

ORGANIZATION OF DEPARTMENT OF NATURAL SCIENCE

NURSING PROGRAM

LABORATORY PROCEDURES HANDBOOK OF NURSING SKILLS, OSCE AND CLINICAL SIMULATIONS

SAGRADO

Universidad del Sagrado Corazón

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INTRODUCTION

Clinical Simulations are weighted in the syllabus and are part of the curriculum for our students. A minimum of two simulations per course will be assigned. The clinical cases will be developed by the entire faculty to create a bank of clinical cases and can be evaluated by using a rubric that will be provided. The professor should send the clinical cases or Simulation Templates to the students one week in advance. The clinical cases or templates will be analyzed by the students, answered in their entirety and handed in the day of the execution of the simulation. Students will be able to read and refer to them before being evaluated. For no reason the professor will share the clinical cases or Templates described as 'Instructor Clinical Cases', since these are answered in their totality. At the end of the simulation the teacher must hand in the Debriefing Questions. In the execution of the Clinical Cases or Simulation Templates the students will have to comply with the real execution time in the skills and competencies and will include objectives according to their level and cognitive; all based on the Evidence Based Practice.

The purpose of the Clinical Simulations of the Nursing Program at Sagrado Corazón University is to provide an evaluation tool in a caring and simulated environment with different scenarios of health services. Simulated, controlled and safe scenarios that serve for students to acquire the mastery of skills, competencies and basic attitudes essential to carry out nursing procedures. Emphasizing the development of a humanistic and empathetic sense through a professional attitude that guarantees safe and effective care within an ethical-legal framework. The Skills, ECOE's and Clinical Simulation Laboratory is staffed by two Clinical Simulation instructors. The hours of operation available are Monday through Friday from 8:00am to 10:00pm and Saturday from 8:00am to 5:00pm.

MISSION

As an integral part of Sagrado, the Nursing Program is committed to prepare nursing professionals with the required competencies, to be a leader, who manages the highest quality of patient care, taking into account cultural, ethical and legal values, following the standards of nursing practice, among other documents that guide a practice of quality and safety.

NURSING PROGRAM GOALS

To prepare highly educated nursing professionals to practice effectively and competently, adopting a humanistic, social, moral and spiritual role in the care provided to create a culture of health, reduce health disparities, in a global society with emphasis on prevention and wellness of vulnerable populations.

Prepare nursing professionals committed to service and community care, moral and professional values with the knowledge, skills and attitudes to perform professional nursing roles as care providers, communication and coordination of patient care.

Use fundamental concepts of biology, social sciences, theology, philosophy and nursing knowledge to evaluate the understanding and use of emotions to respond to the human experience of health, illness and healing, integrating technology, information management and biodiversity in the delivery of quality patient care to meet the demands of health and social care.

Use the best available evidence to develop evidence-based practices and research in an ever-changing world, providing the opportunity to enhance the student learning experience and faculty professional development through continuous improvement processes to increase efficiency and productivity.

Faculty and students use university resources in accordance with their financial stability, to prepare themselves to build their own knowledge and professional development, to promote health and disease prevention, demonstrating leadership, quality improvement and patient safety, among other competencies included in The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008].

REGULATIONS FOR SAFETY AND CONDUCT IN SIMULATION AND SKILLS LABORATORIES (APPLIES TO DISTANCE STUDENTS WHEN IN PUERTO RICO)

1. Follow the instructions of the laboratory technician.
2. Only those students authorized by their professor or by their class schedule may be in the laboratories.
3. It is forbidden to bring children, adolescents or third parties to the laboratories. No visitors from outside the nursing program or the laboratory section being performed are allowed.
4. Wear personal protective equipment as required for the procedure.
5. Only the laboratory scrub with the Sagrado logo and identification will be allowed to be used, except for students coming from the clinical area who may use the official uniform.
6. It is not allowed to decorate or alter in any way, the design of the scrub.
7. In the laboratories, the student may wear comfortable and closed shoes, other than "Crocs" or sandals.

