

IT WAS GREAT!

BEST EXPERIENCE

LOVED SIM!

STUDENTS LIKE SIMULATION!

AWESOME!

WANT MORE!

HAD FUN!

INSTRUCTOR WAS GREAT!

Comprehensive Evaluation of the Simulation Program

Kim Leighton, Adtalem Education Group
Patty Ravert, Brigham Young University
Vickie Mudra, Chamberlain College of Nursing,
Chamberlain University
Colette Foisy-Doll, MacEwan University

ANCC

- Continuing Nursing Education



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International Nursing Association for Clinical Simulation & Learning is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Disclosures

- Conflict of Interest
 - Kim Leighton, Patty Ravert, Vickie Mudra, and Colette Foisy-Doll report no conflicts of interest
 - Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
 - Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest
- Successful Completion
 - Attend 100% of session
 - Complete online evaluation

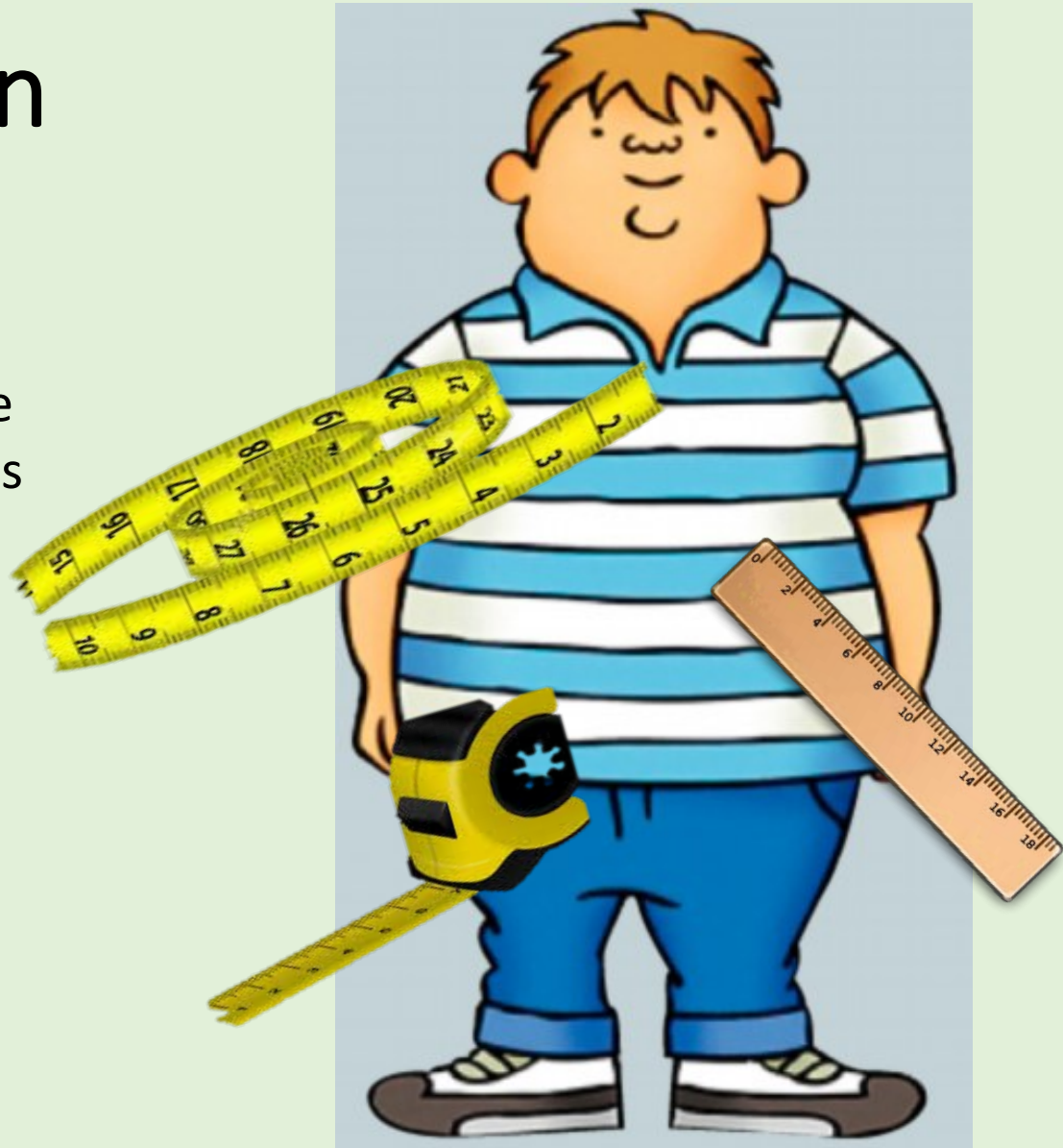
Learning Outcomes

Upon completion of this educational activity, participants will be able to:

