitator and the participant. The simulation framework recognizes how facilitators, participants, and educational practices affect outcomes. Armed with the information showing the significance between facilitator and participant, it provides insight into the potential benefit of having a dedicated facilitator for simulation. Professional development supports the simulation facilitator throughout their career. As simulation-based education practice grows, professional development allows the simulation facilitator to stay up to date with new knowledge, provide high-quality simulation experiences, and meet the learner's educational needs (Hallmark et al., 2021). Jefferies Simulation Framework transitioned to simulation theory over time and evolved simulation outcomes to understand and include participant, patient, and system outcomes. Jeffries (2005) also identified simulation design best practice elements, including objectives, fidelity, complexity, cues, and debriefing. The original simulation framework and subsequent theory are provided in the following images.

Figure 1 represents Jefferies' initial simulation framework and how teacher, student, educational practices, and design characteristics lead to learning outcomes.

Figure 1. NLN Jefferies Simulation Framework

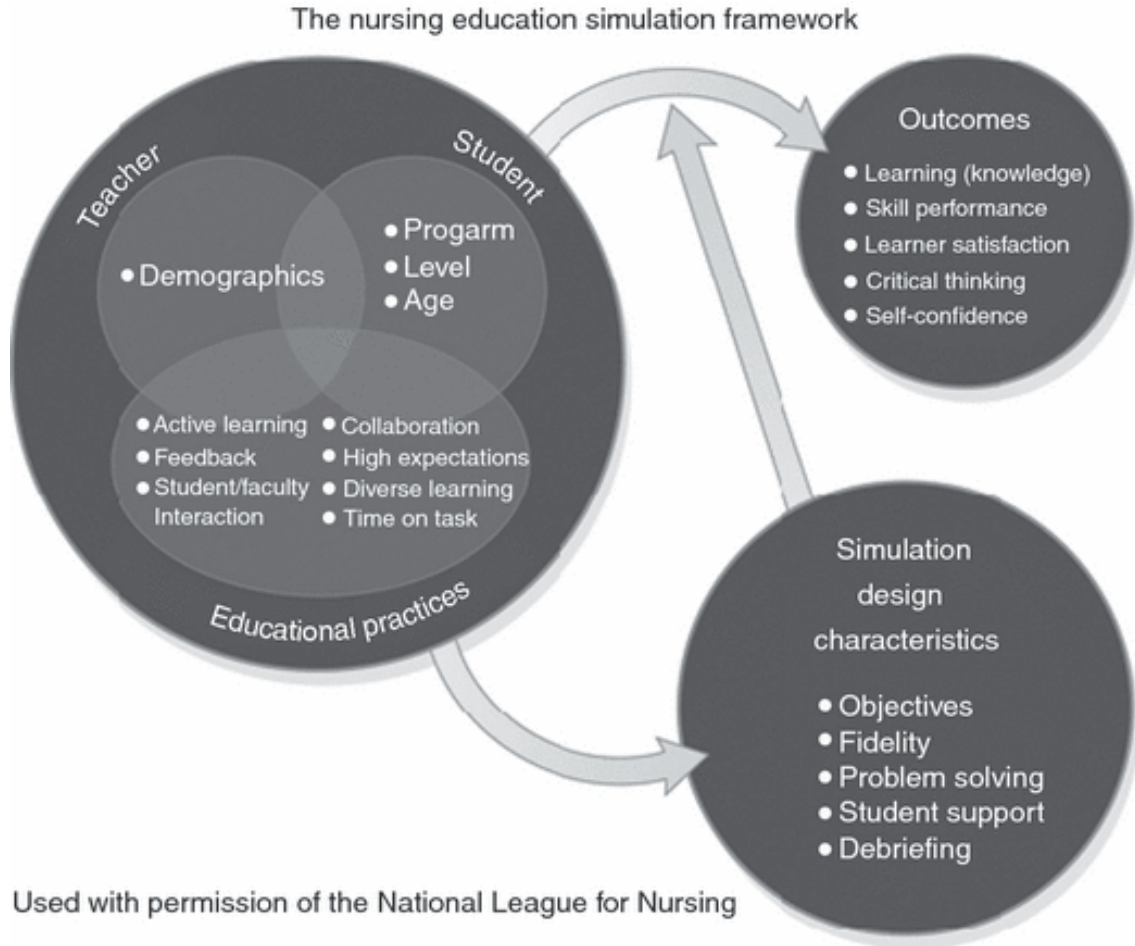
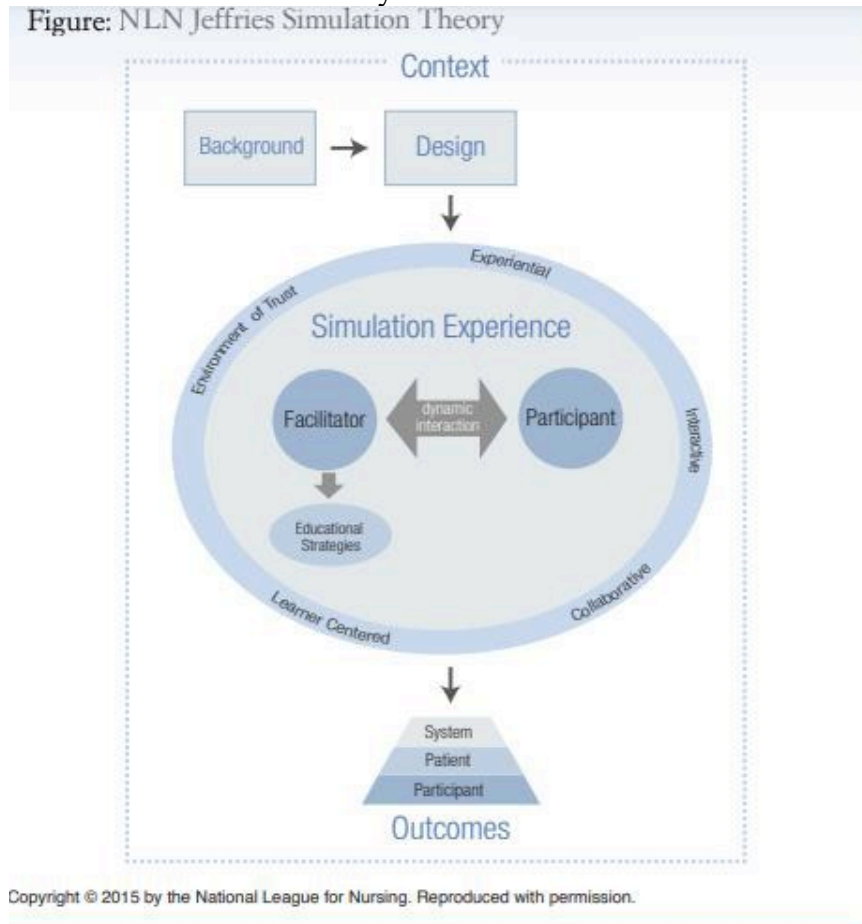


Figure 2: Jefferies simulation theory shows the facilitator and participant with educational strategies in the middle of the movement from context to outcomes.