8. The consuming of food and beverages, chewing gum and smoking, including electronic cigarettes, is forbidden inside the laboratory or surrounding corridors.
9. The student is responsible for preparing for the assigned procedure, once it is demonstrated by the professor. The student must practice the procedure before being evaluated.
10. All procedures will be evaluated by rubric and must be signed by the professor and the student.
11. The student is responsible for acquiring the textbook or manual of procedures of the course, scissors, stethoscopes and sphygmomanometer of their property.
12. The student who arrives late to the laboratory is responsible for the material discussed and will notify the professor when they are ready to be evaluated.
13. The student may request an appointment to practice a procedure where they want to improve their performance, coordinating the experience with the laboratory technician.
14. The professor and group of students will be responsible for keeping the classroom organized and clean, including closing windows and doors at the end of the class.
15. Use the trash cans according to the type of garbage or waste. Trash should not be deposited on the floor, tables, sinks, or under beds.
16. Do not deposit trash in the boxes designated for biomedical waste.
17. Games, gatherings and running around in the laboratory area are prohibited, as they may cause injuries, accidents and disrupt the academic dynamics.
18. Remember the evacuation plan, the location of the emergency doors and the fire extinguisher, as well as its use.
19. It is not allowed to take pictures in the laboratories without the authorization of the program director.
20. Students may use the computers for didactic purposes with prior authorization from the laboratory technician.
21. All users of the facilities of the Simulation and Skills Laboratory are responsible for taking care of and maintaining the equipment and materials in optimal conditions. As well as, to notify any defect, irregularity or damage of the equipment and material being used.

22. It is forbidden to remove equipment and materials from the laboratory for external activities without prior authorization from the technician in charge.
23. It is a requirement that professors and students sign the daily laboratory attendance sheet for each course.

ADDITIONAL REGULATIONS FOR THE DISTANCE LEARNING STUDENT IN LABORATORY SKILLS AND CLINICAL COURSES

Welcome and Orentation for Clinical Courses

1. Attendance at the welcome and orientation at the beginning of each clinical rotation in Puerto Rico is mandatory.
2. Visitors, family members and minors are not allowed in the simulation and skills laboratory facilities, clinical practice centers, classrooms and hallways during exam periods or any co-curricular activities.

Schedules for Skills Labs, Simulations and Clinical Courses

1. Before traveling to Puerto Rico to begin the clinical practice, the student must verify in the Portal that they are officially enrolled in the clinical course they must attend. Without the assurance that the student is enrolled and that they will be able to perform the rotation, the student should not travel to the island or incur in economic expenses without these guarantees. Traveling to the island with the expectation of doing a rotation without being previously enrolled and authorized does not obligate the Nursing Program to make exceptions for the student.
2. Skills labs and clinical courses are offered on an 8-hour daily practice schedule (7:00 a.m. - 3:00 p.m., 3:00 p.m. - 11:00 p.m.), within a period of six (6) days per week, Monday through Friday, until the scheduled clinical rotation hours have been completed. (Due to the COVID-19 pandemic, the hours for Clinical Simulation Technician and Skills and Simulation Lab services will be Monday through Thursday from 8:00am to 1:00pm on-site and from 2:00pm to 5:00pm remotely. On Fridays, services will be offered remotely from 8:00am to 5:00pm).
3. The student must complete a total of 30 hours per skills laboratory and a total of 120 hours of practice and simulations per clinical rotation, except in the ENL 440 course, which is 90 hours of practice.
4. The schedules are established considering the particularity of the course competencies to be achieved by the student and the availability of space in the practice centers.

5. The student is responsible for making the necessary adjustments to harmonize their universal schedule (employment, family, among others) with their study and practice time. The program is not obligated to make adjustments or exceptions in schedules and clinical spaces due to personal or family situations of the student.
6. Student attendance and participation in all academic activities of the skills laboratories is mandatory. No student who arrives late or is absent from practice hours in the skills laboratory courses will be able to pass the laboratory course in progress and will not be able to proceed to take the homologous clinical course of the laboratory that was missed or from which the student did not complete the required hours (30 hours).
7. Once the clinical course has started, the student is responsible for completing the time scheduled according to the hours of clinical practice required for each course. Under no circumstances the student will be authorized to leave the clinical course without completing the scheduled time.