1. Identify valid, reliable, and available tools to use for simulation evaluation
2. Use data obtained from evaluation tools to support any necessary change
3. Discuss the benefits of evaluating simulation across the spectrum

Evaluation

- Types:
 - Formative
 - Summative
 - High-Stakes
- Reliability
- Validity
- Inter-rater Reliability



Comprehensive Evaluation

- Benefits
 - Identify areas of concern related to learning
 - Identify curriculum gaps
 - Ensure competency of learners
 - Ensure competency of facilitators
 - Potential to improve learning outcomes

What to Evaluate?

Organizational Readiness

Participant

Experience

Facilitator

Curriculum

Organizational Readiness

THE UPTAKE OF SIMULATION HAS VARIED CONSIDERABLY

**LOW-
UPTAKE**

**HIGH-
UPTAKE**



Taplay, K., Jack, S. M., Baxter, P., Eva, K. & Martin, L. (2014).

The Simulation Culture Organizational Readiness Survey (SCORS)

Adapted from Organizational Culture & Readiness for System-Wide Integration of Evidence-based Practice Survey

- Dr. Bernadette Melnyk and

Dr. Ellen Fineout-Overholt

- TeamSTEPPS Readiness Assessment
- Guidebook—companion for survey completion
- Validity and Reliability established

SCORS Survey Questions					
Defined Need and Support for Change	None at All	A Little	Somewhat	Moderately	Very Much
1. To what extent is innovation, experiential learning and quality student experiences clearly described as central to the mission and philosophy of your institution?	1	2	3	4	5
2. To what extent has your organization clearly defined the need to consider SBE integration?	1	2	3	4	5
3. To what extent have administrators within your organization communicated a clear strategic vision for SBE?	1	2	3	4	5
4. To what extent have administrators within your organization provided a written commitment to SBE?	1	2	3	4	5
5. To what extent have administrators within your organization provided funding to support the commitment to SBE?	1	2	3	4	5
6. To what extent does your organization promote the need for SBE based on current evidence, standards, and guidelines?	1	2	3	4	5
7. To what extent is SBE currently being used as a teaching modality in your institution?	1	2	3	4	5
8. To what extent have the educators you work with articulated a need for SBE integration into the curriculum?	1	2	3	4	5
9. To what extent have the educators in your institution verbalized a commitment to SBE integration into the curriculum?	1	2	3	4	5
Readiness for Culture Change	None at All	A Little	Somewhat	Moderately	Very Much
10. In your organization, to what extent is there a critical mass of professionals who already possess strong SBE . . .					
a. Knowledge	1	2	3	4	5
b. Skills	1	2	3	4	5
c. Positive Attitudes	1	2	3	4	5
11. To what extent do administrators support culture change including the efforts required to implement and sustain SBE program integration?	1	2	3	4	5
12. In your organization, to what extent are there credentialed or trained simulationists who mentor/coach others, including, other simulationists?	1	2	3	4	5
13. To what extent does your organization have individuals who model SBE best practice?	1	2	3	4	5
14. To what extent are staff/faculty proficient in the use of technology ? (I.e. computer systems, AV and IT systems)	1	2	3	4	5
15. In your organization, to what extent are there graduate level prepared researchers available to assist in research to develop new knowledge, as appropriate to your organization's mission?	1	2	3	4	5
16. To what extent are librarians available within your organization to help search for evidence-based practice and related simulation resources?	1	2	3	4	5
17. To what extent are your librarians accessed to search for evidence-based practice and related simulation resources?	1	2	3	4	5
18. To what extent do you believe that now is the right time to implement a culture change to support SBE?	1	2	3	4	5
Time, Personnel, and Resource Readiness	None at All	A Little	Somewhat	Moderately	Very Much
19. To what extent are fiscal resources available to support SBE in the following areas:					
a. Human resources (simulation personnel)?	1	2	3	4	5
b. Education?	1	2	3	4	5
c. Release time to lead integration of SBE?	1	2	3	4	5
d. Development of physical learning spaces?	1	2	3	4	5
e. Equipment?	1	2	3	4	5
20. To what extent do employees in your institution have access to quality technology , including computers, audiovisual equipment, and other institutional technologies?	1	2	3	4	5