Figure 2. NLN Jefferies Simulation Theory



### Simulation Standards of Best Practice

According to Watts et al. (2021), the INACSL Standards Committee and the INACSL Board of Directors (BOD) introduced the fourth edition of the Standards of Best Practice. Since first introduced in 2010 (INACSL, n.d.), the INACSL standards have guided the integration, use, and advancement of simulation-based experiences within nursing and medical schools, clinical



practice, and research. Looking forward, INACSL has excitedly announced the standards' re-envisioning and re-branding to the Healthcare Simulation Standards of Best Practice (HSSOBP™). In addition, INASCL continues to engage the global and interprofessional community, now referred to as the Healthcare Simulation SOBP.

Work began in late 2018 to revise the standards to 2021. Once the Standards Committee and subcommittee members were established, an extensive literature review was completed. From the literature review and the membership survey, it was determined that two new standards, "Professional Development" and "Prebriefing: Preparation and briefing," needed to be developed (Watts et al., 2021). As the revision process progressed through the pandemic (COVID-19), it was noted that the new version of the standards might not include some of the profound impacts of the pandemic. Nevertheless, the members found that simulationists continue to lead and innovate even when it is difficult (Watts et al., 2021, pp. 1-4).

In alignment with Jeffries's simulation theory, the SSH Healthcare Simulationists Code of Ethics and the Society for Simulation in Healthcare (SSH) Healthcare Simulation Dictionary are the basis for terminology in the 2021 standards. The HSSOBP™ consists of the following individual standards (Watts et al., 2021, pp. 1-4):

- Professional Development (NEW)
- Prebriefing: Preparation and Briefing (NEW)
- Simulation Design
- Facilitation
- The Debriefing Process
- Operations

- Outcomes and Objectives
- Professional Integrity
- Sim-Enhanced IPE
- Evaluation of Learning and Performance
- Simulation Glossary

### Professional Integrity

As nurses, nursing faculty, and students, professional integrity is upheld in everything we do, including simulation, following the ANA Code of Ethics (*Code of ethics for Nurses*, 2017). According to Bowler et al. (2021, pp. 45-48), "Professional integrity refers to the ethical behaviors and conduct that are expected of all involved throughout simulation-based experiences (SBE); facilitators, learners, and participants." Professional integrity includes components such as compassion, honesty, commitment, collaboration, mutual respect, and engagement in the learning process. Professional integrity is not utilized solely in nursing but across all disciplines and professions. Respect across interprofessional teams is achieved when awareness of each other's Code of Ethics is noted.

In SBE, confidentiality remains of utmost importance regarding professional integrity and maintaining a safe, respectful learning environment for all participating roles. Therefore, established criteria are required to meet the standard of professional integrity. The five criteria are as follows:

1. Honor and uphold the Healthcare Simulationist Code of Ethics.
2. Follow standards of practice, guidelines, principles, and ethics of one's profession.
3. Create and maintain a safe learning environment (Follow the HSSOBP™ Facilitation).

4. Practice inclusion by respecting equity, diversity, and inclusivity among all involved and in all aspects of SBE.
5. Require confidentiality of the performances and scenario content based on institution policy and procedures. (Bowler et al., 2021, pp. 45-48).

### Facilitation

“Facilitation provides the structure and process to guide participants to work cohesively, to comprehend learning objectives, and develop a plan to achieve desired outcomes” (Persico et al., 2021, pp. 22-26).

According to Persico et al. (2021), education, skill, and ability to guide, support, and seek out ways to assist participants in achieving expected outcomes are critical components in the role of facilitator in simulation. As an effective simulation facilitator, one must obtain continuing education and assessment of their ability and skills. Many facilitation methods exist, and the method utilized will vary based on factors such as simulation objectives, the context of the simulation-based experience that may affect learners’ knowledge, skills, attitudes, and behaviors, and whether the simulation is face-to-face or virtual. Skill development, critical thinking, problem solving, clinical reasoning, clinical judgment, and application of theoretical knowledge are benefits of using facilitation methods. Of note, impaired engagement of participants and decreased efficacy in meeting the expected outcome of the simulation are potential consequences of not utilizing the standards of facilitation. There are five criteria for meeting this standard:

1. Effective facilitation requires a facilitator with specific skills and knowledge in simulation pedagogy.

2. The facilitative approach is appropriate to the participant's learning, experience, and competency level.
3. "Facilitation methods before the simulation-based experience include preparatory activities and prebriefing to prepare participants for the simulation-based experience (Follow the Healthcare Simulation Standards of Best Practice™ [HSSOBP™])  
Prebriefing: Preparation and Briefing.)"
4. "Facilitation methods during a simulation-based experience involve the delivery of cues (predetermined and/or unplanned) aimed to assist participants in achieving expected outcomes."
5. After and beyond the simulation-based experience, facilitation aims to support participants in achieving expected outcomes (pp. 22-26).

### Facilitator

As it pertains to the purpose of this project, it is important to analyze the role of the facilitator. "A facilitator is the educator that assumes responsibility and oversight for managing the entire simulation-based experience" (Persico et al., 2021).

In an article by Boese et al. (2013), to be a proficient facilitator, one must obtain simulation-specific education and training, which is crucial to the participants' learning. The role of the facilitator is vast. Facilitators are responsible for designing the simulation to meet the learning objectives and adjusting the simulation based on the participant's actions to meet the objectives. Throughout the simulation, the facilitator also supports the participants in meeting the objectives, utilizing critical thinking methods, skill development, and reasoning. During debriefing, the facilitator supports students in evaluating what went well, what could have been

done differently to meet the expected outcome, and what they learned from the simulation. To achieve the desired outcomes of a simulation-based learning experience, the facilitator:

1. Clearly communicates the objectives and expected outcomes to the participant(s).
2. Creates a safe learning environment (see Standard II: Professional Integrity of Participant) that supports and encourages active learning, repetitive practice, and reflection.
3. Promotes and maintains fidelity.
4. Uses facilitation methods appropriate to the participant's level of learning and experience (see Standard IV: Facilitation Methods).
5. Assesses and evaluates the acquisition of knowledge, skills, attitudes, and behaviors.
6. Models professional integrity.
7. Fosters student learning by providing appropriate support throughout the simulation activity, from preparation through reflection.
8. Establishes and obtains evaluation data regarding the facilitator's effectiveness and the simulation experience.
9. Provides constructive feedback and debriefing with the participants (Boese et al., 2013, pp. 22-25).