COMPETENCIES OF THE GRADUATED FROM THE NURSING PROGRAM BACCALAUREATE DEGREE PROGRAM

1. Apply knowledge of leadership skills, service quality improvement and client safety in the provision of health care.
2. Implement current scientific evidence in their practice in diverse situations and scenarios.
3. Utilize technology and information management in client care in providing the highest quality health care services.
4. Demonstrate knowledge of public and global policies in health care and their influence on the functioning of health care systems and professional nursing practice.
5. Communicate and collaborate effectively with colleagues and other members of the health care team.
6. Demonstrate and apply knowledge and skills in health promotion and disease prevention at the individual and population levels.
7. Demonstrate behaviors of professionalism and professional values.
8. Practice nursing care competently with individuals, families, groups, communities, and populations across the life cycle in different care settings.

COMPETENCIES OF THE GRADUATE OF THE NURSING PROGRAM ASSOCIATE DEGREE PROGRAM

1. Apply knowledge and skills in leadership, quality improvement and client safety when providing health care.
2. Apply current scientific evidence to their practice in a diverse of health care situations and settings.
3. Use technology in client care and information management in providing quality care.
4. Demonstrate knowledge of health care policies and their influence on the functioning of health care systems and nursing practice in accordance with their associated nursing category.
5. Communicate, coordinate and collaborate effectively with colleagues and other health care professionals.
6. Demonstrate the application of knowledge and skills in health promotion and disease prevention at the individual and population levels.
7. Demonstrate professional behaviors and professional values.
8. Practice nursing care competently with individuals, families, groups, communities, and populations across the life cycle and in different health care settings.

INTRODUCTION TO THE CLINICAL SIMULATION

Clinical simulation has emerged in the past decades as one of the methodologies that allow responding to the strong changes faced by higher education at national and international level. It implies revision and curricular integration of clinical simulation as a strategy for the achievement of professional competencies. It is "To represent something, pretending or simulating what it is not" (Dictionary of the Royal Academy of Language) (RAE). It is the imitation, reproduction or representation of an act or a system by others. It is a methodology that offers the student the possibility of performing, in a safe and controlled environment, a practice comparable to the one they will perform in professional practice (University of Cadiz, 2011). More than 2,500 years ago, Confucius exalted the merits of learning based on constant practice and the accumulation of experiences. According to Gaba, Clinical simulation is a learning technique to replace or amplify real experiences with guided experiences that evoke reality in an interactive way. It is a methodology that provides skills, mental ability and the capacity to respond assertively when needed. Gaba DM. (2004). The future vision of the simulation in health care. Qual Saf Health Care, 13 (suppl1), pp. 2-10.

Currently, it is used for the evaluation of innovative methodologies and understanding of competencies, prior to performing interventions in real scenarios. While it is true that the student participating in the clinical simulation is subjected to an evaluation of competencies using validated instruments (weighted rubrics with Lickert scale), they develop skills in the Tutorial courses prior to the beginning of the clinical course. After the start of the clinical course, they are submitted to the OSCE (Objective and Structured Clinical Evaluation) exercise in a formative way where they will be able to reinforce what they have learned in the tutorial using a checklist system by the author Clinical Nursing Techniques "From Basic to Advanced Techniques", Sandra F. Smith, RN, MS, ABD; Donna J. Duell, RN, MS, ABD; Barabara C. Martin, MS, MS, APRN, BC Vol I and II Pearson Prentice Hall 7th Ed. this prior to the two simulations assigned per course. The OSCE exercise is repeated in a summative way where the complexity of the scenario, objectives and skills is the best form of assessment to validate the skills learned.

Simulation is as old as mankind and animals since the beginning of the universe use "camouflage or mimetism" to defend themselves from other species or to catch their prey. There are also passages in the Bible, for example, in Genesis and other sacred books, in the story of Ulysses and in the Middle Ages, how diseases were simulated to avoid going to war. Women faked pregnancies to avoid the death penalty or feigned illnesses such as epilepsy, insanity or hysteria to live on public charity.

Almost all-important works of world literature, such as those of Cervantes, Lope De Vega, Quevedo and Calderón De La Barca, refer in their writings not only to simulated illnesses but also to provoked illnesses. Richard Satava, Professor of Surgery at the University of Washington said in his foreword to the book "Clinical simulation, operations, engineering and management" by Richard Kile 2011. Due to the large number of deaths that occurred during the 1990s in the US, the government ordered the creation of a committee to investigate the quality of medical care. This committee published in early 2000 that between 44,000 and 98,000 people died each year in US hospitals as a result of errors occurring in the care process (To Err is Human). As a result of this research, it was recommended that health professionals receive part of their training in simulated spaces, prior to contact with the patient, in order to reduce errors, which are a product of the human condition (Kohn LT, 2000).

