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Impact of Simulation Training on Novice Nurses

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This is to certify that the doctoral study by

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Abstract

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MS, Walden University, 2008

ADN, Texarkana College, 1993

Project Submitted in Partial Fulfillment

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Abstract

In 1999, the Institute of Medicine released its report on building a safer health system. Since then, safety in patient care has become a paramount interest. Given the growing support for increasing patient safety, simulation training has become a common part of novice nurses' orientation program. This simulation training is designed to mimic situations in the acute care setting where novice nurses can practice in a patient safe environment. In this DNP project, a stroke simulation scenario and supporting patient chart was developed as an addition to a novice nurses' orientation program. The National League for Nursing simulation template was used to ensure successful incorporation of the League's standards and evidence-based practices. Five local experts were chosen to review the developed stroke simulation and corresponding patient chart. After reviewing, the experts were given a Likert-types evaluation survey to complete. The results of these surveys revealed that all experts strongly agreed that that the simulation scenario was easy to follow and that the simulation patient chart provided the supporting information needed for the scenario. All experts strongly agreed that the simulation scenario would be easy to incorporate into the existing simulation programs and that the simulation scenario would enhance the critical thinking and decision making of the novice nurse. Lastly, all five of the participants strongly agreed the simulation scenario would increase patient safety when novice nurses are faced with similar situations in the acute care setting. The products of this project have been made available to the local healthcare facility for incorporation into its existing orientation program for novice nurses. The purpose of developing this simulation training is to improve the novice nurse ability and confidence to make a positive social change.

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Section 1: Overview of the Evidence-Based Project

Introduction

After the Institute of Medicine released its 1999 report, *To Err is human: Building a safer health system* (Kohn, Corrigan, & Donaldson, 2000), patient safety became paramount in healthcare. Joint Commission adopted safety in patient care as a national safety goal (2015). Nurses are expected to ensure safety for all patients at all stages of care. Novice nurses often struggle with performing at an optimal and safe level due to a lack of experience. Textbook scenarios often do not adequately prepare novice nurses for the reality of acute care nursing. To ease their transition to this setting, many healthcare facilities have chosen to incorporate simulation into their orientation process (Bandali, Craig, & Ziv, 2012; Horwarth, 2010).

Simulation has been used in aviation, the military, the film industry, and many industrial corporations for training and testing purposes for many years, however, healthcare did not begin to incorporate simulation on a broad scale until approximately 10 years ago. Nursing has found simulation to be a valuable tool for developing hands-on skills by replicating clinical situations in a safe environment. This is especially useful when helping novice nurses transition to the acute care setting. Simulation allows novice nurses to practice critical thinking and clinical judgment, as well as their interpersonal, decision-making, and technical skills without placing the safety of patients in jeopardy. Practicing in the simulation environment increases novices' comfort level and confidence (Bandali et al., 2012; Cant & Cooper, 2010; Dreifverst, 2009; Moore, 2015).

Problem Statement

Many novice nurses are finding that the transition from the role of student nurse to novice nurse is harder than anticipated. Likewise, the local healthcare facility is concerned that a significant percentage of these nurses are unable to pass the tests in the performance-based development system. There are also concerns that these nurses are not prepared to provide the safe care that is expected at all levels of nursing.

Patient safety is critical. It is one of the leading factors in discussions of patient outcomes and the increasing cost of healthcare. Patient safety is a priority of Joint Commission, and the local facilities are expected to stay compliant with those initiatives (Joint Commission, n.d.). Finally, reimbursements for services are now tied to patient safety standards as defined by the Centers for Medicare and Medicaid Services (CMS, 2013). Reimbursement for services is reduced if quality measures, such as patient safety, are not met.

To increase patient safety, the leadership of the local healthcare facility sought to incorporate into the orientation process ways of increasing the use of the following skills: clinical judgment, critical thinking, decision-making, interpersonal, and technical (Shearer, 2013). Developing simulation scenarios for novices will help meet this need.

One of the advantages of simulation is the ability to tailor scenarios to fit learners' needs. Nurses experience each clinical experience with all of their senses: they are perceiving, judging, thinking, feeling, intuiting, and valuing. In simulation, many learning styles are incorporated. As a scenario progresses, the simulator responds to

nurses' actions. Learning occurs throughout the process, with immediate feedback from the facilitator if needed.

In the simulation process, the final step is debriefing. The discussion is guided by the facilitator who observed the scenario. A reflective learning process is used to foster learners' critical reasoning and judgment skills. It allows the learners to reflect on the scenario, their actions, and the resulting reactions. Nurses have the opportunity to work back through the process verbally and to discuss any other actions they could have or should have taken. This reflective learning process is considered one of the most important steps for nurses; the learning that occurs becomes the basis for many decisions made in the clinical settings of the future (Dreifverst, 2009; Kaddoura, 2010).

Purpose Statement and Program Objectives

The purpose of the program was to (a) increase patient safety and (b) enhance the quality of patient care provided by novice nurses using simulation scenarios that mimic authentic situations in the acute care setting. Simulation allows them to practice five skills: critical thinking, clinical judgment, interpersonal, technical, and decision-making (Dreifverst, 2009; Naik & Brien, 2013). The novices' ability to develop proficiency using repetition and hands-on skills increases their comfort level and confidence (Cant & Cooper, 2010; Smith et al., 2013).

The development of this project was encouraged by the chief nurse executive (CNE) of the practicum site. She believed both novice nurses and patients would benefit

from simulation training. Collaboration with the CNE and the project preceptor helped develop the following four objectives:

- Develop and validate a simulation scenario for novice nurses that will mimic real-life situations in the acute care setting.
- Develop a tool for evaluating the simulation scenarios by local simulation experts.
- Based on their disease-specific simulation experiences, the target population of novice nurses will demonstrate increased use of critical thinking, clinical judgment, interpersonal, decision-making, and technical skills.
- The novice nurse will perform safe and effective patient care in the simulation setting.

My role was multifarious. I did literature reviews and interviews to determine the most common simulation needs of the novice nurses and the practicum site. Possible scenarios, templates, and methods of instruction were reviewed before the overall concept was developed. As a nursing instructor at the local community college, many of the novice nurses employed by the local healthcare facilities are known to the doctoral candidate. Additionally, I have had a 14-year relationship with the leadership and many of the staff at the practicum site, both as an employee and as a clinical instructor.

Significance to Practice

Patient safety is a topic of great interest in health care today. CMS monitors safety issues for healthcare facilities across the nation, publishing data and basing reimbursements on their findings (2013). To increase patient safety, the leaders of the

practicum site and I wanted to incorporate simulation into the orientation and on-going training of novice nurses. Simulation allows the nurses to apply theoretical knowledge to practice in a pseudo-clinical setting, where novice nurses can practice their critical thinking and other skills without putting patients at risk. Cant & Cooper (2010) explained that learners become more confident and comfortable in their skills and judgment as their proficiency is increased through repeated practice in simulation training.

Project Question

Will the use of simulation training increase patient safety as demonstrated by the use of critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills by novice nurses through their disease-specific simulation experiences?

Evidence-Based Significance of the Project

The use of evidence-based practices allows nurses to provide care based on the best scientific evidence that is available. "Evidence-based practice (EBP) is the conscientious and judicious use of the best evidence to guide practice, including using patient values and clinical expertise" (Aebersold, 2011, p. 296). Simulation is a valuable tool for teaching or reinforcing evidence-based practice, which is embedded in the simulation scenario and then in the minds of the novice nurses. The experience helps shape the future practice of the nurses (Aebersold, 2011; Dreifverst, 2009).

As a Magnet designated facility, evidence-based practice (EBP) is promoted in the local hospital; it is evident in the facility's policies and procedures. Incorporating

EBPs into simulation scenarios introduces novice nurses to the importance of following them. Application and integration of these policies and procedures are put into practice in simulation and beyond through consistent repetition and incorporation (White & Dudley-Brown, 2012).

Implications for Social Change in Practice

Nurses are expected to make a social impact with their practice. Many nurses do not understand how their daily nursing care can affect society, yet each and every nurse who provides excellent nursing care is affecting society. Nursing is viewed by the public as honest, ethical, and trustworthy ("Gallup Polls," 2014). As such, nurses have a responsibility to protect, educate, and advocate for the public. As nurse leaders, nurses have a responsibility to the public in these areas:

- Organization, delivery, and financing of quality health care
- Provision for the public's health
- Expansion of nursing and healthcare knowledge and appropriate application of technology
- Expansion of healthcare resources and health policy
- Definitive planning for health policy and regulation
- Duties under extreme conditions ("NursingWorld," 2014)

The implications for novice nurses can be very overwhelming. However, by receiving training through simulation, the novice nurse is being equipped to enter the profession with an ongoing thirst for knowledge and excellence in nursing care, knowing

that they are being equipped for rewarding nursing careers. They will enter the profession as well-trained and confident nurses who can make a change.

Definitions of Terms

Debriefing: "A learner-centric process designed to standardize the instructor/student debriefing interaction to assist learners in thinking about what they did, how they did it, and how they can improve" (Phrampus & O'Donnell, n.d., p. 19).

Education: The knowledge, skill, and understanding obtained through educational opportunities.

Facilitator: "One who contributes structure and process to interactions so groups are able to function effectively and make high-quality decisions. A helper and enabler whose goal is to support others as they achieve exceptional performance" (Bens, 2000).

Magnet designation: The Magnet Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high-quality nursing. Developed by the American Nurses Credentialing Center (ANCC), Magnet is the leading source of successful nursing practices and strategies worldwide" ("Magnet," n.d., p. 1).

Nurse Educator: A registered nurse whose primary interest, competence, and professional practice is the education of nurses ("Free Dictionary," n.d.).

Nurse Leader: A nurse in a position of leadership which leads others to achieve their highest potential ("ANA," n.d.).

Novice Nurse: A person who is new or inexperienced in the field of nursing.

Orientation: The introduction and adjustment to a new setting or profession.

Simulation: An active event in which students are immersed in a realistic clinical environment or situation ("VA BON," 2013).

Simulation Laboratory: A designated area within the facility that houses realistic hospital rooms, equipment, and simulators in which learners can practice using decision-making and skills in various scenarios

Simulation specialist: "One who handles the day-to-day operation of all equipment in the center along with logistics and maintenance of that equipment. Assist simulation center manager and others in the day-to-day operation and strategic development of a high fidelity medical simulation environment focused on medical training" ("Behind the Sim Curtain," n.d., para. 4).

Assumptions and Limitations

The project was based on Brooks' theory of intrapersonal perceptual awareness (BTIPA). The central premise of BTIPA is that the nurse is a wholistic being who experiences each clinical situation with all of her or his senses: perceiving, judging, thinking, feeling, intuiting, and valuing (Brooks & Thomas, 1997). The novice nurses receive training through simulation scenarios that mimic real-life situations in the acute care setting. In simulation practice, nurses use repetition to develop proficiency and thus increase patient safety.

This study suffered from three limitations: the small size of the convenience sample, the lack of control groups, and few nurses in the local area who could be considered experts in simulation. Therefore, five local simulation experts were recruited as participants.

In this study, two assumptions were made: the majority of the novice nurses would have an associate degree in Nursing (ADN). Historically, 80% of the novice nurses employed by the practicum site are associate degree nurses. However, with the expansion of local Baccalaureate degree (BSN) nursing programs, the facility is beginning to hire more BSN staff (Blake, 2015). One of the goals of the program was to meet the learning needs of both ADN and BSN nurses.

Another assumption was that the program would be adopted by the practicum site and used with novice nurses during their orientation period. The program will have room for growth through the addition of more scenarios.

Summary

In this DNP project. I developed a simulation scenario for use with novice nurses employed at the practicum site. This scenario mimics real-life situations and thus allows novice nurses to practice their skills (Ashcraft et al., 2013; Dreifverst, 2009). The ability to develop proficiency through the use of repetition and hands-on skills not only increases the competence and confidence in the nurses, but it also increases safety in patient care (AHRQ, n.d.; Roche, 2010).

Section 2: Review of Scholarly Evidence

Specific Literature

The days of merely following physician orders and performing nursing tasks are in the past. Today, nurses are expected to perform at a higher level than ever before, using advanced technology to enhance critical thinking and decision-making in patient care. Clinical skills often require a complex and diverse knowledge base. Therefore, novice nurses need specialized training to bridge the gap between the theoretical knowledge gained in nursing school and the application of that knowledge in acute care clinical practice.

Today's acute care setting is complex and challenging for even the most seasoned nurses. Novice nurses struggle to adapt to an increased number of patients, high acuity levels, and long hours. Seeking to increase patient safety and decrease novice nurse turnover rates is a challenge that many healthcare facilities are currently facing. To help novice nurses transition to full-time nursing, healthcare facilities have found simulation to be a particularly useful tool. Learners can practice nursing care on simulated patients in a controlled environment where they can make errors and correct them with no danger to a real patient. The setting is almost identical to the real clinical environment in which they will be working, and they will be using some of the same equipment used in the acute care area. The National League for Nursing Jeffries Simulation Theory supports using scenarios developed to simulate real-life situations in which the nurses may find

themselves; nurses can apply critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills to hone their nursing skills.