The nine educational criteria for a facilitator embody what any instructor leading a simulation exercise needs to follow. So, even though the criteria do not explicitly pertain to a dedicated simulation coordinator, it is reasonable to incorporate the criteria into the education of simulation facilitators, dedicated or not.

### Professional Development

Simulation-based education is constantly growing. For facilitators of SBE, professional development is a catalyst in the ongoing effort to remain current in simulation knowledge, meet the participants' needs to learn the desired skills and concepts and provide a simulation of the highest quality (Hallmark et al., 2021).

Initially, the education received on simulation was completed by a representative from the manufacturing company. Simulation education focused strictly on technology and did not include the pedagogy tied to the participants' learning. Professional development standards were created with the evolution of simulation involving evidence-based facilitation and participant-centered learning. Regulating bodies began to note that simulation is a specialized education strategy and that all facilitators need ongoing professional development (Hallmark et al., 2021).

The SSH created and published accreditation standards. In addition, the Association for Standardized Patient Educators (ASPE), the Association for Simulated Practice in Healthcare (ASPiH), and the NCSBN have requirements for professional development that adhere to the simulation standards of best practice. With the guidelines for professional development in place, simulation programs and individuals must adhere to professional SBE standards (Hallmark et al., 2021).

According to Hallmark et al. (2021), depending on the institution, the simulationist may be asked to be an administrator, facilitator, educator, researcher, operations specialist, technical specialist, or some combination of these roles. These factors led the committee to name this "Professional Development Standard," not "Faculty Development Standard." The three criteria utilized to meet this standard include the following:

1. Perform an educational needs assessment that includes a gap analysis to provide the foundational evidence for a well-designed professional development plan.
2. Participate in professional development activities that address desired learning outcomes and align with an individual's role and the institution's priorities.
3. Reevaluate the professional development plan regularly using formative and summative methods by both the individual and the organization (pp. 22-25).

### State of Montana Board of Nursing

The U.S. Department of Education (USDE), state-authorizing agencies, and accrediting organizations govern higher education in the United States. The state board of nursing (BON) approves the initial operation of a degree-granting program and monitors adherence to state educational requirements. In the United States, each state BON is responsible for enacting legislation and rules to regulate the use of simulation in prelicensure nursing education within their state. Accrediting organizations, such as the Accreditation Commission for Education in Nursing (ACEN), oversee program quality by meeting established criteria for standards (Bradley et al., 2019).

An article titled "Regulation of Simulation Use in United States Prelicensure Nursing Programs" states that the Montana State BON enacts the state Nurse Practice Act and regulates the initial approval and ongoing regulation of nursing education programs. Within this, the BON regulates criteria for required clinical learning experiences and the settings for clinical learning, including simulation. The BON must also create guidelines for the use of simulation. The variations in the guidelines and permitted use between states have caused some contention concerning the consistency of learning outcomes. The variations are the causative factor behind

developing the INACSL Standards of Best Practice for simulation. The INACSL standards provide a framework for simulation, yet nursing faculty and administrators still rely on the BON for regulatory guidance on simulation use. The author of this article completed a search of the U.S. BONs for regulatory guidelines for simulation usage, of which twenty-one had no requirements. Within this search was the component of educator requirements, with 10 having no education requirements for simulation (Bradley et al., 2019). Montana is one of the states with no requirements, indicating that there is no required education for nursing faculty to be able to perform simulation as a replacement for clinical hours. After a review of the Department of Labor and Industry (DOL), BON, Nursing Education Programs, Administrative Rules of Montana (ARM), rule 24.159.655 PROGRAM FACULTY (5) states, “Faculty involved in simulations, both didactic and clinical, shall have training in best practices in the use of simulation” (DOL, 2021). The DOL emphasizes not only the training of the simulation facilitator but all staff involved in nursing education, noting that all faculty should have adequate training in the development and implementation of simulation.

#### Local CCNP

As a faculty member, research on the local CCNP was obtained through immersion in the program. Discussions with the director and other faculty regarding simulation planning and implementation commenced. The local CCNP has a simulation handbook created as a tool for faculty and students that created a uniform template for faculty to utilize to develop and implement simulation and for prebriefing students. The tool also allows students to view a template of expectations for the simulation scenario. Table 2-1 outlines the instructor and student responsibilities.



Table 2-1. Faculty and Student Simulation Responsibilities

Faculty Responsibilities	Student Responsibilities
<p>1. Faculty implementing simulation into their courses will:</p> <ul style="list-style-type: none"> <li>a. Provide evidence of education in simulation pedagogy. This can be achieved through simulation certification, attendance at simulation conferences, and completing online courses such as the “Teaching with Simulation” Learning modules from the University of Washington or the Nurse Tim online modules.</li> <li>b. Complete the online training video available at <a href="https://youtu.be/SaT0_fuYAqM">https://youtu.be/SaT0_fuYAqM</a></li> <li>c. Utilize the NLN Simulation Design Template 2023 to design each simulation.</li> <li>d. Record and maintain documentation regarding the following: <ul style="list-style-type: none"> <li>i. Simulation &amp; Confidentiality Agreement</li> </ul> </li> <li>e. Perform assessments of each simulation activity using the student evaluation forms. Faculty is responsible for compiling and analyzing evaluations.</li> <li>f. Each semester, provide a verbal or written report to the program director regarding the simulation status in each course and improvements that will be implemented in response to simulation assessments.</li> </ul>	<ul style="list-style-type: none"> <li>a. CCNP scrubs and a professional and tidy appearance are required for all activities in the simulation lab.</li> <li>b. Students must wash their hands before accessing simulation equipment.</li> <li>c. Students are expected to sign the Simulation &amp; Confidentiality Agreement before participating in the simulation.</li> <li>d. Students are expected to maintain a clean and tidy environment and assist faculty in cleaning and putting away supplies as directed.</li> </ul>

Utilization of the simulation handbook has been inconsistent due to high staff turnover in the last few years. As a result, there is a push to get staff back to utilizing the standardized simulation template in the handbook. The handbook was given to the two new faculty members that started in Fall 2022, and returning staff is moving back to utilizing the simulation template

(see Appendix B). Also included in the handbook is a debriefing tool. Table 2-2 outlines the debriefing guide.