General Objectives

Clinical Simulation can be said to have four main objectives: Education, Evaluation, Research and Health System Integration; it ensures and facilitates patient safety. Each of these purposes can be achieved through a combination of Role Play, high, medium and low tech or fidelity tools and a variety of settings, from classroom sessions to a real environment. The nursing

laboratory aims to develop health care professionals who can perfect their skills and competencies, depending on the course. This development takes place through various techniques and practices. Among them, the practice of skills in medium fidelity models, in a constant manner. In addition to this, a clinical simulation space is provided during which the student can carry out the competencies of the course, acquired knowledge about the pathology presented and objectives previously established by the professor. It should be noted that the clinical cases used as reference during the clinical simulations are taken from the book *Clinical simulations for Nursing Education*, by Marcia L. Gasper and Patricia M. Dillon, of which there are versions for both students and professors. It is understood that the corresponding version is given to both teacher and student, for the development of the same. On the other hand, there is the OSCE's modality, whose purpose is to measure students' skills.

During them, professor and student will be able to identify deficiencies to be reinforced to improve them in the next opportunity. The OSCE's are divided into two (2) parts, and the first one is considered a formative one which does not carry any weighting, through which the student and professor develop skills stipulated in a clinical case with indications of skills, with an established time limit to complete them. The second and last of them, the points identified in the previous exercise are reevaluated and the skills are reinforced since, although it is carried out in the same way, it carries a weighting since it is a summative exercise. The main objective is to train health professionals with complete skills and competences for the labor field.

Specific Objectives

1. Assess nursing competencies through clinical simulation and OSCE.
2. Employ the use of simulators for the development of skills in the nursing student.
3. To serve as a group of experts in the field of clinical simulation to assist nursing students in the process as well as in the competencies and skills of the course.
4. To engage the student body in active learning through clinical simulation.
5. To unify clinical simulation terminology.
6. To increase the quality of training of nursing students at Sagrado Corazón University.