*Fois-Doll, C. & Leighton, K. (2015). An adaptation with permission of the “Organizational Culture & Readiness for System-Wide Integration of Evidence-based Practice Survey” © Fineout-Overholt, E. & Melnyk, B. M. 2005, in Melnyk, BM & Fineout-Overholt, E. (Eds.). (2015). Evidence-based practice in nursing & healthcare: A guide to best practice. (3rd ed.). Philadelphia, PA: Lippincott, Williams, & Wilkins. Available for download and use at: <https://sites.google.com/site/scorsfile/>

SCORS Exemplar



Participant Evaluation

“Further use and development of published simulation evaluation instruments is key to improving these tools...

Sweeny-Clark Simulation Performance Evaluation Tool,
CSET, LCJR, and C-SEI are exemplars of this effort”

(Adamson, Kardong-Edgren, & Willhaus, 2013, p. e33).

Participant – C-SEI™, now C-CEI™

C-SEI™

Creighton Simulation Evaluation Instrument developed to evaluate student performance in simulation

(Todd et al., 2008)

C-CEI™

The Creighton Competency Evaluation Instrument (C-CEI™)

- Assessment, Communication, Critical Thinking, and Technical Skills

Todd, M., Manz, J., Hawkins, K., Parsons, M., & Hercinger, M. (2008). The development of a quantitative evaluation tool for simulation in nursing education. *International Journal of Nursing Education Scholarship*, 5(1). Article 41.

CCEI & NCSBN Study

Creighton Competency Evaluation Instrument (CCEI)						
Student Name: _____ Staff Nurse Instructor Name: _____		0= Does not demonstrate competency 1= Demonstrates competency NA= Not applicable	Date: ____/____/____ MM / DD / YYYY			
ASSESSMENT		Circle Appropriate Score for all Applicable Criteria - If not applicable, circle NA				
1. Obtains Pertinent Data				0	1	NA
2. Performs Follow-Up Assessments as Needed				0	1	NA
3. Assesses the Environment in an Orderly Manner		0	1	NA		
COMMUNICATION						
4. Communicates Effectively with Intra/Interprofessional Team (TeamSTEPPS, SBAR, Written Read Back Order)		0	1	NA		
5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching)		0	1	NA		
6. Documents Clearly, Concisely, & Accurately		0	1	NA		
7. Responds to Abnormal Findings Appropriately		0	1	NA		
8. Promotes Professionalism		0	1	NA		
CLINICAL JUDGMENT						
9. Interprets Vital Signs (T, P, R, BP, Pain)		0	1	NA		
10. Interprets Lab Results		0	1	NA		
11. Interprets Subjective/Objective Data (recognizes relevant from irrelevant data)		0	1	NA		
12. Prioritizes Appropriately		0	1	NA		
13. Performs Evidence Based Interventions		0	1	NA		
14. Provides Evidence Based Rationale for Interventions		0	1	NA		
15. Evaluates Evidence Based Interventions and Outcomes		0	1	NA		
16. Reflects on Clinical Experience		0	1	NA		
17. Delegates Appropriately		0	1	NA		
PATIENT SAFETY						
18. Uses Patient Identifiers		0	1	NA		
19. Utilizes Standardized Practices and Precautions Including Hand Washing		0	1	NA		
20. Administers Medications Safely		0	1	NA		
21. Manages Technology and Equipment		0	1	NA		
22. Performs Procedures Correctly		0	1	NA		
23. Reflects on Potential Hazards and Errors		0	1	NA		
COMMENTS:						

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Tool, for
presentation
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To obtain permission and acknowledge conditions for use of CCEI - available for download at:
<https://nursing.creighton.edu/academics/competency-evaluation-instrument>

LCJR - Lasater Clinical Judgment Rubric (LCJR[©])