Table 2-2. Simulation Debriefing Tool  
CCNP Debriefing Guide

Debriefing Phase	Debriefing Questions for Consideration
Reactions/ Defuse	How did you feel throughout the simulation experience?
	Give a brief summary of this patient and what happened in the simulation.
	What were the main problems that you identified?
Analysis/ Discovery	Discuss the knowledge guiding your thinking surrounding these main problems.
	What were the key assessment and interventions for this patient?
	Discuss how you identified these key assessments and interventions.
	Discuss the information resources you used to assess this patient. How did this guide your care planning?
	Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations?
	Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking.
	What information and information management tools did you use to monitor this patient's outcomes? Explain your thinking.
	How did you communicate with the patient?
	What specific issues would you want to take into consideration to provide for this patient's unique care needs?
	Discuss the safety issues you considered when implementing care for this patient.
	What measures did you implement to ensure safe patient care?
	What other members of the care team should you consider important to achieving good care outcomes?
	How would you assess the quality of care provided?
	What could you do to improve the quality of care for this patient?
Summary/ Application	If you were able to do this again, how would you handle the situation differently?
	What did you learn from this experience?
	How will you apply what you learned today to your clinical practice?
	Is there anything else you would like to discuss?

Simulation Design Template (revised February 2023)

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With the reduction of clinical sites, clinical preceptors, and clinical instructors, the local CCNP has increased the utilization of simulation for clinical hours, staying within the Montana State BON regulations for simulation use. The push for faculty alignment using the simulation

handbook is also due to the upcoming 2024 ACEN recertification for the local CCNP. Faculty is reviewing ACEN standards at each of the monthly nursing faculty meetings and implementing change where indicated to maintain alignment of these standards. For example, ACEN Standard 4 discusses a curriculum that supports achieving end-of-program learning outcomes. Within Standard 4, Criterion 4.8 discusses using skills and/or simulation laboratory learning environments and experiences (ACEN, 2020). Table 2-3 outlines criterion 4.8. According to the CCNP director, the ACEN recertification justifies hiring a dedicated simulation lab coordinator based on Standard 4, Criterion 4.8 (c).

Table 2-3. ACEN Standard 4 Criterion 4.8

If used, skills and/or simulation laboratory learning environments and experiences:

- a. reflect evidence-based nursing practice.
- b. include healthcare technology.
- c. meet regulatory agencies' requirements for skills laboratory and/or simulation, as applicable; and

For Undergraduate Programs:

- d. Reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes.

Summary

This project seeks to determine whether there are evidence-based benefits to a dedicated simulation lab coordinator. An abundance of literature exists on the use and benefits of simulation in nursing education. The articles mention the “facilitator” or “simulationist” and often refer to nursing faculty instead of a person. The articles also discuss the importance of

education on the INACSL Standards of Best Practice for simulation. However, there is an overwhelming lack of information in the literature on using a dedicated simulation facilitator and its specific benefits. Only a few articles referenced a single facilitator for simulation but did not discuss any benefits of having just one facilitator. The common citation regarding a simulation facilitator is the importance of having a facilitator trained on the Standards of Best Practice and the need for consistency between facilitators and using a standardized simulation tool.

### Benefits

After reviewing the literature, it is noted that a well-educated and continually educated simulationist benefits a program. There is value in an educated person who adheres to the INASCL standards during every simulation. When utilizing a simulation specialist, the simulation specialist can educate faculty and students consistently and efficiently, creating an environment where learning and confidence are nurtured.

### Challenges

There is a range of expectations in the role and the variations in educational experience in the person hired for the role of simulation coordinator (novice vs. expert teacher). A challenge that is easily overlooked is the variations in state BON expectations. As Bradley et al. (2019) noted, 30 state BONs have documented regulations for simulation use in nursing programs, with 21 that do not. Montana is one of the states with no requirements, indicating that there is no required education for nursing faculty to perform simulation as a replacement for clinical hours.

### Next Steps

With the noted lack of information on the use and benefits of a dedicated simulation coordinator, it is reasonable to shift the focus to describe the role and expectations of a dedicated sim lab coordinator for a rural-based nursing program. Chapter Three intends to follow this plan and pursue this direction for a quality improvement simulation project for the CCNP.

## CHAPTER THREE

## QUALITY IMPROVEMENT METHODS

Overview

This quality improvement project aimed to establish the evidence-based benefits of a dedicated sim lab coordinator/educator and describe the role and expectations of a dedicated sim lab coordinator for a rural-based nursing program. In addition, this project examined the role of the simulation lab coordinator and the education necessary to enhance faculty knowledge and skills on best practices for simulation consistent with the INACSL standards, BON requirements, and the needs of the CCNP. Finally, this chapter describes the project's design, proposed implementation, evaluation, and outcome measures.

Design of the Quality Improvement Initiative

The design of the quality improvement project focused on the needs of a nursing program located in a rural state and the educational benefits to both faculty and students. With the CCNP incorporating more simulations to mitigate an ongoing reduction in clinical site availability, the goal was to provide the students with a learning alternative that required critical thinking and simulated the bedside care they would give at the clinical site. A simulation coordinator trained in implementing INACSL standards provides a good foundation of knowledge to better prepare students and faculty. One way to assure adequate preparation of a simulation coordinator was to adapt the original job description (see appendices A and C). For further review of the intervention setting, please refer to the background section in Chapter One.

### Planning the Project Intervention

Planning for this quality improvement project involved collaboration with the CCNP director, who is a master's prepared nurse that has taught at the CCNP for eight years and served in the role of director for approximately two years. Collaboration also included the guidance of another master's prepared nurse who has been an instructor at the CCNP full-time for four years and served as adjunct faculty for two years before obtaining a full-time position. This instructor created the simulation handbook utilized by the CCNP to guide simulation creation and integration. Sadly, consistent use of the handbook and the training recommended in the handbook has been sporadic due to a high faculty turnover rate in the last few years. This instructor is a mentor and collaborator on this project.

A needs assessment was completed by way of a microsystem assessment. Three areas of concern were revealed. Findings included the need for (a) simulation preparation training and implementation among faculty, (b) consistent simulation methods, and (c) clarification among the students regarding what to expect and how to prepare for the simulation. The assessment also uncovered needs specific to the simulation lab. For instance, no one was responsible for the maintenance and upkeep of this school's manikins and simulation equipment. Lapses in care and maintenance lead to deterioration and loss of functionality of simulation equipment and manikins. Faculty need training on equipment maintenance and specific guidance on the care of equipment post-simulation. Ordering and upkeep of adequate supplies were also noted as needing improvement.