Debriefing is one of the most important portions of the simulation experience. Inconsistencies and errors can be resolved at this time with feedback from the facilitator. Learners can reflect on the communication skills and teamwork that are required to function well in a crisis. The learning that occurs will be the basis for the care and decisions made by the novice nurses in the future.

Novice nurses frequently participate in an orientation period designed to acclimate them to a new setting. With an increased focus on patient safety by the CMS, more healthcare facilities are incorporating simulation into orientation as a means of increasing quality patient care by novice nurses (Jones & Mumford, 2015; Palaganas, Epps, & Raemer, 2014). Many nursing departments are adding unit-specific simulation to the annual nursing continuing education requirements and certification programs (Baid & Hargreaves, 2015).

Simulation cannot replace clinical experience, however, the opportunity to practice (a) clinical assessments, (b) analysis of findings, (c) clinical skills, (d) nursing interventions, and (e) communication skills allows the novice nurse to learn through kinesthetic, auditory, and tactile sensations. Competency can be evaluated through skills check-offs, verbalization of priorities, and communication with the team (Frontiero & Glynn, 2012). Novice nurses can make mistakes in a safe environment with no danger to real patients. The feedback received during debriefing helps the nurses to identify the

strengths of their performance, while also identifying information that would improve their performance in the future (Broussard, Myers, & Lemoine, 2009; Frontiero & Glynn, 2012; Jeffries, Rodgers, & Adamson, 2015).

The cost of implementing a simulation program can be significant; however, the cost of providing substandard care can result in astronomical losses to a healthcare facility. If a healthcare organization fails to meet the standards defined by the CMS, they will face substantial penalties or nonpayment for services rendered. Thus, the cost of implementing a simulation program may be far less than monies lost for accidents and injuries.

Novice nurse turnover rates have been high over the last few years. Incorporating simulation into the orientation process leads to greater satisfaction and decreased nurse turnover. Approximately $25,000-$50,000 per nurse is spent training each novice nurse throughout the orientation process. The practicum site hires 30-50 novice nurses each year with a conservative training figure of $750,000-$1,250,000. Naturally, the facility would like to retain as many of these novice nurses as possible. Therefore, the implementation of a simulation program could result in savings if a higher percentage of nurses are retained (N. Keenan, personal communication, July 7, 2015), as well as equipping the novice nurses with skills needed in the profession.

General Literature

To search for relevant articles, the following databases were used: MEDLINE with full text, CINAHL Plus with full text, ProQuest Nursing and Allied Health Source,

Ovid Nursing Journals full text, ProQuest Health and Medical Complete, Web of Science, and PubMed. The following search terms were used: *simulation, novice nurses, patient safety, decision-making,* and *critical thinking.* When using just the search term *simulation,* an average of 204,233 articles, journals, and full-text papers were found. When narrowed to the past five years, the search results were reduced to 103,257. Adding *novice nurses* to the search further narrowed the results to 48. After further perusal, 21 articles, journal, and full-text papers were deemed relevant to the topic and included in the review.

Information reviewed included the history of simulation, the use of simulation in business and industry, and finally the inclusion of simulation in healthcare. With Brooks's Theory of Intrapersonal Perceptual Awareness (BTIPA) in mind, information that included a holistic approach to learning through simulation was selected for consideration (Brooks & Thomas, 1997). Patient safety is a major focus in healthcare; thus, patient safety was a strong factor in the choice of relevant articles. Additionally, articles specifically written about educating and preparing novice nurses to transition into the acute care arena were selected for the importance to the topic.

Brooks's Theory of Perceptual Awareness recognizes the concepts of perception, judgment, intrapersonal perceptual awareness, and decision-making as essential for learning to occur. Perception is comprised of (a) sensory recognition through sight, hearing, smell, touch, and taste, (b) a reflection on experience, education, culture, religion, socioeconomics, and intuition, and (c) affective and cognitive judgment.

Judgment is believed to be influenced by one's values, experiences, religious beliefs, education, and cultural knowledge and beliefs (Brooks & Thomas, 1997).

When contemplating an event or situation, an intrapersonal interaction occurs between one's judgment and perception to develop a perceptual awareness of the situation and give it meaning. This awareness and understanding contribute to the development of decision-making. The resulting decision is evidenced by an action or inaction (Brooks & Thomas, 1997).

Simulation is a logical method to develop critical thinking and clinical decision-making by novice nurses. Simulation stimulates the senses through sight, hearing, touch, and smell, and invokes intrapersonal reflection involving perception and judgment. This process leads to critical thinking and clinical decision-making. The resulting actions are carried out in an environment that mimics actual clinical scenarios, yet without the danger that a real patient may be harmed. Whether the decisions made are right or wrong, the novice nurse learns valuable lessons that will be recalled when in similar situations in the future (Broussard, Myers, & Lemoine, 2009; Frontiero & Glynn, 2012; Jeffries, Rodgers, & Adamson, 2015).

Conceptual Models

The STEVENS Star Model of Knowledge Transformation was the evidence-based practice (EBP) model used in this study. This framework allows understanding of the cycles, nature, and characteristics of knowledge that is put into action in applying evidence-based practice in simulation and beyond ("STEVENS Star Model," n. d.; White

& Dudley-Brown, 2012). The use of simulation will allow and encourage the participant to apply theoretical knowledge to clinical practice in a safe environment and thus transform the theoretical knowledge into clinical knowledge (Moore, 2015, p. 4).

The STEVENS Star Model is depicted by a star, with each of the five points representing the major stages of model transformation: 1) discovery of evidence through research, 2) summary of the evidence, 3) establishment of protocols or guidelines based on results of research, 4) application of findings into practice, 5) and evaluation of the outcomes or process. See *Appendix A.* This cyclical model provides a visual mapping. The STEVENS Star Model capitalizes on nursing's scientific work as it applies to EBP, organizes the process of collection and application of EBP, and reinforces nursing's place in the formal network of EBP ("STEVENS Star Model," n. d.).

With growing amounts of information supporting the use of simulation to increase patient safety through the use of critical thinking skills, decision-making skills, clinical judgment, interpersonal skills, and technical skills, tailoring simulation for novice nurses is a wise and prudent investment of time and resources (Jeffries, Rodgers, & Adamson, 2015). The evidence supporting this type of intervention is available; the use of the STEVENS Star Model of Knowledge Transformation provides the framework for development and implementation of a novice nurse simulation program (Cant & Cooper, 2010; Dreifverst, 2009; Naik & Brien, 2013).

Section 3: Approach

Project Design/Methods

The purpose of the project was to increase patient safety as demonstrated by novice nurses' use of critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills in their disease-specific simulation experiences. Ideally, the program would have begun with a needs assessment. However, due to time constraints, the program was developed based upon the verbal expression of need by the chief nurse executive and the director of simulation services (D. Hodges, personal interview, April 2, 2015; N. Keenan, personal interview, April 2, 2015). The program objectives and goals were defined and then the framework of the program was determined. The program and simulation scenario were designed and developed to meet the needs of novice nurses at the practicum site.

Five local simulation experts used a Likert-type scale, developed to help evaluate the program and scenario and to improve the quality. The participants reflected on (a) nurses' use of critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills as required during the simulation experience; and (b) the participant's perceived value of the experience with respect to future patient care. The evaluation also validated the simulation tool. This quantitative method of evaluating the simulation tool provided valuable information in an easy-to-understand format (Terry, 2015).

Training sessions to educate the simulation lab staff and facilitators had taken place before the simulation scenario was implemented. This training allowed them to become familiar with the goals, objectives, and the scenario itself. Any questions or concerns were answered at that time. Feedback from the expert simulation nurses was sought to ensure that the program would be a good fit at the practicum site and meet the needs of the site.

Population and Sampling

The convenience sample in the program used registered nurses—experts in simulation—from the practicum site and a local college. The practicum site employs a clinical education manager who has a Master of Nursing Science in Nursing Administration/Education. The site also employs three full-time nursing education staff members who hold Bachelor of Science in Nursing. The local community college employs a full-time simulation manager who holds a Master of Nursing Science in Nursing Education. These registered nurses are responsible for planning, designing, implementing, and evaluating simulation-based learning to support orientation and ongoing education. They have many years of experience facilitating simulation experiences for physicians, nurses, students, and other staff members.

Data Collection

A Likert-type scale was used for data collection. The questions allowed the evaluators to reflect upon the relevance, ease of incorporation, and ease of facilitation of the scenario. The evaluation tool also permitted the evaluators to provide feedback on the

scenario's usefulness in requiring novice nurses to use critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills needed during the simulation experience, as well as their perceived value of the experience as it applies to future patient care. It also validated the simulation tool. This quantitative method of evaluating the simulation tool provided valuable information in an easy to understand format (Terry, 2015). The data was compiled in an aggregate form by the researcher.

Data Analysis

The feedback provided by the expert simulation registered nurses provided valuable information in a quantitative format for ease of collection. The researcher reviewed the aggregate data from the evaluations submitted by the nurses, and the data was collated and analyzed. The results were considered to determine if goals and objectives were met, or if any portion of the program needed to be amended or revised.

Project Evaluation Plan

The inclusion of the simulation program for novice nurses into the routine orientation will be at the discretion of the practicum facility. All data obtained from the study will be provided to the chief nurse executive and simulation manager for consideration. The nursing leadership and administration will handle determining if adding the program would benefit the nurses, patients, and facility. Furthermore, the practicum site will determine if further project evaluations or follow-ups will be conducted.

Summary

Simulation scenarios designed specifically for novice nurses will enhance patient safety through the increased use of critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills of these nurses. The ability to practice patient care in a safe setting will reinforce knowledge and confidence as it eases the transition into the acute care arena. The resulting job satisfaction will increase nurse retention, and promote leadership and scholarship among the nursing staff. Thus, the novice nurse simulation program ends up benefitting the patients, the nurses, and the healthcare facility.

Section 4: Findings, Discussions & Implications

Introduction

The purpose of this DNP project was to increase patient safety and enhance the novice nurses' quality of patient care. A simulation scenario that mimics real-life situations in the acute care setting was developed. Five local simulation experts were asked to review the scenario with the supporting patient chart and then evaluate the scenario using a five-question Likert-type scale. The simulation experts were encouraged to provide written feedback that would allow the DNP student to improve the simulation scenario and the supporting documents.

The NLN Jeffries Simulation Theory supports using scenarios developed to simulate real-life nursing situations. The NLN template was used for development of the stroke scenario to ensure successful incorporation of NLN standards and evidence-based practices (see Appendix B). The template was easy to use and therefore will be incorporated into any future simulation scenarios developed for novice nurses in the post-graduate period.

Five local simulation experts were asked to evaluate the ease of use of the simulation scenario, the ease of incorporating the simulation scenario into their existing simulation programs, and the quality of the simulation scenario documents and patient chart. They were also asked to evaluate the quality of simulation scenario as it relates to enhancing critical thinking and decision making of the novice nurse as well as increasing patient safety in the acute care setting. The simulation experts unanimously provided

positive evaluations and offered suggestions for additions to the scenario or patient chart to provide additional cues for novice nurses (see Appendix C). These suggestions will be considered for inclusion in this scenario and any future scenarios designed post-graduation for novice nurses.

Discussion of Findings

After completion of the stroke simulation scenario for novice nurses, each participant was given a copy of the simulation scenario, the complete patient chart, and the five-question Likert-type evaluation tool. All five participants *strongly agreed* that the simulation scenario (a) was easy to follow; (b) included the required supporting information; (c) would be easy to incorporate into the existing local simulation program; (d) would enhance the novice nurses' critical thinking and decision-making; and (e) would increase patient safety when novice nurses are faced with similar situations in the acute care setting.

The participants were asked to provide feedback for any changes or improvements to the scenario. One simulation expert suggested adding pre-simulation or a post-simulation prep for novice nurses. Another simulation expert suggested adding a family member role to describe symptoms of the patient might be helpful. And finally, a third evaluator suggested changing chart dates to a generic date, such as one day ago, or two days ago so the dates would not have to be changed with each use of the simulation chart. All of the feedback will be considered for this simulation scenario as well as any future simulation scenarios designed post-graduation.

It is worth noting that the five participants were of varied backgrounds and experiences. Each of the participants is considered a simulation expert in the local area. Figures 1-4 detail the different biographical information for these participants.