Noticing, Interpreting, Responding, Reflecting

involves:				
Focused Observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes/monitors a variety of data, including both subjective and objective; most useful information is noticed, may miss the most subtle signs	Attempts to monitor a variety of subjective and objective data, but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information	Partial image of tool for presentation purposes only.
Recognizing Deviations from Expected Patterns	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognizes most obvious patterns and deviations in data and uses these to continually assess	Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment	
Information Seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family	Actively seeks subjective information about the client's situation from the client and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the client/family; often seems not to know what information to seek and/or pursues unrelated information	
Effective INTERPRETING involves:	Exemplary	Accomplished	Developing	Beginning
Prioritizing Data	Focuses on the most relevant and important data useful for explaining the client's condition	Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data
Making Sense of Data	Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans	In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more	In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students	Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an

Lasater, K. (2007). Clinical judgment using simulation to create an assessment rubric. *Journal of Nursing Education*, 46(11), 496-503. Permissions can be obtained from K. Lasater via email request to lasaterk@ohsu.edu

Participant – CSET – Clinical Simulation Evaluation Tool

U-Mass Amherst, School Of Nursing, N498.498e Simulation Evaluation Form

Student: _____ Date: _____ Evaluator: _____ Clinical Faculty: _____

Objectives	Possible Points	Observed Patient A CHF hypertension	Observed Patient B New Chest Pain	Actual Points
Safety				
*Hand Hygiene: Performs proper hand hygiene before caring for each patient and as needed.	*2 (1 each)	Hand wash*	Hand wash*	
*Introduces Self: States name and role to patient, family member and/or health care provider.	*2 (0.5 each)	Introduces Self* Identifies Role *	Introduces Self* Identifies Role*	
*Verifies Patient Identification: Ask patient to state their name, DOB and verify on ID band. OR verify patient name and Medical Record Number on ID band. Must look at ID band to receive points	*2 (0.5 each)	Verify Patient Full Name* Verify Patient DOB* OR Verify MR#*	Verify Patient Full Name*	
*Verifies Allergy: Asks the patient about allergies AND verifies correct allergy band.	*4 (1 each)	Ask about allergies* Verify allergy band*		
Communication: Explains to patient and/or family member what they are doing and/or why.	4 (1 each)	Explain Assessment Explain Interventions		
Error: Identifies medical errors and states correction for error.	3 (1 each)	CG off		
Assessments and Critical Thinking				
Identifies the Priority Patient	2	Priority Patient to assess first when going in room initially because Airway		
ABC's & LOC: Assesses Patient's Airway (able to speak), Breathing (chest rise and fall), Circulation (check pulses) and Level of Consciousness (Should state out loud assessing these areas)	4 (0.5 each)	Airway Breathing (check) Circulation (check) LOC		
Vital Signs / O2 Sat/Pain: Assesses initial and previous VS/CA, Sat (don't need to actually do, can check monitor) and Pain 0-10 (PQRSTU). Identifies if it's normal and/or abnormal as a scenario evolves.	4 (0.5 each)	Temp, BP, HR, RR, O2 sat Pain 0-10 (PQRSTU) Identifies changes		
Focus Assessment: Assesses systems appropriately based on patient presentation, signs and symptoms.	5 (0.5 each)	LS Crackles Pedal Edema Dyspnea (ask about shortness of breath)		
Problem Identification and Critical Thinking				
Identify Problems: Identifies actual and/or possible medical and/or nursing problems (Can identify while thinking out loud or by actions)	2 (0.5 each)	Potential fluid overload 600 in 200 out (in report) Anxiety related to shortness of breath		
Interventions, Evaluation & Critical Thinking				
Priority Interventions: Initiates appropriate nursing interventions in a timely manner for each patient.	8.5 (0.5 each)	Raise the HOB Apply O2 Reassess & support Reassess VS as needed	Raise HOB Apply O2 Give NTG Assess VS before each NTG dose Call MD After Call MD do or say what would do: Increase Oxygen (First unless delegating) Morphine (with correct dose calculated, critical to pass) (Second) ASA Hang NS 40 mL Delegate blood work Cancel stress test Reassess VS as needed	
Delegate appropriate possible tasks to others.	2.5 (0.5 each)	Check O2 sat as follow-up Provide care	✓ ASMA Blood work Cancel Stress Test	
Communicates with HCP in timely manner: Gives appropriate info using SBARR guidelines (see sheet near phone to call HCP if needed).	2 (0.5 each)		Situation Background Assessments/ Recommendations Read Back	
Other Critical Thinking and Processing Components				
Thinking Process: Discusses out loud during/after scenario possible problems, pathophysiology, and/or rationale for assessment and interventions.	1 (0.5 each)	Thinks out loud during scenario 1 10 all times	Thinks out loud during scenario 1 10 all times	
Reflection: Identifies strengths and areas for improvement when viewing video with objectives and discussion with faculty and peers.	2 (0.5 each)	Strengths Areas of Improvement	Strengths Areas of Improvement	
Final Actual Total Points: Each student Letter Grade: Remediation and Rete Recommended: Yes No Comments (write in columns to right):	50 possible total points			

Partial image of tool for presentation purposes only.