Upon speaking with the director, the goal of the CCNP is to hire a dedicated simulation/lab coordinator to facilitate a consistent implementation and debriefing of simulation across courses. Students benefit from consistency in implementation and debriefing to improve

learning and follow-up evaluations of the educational experience. A benefit also lies in the decreased strain on faculty who already have full course loads and are implementing their simulation on top of a full schedule. The simulation coordinator will be trained in INACSL/HSSOBP standards (INACSL, n.d.) following NCSBN regulations (NCSBN, 2017). The training aligns with the simulation handbook (see Table 2-1) utilized by the CCNP, which includes references for simulation certification and a link to simulation training. A review of the handbook is completed to evaluate the coordinator position requirements and define the coordinator role for this quality improvement project.

The conceptual/theoretical framework utilized for this project allowed for a review of and familiarization with the INACSL standards to gain insight and understanding into the educational requirements for a simulation coordinator. The review included knowledge of definitions and roles and the expectations of each, as noted in the section of Chapter Two titled Simulation Standards of Best Practice. Reviewing the INACSL standards also allowed for a thorough and accurate assessment of the simulation handbook to assess if any changes or updates needed to be implemented.

### Proposed Implementation Procedures

Implementing the quality improvement project includes the following components. First, hire a simulation coordinator based on the new, updated, evidence-based job description (Appendix C), which is updated from the original CCNP job description (Appendix A). Second, incorporate best practice updates or changes to the simulation handbook. Updates to the simulation handbook include using the NLN 2023 Simulation Template and Debriefing Tool (see Appendix B and Table 2-2). The following process requires the simulation coordinator and



faculty to complete simulation training as instructed in the simulation handbook (see Table 2-1). Once training is complete, the faculty will create a nursing simulation utilizing the NLN simulation design template (see Appendix B). The faculty will meet with the simulation coordinator to review the simulation template and finalize the implementation plan. Next, the simulation coordinator will facilitate the simulation implementation by sending the required information to the students before the simulation, setting up the simulation lab, and implementing the planned simulation. Finally, upon completing the nursing simulation, the simulation coordinator will use the debriefing tool to evaluate students' learning and competency gained during simulation implementation. Once complete, the simulation coordinator will give the debriefing information and feedback to the faculty for review.

### Timeline

The timeline for this project proposal would begin with simulation coordinator and faculty training in the spring and summer of 2023, followed by implementation and evaluation in the fall semester of 2023. Therefore, the total time for the project is less than one year.

### Costs

Currently, the anticipated budget includes the following criteria. The full-time simulation lab coordinator's projected salary is \$24.660–\$30.825 hourly. The average salary for a master's prepared nursing instructor in Montana, where the CCNP is located, is \$53,776, with a range of \$28,794 to \$106,681 (Salary.com, 2023). In addition, a budget of \$6000 annually is in place for the maintenance of simulation equipment, repairs, and updates. Faculty training expenses include an annual subscription to Nurse Tim for \$650. The YouTube training video is specific to the

CCNP and free of charge. The “Teaching with Simulation” learning modules from the University of Washington are also free of charge.

### Human Subjects

This project did not require a Montana State University Institutional Review Board protocol submission since the project focuses on quality improvement with no research overlap involving human subjects.

### Evaluation Tool and Outcome Measures

The quality improvement project will be evaluated through student and faculty evaluations (appendices D and E, respectively). At the end of the Fall 2023 semester, faculty will be given an evaluation of the training and provided use of the NLN simulation template as per the simulation handbook. The evaluations will be reviewed, and this participant will compile results. The results will be given to the CCNP director.

The simulation coordinator will assess each simulation activity using the student evaluation forms located in the simulation handbook. In addition, the simulation coordinator and faculty are responsible for compiling and analyzing evaluations for the simulations they implement. Once completed, a verbal or written report will be given to the program director regarding the simulation status in each course and improvements that will be implemented in response to simulation assessments.

In summary, this project addresses the need for simulation preparation training and implementation among the dedicated simulation coordinator and faculty by utilizing the education in the simulation handbook. This education provides a foundation for simulation

implementation for a dedicated simulation coordinator and faculty. In addition, the implementation of simulation with the NLN simulation template is utilized by the simulation coordinator and all faculty to provide consistent simulation methods for students at the CCNP. Using a standardized template and having a dedicated simulation coordinator educated in the development and implementation of simulation, the nursing students will gain clarity regarding what to expect and how to prepare for the simulation. Ongoing assessments of the simulation program are conducted using faculty and student evaluations, thus allowing the CCNP to facilitate changes and improvements as deemed necessary.

## CHAPTER FOUR

## SUMMARY

Introduction

The planned improvement project addressed the ongoing problem of clinical site shortages for a rural-based nursing program and the need for enhanced clinical simulation lab experiences for educating students. In addition to examining standards for clinical lab improvements, a new, revised job description for the individual selected for the dedicated simulation lab coordinator role was developed based on the old job description (see appendices A and B). The new simulation coordinator job description recommends a master's prepared nurse educated in INACSL and HSSOBP simulation standards. By implementing a dedicated simulation coordinator with special skills and education, the students at the CCNP gain consistency in simulation implementation and debriefing, which facilitates better learning and retention. Faculty benefit by having a coordinator that is able to adequately train them on the current simulation standards as well as benefiting from a decreased strain on their already full teaching schedules when the simulation coordinator implements all simulations. This chapter addressed a review of the project summary and pertinent research findings. In conclusion, the Certified Nurse Leader (CNL) role in the project is addressed along with any implications and recommendations for future improvement projects.

### QI Project Summary

The purpose of this quality improvement project established the evidence-based benefits of a dedicated sim lab coordinator/educator and described the role and expectations of a dedicated sim lab coordinator for a rural-based nursing program.

The literature revealed the need for simulation training guidance due to nursing faculty shortage and decreased clinical site access/availability. No longer having the luxury of offering lengthy and costly orientation programs for nurses, employers are asking educators to better prepare students for nursing outside of school in the "real world." Simulation is now a potential and essential solution for substituting clinical hours and helping to facilitate training for new graduates. The testing conducted by the NLN and Laerdal on Jeffries simulation theory framework showed a significant relationship between the facilitator and the participant. The significance between the facilitator and participant provided insight into the potential benefit of having a dedicated facilitator for simulation.

A master's prepared simulation coordinator/facilitator is a critical element. Professional development allows the simulation facilitator to stay current with new knowledge, provide high-quality simulation experiences, and meet the learner's educational needs (Hallmark et al., 2021).

The impact of the project implementation addressed the concerns revealed in the microsystem assessment. Utilizing the simulation handbook, the simulation coordinator facilitates faculty education and training in INACSL/HSSOBP simulation preparation and implementation. The simulation coordinator provides consistent simulation methods and clarification among the students regarding what to expect and how to prepare for the simulation. An added benefit to students is also noted in simulation, helping to prepare them for their

NCLEX licensure examination as the NextGen NCLEX exam focuses on critical thinking skills. The simulation lab needs are addressed by hiring a simulation lab coordinator to perform routine maintenance and upkeep of this school's manikins and simulation equipment. The simulation coordinator educates faculty on equipment maintenance and specific guidance on the care of equipment post-simulation. The simulation lab coordinator also facilitates the ordering and upkeep of adequate supplies.