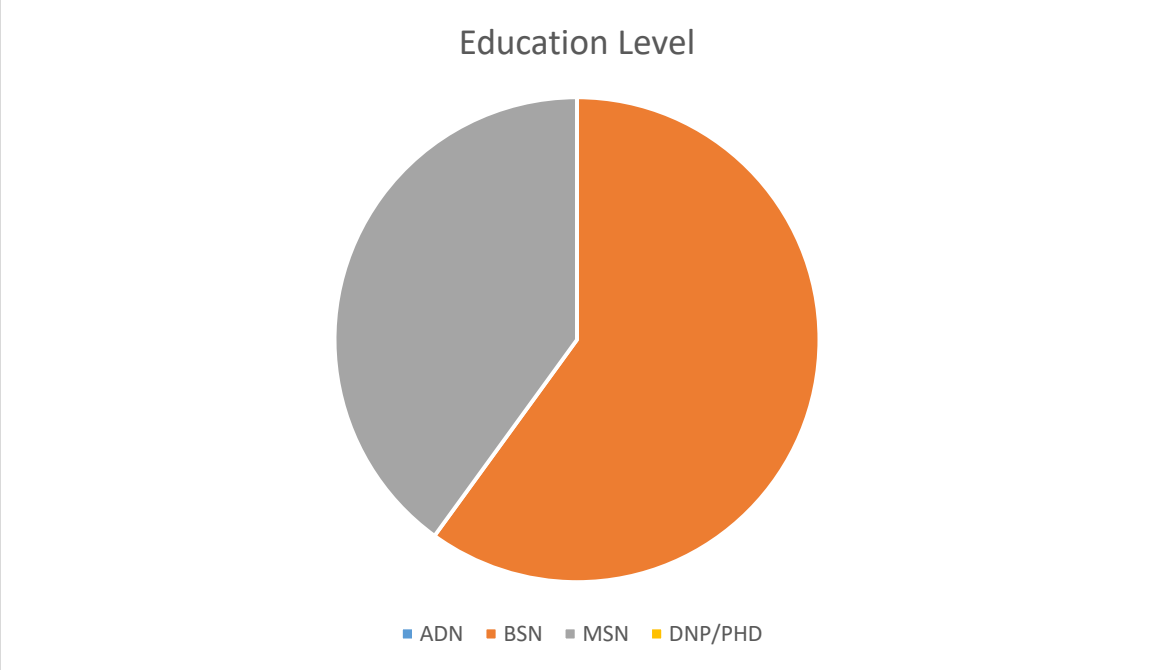

Figure 1 Information retrieved from Evaluation of Simulation Scenario for Novice Nurses (Appendix C)

Certifications Held by Participants

Participants held certification in

- Nursing Professional Development
- Healthcare Simulation Educator
- Medical-Surgical Nursing
- Ambulatory Care Nursing

Figure 2 Information retrieved from Evaluation of Simulation Scenario for Novice Nurses (Appendix C)

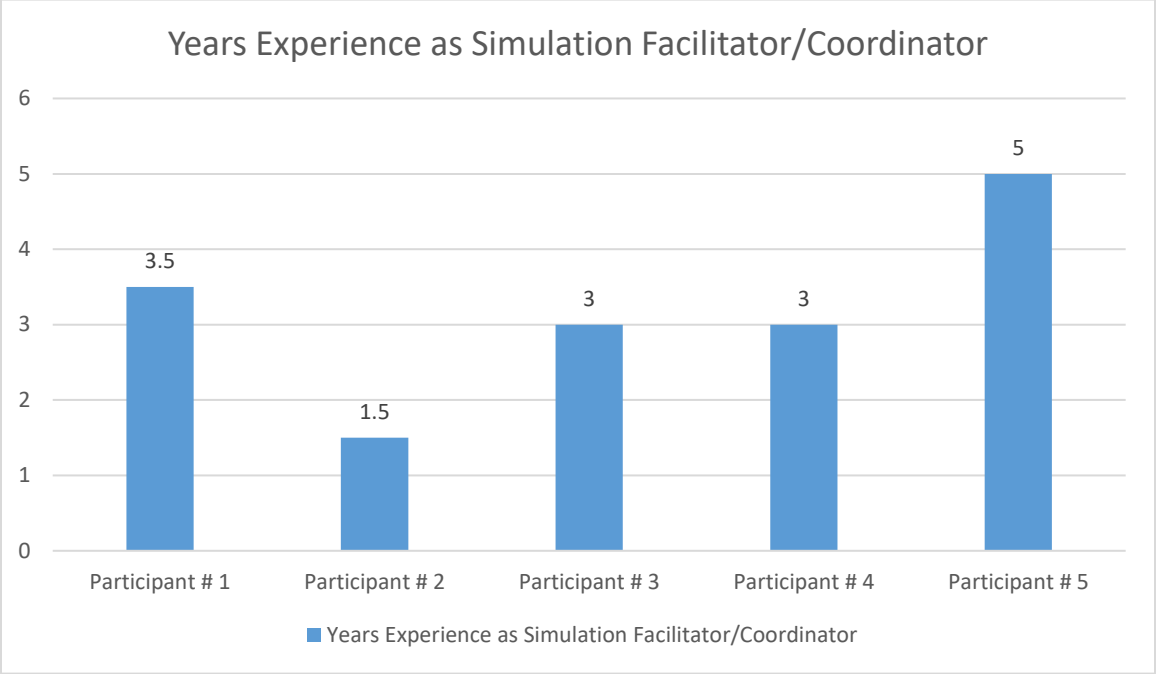

Figure 3 Information retrieved from Evaluation of Simulation Scenario for Novice Nurses (Appendix C);

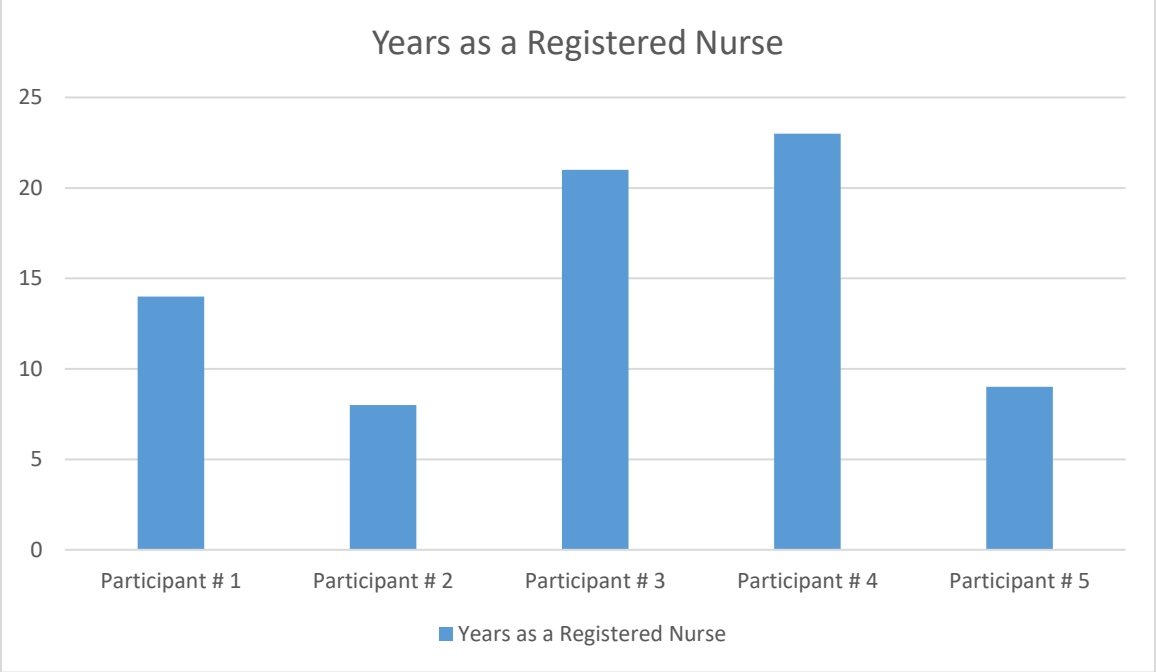

Figure 4 Information retrieved from Evaluation of Simulation Scenario for Novice Nurses (Appendix C)

The findings of this DNP project support Brook's Theory of Perceptual Awareness which state the recognition of the concepts of perception, judgment, intrapersonal perceptual awareness, and decision-making is essential for learning to occur. Perception is comprised of (a) sensory recognition through sight, hearing, smell, touch, and taste, (b) a reflection on experience, education, culture, religion, socioeconomics, and intuition, and (d) affective and cognitive judgment. Judgment is believed to be influenced by one's values, experiences, religious beliefs, education, and cultural knowledge and beliefs (Brooks & Thomas, 1997).

When contemplating an event or situation, an intrapersonal interaction occurs between one's judgment and perception to develop a perceptual awareness of the situation and give it meaning. This awareness and understanding contribute to the development of decision-making. The resulting decision is evidenced by an action or inaction (Brooks & Thomas, 1997). The opportunity for novice nurses to practice healthcare through simulation allows them to learn by using all of their senses which ultimately leads to a greater development of critical thinking and decision-making (Cant & Cooper, 2010; Dreifverst, 2009; Naik & Brien, 2013; Smith et al., 2013).

Implications

Novice nurses often find themselves having difficulty transitioning from the role of student nurse to that of novice nurse. Many of them are unprepared for the rigors of working in the acute care setting with a wide variety of acutely and chronically ill patients. Healthcare leaders across the nation are not only concerned about problems

retaining these nurses, they are also very concerned that novice nurses are not prepared to provide the safe quality of care that is expected at all levels of nursing.

The implementation of simulation scenarios designed for novice nurses will allow the new nurses to increase their skills in critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making (Dreifverst, 2009; Naik & Brien, 2013). The ability to develop proficiency through the use of repetition and hands-on skills increases the comfort level and confidence in the learners (Cant & Cooper, 2010; Smith et al., 2013). The increase in comfort and confidence will not only increase nurse retention, it will result in more competent novice nurses providing a safer quality of care to patients.

Project Strengths and Limitations

Due to time constraints, the stroke simulation scenario was not implemented by the preceptor site. However, after the five simulation experts read, reviewed, and evaluated the simulation scenario and complete patient chart, the preceptor site education director and the simulation coordinator requested a copy of the completed material for implementation through their simulation center. Additionally, the simulation coordinator from a local college requested permission to incorporate the stroke simulation scenario into the associate degree simulation curriculum. This doctoral student plans to follow up post-graduation with these programs for feedback after they have implemented the simulation scenario.

Analysis of Self

Obtaining a DNP degree was never a part of this doctoral candidate's long-term plan. Working as a critical care nurse with an ADN degree for 13 years provided opportunities to precept many novice nurses and student nurses, ultimately creating a desire to seek an MSN in nursing education. Although initially content educating ADN students for six years, the yearning for education was again recognized, and the journey toward completing the DNP was begun.

Over the past two years, this doctoral candidate has faced many challenges both personally and professionally. From working full-time while taking classes to battling and eradicating early-stage cancer, the challenges faced have merely served to strengthen the desire to succeed. Learning is a life-long journey and one that is to be enjoyed and shared with others.

If there is one thing that has imprinted upon this doctoral candidate, it is that each individual can be an agent of change. Finding the desire to impact patient safety through simulation and novice nurses has helped narrow the focus to a goal, a method, and a means. However, this is only the beginning. Not only is the desire to make a difference present, but the education obtained over the past two years has provided a springboard for these changes to be realized. This doctoral candidate is determined and will be an agent of change.

Summary and Conclusions

Safety in patient care is of paramount interest in healthcare today. Patient safety has been adopted as one of the national safety goals monitored by Joint Commission

("Joint Commission," 2015.) Nurses are expected to provide excellent health care at all time, ensuring safety for all patients at each stage of their care. However, novice nurses often struggle with performing at an optimal level due to a lack of experience. The incorporation of simulation into the orientation process has been shown to ease the transition into the acute care setting (Bandali, Craig, & Ziv, 2012; Horwarth, 2010). Unfortunately, simulation scenarios written specifically for novice nurses are almost nonexistent.

The purpose of this DNP project was to increase patient safety and enhance the quality of patient care provided by novice nurses. A stroke simulation scenario and supporting documents designed specifically for novice nurses were developed. A Likert-type evaluation tool was also developed for use by five local simulation experts who had graciously agreed to participate in the evaluation of the simulation scenario and complete patient chart with supporting documents.

The five local simulation experts unanimously provided positive evaluations and offered suggestions for additions to the scenario or patient chart to provide additional cues for novice nurses. Additionally, requests for permission to include the simulation scenario and supporting charts were made by the preceptor site and a local college. Due to these requests and the desire to design simulation scenarios in the future which are based on the current scenario and patient documents, copyright will be sought by the doctoral candidate before releasing the scenario and supporting documents to the preceptor site and the local college. The inclusion of the products into these simulation

programs will benefit the novice nurses and the facilities through the increased provision of safer patient care by these new nurses.

Section 5: Scholarly Product for Dissemination

Introduction

The release of To Err is human: Building a safer health system (Kohn, Corrigan, & Donaldson, 2000) by the Institute of Medicine elevated safety in patient care to a leading topic in healthcare. Joint Commission has adopted patient safety as one of the national safety goals they monitor ("Joint Commission," 2015). Nurses are expected to ensure safety for all patients at each stage of their care.

Novice nurses often struggle with the transition into the professional acute care setting. Textbook scenarios often do not adequately prepare novice nurses for the reality of acute care nursing. Therefore, many healthcare facilities have begun to focus on support and training through the incorporation of simulation into their orientation process. The inclusion of simulation helps to alleviate fear and anxiety, and it eases the transition into the acute care setting (Bandali, Crag, & Ziv, 2012; Horwarth, 2010).

