Multi-patient Simulation Template and Toolkit

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New graduate nurses are expected to manage care for multiple patients in a complex and multi-faceted health care system. However, research has shown a gap in the transition from education to practice (Berkow, Virksitis, Stewart, & Conway, 2009).This highlights the growing need for effective teaching strategies to help new graduate nurses transition into the workplace and provide safe and effective care. One strategy is to create simulations that allow students to learn how to effectively prioritize and delegate care in a safe environment. While there is a growing body of nursing education research focused on simulation, there is a paucity of literature published on the use of multiple-patient simulations (MPS).

The purpose of this project was the construction of an adaptable, flexible template for the development of multiple-patient simulations. The project began with a search of the evidence for information on multiple-patient simulations and was informed by data regarding nursing graduates collected by the National Nurse Executive Center (Berkow et al., 2009). The six learning objectives in the MPS template target the areas found by the survey as needing the most improvement (Berkow et al., 2009). Through an informal survey with clinical educators and practice partners, it was determined that a three patient scenario represents the expectations of service upon new graduate entry into practice. Our goal is for the template to be used in a variety of clinical settings to create realistic and effective simulations to enhance student learning. The Operational Guide that follows was developed to assist faculty when using the tool. If you use the template, the authors request that you provide feedback by linking to a short survey located at: https://www.surveymonkey.com/r/92HNZLT

For further detail, a manuscript is in press (Beroz, Sullivan, Kramasz, & Morgan).describing the purpose, process and pilot of the MPS toolkit for the *Nursing Education Perspectives* journal.

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Operational Guide for the Multi-Patient Simulation (MPS) Template

The operational guide directs the user section by section in completing the template. The intent is to work with the two documents as you develop the MPS.

1. List selected concepts for the MPS in accordance with the curriculum.
2. Insert 2-3 student roles such as primary nurse, secondary (report) nurse or charge nurse.
3. Learning objectives: Select the objectives and/or threads for your MPS. We emphasize that the expected student behaviors or actions on the template relate specifically to the learner outcomes (objectives).
4. Psychomotor Skills: We recommend that administration of medications is indicated in every MPS since evidence shows that 80% of new graduates make a medication error within the first year of practice (Saintsing, Gibson & Pennington, 2011).
5. Cognitive skills: Select the cognitive skill which relates to the objectives throughout the MPS for the transitioning student.
6. Simulation and Debriefing Time: The experts we consulted recommended a 30 minute simulation and 60 minute debriefing session.
7. Patient Set Up:
   a. Simulation setting: Standard acute care setting with equipment available in/outside of the patient room.
   b. Preparation of manikin: Use moulage required to enhance fidelity of the scenario and realism for the learner.
   c. Medication: List all medications to be used and available to the learner in the scenario.
   d. Bedside equipment: Specific equipment needed per scenario.
8. Patient Care Simulation Progression: This is your scenario progression. Identify the priority of patient care with patient sequencing on who will be managed first, second, and third.
9. Develop pre-work for your students related to the simulation objectives.
10. Briefing: This session must include the concept of a safe container and review of the objectives.
11. Progress with the patient report per institution guideline/policy.
12. Student Version: The following pages consist of forms that can be given to students as patient charts or incorporated into an electronic health record.
    a. Patient Report (X3)
    b. Simulation Hospital (X3)
    c. Provider Orders (X3)
    d. Medication Administration Record (X3)
    e. Plan of Care (X3)
    f. Laboratory Values (X3)
13. Debriefing: NCSBN guidelines recommend using a theory-based debriefing method such as Debriefing for Meaningful Learning or Debriefing with Good Judgment (Alexander et al., 2015). Recommend double the time spent in the simulation.

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