### Discussion

In Montana, limitations exist in hiring and retaining adequate faculty. This issue inhibits the ability to meet and maintain the required educational standards. As a rural state, access to adequate clinical facilities is a challenge compared to states with metropolitan cities. In addition, the average salary is lower in this rural state, which compounds the difficulty in attaining and maintaining an adequate number of faculty members. The CCNP remains dedicated to implementing a simulation lab coordinator trained in INACSL/HSSOBP standards. The end goal is to consistently implement simulation that creates a safe and effective learning environment for students where they know what to expect and how to prepare for each simulation. With the simulation lab coordinator educating faculty on the HSSOBP, faculty will be prepared to assist with or lead a simulation if needed so that no learning gaps occur. With the implementation of a dedicated simulation lab coordinator and faculty education, the CCNP will comply with ACEN, NCSBN, and BON requirements for simulation use in a nursing program.

### Conclusion

This quality improvement project addressed the ongoing problem of clinical site availability for undergraduate nursing students at a community college based in a rural state by implementing a dedicated simulation coordinator. The simulation coordinator is educated in INACSL and HSSOBP standards and creates a consistent and highly effective learning environment for students through clinical scenarios in the simulation lab. As a result, students gain confidence and critical thinking skills in bedside nursing care for patients with various medical conditions.

The American Association of Colleges of Nursing (AACN) identifies nine CNL competencies, and this project demonstrates the following essentials (AACN, 2013, pp. 10-23):

Essential 1: Background for Practice from Sciences and Humanities #1: Interpret patterns and trends in quantitative and qualitative data to evaluate outcomes of care within a microsystem and compare to other recognized benchmarks or outcomes, e.g. national, regional, state, or institutional data.

Essential 2: Organizational and Systems Leadership #2: Assume a leadership role of an interprofessional healthcare team with a focus on the delivery of patient-centered care and the evaluation of quality and cost-effectiveness across the healthcare continuum.

#6: Evaluate the efficacy and utility of evidence-based care delivery approaches and their outcomes at the microsystem level.

#7 Collaborate with healthcare professionals, including physicians, advanced practice nurses, nurse managers, and others, to plan, implement, and evaluate an improvement opportunity.

Essential 3: Quality Improvement and Safety

#1: Use performance measures to assess and improve the delivery of evidence-based practices and promote outcomes that demonstrate the delivery of higher-value care.

#2: Perform a comprehensive microsystem assessment to provide the context for problem identification and action.

#5: Promote a culture of continuous quality improvement within a system.

#7: Demonstrate professional and effective communication skills, including verbal, non-verbal, written, and virtual abilities.

#### Essential 4: Translating and Integrating Scholarship into Practice

#1: Facilitate practice change based on the best available evidence that results in quality, safety, and fiscally responsible outcomes.

#7: Lead change initiatives to decrease or eliminate discrepancies between actual practices and identified standards of care.

#### Essential 5: Informatics and Healthcare Technologies

#6: Participate in ongoing evaluation, implementation, and integration of healthcare technologies, including the electronic health record (EHR).

#### Essential 8: Clinical Prevention and Population Health for Improving Health

#7: Use evidence in developing and implementing teaching and coaching strategies to promote and preserve health and healthy lifestyles in patient populations.

#### Essential 9: Master's-Level Nursing Practice

#3: Demonstrate effective communication, collaboration, and interpersonal relationships with members of the care delivery team across the continuum of care.

### Implications and Recommendations

The quality improvement project will reap many benefits for the students and faculty at the CCNP. With faculty educated on current standards of best practices surrounding simulation, confidence in creating simulation scenarios that encompass thorough learning of the necessary critical thinking skills for students is seen. With a dedicated simulation lab coordinator, students



receive consistent implementation methods, an increase in their critical thinking abilities, simulation equipment that is up-to-date and functioning properly to prevent any gaps in learning, and adequate supplies to complete the required simulation. New graduate success in passing the NextGen NCLEX exam for licensure will also be an added benefit.

Finding a qualified candidate for the dedicated simulation lab coordinator remains a gap. With this void, simulation implementation falls to the current faculty, who are familiar with simulation implementation but have not gone through the required education outlined in the simulation handbook.

As a result of this study, it is appropriate to recommend that the CCNP incorporate annual education for the simulation lab coordinator and faculty on the INACSL/HSSOBP so that they can remain current in the standards of best practice surrounding simulation. These requirements nudge the CCNP toward compliance with ACEN, NCSBN, and the BON standards and provide high-quality learning and educational experiences for nursing students.

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APPENDICES

APPENDIX A

OLD JOB DESCRIPTION



## NURSING SIMULATION AND LAB MANAGER (SIMULATION COORDINATOR) JOB DESCRIPTION

### **GENERAL STATEMENT DESCRIBING EXPECTATIONS OF POSITION (including supervisory responsibilities, degree of initiative and independence in performing the job, and overall complexity of assigned tasks).**

Reporting to the Director of Nursing, the Nursing Simulation and Lab Manager will be responsible for simulation-based education across the nursing curriculum. This 10-month position serves as the developer, implementer, and consultant for faculty and students within the simulation lab environment. This position will oversee the use and operations of the simulation learning resources, including simulation and skills lab spaces, equipment, and supplies. Equipment includes, but is not limited to, high and mid-level fidelity, several static manikins, and task trainers. This may include teaching skills lab course(s) not to exceed 3-6 credits per semester. The successful candidate will ensure the effective and efficient operation of the lab, assess and provide for meeting program and student needs, and oversee the operation of all high-fidelity technology to ensure the safe and effective use of simulation equipment.

### **POSITION SUMMARY:**

#### **Simulation Lab Management:**

- Prepares and administers meaningful learning experiences, including but not limited to course labs, Clinical skill practice labs, skill competency testing sessions, simulated clinical experiences to augment clinical practice, and other faculty-identified laboratory learning experiences, to both RN and PN students.
- Collaborates with faculty to integrate simulation experiences into their nursing curriculum and leads debriefing discussions after simulation activities.
- Continuously updates and refines simulation scenarios/experiences to maintain content accuracy and relevance. Serves as a resource for the faculty using simulation in classroom/lab activities.
- Monitors and schedules the use of simulation rooms and equipment. Orients clinical resource RNs (CRRNs) and instructors in Sim lab procedures, use of materials, and operation of equipment.
- Work with Nursing Program Director to grow the simulation program/usage over the next few years.