Special Note: Any * Items are critical to do to pass
Last revised: 03.01.11 ash@uass.edu, kac
Tool initially developed by U-Mass School of Nursing Faculty, University of Massachusetts, Amherst, MA, USA. Please do not use without permission. Contact person Helene Cunningham helene@uass.edu

- Safety,
- Assessments & Critical Thinking,
- Problem Identification & Critical Thinking,
- Interventions,
- Evaluations & Critical Thinking,
- Other Critical Thinking & Processing Components

Radhakrishnan, K., Roche, J., & Cunningham, H. (2007). Measuring clinical practice parameters with human patient simulation: A pilot study. *International Journal of Nursing Education Scholarship*, 4(1). Article 8.

To request permission and a copy of the Tool: [Original Tool: http://www.midss.org/content/clinical-simulation-evaluation-tool-cset](http://www.midss.org/content/clinical-simulation-evaluation-tool-cset)

OR

Adapted CSET: HPS Practice with video guided debriefing vs. oral Grant, J. S., Moss, J., Epps, C., & Watts, P. (2010). Using video-facilitated feedback to improve student performance following high-fidelity simulation. *Clinical Simulation in Nursing*, 6(5), e177-e184. <http://dx.doi.org/10.1016/j.ecns.2009.09.001>.

Contact information for primary author of Grant, Moss, Epps & Watts (2010): grantj@uab.edu

Participant –

Sweeney-Clarke Simulation Performance Evaluation Tool

Sweeney-Clark's Clinical Simulation Performance Rubric

0	1	2	3	4	5
Category	Novice Doesn't Yet See Picture	Advanced Beginner Sees Part of the Picture	Competent Sees the Basic Picture	Proficient Sees the Big Picture	Expert Anticipate the Changing Picture
Patient assessment N/A	Performs assessment with guidance/prompts	Distinguishes between abnormal and normal assessment findings	Recognizes changes in patient condition, intervenes appropriately and reassess	Classifies relative importance of multiple assessment findings over time	Relates ongoing findings to potential complications; modifies plan and nursing interventions
History gathering N/A	Recalls questions for basic history data with guidance/prompts	Discriminates between normal and abnormal history data	Uses understanding of disease process to focus questioning	Includes past medical history to develop comparison with current condition	Anticipates potential outcomes based on history findings
Patient teaching N/A	Seeks guidance to answer patient/family questions	Explains procedures to the patient/family	Rephrases medical information into lay terms for patient/family	Modifies patient teaching based on patient/family response and learning barriers	Identifies need and resources for further patient/family teaching; initiates multidisciplinary involvement
Laboratory data and diagnostics N/A	Reports laboratory data	Distinguishes between normal and abnormal laboratory data/diagnostic studies	Uses understanding of laboratory values/studies to plan care	Analyzes trends in laboratory values; compares with patient response	Monitors patient response via analysis of laboratory data and examination; assists with plan for future testing
Nursing interventions N/A	Performs simple, basic nursing care with prompts	Identifies active patient problem(s) but needs help in selecting intervention(s)	Implements appropriate routine nursing intervention(s) and evaluates effect; may delegate	Implements appropriate nursing in time consistent	Modifies nursing care by
Clinical judgement N/A	Recalls norms in patient condition	Recognizes variations in patient condition but needs help prioritizing; may access resources	Determines priorities in patient care based on varying patient condition; accesses appropriate resources	Carries out management consistently with team	
Communication N/A	Repeats basic information with prompting for documentation and/or report to physician and colleagues	Summarizes available information for documentation and discussion with colleagues and/or physician; may use standardized approach	Prioritizes available information for documentation and discussion with colleagues and/or physician; uses standardized form for handoff/report	Draws conclusions and/or discusses and/or hands off	

Partial image of tool for presentation purposes only.