Problem Statement

Healthcare facilities often find that novice nurses have difficulty transitioning from the role of student nurse to novice nurse. Healthcare leaders voice concerns that these novice nurses are not prepared to provide the level of safe quality care that is expected of nurses. The safety of patients is one of the leading factors examined when discussing patient outcomes and the increasing costs of healthcare. Healthcare facilities are expected to stay compliant with the defined safety initiatives of Joint Commission

(Joint Commission, n.d.). If these patient safety quality measures are not met, reimbursements for services rendered are reduced.

Many healthcare facilities have initiated methods to increase the use of critical thinking skills, decision-making skills, clinical judgment, interpersonal skills, and technical skills into the orientation process to increase patient safety (Shearer, 2013). The development and use of simulation scenarios designed for novice nurses will help meet this need. Simulation for novice nurses is designed to provide a setting that mimics situations in the acute care setting where the novice nurse can practice in a safe environment without potentially causing harm or injury to a real patient.

Evidence-Based Significance of the Project

"Evidence-based practice (EBP) is the conscientious and judicious use of the best evidence to guide practice, including using patient values and clinical expertise" (Aebersold, 2011, p. 296). The inclusion of evidence-based policies, procedures, and practices in simulation is a valuable tool for teaching and reinforcing the importance of the use of evidence-based practice. The simulation process embeds evidence-based practices in the scenario and the minds of the novice nurses, shaping the future practice of nurses (Aebersold, 2011; Dreifverst, 2009).

Assumptions and Limitations

The intent of the project was to develop a simulation scenario for novice nurses that would increase the use of critical thinking skills, decision-making skills, clinical judgment, interpersonal skills, and technical skills. The project was based on Brooks'

theory of intrapersonal perceptual awareness (BTIPA). The central premise of BTIPA is that the nurse is a wholistic being who experiences each clinical situation with all senses, perceiving, judging, thinking, feeling, intuiting, and valuing each situation (Brooks & Thomas, 1997). The novice nurses receive training through simulation scenarios that allows the nurses to develop proficiency through the use of repetition and thus increase patient safety.

The small convenient sample size, as well as the lack of control groups, was significant limitations. There were very few simulation experts in the local area who could participate in the project. Therefore, a small group of five local simulation experts participated in the project.

An assumption of the project was that the majority of the novice nurses employed locally will have an Associate Degree in Nursing (ADN). Historically, 80% of the novice nurses employed by the local facilities are associate degree nurses. However, with the expansion of local Baccalaureate Degree (BSN) nursing programs, more BSN staff is being hired. The program was designed to meet the learning needs of both ADN and BSN nurses.

Another assumption was that the program would be adopted in the future for use with novice nurses during their orientation period. The program also allows for growth through the addition of more scenarios.

Review of Scholarly Evidence

To search for information related to simulation for novice nurses, literature searches were performed through MEDLINE with full text, CINAHL Plus with full text, ProQuest Nursing and Allied Health Source, Ovid Nursing Journals full text, Health and Medical Complete, Web of Science, and PubMed. Search terms used were simulation, novice nurses, patient safety, decision making, and critical thinking. After narrowing down the search results to articles published within the past five years, 21 articles, journal, and full-text papers were deemed relevant to the topic and included in the review.

Project Design/Methods

The purpose of the project was to increase patient safety by novice nurses through disease-specific simulation experiences. Due to time constraints, the program was developed based upon the verbal expression of need by the chief nurse executive and the director of simulation services instead of the preferred needs assessment (D. Hodges, personal interview, April 2, 2015; N. Keenan, personal interview, April 2, 2015). The program objectives and goals were defined, and specific framework of the program was determined. The program and simulation scenario was designed and developed to meet the needs of the practicum site and the novice nurses.

Five local simulation experts used a Likert-type scale, developed to assist in the evaluation and quality improvement of the program and scenario. They reflected on the use of critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills required during the simulation experience, as well as their perceived value of the experience as it applies to future patient care. It also validated the

simulation tool. This quantitative method of evaluating the simulation tool provided valuable information in an easy to understand format (Terry, 2015). Feedback from the expert simulation nurses was encouraged to ensure the program will be easily adapted into the current orientation program of the practicum site.

Summary of Findings

The purpose of this DNP project was to increase patient safety and enhance the quality of patient care provided by novice nurses. Increased patient safety and an enhanced quality of care will be accomplished through the developed stroke simulation scenario for novice nurses that mimics real-life situations they will encounter in the acute care setting. Five local simulation experts reviewed the simulation scenario with the supporting patient chart and evaluated the simulation scenario using a five question Likert-type scale. Additionally, the simulation experts provided written feedback which allowed for improvement of the simulation scenario and supporting documents.

The National League for Nursing (NLN) Jeffries Simulation Theory supports using scenarios developed to simulate real-life situations in which the nurses may find themselves; nurses can hone their nursing skills through the use of critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making skills. The stroke scenario was developed using the NLN template to ensure successful incorporation of NLN standards and evidence-based practices. See Appendix B. The template was easy to use and therefore will be incorporated into any future simulation scenarios developed in the post-graduate period.

Five local simulation experts evaluated the ease of use of the simulation scenario, the ease of incorporating the simulation scenario into their existing simulation programs, and the quality of the supporting information and patient chart. They also evaluated the quality of simulation scenario as it relates to enhancing critical thinking and decision making of the novice nurse as well as increasing patient safety in the critical care setting. The simulation experts unanimously provided positive evaluations and offered suggestions for additions to the scenario or patient chart to provide additional cues for novice nurses. See Appendix C. These suggestions were considered for inclusion in this scenario and will be considered for any future scenarios designed post-graduation.

Discussion of Findings

Copies of the stroke simulation scenario, the complete patient chart, and the five questions Likert-type evaluation tool were provided to each local simulation expert. They were asked if the simulation was easy to follow, and all five *strongly agreed* the simulation scenario was easy to follow. All five of the participants *strongly agreed* that the simulation patient chart provided the supporting information needed for the scenario. The simulation experts unanimously *strongly agreed* that the simulation scenario would be easy to incorporate into the existing simulation programs. Additionally, all of the simulation experts *strongly agreed* that the simulation scenario would enhance the critical thinking and decision making of the novice nurse. Lastly, all five of the participants *strongly agreed* the simulation scenario would increase patient safety when novice nurses are faced with similar situations in the acute care setting.

The participants provided feedback for improvements to the scenario and patient chart. One simulation expert suggested adding pre-simulation or a post-simulation prep for novice nurses. Another simulation expert suggested that adding a family member role might be helpful. And finally, a third evaluator suggested changing chart dates to a generic date, such as one day ago, or two days ago so the dates would not have to be changed with each use of the simulation chart. All of the feedback was considered for this simulation scenario and will be considered for any future simulation scenarios designed post-graduation.

Implications

Many novice nurses unprepared for the rigors of working in the acute care setting with a wide variety of acutely and chronically ill patients. Healthcare leaders across the nation are very concerned that novice nurses are not prepared to provide the safe quality of care that is expected at all levels of nursing. With the implementation of simulation scenarios designed for novice nurses, the new nurses will increase their skills in critical thinking, clinical judgment, interpersonal skills, technical skills, and decision-making (Dreifverst, 2009; Naik & Brien, 2013). Additionally, the ability to develop proficiency through the use of repetition and "hands-on" skills increases the comfort level and confidence in the learners (Cant & Cooper, 2010; Smith et al., 2013). The increase in comfort and confidence will not only increase nurse retention, it will also result in more competent novice nurses providing a safer quality of care to patients.

Implications for Social Change

Many nurses do not understand how their daily nursing care can affect society, yet each and every nurse who provides excellence in nursing care is affecting society. Nurses have a responsibility to protect, educate, and advocate for the public. As leaders, nurses have a responsibility to the public in these areas:

- Organization, delivery, and financing of quality health care
- Provision for the public's health
- Expansion of nursing and healthcare knowledge and appropriate application of technology
- Expansion of healthcare resources and health policy
- Definitive planning for health policy and regulation
- Duties under extreme conditions ("NursingWorld," 2014)

The implications for novice nurses can be very overwhelming. However, by receiving training through simulation, the novice nurse is better equipped to enter the profession and provide excellence in nursing care. They enter the profession as well-trained and confident nurses who can make a change.

Limitations

Due to time constraints, the stroke simulation scenario was not implemented by the preceptor site. However, after the five simulation experts read, reviewed, and evaluated the simulation scenario and complete patient chart, the preceptor site education director and the simulation coordinator requested a copy of the completed material for implementation through their simulation center. Additionally, the simulation coordinator

from a local college requested permission to incorporate the stroke simulation scenario into the associate degree simulation curriculum. This doctoral student plans to follow up post-graduation with these programs for feedback after they have implemented the simulation scenario.

Conclusion

Safety in patient care is of paramount interest in healthcare today. Nurses are called upon to provide excellent health care at all time, ensuring safety for all patients at each stage of their care. Because novice nurses often struggle with performing at an optimal level due to a lack of experience, the incorporation of simulation into the orientation process is an attractive option since it has been shown to ease the transition into the acute care setting (Bandali, Craig, & Ziv, 2012; Horwarth, 2010). Unfortunately, published simulation scenarios written specifically for novice nurses are almost impossible to find.

The purpose of this DNP project was to design a stroke simulation scenario which would increase patient safety and enhance the quality of patient care provided by novice nurses. A Likert-type evaluation tool was also developed for use by local simulation experts who participated in the evaluation of the simulation scenario and complete patient chart with supporting documents.

The five local simulation experts provided positive evaluations and feedback for additions or changes to the scenario or patient chart to provide additional cues for novice nurses. The inclusion of the products into the local simulation programs will benefit the

novice nurses and the facilities through the increased provision of safer patient care by these new nurses.

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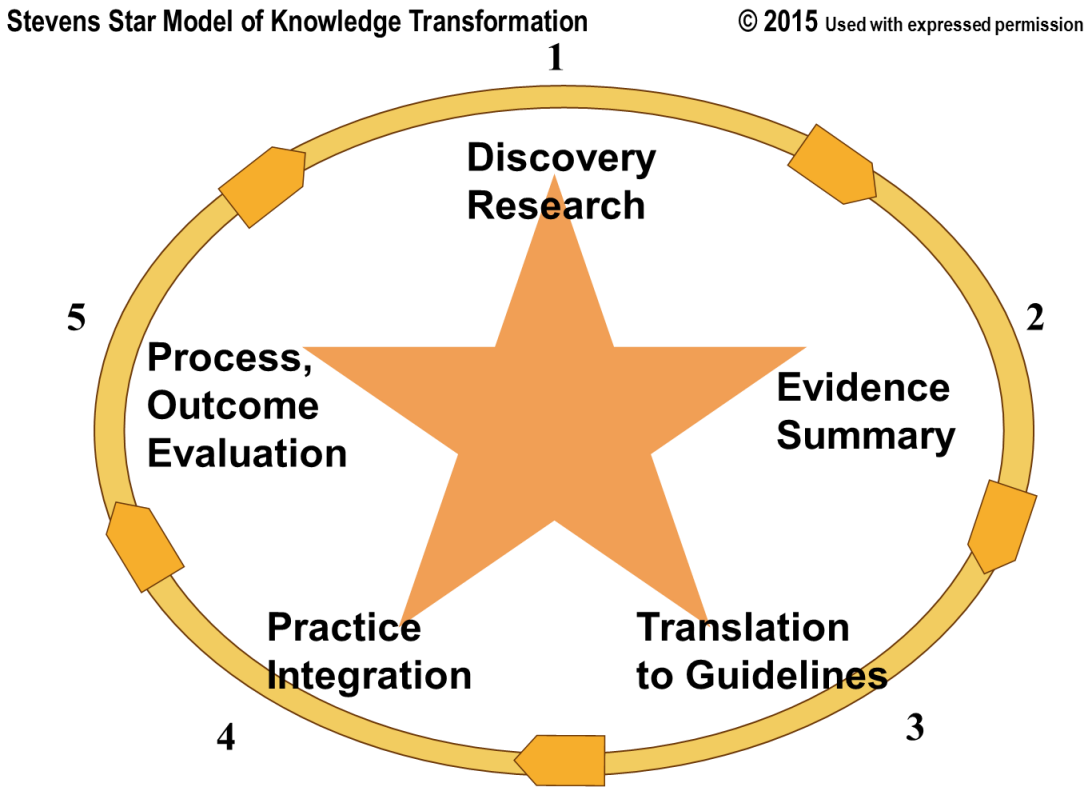
Appendix A: Stevens Star Model of Knowledge Transformation



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Note. From "The STEVENS Star Model of Knowledge Transformation ©" at the University of Texas Health Science Center School of Nursing, San Antonio, http://www.acestar.uthscsa.edu/acestar-model.asp.