#### **Simulation Equipment, Technology Maintenance, and Lab Supply Oversight:**

- Assures that equipment is functioning properly and makes the necessary referrals to ensure equipment is maintained to prolong useful equipment life expectancy.
- Troubleshoot any technical issues with the simulation equipment and contact/coordinate with the manufacturer about any issues.

- Monitors the coordination and scheduling of simulation & lab rooms.
- Responsible for cleaning manikins after use and at semester end. Ensures appropriate standards of lab cleanliness, equipment/manikin maintenance, updates, repair, and replacement.
- Obtains, stocks, and restocks supplies for each room. Monitors supply levels, ensures supplies are ordered timely, and stays within budget.
- Collaborates with the IT department to ensure all Sim technology is kept updated.

APPENDIX B

SIMULATION DESIGN TEMPLATE

# Simulation Design Template (Revised February 2023)

[insert name of patient] Simulation

<b>Date:</b>	<b>File Name:</b>
<b>Discipline:</b> Nursing	<b>Student Level:</b>
<b>Expected Simulation Run Time:</b>	<b>Guided Reflection Time:</b> Twice the amount of time that the simulation runs.
<b>Location:</b>	<b>Location for Reflection:</b>
<b>Today's Date:</b>	

## Brief Description of Patient

<b>Name:</b>	<b>Pronouns:</b>	
<b>Date of Birth:</b>	<b>Age:</b>	
<b>Sex Assigned at Birth:</b>	<b>Gender Identity:</b>	
<b>Sexual Orientation:</b>	<b>Marital Status:</b>	
<b>Weight:</b>	<b>Height:</b>	
<b>Racial Group:</b>	<b>Language:</b>	<b>Religion:</b>
<b>Employment Status:</b>	<b>Insurance Status:</b>	<b>Veteran Status:</b>
<b>Support Person:</b>	<b>Support Phone:</b>	
<b>Allergies:</b>	<b>Immunizations:</b>	
<b>Attending Provider/Team:</b>		
<b>Past Medical History:</b>		
<b>History of Present Illness:</b>		
<b>Social History:</b>		
<b>Primary Medical Diagnosis:</b>		
<b>Surgeries/Procedures &amp; Dates:</b>		

## Psychomotor Skills Required of Participants Prior to Simulation

(list skills)

## Cognitive Activities Required of Participants Prior to Simulation

(textbooks, lecture notes, articles, websites, etc.)

## Simulation Learning Objectives

**General Objectives** (Note: The objectives listed below are general in nature, and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for the care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data.
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

### Simulation Scenario Objectives (limit to 3 or 4)

- 1.

## Faculty Reference

(references, evidence-based practice guidelines, protocols, or algorithms used for this scenario, etc.)

The Healthcare Simulation Standards of Best Practice™  
<https://www.inacsl.org/healthcare-simulation-standards>

## Setting/Environment

<input type="checkbox"/> Emergency Department <input type="checkbox"/> Medical-Surgical Unit <input type="checkbox"/> Pediatric Unit <input type="checkbox"/> Maternity Unit <input type="checkbox"/> Behavioral Health Unit	<input type="checkbox"/> ICU <input type="checkbox"/> OR / PACU <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> Home <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Other:
--	--

## Equipment/Supplies (choose all that apply to this simulation)

**Simulated Patient/Manikin(s) Needed:**

**Recommended Mode for Simulator:**  
 (e.g. manual, programmed, etc.)

### Other Props & Moulage:

<p><b>Equipment Attached to Manikin/Simulated Patient:</b></p> <input type="checkbox"/> ID band <input type="checkbox"/> IV tubing with primary line fluids running at ___ mL/hr <input type="checkbox"/> Secondary IV line running at ___ mL/hr <input type="checkbox"/> IVPB with ___ running at mL/hr <input type="checkbox"/> IV pump <input type="checkbox"/> PCA pump <input type="checkbox"/> Foley catheter with ___mL output <input type="checkbox"/> O2 <input type="checkbox"/> Monitor attached <input type="checkbox"/> Other:	<p><b>Equipment Available in Room:</b></p> <input type="checkbox"/> Bedpan/urinal <input type="checkbox"/> O2 delivery device (type) <input type="checkbox"/> Foley kit <input type="checkbox"/> Straight catheter kit <input type="checkbox"/> Incentive spirometer <input type="checkbox"/> Fluids <input type="checkbox"/> IV start kit <input type="checkbox"/> IV tubing <input type="checkbox"/> IVPB tubing <input type="checkbox"/> IV pump <input type="checkbox"/> Feeding pump <input type="checkbox"/> Crash cart with airway devices and emergency medications <input type="checkbox"/> Defibrillator/pacer <input type="checkbox"/> Suction <input type="checkbox"/> Other:
<p><b>Other Essential Equipment:</b></p> <p><b>Medications and Fluids:</b></p> <input type="checkbox"/> Oral Meds: <input type="checkbox"/> IV Fluids: <input type="checkbox"/> IVPB: <input type="checkbox"/> IV Push: <input type="checkbox"/> IM or SC:	

## Roles

<input type="checkbox"/> Nurse 1	<input type="checkbox"/> Observer(s)
<input type="checkbox"/> Nurse 2	<input type="checkbox"/> Recorder(s)
<input type="checkbox"/> Nurse 3	<input type="checkbox"/> Family member #1
<input type="checkbox"/> Provider (physician/advanced practice nurse)	<input type="checkbox"/> Family member #2
<input type="checkbox"/> Other healthcare professionals: (pharmacist, respiratory therapist, etc.)	<input type="checkbox"/> Clergy
	<input type="checkbox"/> Unlicensed assistive personnel
	<input type="checkbox"/> Other:

## Guidelines/Information Related to Roles

Learners in the role of nurse should determine which assessments and interventions each will be responsible for, or the facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

## Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to <http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate>.

## Report Students Will Receive Before Simulation

(Use SBAR format.)

**Time:**

**Person providing report:**

**Situation:**

**Background:**

**Assessment:**

**Recommendation:**



## Scenario Progression Outline

Patient Name:

Date of Birth:

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	(Verbal information provided by manikin or SP should be in quotes so a script can be created for individuals in those roles.)	<b>Learners should begin by:</b> <ul style="list-style-type: none"> <li>Performing hand hygiene</li> <li>Introducing selves</li> <li>Confirming patient ID</li> </ul>	<b>Role member providing cue:</b>  <b>Cue:</b>
5-10 min		<b>Learners are expected to:</b>	<b>Role member providing cue:</b>  <b>Cue:</b>
10-15 min		<b>Learners are expected to:</b>	<b>Role member providing cue:</b>  <b>Cue:</b>
15-20 min		<b>Learners are expected to:</b>	<b>Role member providing cue:</b>  <b>Cue:</b>

**Simulation Design Template** (revised February 2023)

© 2023, National League for Nursing. Originally adapted from Childs, Sepples, Chambers (2007). Designing simulations for nursing education. In P.R. Jeffries (Ed.) *Simulation in nursing education: From conceptualization to evaluation* (p 42-58). Washington, DC: National League for Nursing.