Clinical Simulations per Course

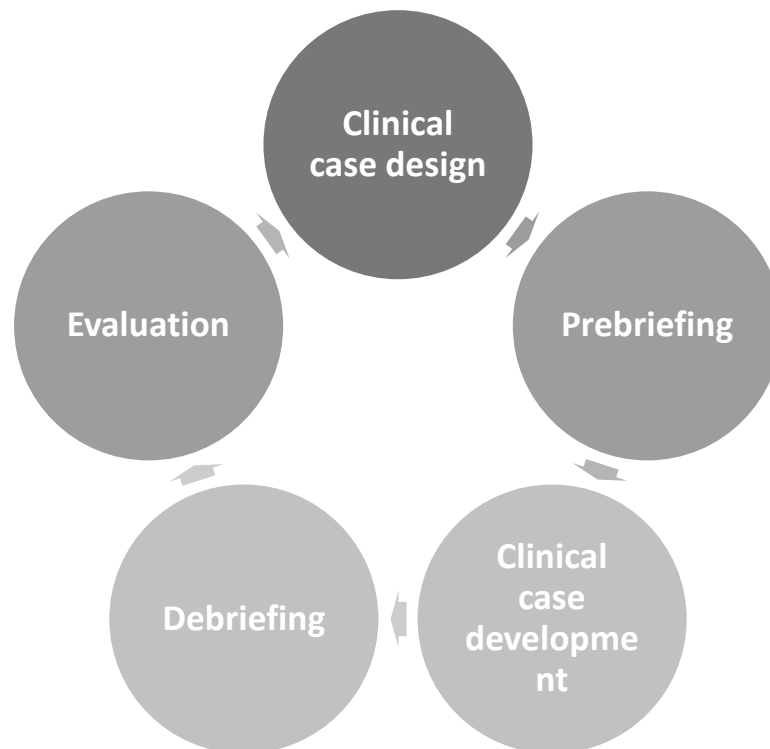
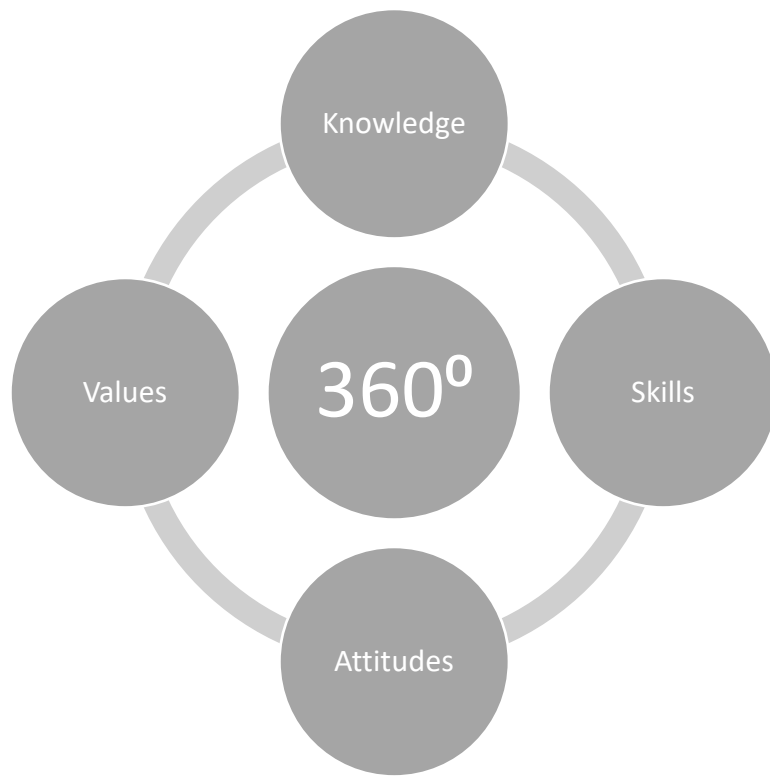
Clinical Simulations will be aligned to the learning level of the student in formation. The skills and competencies required to successfully complete the course in progress. These will allow the student to review concepts, terminology, skills, competencies and complex topics from the fundamentals to the level at which they are developing. The students together with their professor will perform two Clinical Simulations during the time coordinated in the Skills Laboratory, OSCE's and Clinical Simulations. Clinical cases will not be sent to participating students. Students should receive their checklists prior to their evaluation for reading, comprehension, discussion and answer in an educational and active context.

Theoretical and Conceptual Frameworks

According to Dr. Adalberto Amaya, when talking about clinical simulation, many people associate it only with a strategy aimed at the development of skills and abilities related to cardiopulmonary resuscitation, since this has been one of its development axes worldwide; however, this concept is far from the extensive utility that clinical simulation offers to the institutions in charge of medical training and other health sciences.



(pngggg, d.d.)



Clinical Case Design

- Template acquired or prepared by Specialist or Professor.

Prebriefing

- Facilitator leads it 7 to 10 minutes of duration; Composes the presentation of the clinical case.

Clinical Case Development

- The Protagonists are the participants. Adjusted to the stipulated time.

Debriefing

- Duration equal to the Simulation or double. Act of constriction or analysis.

Evaluations

- Surveys, Evaluations Etc.

Conceptual Framework of Clinical Simulation

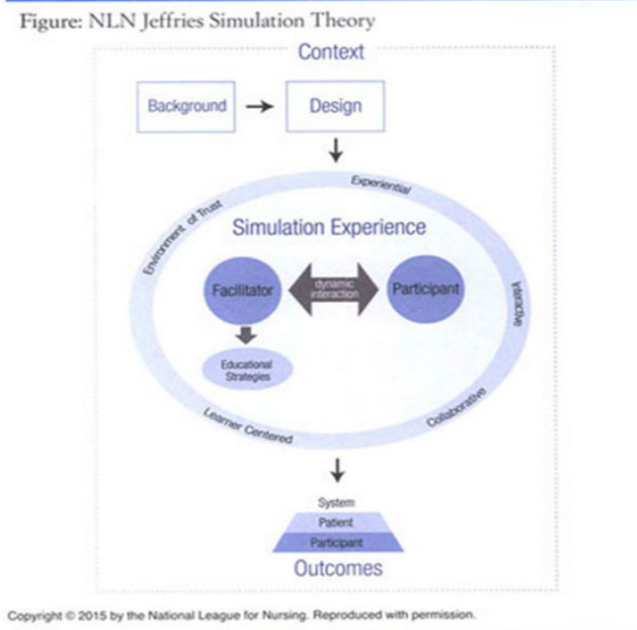
Pamela Jeffries' Clinical Simulation Model