Appendix B: NLN Simulation Design Template

Simulation Design Template

Date:	**File Name:**
Discipline:	**Student Level:**
Expected Simulation Run Time:	**Guided Reflection Time:**
Location:	**Location for Reflection:**

Admission Date: **Today's Date:**

Brief Description of Client

Name:

Gender: **Age**: **Race**: **Weight**: **Height**:

Religion:

Major Support: **Support Phone:**

Allergies: **Immunizations:**

Primary Care Provider/Team:

Past Medical History:

History of Present Illness:

Social History:

Primary Medical Diagnosis:

Surgeries/Procedures & Dates:

Nursing Diagnoses:

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Psychomotor Skills Required Prior to Simulation

Cognitive Activities Required Prior to Simulation:

[i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]

Simulation Learning Objectives

General Objectives:

Simulation Scenario Objectives:

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

National League for Nursing

Fidelity (choose all that apply to this simulation)

Setting/Environment:
- ☐ ER
- ☐ Med-Surg
- ☐ Peds
- ☐ ICU
- ☐ OR / PACU
- ☐ Women's Center
- ☐ Behavioral Health
- ☐ Home Health
- ☐ Pre-Hospital
- Other:

Simulator Manikin/s Needed:

Props:

Equipment Attached to Manikin:
- ☐ IV tubing with primary line
- ☐ fluids running at mL/hr
- ☐ Secondary IV line running at mL/hr
- ☐ IV pump
- ☐ Foley catheter ☐ mL output
- ☐ PCA pump running
- ☐ IVPB ☐ with running at mL/hr
- ☐ 02
- ☐ Monitor attached
- ☐ ID band
- Other:

Equipment Available in Room:
- ☐ Bedpan/Urinal
- ☐ Foley kit
- ☐ Straight Catheter Kit
- ☐ Incentive Spirometer
- ☐ Fluids
- ☐ IV start kit
- ☐ IV tubing
- IVPB Tubing

Medications and Fluids: (see chart)
- ☐ IV Fluids
- ☐ Oral Meds
- ☐ IVPB
- ☐ IV Push
- ☐ IM or SC

Diagnostics Available: (see chart)
- ☐ Labs
- ☐ X-rays (Images)
- ☐ 12-Lead EKG
- Other:

Documentation Forms:
- ☐ Provider Orders
- ☐ Admit Orders
- ☐ Flow sheet
- ☐ Medication Administration Record
- ☐ Graphic Record
- ☐ Shift Assessment
- ☐ Triage Forms
- ☐ Code Record
- ☐ Anesthesia / PACU Record
- ☐ Standing (Protocol) Orders
- ☐ Transfer Orders
- Other:

Recommended Mode for Simulation:
(i.e. manual, programmed, etc.)

Student Information Needed Prior to Scenario:
- ☐ Has been oriented to simulator
- ☐ Understands guidelines /expectations for scenario
- ☐ Has accomplished all pre-simulation requirements
- ☐ All participants understand their assigned roles

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☐ IV Pump ☐ Feeding Pump ☐ Pressure Bag ☐ 02 delivery device (type) ☐ Crash cart with airway devices and emergency medications ☐ Defibrillator/Pacer ☐ Suction ☐ Other:	☐ Has been given time frame expectations ☐ Other:
Roles/Guidelines for Roles: ☐ Primary Nurse ☐ Secondary Nurse ☐ Clinical Instructor ☐ Family Member #1 ☐ Family Member #2 ☐ Observer/s ☐ Recorder ☐ Physician/Advanced Practice Nurse ☐ Respiratory Therapy ☐ Anesthesia ☐ Pharmacy ☐ Lab ☐ Imaging ☐ Social Services ☐ Clergy ☐ Unlicensed Assistive Personnel ☐ Code Team ☐ Other:	**Important Information Related to Roles:**

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Report Students Will Receive Before Simulation

Time:

Significant Lab Values:	refer to chart
Provider Orders:	refer to chart
Home Medications:	refer to chart

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Scenario Progression Outline

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min			**Role member providing cue:** Cue:
5-10 min			**Role member providing cue:** Cue:
10-15 min			**Role member providing cue:** Cue:
15-20 min			**Role member providing cue:** Cue:

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Debriefing/Guided Reflection Questions for This Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve.
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. How were physical and mental health aspects interrelated in this case?
11. What were the key assessments and interventions?
12. Is there anything else you would like to discuss?

Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

Appendix C: Evaluation of Simulation Scenario for Novice Nurses

Evaluation of Simulation Scenario for Novice Nurses

1 – Strongly disagree 2 – Disagree 3 – Neutral 4 – Agree 5 – Strongly agree

1.	The simulation scenario was easy to follow.				
	1	2	3	4	5 X 5 participants
2.	The simulation patient chart provided the supporting information needed for the scenario.				
	1	2	3	4	5 X 5 participants
3.	The simulation scenario will be easy to incorporate into the existing simulation program.				
	1	2	3	4	5 X 5 participants
4.	The simulation scenario will enhance the critical thinking and decision making of the novice nurse.				
	1	2	3	4	5 X 5 participants
5.	The simulation scenario will increase patient safety when novice nurses are faced with similar situations in the acute care setting.				
	1	2	3	4	5 X 5 participants

Feedback

I would suggest: Pre-sim prep or a post-sim prep

Family member role to help describe symptoms of patient

Change dates to generic date, such as 1 day ago, or 2 days ago, so the dates will not have to be changed with each use of the patient chart

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Appendix D: Stroke Simulation Scenario for Novice Nurses with Supporting Patient Chart Data

Simulation Design Template

Date:
Discipline: Nursing
Expected Simulation Run Time: 30 min
Location:

File Name: CVA – Pete Frampton
Student Level: Novice Nurse
Guided Reflection Time: 40 min
Location for Reflection

Brief Description of Client

Name: Mr. Pete Frampton

Race: Caucasian **Weight**: 86 kg **Height**: 5'10"

Religion: Baptist

Support Phone: 214-769-1524 Patty Smith (dau) 713-429-9452 Thomas Frampton (son)

Allergies: PCN, codeine **Immunizations:** Flu, Pneumonia – fall 2015

Primary Care Provider/Team: Diamond, J., Stussy, S.

Past Medical History: DM II, HTN, CHF, BPH, A-fib

History of Present Illness: Adm 2 days ago with CHF to med/surg. Diuresed & CHF resolved. Anticipate D/C today

Social History: Widower. 2 adult children in Dallas & Houston. ETOH; Quit smoking 7 yrs ago; smoked 2 PPD X 48 yrs; no illicit drugs.

Primary Medical Diagnosis: CHF, SOB, Edema

Surgeries/Procedures & Dates: None

Nursing Diagnoses: Fluid Volume, Excess; Cardiac Output, Decreased; Breathing Pattern, Ineffective

Successful performance of skills as required by employing facility.

Cognitive Activities Required Prior to Simulation:

[i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]

Independent review of common medical diagnoses and related nursing interventions.

Simulation Learning Objectives

General Objectives:

1. Demonstrate safety measures.
2. Demonstrate therapeutic communication with patients and families.
3. Demonstrate teamwork with an interdisciplinary team.

Simulation Scenario Objectives:

1. Identify risks, signs and symptoms, and treatments for CVA patients.
2. Perform comprehensive neurologic exam.
3. Identify 3 interventions for a CVA.

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

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Fidelity (choose all that apply to this simulation)

Setting/Environment:
- ☐ ER
- ☒ Med-Surg
- ☐ Peds
- ☐ ICU
- ☐ OR / PACU
- ☐ Women's Center
- ☐ Behavioral Health
- ☐ Home Health
- ☐ Pre-Hospital
- ☐ Other:

Simulator Manikin/s Needed:

Props:

Equipment Attached to Manikin:
- ☒ IV tubing with primary line fluids running at 10 mL/hr
- ☐ Secondary IV line running at mL/hr
- ☒ IV pump
- ☐ Foley catheter ☐ mL output
- ☐ PCA pump running
- ☐ IVPB with running at ☐ mL/hr
- ☐ 02 ☐
- ☐ Monitor attached
- ☒ ID band
- ☒ Other: Allergy Band

Equipment Available in Room:
- ☒ Bedpan/Urinal
- ☐ Foley Kit
- ☐ Straight Catheter Kit
- ☐ Incentive Spirometer
- ☐ Fluids
- ☐ IV start kit
- ☒ IV tubing
- ☐ IVPB tubing

Medications and Fluids: (see chart)
- ☒ IV Fluids
- ☒ Oral Med
- ☒ IVPB
- ☐ IV Push
- ☐ IM or SC

Diagnostics Available: (see chart)
- ☒ Labs
- ☒ X-rays
- ☒ 12-Lead EKG
- ☒ other

Documentation Forms:
- ☒ Provider Orders
- ☒ Admit Orders
- ☒ Flow sheet
- ☒ Medication Administration Record
- ☒ Graphic Record
- ☒ Shift Assessment
- ☐ Triage Forms
- ☐ Code Record
- ☐ Anesthesia / PACU Record
- ☒ Standing (Protocol) Orders
- ☐ Transfer Orders
- ☒ Other: Insulin Sliding Scale

Recommended Mode for Simulation:
Modifiable to meet learning needs

Student Information Needed Prior to Scenario:
- ☒ Has been oriented to simulator
- ☒ Understands guidelines/expectations for scenario
- ☐ Has accomplished all pre-simulation requirements
- ☒ All participants understand their assigned roles

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[X] IV Pump [ ] Feeding Pump [ ] Pressure Bag [X] 02 delivery device (type) [ ] Crash cart with airway devices and emergency medications [ ] Defibrillator/Pacer [X] Suction [ ] Other:	[ ] Has been given time frame expectations [ ] Other:
Roles/Guidelines for Roles: [X] Primary Nurse [X] Secondary Nurse Clinical [ ] Instructor Family [ ] Member #1 [ ] Family Member #2 [ ] Observer/s [ ] Recorder [ ] Physician/Advanced Practice Nurse [ ] Respiratory Therapy [ ] Anesthesia [ ] Pharmacy [ ] Lab [ ] Imaging [ ] Social Services [ ] Clergy [X] Unlicensed Assistive Personnel [ ] Code Team [X] Other:	**Important Information Related to Roles:**

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Report Students Will Receive Before Simulation

Time: 0700

(S - Situation): This is Mr. Pete Frampton, a 71-year-old gentleman who came in through the emergency room 2 days ago with shortness of breath and peripheral edema. He reported that he had been having problems for several days, but felt like it was significantly worse. He had diffuse crackles in both lungs and 3+ pitting edema in his ankles and feet. His 02 sat was running 93-94% on room air. He was admitted to the floor with a diagnosis of congestive heart failure. We began treating him pretty aggressively with Lasix and he diuresed well. I think he put out about 4800 mL that first 12 hours.

Yesterday we could really tell a difference. His lungs were pretty clear and he just had 1+ edema in his feet. He was up walking in the halls on room air and his O2 sat stayed up to 98-99% on room air.

This morning his vital signs were all good and he's anxious to go home. At 5AM his temp was 98.4, P 78 & slightly irregular, BP 154/92, R 20, and his O2 sat was 98% on room air. His accucheck this morning was 124 so he did not get any insulin for that. Dr. Stussy said if he's still doing well this morning he'll probably send him home today.

(B – Background): Mr. Frampton is a 70 y/o widower. He has a history of hypertension, type 2 diabetes, congestive heart failure, and atrial fibrillation. He takes oral antidiabetics at home and is also on Coumadin for the atrial fib. He doesn't drink and quit smoking about 7 years ago. He is allergic to penicillin and codeine.

(A – Assessment): Mr. Frampton appears to be alert and no distress, but does complain of a slight headache. T 98.4, 86, 22, BP 158/96, SPO2 98% RA, cardiac rhythm slightly irregular, breath sounds clear, heart sounds with S1 & S2 auscultated, abdominal sounds BS x 4, c/o slight headache and being hungry

(R – Recommendations): Administer analgesic and continue to monitor.

Significant Lab Values:	refer to chart
Provider Orders:	refer to chart
Home Medications:	refer to chart

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Scenario Progression Outline

State 1

Initial Amount Time in Initial Stage- 5 mins (0655)	Verbalization (Pt/Manikin Cues)	Expected Interventions	Alternate or Incorrect Treatment Choice That Will Affect Outcome	Confederate Actions/Additional Role Player Cues
Baseline Vital Signs T 98.4, 86, 22 BP 158/96 SPO2 98% RA Cardiac Rhythm slightly irregular Breath Sounds Clear Heart Sounds with S1 & S2 auscultated Abdominal Sounds BS x 4 Other Symptoms: c/o slight headache and being hungry	"I'm fine, just got a slight headache. Could I get a BC powder or some Tylenol for that? What time do they bring breakfast? I'm getting pretty hungry. What time does that doctor usually come around? I need to get home to check on my little dog, Scooter. My neighbor has been going in to feed him, but I know he wonders where I am." Sitting in bed, awake alert and oriented X 3. Watching the morning news.	Identify self Reassure Pt that MD will make rounds later in the morning. Reassure Pt that will check MAR for meds for headache. Assess cardiac, respiratory, neuro assessment Assess VS Note Irreg heartbeat Note increase in BP Assess IV site and IV fluids	Pt becomes anxious and frustrated Next BP – 200/112	Nursing Assistant: Mr. Frampton is complaining of a little headache and wants some medication. Does he have anything ordered? And he is anxious to go home and see his little dog. He has a Jack Russell terrier that he says is his little buddy and companion.