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APPENDIX C

JOB DESCRIPTION NURSING SIMULATION AND LAB MANAGER (SIMULATION  
COORDINATOR) JOB DESCRIPTION

GENERAL STATEMENT DESCRIBING EXPECTATIONS OF POSITION (including supervisory responsibilities, degree of initiative and independence in performing the job, and overall complexity of assigned tasks).

***The simulation coordinator is a master's prepared nurse with previous experience with the INASCL standards and awareness of the Healthcare Simulationist Code of Ethics preferred. The simulation coordinator will be trained in INACSL/HSSOBP standards according to the simulation handbook and will utilize the education resources included in the simulation handbook. In addition, the simulation coordinator will attend regular continuing education on simulation implementation and adhere to the Healthcare Simulationist Code of Ethics and the ACEN Criterion 4.8 accreditation standards.***

The Simulation Coordinator reports to the Director of Nursing and is responsible for simulation-based education across the nursing curriculum. This 10-month position serves as the developer, implementer, and consultant for faculty and students within the simulation lab environment. This position will oversee the use and operations of the simulation learning resources, including simulation and skills lab spaces, equipment, and supplies. Equipment includes but is not limited to, high and mid-level fidelity resources, several static manikins, and task trainers. This may include teaching skills lab course(s) not to exceed 3-6 credits per semester. The successful candidate will ensure the effective and efficient operation of the lab, assess and provide for meeting program and student needs, and oversee the operation of all high-fidelity technology to ensure the safe and effective use of simulation equipment.

#### **POSITION SUMMARY:**

##### **Simulation Lab Management:**

- ***Responsible for simulation preparation, training, and implementation among faculty.***
- Prepares and administers meaningful learning experiences, including but not limited to course labs, clinical skill practice labs, skill competency testing sessions, simulated clinical experiences to augment clinical practice, and other faculty-identified laboratory learning experiences, for both RN and PN students.
- Collaborates with faculty to integrate simulation experiences into their nursing curriculum and leads debriefing discussions after simulation activities.
- ***Work with faculty to improve simulation based on the handbook, INASCL standards, and the Healthcare Simulationist Code of Ethics.***
- ***Assure accreditation through adherence to ACEN Standard 4, Criterion 4.8 management of the simulation lab and guidance based on the NCSBN and MT BON.***
- ***Utilizes consistent simulation methods by continuously updating and refining simulation scenarios/experiences to maintain content accuracy and relevance.***
- ***Serves as a resource for the faculty using simulation in classroom/lab activities.***
- Monitors and schedules the use of simulation rooms and equipment.

- Orients clinical resource RNs (CRRNs) and instructors in Sim lab procedures, use of materials, and operation of equipment.
- Work with Nursing Program Director to grow the simulation program/usage over the next few years.

**Simulation Equipment, Technology Maintenance, and Lab Supply Oversight:**

- Assures that equipment is functioning properly and makes the necessary referrals to ensure equipment is maintained to prolong useful equipment life expectancy.
- Troubleshoot any technical issues with the simulation equipment and contact/coordinate with the manufacturer about any issues.
- Monitors the coordination and scheduling of simulation & lab rooms.
- Responsible for cleaning manikins after use and at semester end. Ensures appropriate standards of lab cleanliness, equipment/manikin maintenance, updates, repair, and replacement.
- Obtains, stocks, and restocks supplies for each room. Monitors supply levels, ensures supplies are ordered timely, and stays within budget.
- Collaborates with the IT department to ensure all Sim technology is kept updated.

\* Items in bold and italics are the new and updated components of the job description

APPENDIX D

STUDENT SIMULATION EVALUATION FORM

Student Simulation Evaluation Form

In order to measure if the best simulation design elements were implemented in your simulation, please complete the survey below as you perceive it. Please use the following code to answer the questions:

- 1 - Strongly Disagree with the statement
- 2 - Disagree with the statement
- 3 - Undecided - you neither agree nor disagree with the statement
- 4 - Agree with the statement
- 5 - Strongly Agree with the statement
- NA - Not Applicable

Item	1	2	3	4	5	NA
1. There was enough information provided at the beginning of the simulation to provide direction and encouragement.						
2. I clearly understood the objectives of the simulation.						
3. The simulation provided enough information in a clear manner for me to problem-solve the situation with confidence.						
4. The simulation was designed for my specific level of knowledge and skills.						
5. I was supported in the learning process.						
6. I was encouraged to explore all possibilities of the simulation.						
7. The simulation allowed me to prioritize nursing assessments and care.						
8. The debriefing was constructive and helped me develop my knowledge.						
9. The simulation allowed me to analyze my own behavior and actions.						
10. The scenario resembled a real-life situation.						

1. Do you have any suggestions for improving this simulation experience?

2. Is there anything else you would like to discuss?<sup>1</sup>

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<sup>1</sup> Adapted from NLN Simulation Design Scale (Student Version) 2004

APPENDIX E

FACULTY SIMULATION EDUCATION EVALUATION FORM



## Faculty Simulation Education Evaluation Form

In order to measure if the best simulation education was implemented, please complete the survey below as you perceive it. Please use the following code to answer the questions:

- 1 - Strongly Disagree with the statement
- 2 - Disagree with the statement
- 3 - Undecided - you neither agree nor disagree with the statement
- 4 - Agree with the statement
- 5 - Strongly Agree with the statement
- NA - Not Applicable

Item	1	2	3	4	5	NA
1. There was enough information provided in the simulation handbook to provide direction and encouragement.						
2. I clearly understood the objectives of the simulation education.						
3. The simulation education was designed for my specific level of knowledge and skills.						
4. I was supported in the learning process.						
5. I was encouraged to explore all possible simulation education programs.						
6. The simulation education helped me to prioritize nursing assessments and care for student simulations.						
7. The simulation template was easy to use and effective in creating student learning.						
8. The simulation education allowed me to analyze my own behavior and actions.						
9. The debriefing tool was effective in evaluating student learning.						

1. Do you have any suggestions for improving this simulation education experience?

<sup>1</sup> Adapted from NLN Simulation Design Scale (Student Version) 2004