- Assessment,
- History Taking,
- Patient Teaching,
- Lab/Dx,
- Nursing Interventions,
- Clinical Judgment,
- Communication & Safety

Clark, M.(2006). Evaluating an obstetric trauma scenario. *Clinical Simulation in Nursing*, 2(2), e75-e77.
<http://dx.doi.org/10.1016/j.ecns.2009.05.028>.

Experience – from participant's point of view

- Simulation Effectiveness Tool – Modified (SET---M)
- Debriefing Experience Scale

Simulation Effectiveness Tool – Modified (SET-M)

- Evaluates students' perceptions of the effectiveness of learning in the simulation environment
- Developed and tested with publication in 2005, revised/published 2015 to be consistent with INACSL Standards of Best Practice, QSEN practices, and American Association of Colleges of Nursing baccalaureate essentials
- 20 items with three subscales with acceptable internal consistency: Prebriefing ($\alpha = .833$), Learning ($\alpha = .852$), Confidence ($\alpha = .913$), and Debriefing ($\alpha = .908$)

Leighton, K., Ravert, P., Mudra, V., & Macintosh, C. (2015). Update the Simulation Effectiveness Tool: Item modifications and reevaluation of psychometric properties. *Nursing Education Perspectives*, 36(5), 317-323. doi: 10.5480/15-1671
<https://caehealthcare.com/resources/documentation>

Simulation Effectiveness Tool - Modified (SET-M)

After completing a simulated clinical experience, please respond to the following statements by circling your response.

PREBRIEFING:

Debriefing Experience Scale

- 20-items; 4 subscales
 - Analyzing Thoughts and Feelings
 - Learning and Making Connections
 - Facilitator Skill in Conducting the Debriefing
 - Appropriate Facilitator Guidance
- Contact author at shelly-reed@byu.edu
 - Reed, S. J. (2012, July-August). Debriefing experience scale: Development of a tool to evaluate the student learning experience in debriefing. *Clinical Simulation in Nursing*, 8(6), e211-e217 doi:10.1016/j.ecns.2011.11.002

Debriefing Experience Scale

Little is known about participants' experience during debriefing following simulation. You can add to professional knowledge by giving your opinions. Please complete the survey below. Your views are very valuable. There is no right or wrong answer.

Your debriefing type(s)--Mark(x) all that apply:

Discussion without video Discussion with video Other (Specify) _____

Circle the number below that best reflects your opinion about your debriefing experience.

- 1 – Strongly disagree with the statement 4 – Agree with the statement
 2 – Disagree with the statement 5 – Strongly Agree with the statement
 3 – Undecided – you neither agree or disagree with the statement
 NA—Not Applicable; the statement does not pertain to the debriefing activity performed

Rate each experience item based upon how important it is to you:

- 1 – Not Important
 2 – Somewhat Important
 3 -- Neutral
 4 -- Important
 5 – Very Important

Partial Image of Tool, for presentation purposes only.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	NOT Important	Some-what Important	Neutral	Important	VERY Important
Analyzing Thoughts and Feelings											
1. Debriefing helped me to analyze my thoughts	1	2	3	4	5	NA	1	2	3	4	5
2. The facilitator reinforced aspects of the health care team's behavior	1	2	3	4	5	NA	1	2	3	4	5
3. The debriefing environment was physically comfortable	1	2	3	4	5	NA	1	2	3	4	5
4. Unsettled feelings from the simulation were resolved by debriefing	1	2	3	4	5	NA	1	2	3	4	5

Facilitator

- Debriefing Assessment for Simulation in Healthcare (DASH)
 - 6 subscales addressing aspects of how the debriefer functioned
- Facilitator Competency Rubric (FCR)
 - 5 subscales, 29 items
- Clinical Learning Environment Comparison Survey (CLECS)
 - Used in National Council of State Boards of Nursing simulation study
 - 103 items, 6 subscales

FACILITATOR COMPETENCY RUBRIC

CONCEPTS

RESEARCH DATA COLLECTION

ound evaluation tools

Curriculum

- Clinical Learning Environment Comparison Survey (CLECS)
- Combination of tools to provide comprehensive picture of program