Color code: Patient speaking RN speaking LVN speaking Nursing assistant

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Correct Treatment Choice
State 2

Timing Sequence 3 minutes (0720)	Expected interventions
LVN takes acetaminophen into room for administration. "Mr. Frampton, I've got some acetaminophen here for your headache. Can you tell me your name and date of birth?" Notes patient seems anxious and appears to have a facial droop on the R side. Unable to speak; makes unintelligible sounds. T 98.4, P 120, BP 200/110, R26, O2 sat 98%.	LVN introduces herself to the patient. LVN checks the arm band as part of procedure for identifying patient. Alerts the RN immediately. Checks vital signs.

Incorrect Treatment choice
State 2A

Timing Sequence 5 minutes (0720)	Expected Interventions
LVN takes acetaminophen into room for administration. Notes patient seems anxious. "Mr. Frampton, I've got some pills here for you. Open your mouth and I'll dump them in." Pt begins to cough and choke. Has a facial droop on the R side. Unable to speak; makes unintelligible sounds. Face turns red and lips are blue tinged. P 125, BP 240/120, R 30, O2 sat 82%.	NVS change Patient exhibits worsening of symptoms BP continues to rise Pt suffers cardiopulmonary arrest

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Correct Treatment Choice **State 3**	
Timing Sequence 10 min (0730)	Expected Interventions
Vital Signs T 98.4 P 120 R 26 BP 200/110 SPO2 98% on room air Notes patient seems anxious and appears to have a facial droop on the R side. Weakness noted in R arm and leg. Unable to speak; makes unintelligible sounds. Follows commands on the L side.	Administer O2 via nasal cannula Activate the Stroke In-House Decision Tree. Activate stroke team Have CNA perform an accucheck. Page physician and report change in condition using SBAR. Have patient's face sheet, H&P, lab results, x-ray results, and "daily" MAR at bedside. Provide reassurance to patient. Communicate with family and team. Maintain safety measures. Prepare patient for transfer to CT

Incorrect Treatment choice **State 3A**	
Timing Sequence min	Expected Interventions
Vital Signs T 98.4 P 120 R 26 BP 200/110 SPO2 98% on room air Notes patient seems anxious and appears to have a facial droop on the R side. Weakness noted in R arm and leg. Unable to speak; makes unintelligible sounds. Follows commands on the L side. RN pages doctor on call for Cogent and waits for a return call. RN instructs CNA to keep an eye on the patient.	NVS change Patient exhibits worsening of symptoms BP continues to rise

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Correct Treatment Choice

Mr. Frampton received a CT of head which showed no intracranial hemorrhage. Ultrasound of the carotids indicated 40% blockage on the R side and 35% blockage on the L side. There were no contraindications for tPa. The patient was treated with tPa in the ICU and had a full recovery from the CVA with return of full mobility and speech. The patient was discharged home with Warfarin dosage at an appropriate level to keep his INR 2-3.

Incorrect Treatment choice

Mr. Frampton did not receive appropriate treatment in a timely manner and suffered irreversible damage from the CVA. He was transferred to a long-term center where he aspirated and died of aspiration pneumonia.

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Debriefing/Guided Reflection Questions for This Simulation

(Remember to identify important concepts or curricular threads that are specific to your program.)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve.
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. How were physical and mental health aspects interrelated in this case?
11. What were the key assessments and interventions?
12. Is there anything else you would like to discuss?

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Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

PATIENT PROFILE SUMMARY

Code Status Information

Code Status [X] Full [ ] Limited [ ] None

Treatment Team

PROVIDER	ROLE	FROM	TO
Dr. Jim Diamond	Admitting Provider	Admit 2 days ago	Discharge
Dr.	Consulting Provider		

Hospitalization Problems

Congestive Heart Failure
Shortness of breath
Edema

Chronic Problem List

Diabetes Mellitus, type II
Atrial fibrillation
Congestive Heart Failure
Hypertension
Benign Prostate Hypertrophy

Order of Forms in Chart

Active Orders	Section 2
MAR	Section 3
Diabetic Sliding Scale Record	Section 4
VS, I&O Summary	Section 5
Lab Reports: Hematology	Section 6
Chemistry	Section 7
Microbiology	Section 8

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CURRENT ORDERS

Orders to be Acknowledged

New Orders: Ordered at [Order Dt/Tm] Acknowledge all: [ ]

Date/Time	Description	Ordering Provider

Medications

Order Date/Time	Description	Dose	Route	Rate	Freq	Start	Stop
1 day ago 1240	Furosemide	40 mg	PO		Daily	6/21	
1 day ago 1249	Potassium Chloride	20mEq	PO		Daily	6/21	
2 days ago 1025	Glyburide	10 mg	PO		qAM	6/20	
2 days ago 1025	Warfarin	2 mg	PO		Daily @1600	6/20	
2 days ago 1025	Coreg CR	20 mg	PO		Daily	6/20	
2 days ago 1025	Proscar	5 mg	PO		Daily	6/20	
2 days ago 1025	Doxazosin	4 mg	PO		Daily	6/20	
2 days ago 1025	Regular Insulin per SS	Per SS	Subcut		ac & hs prn	6/20	
2 days ago 1025	Acetaminophen	500-1000mg	PO		Q6hours prn	6/20	
2 days ago 1025	LOC				prn	6/20	

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2 days ago 1025	MVI	1 tab	PO		Daily	6/20	
2 days ago 1025	Furosemide	40 mg	IVP		@ 1600	6/20	6/20
2 days ago 1025	Furosemide	40 mg	IVP		now	6/20	6/20
2 days ago 1025	NS	1000mL	IV	10mL/hr	Q24h	6/20	6/27
Nursing Orders							
2 days ago 1025	Admit to med/surg floor						
2 days ago 1025	Activity as tolerated						
2 days ago 1025	Routine vital signs						
2 days ago 1025	I & O						
2 days ago 1025	Accuchecks ac & hs to low sliding scale						
Diet Orders							
2 days ago 1025	1800 calorie low sodium ADA diet						
Lab Orders							
2 days ago 1025	Daily BMP						
2 days ago 1025	Daily PT/INR						
2 days ago 1025	Daily BNP						

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Imaging Orders	
2 days ago 1025	Daily CXR
Respiratory Orders	
2 days ago 1025	Oxygen per protocol

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MEDICATION ADMINISTRATION RECORD

Medications	Date 2 days ago				Date 1 day ago			
Drug Furosemide	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 40mg	1300	CC			0915	SM		
Route po								
Freq daily								
Drug Potassium Chloride	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 20 mEq	1300	CC			0915	SM		
Route po								
Freq daily								
Drug Glyburide	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 10mg	1300	CC			0915	SM		
Route po								
Freq every morning								
Drug Warfarin	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 2mg	1620	CC			1605	SM		
Route po								
Freq every day @ 1600								
Drug Coreg CR	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 20mg	1300	CC			0915	SM		
Route po								
Freq daily								
Drug Proscar	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 5mg	1300	CC			0915	SM		
Route po								
Freq daily								
Drug Doxazosin	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 4mg	1300	CC			0915	SM		
Route po								
Freq daily								

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Medications	Date 2 days ago				Date 1 day ago			
Drug Regular Insulin per SS	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount per SS	1100	CC			0655	AD		
Route subcutaneous	1705	CC			1120	SM		
Freq ac & hs	2110	AD			1720	SM		
Drug Acetaminophen	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 500-1000 mg								
Route po								
Freq every 6 hours prn								
Drug LOC	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount								
Route po								
Freq prn								
Drug MVI	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 1 tab					0915	SM		
Route po								
Freq daily								
Drug Normal Saline	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 1000mL	1020	CC			1015	SM		
Route IV								
Freq 10 mL/hr								
Drug Furosemide	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 40 mg	1030	CC						
Route IVP	1610	CC						
Freq OT								

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MEDICATION ADMINISTRATION RECORD

Medications	Date Today				Date			
Drug Furosemide	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 40mg								
Route po								
Freq daily								
Drug Potassium Chloride	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 20 mEq								
Route po								
Freq daily								
Drug Glyburide	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 10mg								
Route po								
Freq every morning								
Drug Warfarin	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 2mg								
Route po								
Freq every day @ 1600								
Drug Coreg CR	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 20mg								
Route po								
Freq daily								
Drug Proscar	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 5mg								
Route po								
Freq daily								
Drug Doxazosin	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 4mg								
Route po								
Freq daily								

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Medications	Date Today				Date			
Drug Regular Insulin per SS	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount per SS	0600	AD						
Route subcutaneous								
Freq ac & hs								
Drug Acetaminophen	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 500-1000 mg								
Route po								
Freq every 6 hours prn								
Drug LOC	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount								
Route po								
Freq prn								
Drug MVI	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 1 tab								
Route po								
Freq daily								
Drug Normal Saline	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount 1000mL								
Route IV								
Freq 10 mL/hr								
Drug	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount								
Route								
Freq								
Drug	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Amount								
Route								
Freq								

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DIABETIC SLIDING SCALE RECORD

Date/Time	Blood Sugar	Sliding Coverage Needed	INSULIN			Injection Site	RN Initial
			Hour	Type	Dose		
2 days ago 1100	180	[x]Y [ ]N	1115	Reg	2 units	L arm	CC
2 days ago 1705	174	[x]Y [ ]N	1715	Reg	2 units	R arm	CC
2 days ago 2110	170	[x]Y [ ]N	1925	Reg	2 units	L arm	AD
1 day ago 0655	156	[x]Y [ ]N	0700	Reg	2 units	L arm	AD
1 day ago 1120	148	[x]Y [ ]N	1135	Reg	1 unit	R arm	SM
1 day ago 1720	152	[x]Y [ ]N	1725	Reg	2 units	L arm	SM
1 day ago 2130	144	[ ]Y [x]N					AD
Today 0545	160	[x]Y [ ]N	0615	Reg	2 units	L arm	AD
		[ ]Y [ ]N					

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SLIDING SCALE

Insulin Sliding Scale [x] Regular [ ] Insulin Aspart (Novolog)

Blood Glucose (except HS)	[x] Mild (Thin, MPO, or elderly)	[ ] Moderate (average weight & eating)	[ ] Aggressive (on steroids or infected)
110-150	1 unit	3 units	4 units
151-200	2 units	5 units	6 units
201-250	4 units	7 units	10 units
251-300	6 units	9 units	12 units
301-350	8 units	11 units	15 units
351-400	10 units	13 units	18 units
>400	Call MD	Call MD	Call MD

Night Insulin Sliding Scale [x] Regular [ ] Insulin Aspart (Novolog)

Night (HS) Blood Glucose	Night (HS) (do not use if on TPN/TF)
110 - 150	NONE
151 - 200	2 units
201 - 250	3 units
251 - 300	4 units
301 - 350	5 units
351-400	6 units
>400	Call MD

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VITAL SIGNS/ I&O SUMMARY

Date: Today

		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	Shift Total
VS	B/P													
	PULSE													
	RESP													
	TEMP													
	SaO2													
	Pain													
Intake	PO													
	IV													
	Blood													
	Other													
	IVPB													
	Tube Feed													
	TPN													
	Total Intake													

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Date	Today													
		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	Shift Total
Output	Urine													
	Emesis													
	Drains													
	Other													
	Stool													
	Ostomy													
	Unmeasured													
	Incontinent													
	Blood													
	CRRT													
	Total Out													

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VITAL SIGNS/ I&O SUMMARY

Date: 1 day ago

		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	Shift Total
		1945		2130			2355					0530	0655	
VS	B/P	150/76		140/68			136/64					154/92	158/96	
	PULSE	82		76			80					78	86	
	RESP	20		18			18		16			20	22	
	TEMP	98.3					98.4					98.4	98.4	
	SaO2	97		96			97		97			98	98	
	Pain	0		0			0					4	8	
Intake	PO	120		120			60					240		
	IV	10	10	10	10	10	10	10	10	10	10	10	10	
	Blood													
	Other													
	IVPB													
	Tube Feed													
	TPN													
	Total Intake	130	10	130	10	10	70	10	10	10	10	250	10	660

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Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

Date:	1 day ago													
		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	Shift Total
Output	Urine	360		480			120					360	200	
	Emesis													
	Drains													
	Other													
	Stool													
	Ostomy													
	Unmeasured													
	Incontinent													
	Blood													
	CRRT													
	Total Out	360		480			120					360	200	1520

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

Date: 1 day ago

		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	Shift Total
			0745	0915		1120		1320				1720		
VS	B/P		162/84	164/90		158/86		148/80				146/78		
	PULSE		92	94		90		86				80		
	RESP		24	22		22	20	21		20		20		
	TEMP		98.5			98.4						98.3		
	SaO2		95	95		95	95	94		96		96		
	Pain		0	0		0								
Intake	PO		360	120				320			80	240		
	IV	10	10	10	10	10	10	10	10	10	10	10	10	
	Blood													
	Other													
	IVPB													
	Tube Feed													
	TPN													
	Total Intake	10	370	130	10	10	10	330	10	10	90	250	10	1250

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

Date:	1 day ago													
		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	Shift Total
Output	Urine			160		620		780	200			430		
	Emesis													
	Drains													
	Other													
	Stool													
	Ostomy													
	Unmeasured													
	Incontinent													
	Blood													
	CRRT													
	Total Out			160		620		780	200			430		2190

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

VITAL SIGNS/ I&O SUMMARY

Date: 2 days ago

		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	Shift Total
		1905		2110									0655	
VS	B/P	158/84	152/85	148/84		138/78			142/80			150/82		
	PULSE	96	94	90		88			84			86		
	RESP	24	22	22		20			20			22	23	
	TEMP	98.4				98.2			98.3			98.4		
	SaO2	93	94	93		92			92			93	94	
	Pain	0	0			0			0			0		
Intake	PO			200								120	120	
	IV	10	10	10	10	10	10	10	10	10	10	10	10	
	Blood													
	Other													
	IVPB													
	Tube Feed													
	TPN													
	Total Intake	10	10	210	10	10	10	10	10	10	10	130	130	560

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

Date:	2 days ago													
		1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	Shift Total
Output	Urine	320	140	60		120						440		
	Emesis													
	Drains													
	Other													
	Stool													
	Ostomy													
	Unmeasured													
	Incontinent													
	Blood													
	CRRT													
	Total Out	320	140	60		120						440		1080

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

VITAL SIGNS/ I&O SUMMARY

Date: 2 days ago

		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	Shift Total
VS	B/P					184/96	178/92	172/94	174/92		168/88		158/88	
	PULSE					101	96	92	94		92		95	
	RESP					30	28	28	26		24		24	
	TEMP					98.3		98.2			98.3			
	SaO2					92	93	92	93		94		93	
	Pain					1		1			1			
Intake	PO						300	120	60		100		320	
	IV					10	10	10	10	10	10	10	10	
	Blood													
	Other													
	IVPB													
	Tube Feed													
	TPN													
	Total Intake					10	310	130	70	10	110	10	330	1080

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

Date:	2 days ago													
		0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	Shift Total
Output	Urine					800	520	400	240	320	200	1340	640	
	Emesis													
	Drains													
	Other													
	Stool													
	Ostomy													
	Unmeasured													
	Incontinent													
	Blood													
	CRRT													
	Total Out					800	520	400	240	320	200	1340	640	4460

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

LAB REPORT

		HEMATOLOGY		
	Date: 2 days ago	Date:	Date:	Range
	Time: 0915	Time:	Time:	
CBC				
RBC	4.1			4 - 6
MCV	85			80 - 98
MCH	29			27 - 31
MCHC	33			32 - 36
RDW	14.5			11.5 – 14.5
HEMOGLOBIN	13.4			12 – 18 g/dL
HEMATOCRIT	40.4			38 – 54%
RETICULOCYTES	0.8			0.5 – 1.5
WBC	7,600			4,500 – 10,000
DIFFERENTIAL %				
NEUTROPHILS	62			50 - 70
SEGS	58			50 - 65
BANDS	3			0 - 5
EOSINOPHILS	2			0 - 3
BASOPHILS	1			1 - 3
LYMPHOCYTES	27			25 - 35
MONOCYTES	3			2 - 6
PLATELETS	285,000			150,000 – 400,000
PT	11.2			11 - 15
aPTT				24 - 36
INR	1.0			1.0
D-DIMER				NEGATIVE

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

LAB REPORT

		CHEMISTRY		
	Date: 2 days ago	Date: 1 day ago	Date: Today	Range
	Time: 0915	Time: 0500	Time: 0510	
ALBUMIN	4.2			3.5 – 5 g/dL
ALT	26			10 - 35
ALP	68			42 - 136
AMMONIA				15 – 45 µG/dL
AMYLASE				30 - 170
AST	22			0 - 35
ANH				20 - 77
BNP	754 ↑	320 ↑	126 ↑	<100
BILIRUBIN				
INDIRECT				0.1 – 1.0
DIRECT				0.1 – 0.3
TOTAL	0.8			0.1 – 1.2
BUN	8	10	12	7 - 20
CREATININE	0.4 ↓	0.9	1.0	0.8 - 1.4 mg/dL
CALCIUM	9.2			9 – 11 mg/dL
CHLORIDE	101	103	104	100 – 111 mEq/L
CHOLESTEROL				<200
HDL				>45
LDL				<130
CO2	29	26	23	20 – 29 mmol/L
GLUCOSE	186 ↑	152 ↑	160 ↑	64 - 128
GGT				3 – 23 IU/L
IRON				50 - 150
IRON BINDING CAPACITY (TIBC)				250 - 450
LACTIC ACID (venous)				0.5 – 1.5 mmol/L
LDH				100 – 190 IU

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
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Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

		CHEMISTRY		
LIPASE				20 – 180 IU/L
MAGNESIUM				1.5 – 2.5 mEq/L
OSMOLALITY				280 - 300
POTASSIUM	3.4 ↓	4.2	4.2	3.5 – 5.3 mEq/L
PROTEIN	6.7			6 – 8 g/dL
SODIUM	133 ↓	137	137	135-145
TRIGLYCERIDES				10 – 150 mg/dL
URINE				
CREATININE CLEARANCE				85 – 135 ml/min
CREATININE				0.8 – 2 g/day
PROTEIN				<150 mg/day
SODIUM				40 – 250 mEa/day
DRUG MONITORING LEVELS				
THERAPEUTIC				
TOXIC				

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

LAB REPORT

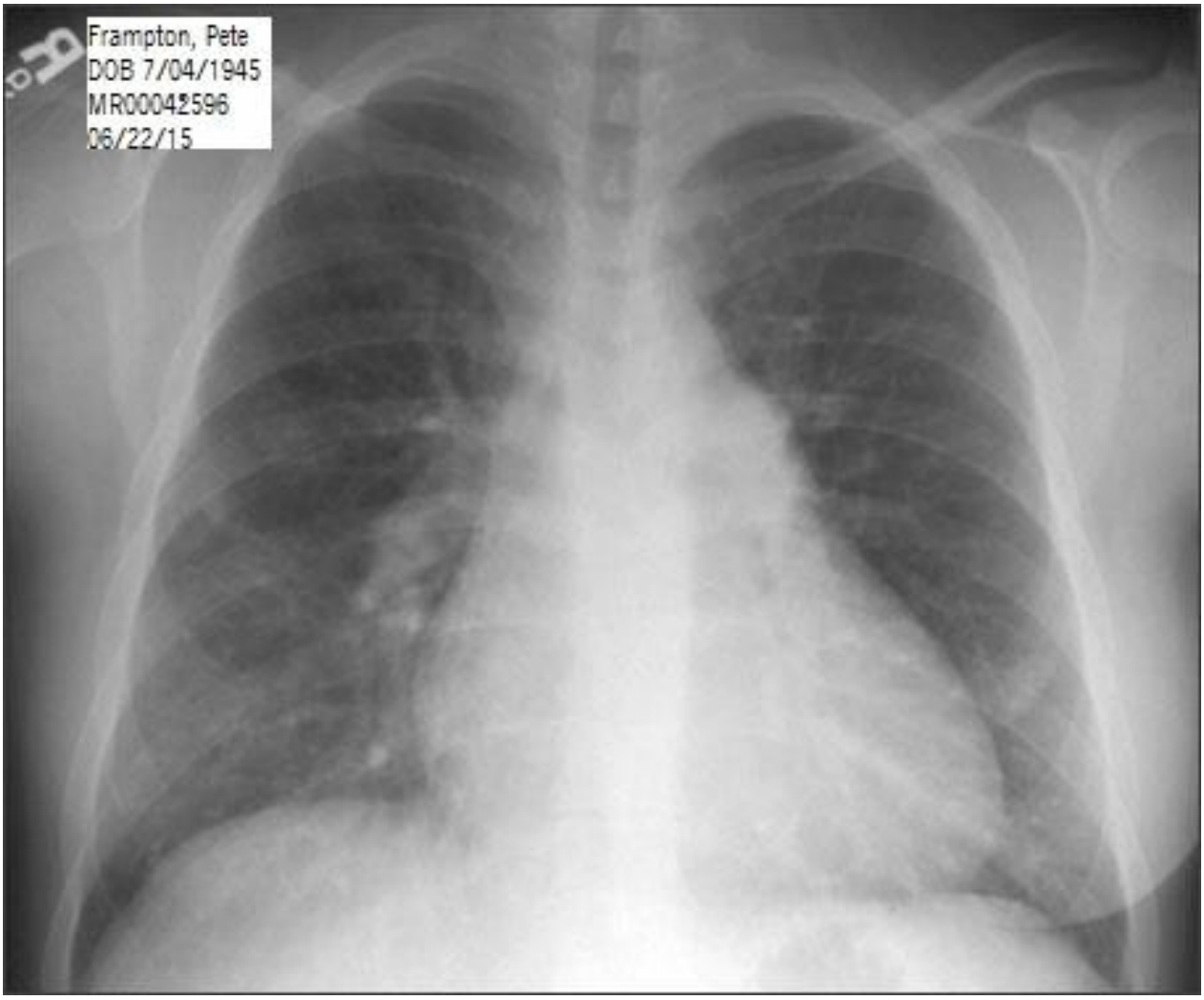
		ARTERIAL BLOOD GAS		
	Date:2 days ago	Date:1 day ago	Date: Today	Range
	Time: 0915	Time: 0500	Time:	
ABGs				
pH	7.30 ↓	7.40		7.35 – 7.45
PaCHO2	50 ↑	41		35 – 45 mm Hg
PaO2	70 ↓	90		75 – 100 mm Hg
HCO3	26	24		21 – 28 mEq/L
BE	0.05	0.01		+2 to -2 mEq/L
Oxygen sat	93 ↓	98		95 – 99

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

IMAGING REPORT

X-RAY	
Date/Time	Today
Findings	AP Chest X-ray 1. Resolution of congestive heart failure as compared to CXR from 2 days ago and 1 day ago. 2. Cardiomyopathy with slightly elevated BNP, possibly secondary to decompensated congestive heart failure. 3. Smoking history, hypertension, and hyperlipidemia. 4. Anticoagulation with Coumadin.

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2



Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

IMAGING REPORT

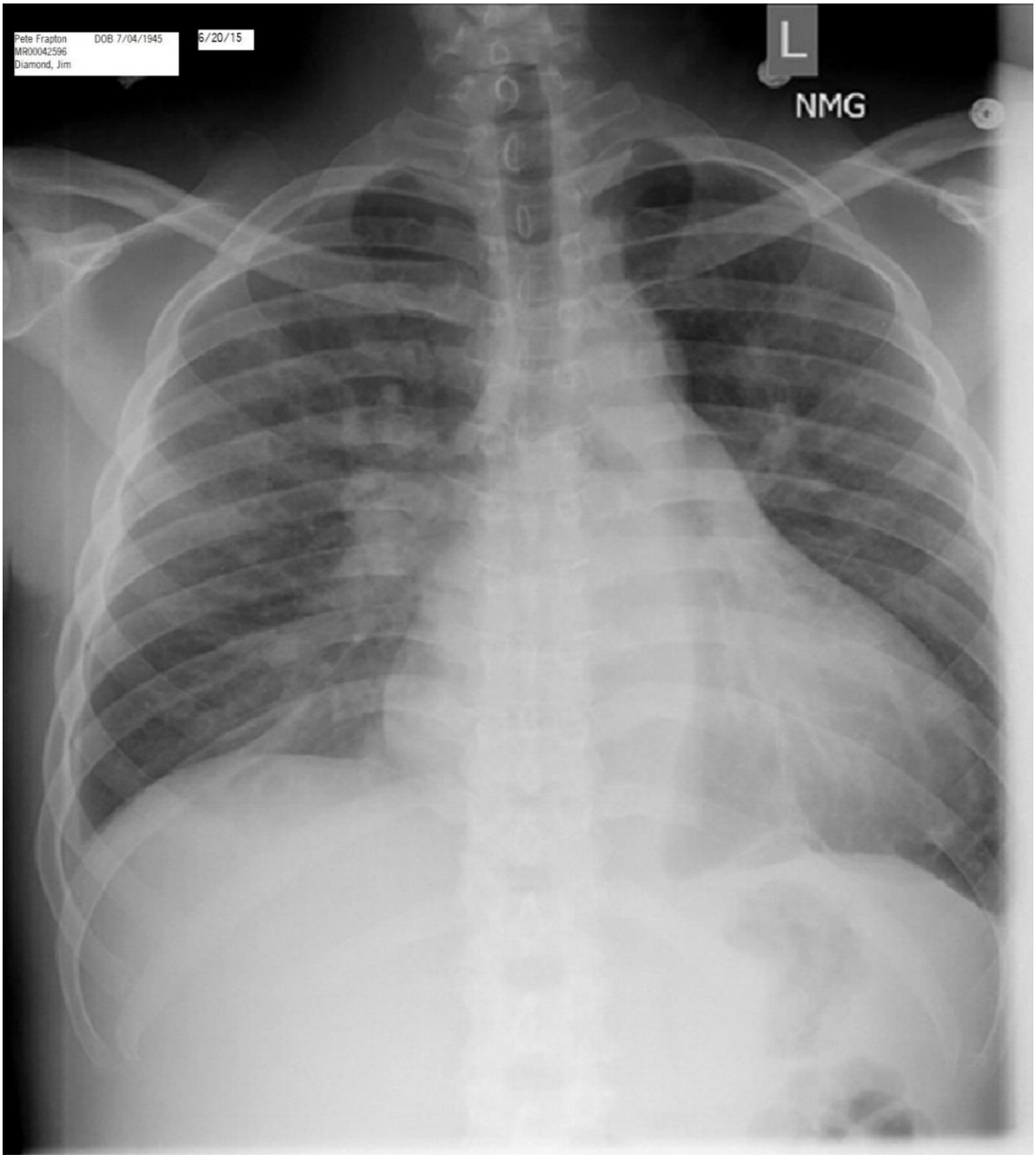
X-RAY	
Date/Time	1 day ago
Findings	AP Chest X-ray 1. Resolving congestive heart failure as compared to CXR from 2 days ago. 2. Cardiomyopathy with elevated BNP, possibly secondary to decompensated congestive heart failure. 3. Smoking history, hypertension, and hyperlipidemia. 4. Anticoagulation with Coumadin.