LEARNING NEED	SECTION I: TRADITIONAL CLINICAL ENVIRONMENT					SECTION II: SIMULATED CLINICAL ENVIRONMENT				
	Well Met	Met	Partially Met	Not Met	Not Applicable	Well Met	Met	Partially Met	Not Met	Not Applicable
1. Preparing to care for patient	4	3	2	1	NA	4	3	2	1	NA
2. Communicating with interdisciplinary team	4	3	2	1	NA	4	3	2	1	NA
3. Interacting with patient	4	3	2	1	NA	4	3	2	1	NA
4. Providing information and support to patient's family	4	3	2	1	NA	4	3	2	1	NA
5. Understanding rationale for patient's treatment plan	4	3	2	1	NA	4	3	2	1	NA
6. Understanding patient's pathophysiology	4	3	2	1	NA	4	3	2	1	NA
7. Identifying patient's problems	4	3	2	1	NA	4	3	2	1	NA
8. Implementing care plan	4	3	2	1	NA	4	3	2	1	NA
9. Prioritizing care	4	3	2	1	NA	4	3	2	1	NA
10. Performing appropriate assessment	4	3	2	1	NA	4	3	2	1	NA
11. Evaluating the effects of medications administered	4	3	2	1	NA	4	3	2	1	NA
12. Assessing outcomes of the care provided	4	3	2	1	NA	4	3	2	1	NA
13. Identifying short- and long-term nursing goals	4	3	2	1	NA	4	3	2	1	NA
14. Discussing patient's psychosocial needs	4	3	2	1	NA	4	3	2	1	NA
15. Discussing patient's developmental needs	4	3	2	1	NA	4	3	2	1	NA
16. Discussing patient's spiritual needs	4	3	2	1	NA	4	3	2	1	NA
17. Discussing patient's cultural needs	4	3	2	1	NA	4	3	2	1	NA
18. Anticipating and recognizing changes in patient's condition	4	3	2	1	NA	4	3	2	1	NA

Partial Image of Tool, for presentation purposes only.

The BYU Experience

- High-fidelity simulation experiences added in 2001
- Delivery model consists of dedicated faculty, staff, and trained students
- Simulation integrated throughout 6 semester curriculum
- Intervention during Summer 2016 – 3-day simulation workshop
- Pre and Post evaluation
 - CLECS – Clinical Learning Environment Comparison Survey
 - SCORS – Simulation Culture Organizational Readiness Survey
 - SET – Simulation Effectiveness Tool
 - DASH – Debriefing Assessment for Simulation in Healthcare
 - Debriefing Experience Scale

The BYU Experience - Results

- Over 14,000 student visits to Nursing Learning Center over school year (2 semesters)

The BYU Experience – Lessons Learned

- Workshop provided a common background for all simulation employees (staff, faculty, and student workers)
- Facilitators now all on same page

REPOSITORY OF INSTRUMENTS

Repository of Instruments Used in Simulation Research

The INACSL Research committee has provided a list of categorized citations, but cannot ensure the comprehensiveness of this list or validate any psychometric properties. We suggest proper pilot testing and psychometrics with use.

The instruments used for simulation were categorized based on the domains used in the NLN/Jeffries Simulation Theory as found in:

Jeffries, P.R. (Ed.). (2015). *The NLN Jeffries Simulation Theory*. New York, New York: Lippincott Williams & Wilkins.

A separate category for debriefing was also added. There was a good faith effort to place instruments in the correct categories, although many instruments can be placed in multiple categories. Where possible, the purpose or names of the instruments are identified above the citation. Citations grouped together under a bolded heading belong to the same category.

This webpage is easily searchable using the Ctl + F feature. Once clicking the control key and F at the same time, a text box will appear and allow a keyword search.

If you would like to send feedback or request an instrument be added to the list, please complete the request form here: [INACSL Instrument Repository Request Form](#). If you have any questions, please contact the INACSL Instrument Repository Liaison, Tonya Schneidereith at tschneidereith@stevenson.edu.

Skill Performance

Instruments to assess or evaluate skill acquisition for the clinical nursing role.

Lambton, J., Pauly O'Neill, S., & Dudum, T. (2008). Simulation as a strategy to teach clinical pediatrics within a nursing curriculum. *Clinical Simulation in Nursing*, 4(3), e79-e87. doi:10.1016/j.ecns.2008.08.001



INACSL - Advancing the science of healthcare simulation

The International Nursing Association for Clinical Simulation and Learning is the global leader in transforming practice to improve patient safety through excellence in healthcare simulation.

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