IMAGING REPORT

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

X-RAY	
Date/Time	2 days ago
Findings	AP Chest X-ray 1. Congestive heart failure, consistent with elevated BNP and history of CHF. 2. Cardiomyopathy with elevated BNP, possibly secondary to underlying infection versus decompensated congestive heart failure. 3. Smoking history, hypertension, and hyperlipidemia. 4. Anticoagulation with Coumadin.

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5’10”	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2



Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

HISTORY & PHYSICAL

DATE/TIME 2 days ago 1025	Mr. Frampton is a 71 y/o widower who lives alone. He is retired from the railroad, but is still very active in his church, fishes frequently, and eats lunch and plays dominoes at the senior citizen center 4-5 days/week. He has a son and a daughter who live in Dallas and Houston who call to check on him every couple of days. He has hypertension, poorly controlled, and admits to forgetting to take his medications occasionally. He is a type II diabetic, but says he keeps it controlled with oral antiglycemics. He does have an accucheck machine at home and does "spot checks" every couple of weeks. He was diagnosed with congestive heart failure and atrial fibrillation about a year ago and has been on Coumadin since then. He has not been back to the doctor because he has felt "just fine." He does not drink alcohol. He quit smoking 7 years ago, but smoked 2 PPD for 48 years. Has a 4-year history of benign prostate hypertrophy. Aller: PCN, Codeine. Last flu shot was in October, 2015, pneumonia shot in November, 2015. E11.9: Type 2 Diabetes Mellitus without complications I10: Essential (Primary) Hypertension I48.2: Chronic atrial fibrillation I50.43: Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

	N40.1: Enlarged Prostate with lower urinary tract symptoms R06.02 Dyspnea R60.1 Generalized Edema

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

NURSES NOTES

Date/Time	Entry	Initials
1 day ago 0745	AAOx4. Resp even and unlabored on room air. Left lung clear. Right lung with few scattered crackles noted in lower lobe. Normal heart tones. Rhythm irreg. Abdomen soft with BS x 4. Pedal and post-tib pulses palpable bilat. 1+ edema noted in bilat lower extremities. IV in R AC with no redness or edema noted. No c/o or distress noted. Rec'd insulin per SS as documented. Breakfast tray served. Otherwise assessed as doc. Bed down, SR up x 2, call light in reach. ----	SM
0915	Rec'd meds as doc. Ate 75% of diabetic breakfast. No c/o. Bed linens changed and performed self-bath. Tol well ----------	SM
1120	Resting quietly. Rec'd insulin per SS. No c/o. As doc. Bed down, call light in reach, side rails up x 2. ----------	SM
1330	Ate 100% of lunch. No c/o. Lungs clear bilat. Resting quietly. Bed down, SR ^ x 2, call light in reach. ----------	SM
1720	Watching television and visiting with friend at bedside. Rec'd insulin per SS. No c/o. Pleasant and joking with staff. Dinner tray served. Bed down, SR up x 2, call light in reach. ----------	SM
1945	Talking with friend at bedside. AAO x 4. Resp even and unlabored on room air. Lungs clear bilat. Normal heart tones, although sl irreg rhythm. Abd soft with BS x 4. Pedal and post-tib pulses palpable bilat. Trace edema noted in bilat feet and ankles. IV in R AC with no redness or edema noted. Strength 5 on 1-5 strength scale in all extremities. Denies pain or discomfort. Otherwise assessed as doc. Bed down, side rails up x 2, call light in reach. ----------	AD
2130	Resting quietly. Rec'd insulin per SS. Denies needs at this time. Bed down, SR up x 2, call light in reach. ----------	AD
Today 0200	Sleeping. Awakens to speech but back to sleep quickly. Resp even and unlabored. Lungs clear bilat. No distress noted. Bed down, side rails up x 2, call light in reach. ----------	AD
Today 0530 cont	Resting quietly. States has "slight headache, but not too bad." Rates h/a 2 on a scale of 0-10, but doesn't want to take anything for it right now. Insulin given per SS. No other c/o at this time. Bed down, SR up x 2, call light in reach. ----------	AD

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

0655	Pt c/o headache and requested something for pain. Reported to V. Litchford, LVN. No other c/o at this times. States "getting a little hungry." "Ready to get home to see [my] little dog." ----------	BD, CNA

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
Height: 5'10"	Admit Weight: 198 lb.	Current Weight: 189 lb	BMI: 27.1	PCP: Shawn Stussy
Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

NURSES NOTES

Date/Time	Entry	Initials
2 days ago 1100	Rec'd 71 y/o male from ED, AAOx4. Resp even and sl. labored with O2 @ 2L/nc. Lungs with crackles to lower lobes bilateral. Heart tones with S1 and S2 noted, rhythm noted to be irregular. Abdomen soft with BS x 4. 3+ edema to lower extremities noted. Cap refill <3 sec. Pedal and post- tib pulses palpable bilat. Handgrips strong and equal. IV in R AC with no redness or edema noted at site. Denies pain at this time, just c/o being short of breath. Oriented to room, rights, and routines. Denies questions or concerns at this time. Otherwise assessed as documented. Bed down, SR ^ x 2, call light in reach. ----------	CC
1200	Voiding large amounts of pale straw urine. Denies pain or discomfort. No changes noted. Bed down, SR ^ x 2, call light in reach----------	CC
1300	Rec'd meds as documented. States "breathing a little better." Crackles noted in bilat lower lobes of lungs. No distress noted. Ate 30% of lunch. Bed down, SR ^ x 2, call light in reach. ----------	CC
1500	Resting quietly with no distress noted. Cont to void pale, clear yellow urine. Denies needs at this time. Bed down, SR ^ x 2, call light in reach----------	CC
1610	Lasix 40mg IVP administered as ordered. Tolerated well. Denies pain or discomfort. Bed down, SR ^ x 2, call light in reach. ----------	CC
1705	Accu check 174. Rec'd Regular insulin per SS. Tolerated well. Voiding large amounts of clear straw urine. No c/o. Respirations even and unlabored. Dinner tray rec'd. Otherwise assessed as doc. Bed down, SR ^ x 2, call light in reach ----------	CC
2 days ago 1905	AAO x 4. Resp even and unlabored with O2 @ 2L per NC. Lungs with few scattered crackles to lower lobes bilat. Normal heart tones, rhythm sl irreg. Abdomen soft with BS x 4. Voiding clear pale yellow urine. 2+ edema noted in lower extremities bilat. IV in R AC with no redness or	AD

Last name: Frampton	First name: Pete	Date of Birth: 7/04/1945	Gender: Male	
Medical Record #: MR00042596	Date of Admit: 2 days ago	Admit Diagnosis: CHF		Admitting Physician: Jim Diamond
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Allergies: Penicillin Codeine	Isolation: Universal Prec.			BSA: 2.06 m^2

	edema noted at site. Denies pain or discomfort. Resting quietly in bed with friend at bedside. Otherwise assessed as doc. Bed down, SR ^ x 2, call light in reach. ----------	
2110	Accu check 170. Rec'd regular insulin as documented. Tol well. No c/o at this time. Voiding cl pale yellow urine. Otherwise assessed as doc. Bed down, SR ^ x 2, call light in reach. ----------	AD
2300	Awakens to speech. Lungs with few scattered crackles in R lower lobe. No c/o. No distress noted. Bed down, SR ^ x 2, call light in reach. ----------	AD
1 day ago 0200	Awakens to speech. Lungs with few scattered crackles in R lower lobe. No c/o. No distress noted. Bed down, SR ^ x 2, call light in reach. ----------	AD
0500	Resting quietly in bed. Lungs with few scattered crackles in R lower lobe. Denies c/o or needs. No distress noted. Bed down, SR ^ x 2, call light in reach----------	AD

Sheila M. Moore, MSN, RN

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CURRICULUM VITAE

EDUCATION

M. S. Nursing August 2008
Walden University, Minneapolis, MN
A. D. Nursing May 1993
Texarkana Community College, Texarkana, TX

AREAS OF SPECIALIZATION

Nursing Education
Critical Care

LICENSURE AND CERTIFICATION

Registered Nurse, state of Texas, license # 596059
Basic Cardiac Life Support

PROFESSIONAL EXPERIENCE

Texarkana College, Texarkana, TX 05/2009-present
Assistant Professor in associate degree nursing program. Provide instruction in accordance with approved curriculum guidelines and maintains required program standards for the nursing program to include classroom and clinical setting. Maintain a safe program-related environment, contributing to the enhancement of the learning experience for a diverse student population. Assist students with orientation, advising, academic counseling, and graduation requirements. Work collaboratively with other program faculty, clinical site staff, and administration. Adhere to college policies and procedures. Serves as chair of clinical resources committee. Member of faculty support committee and ad hoc committees on a prn basis.

Christus St. Michael Healthcare, Texarkana, TX 03/2008-10/2013
RN, staff nurse in surgical ICU. Care of critically ill patients using advanced nursing skills and various advanced medical equipment and medications, team lead, set up and implement new forms to meet compliance criteria, work closely with co-workers and physicians to ensure high quality of care. Coach new nurses and newly hired nurses, and precept nursing students. Maintain good communication with patients and families in person and by phone. Serve on nurse advisory council, ad hoc committee addressing holiday and call-back pay, unit based nursing advisory council, unit-based education committee, and associate satisfaction committee.

Serenity Hospice, Texarkana, AR 03/2007-03/2008
RN, team leader, and field nurse servicing seven counties and 90-100 hospice patients. Provide physical, spiritual, and emotional support to patients with life-limiting and serious chronic illnesses, their families and care providers. Formulate and implement a plan of care; coordinate nursing care with social workers, chaplains, occupational therapists, speech therapists, physical therapists, dieticians, wound care specialists, DME providers, pharmacies, and physicians. Provide extensive teaching to patients and care providers regarding symptoms management and end of life care. Work closely with caregivers, family members, and physicians to ensure high quality of care; maintain good communication with al associated parties in person and by phone.

Jordan Home Health, Jefferson, TX 05/2006-03/2007
RN, team leader, and staff nurse in small office servicing 7 counties and 85-90 patients. Formulate and implement plan of care; coordinate care with physical therapy, occupational therapy, speech therapy, and medical social worker; perform wound care, IV therapies, and other related therapies; work closely with caregivers, family members, physicians to ensure high quality of care; maintain good communication with all associated parties in person and by phone.

Christus St. Michael Healthcare, Texarkana, TX 01/2002-05/2006
RN, staff nurse in surgical ICU. Founding member of the rapid response team. Care of critically ill patients using advanced nursing skills and various advanced medical equipment and medications, team lead, set up and implement new forms to meet compliance criteria, precept nursing students, work closely with co-workers and physicians to ensure high quality of care. Maintain good communication with patients and families in person and by phone. Function as nurse liaison for Southwest Transplant Alliance. Teach ACLS and BCLS.

Collom & Carney Clinic, Texarkana, TX 01/2001-01/2002
RN, staff nurse in the oncology department. Assess patients, administer chemotherapy and other specialized IV medication, assess for adverse reaction or side effects, follow lab work, triage by phone, patient teaching breast cancer support group leader, code team, and maintain good communication with patients and families in person and by phone.

Collom & Carney Clinic, Texarkana, TX 04-1998-01/2001
RN, staff nurse in the cardiology department. Assist cardiologist in assessing and treating patients in the clinic, administer medications and monitor vital signs in the course of dobutamine and stress echocardiograms, patient teaching in the office and in the hospital, and maintain good communication with patients and families in person and by phone.

Wadley Regional Medical Center, Texarkana, TX 06/1993-04/1998
RN, staff nurse in surgical ICU. Care of critically ill patients using advanced nursing skills and various advanced medical equipment and medications, team lead, set up and implement new forms to meet compliance criteria, precept nursing students, work closely with co-workers and physicians to ensure high quality of care. Maintain good communication with patients and families in person and by phone.

AWARDS AND HONORS

Employee of the Month June 1996
Wadley Regional Medical Center

Nurse Liaison of the Quarter October 1997
Southwest Transplant Alliance