The theorist and Clinical Simulation Specialist Dr. Pamela Jeffries in 2005 wrote the document Educational Practices in the Clinical Simulation Scale and sample items for each subscale to identify good practices. Jeffries, P (2007) developed her Conceptual Framework for the Evaluation of Clinical Simulation, where she highlights three phases of importance in the development of the exercise. This highlights the five determining aspects for executing an excellent educational practice. Among them are:

Faculty (profile), students (program, level, age) and intertwined with educational practices; where it emphasizes active learning, feedback, interaction among others. The Simulation Design phase highlights specific objectives such as fidelity, case complexity (beginner, intermediate or advanced), processes and competencies and finally debriefing. The results phase will depend on the first three concepts and if these are not aligned. Both the Facilitator (Faculty or Simulation Specialist) and the participants (students) should be guided by the realization of the objectives, skills and competencies as presented in the Conceptual Framework for simulation evaluation, including learning development, skills performance, participant satisfaction during performance, critical thinking, self-confidence, among others.

Pamela Jeffries' Simulation Theory Description, (2015)

In the context of clinical simulation Jeffries uses the antecedent approach to learning findings in participants. The design focuses on goals that; Promote the development of objectives that highlight the experiential, interactive, collaborative factor that is focused on learning and the development of a trusting, controlled and safe environment.



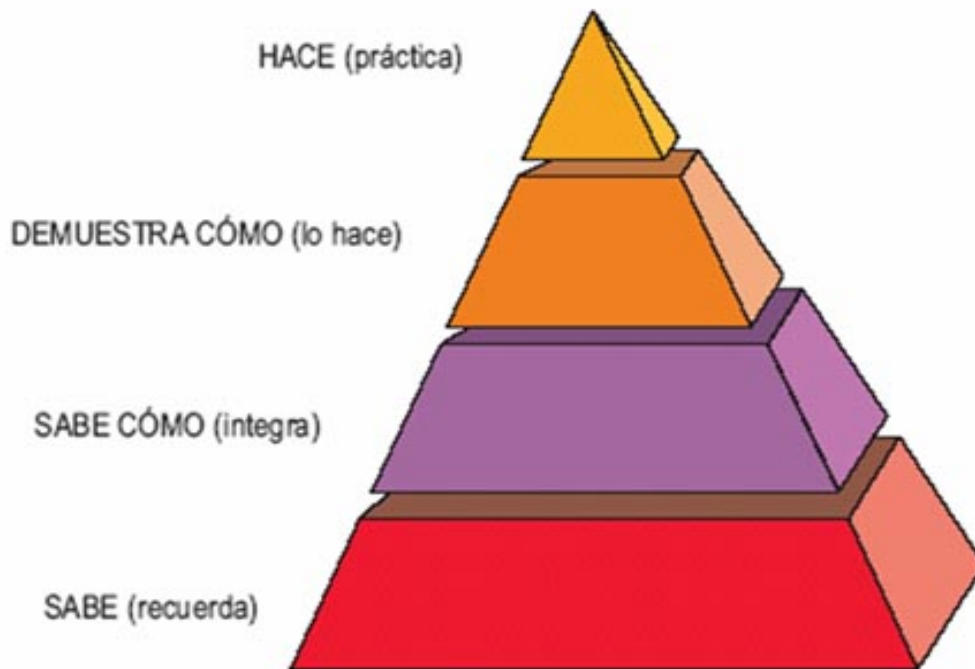
(Forneris, Kline, & Kellgren, 2017)

Conceptual Framework for Simulation Assessment

Miller Pyramid

Educators cannot demonstrate that graduates possess the required attributes or that their programs have the desired impact on health care if they do not have adequate instruments for outcomes assessment. We have advances in the assessment of professional behavior, academic characteristics and multidisciplinary teamwork; however, we need to develop new instruments to assess competencies and outcomes more generally, particularly those based on professional judgment. A widely accepted model in the educator community is Miller's pyramid.

(HOSTOBEN, 2008)



Experiential Learning Model

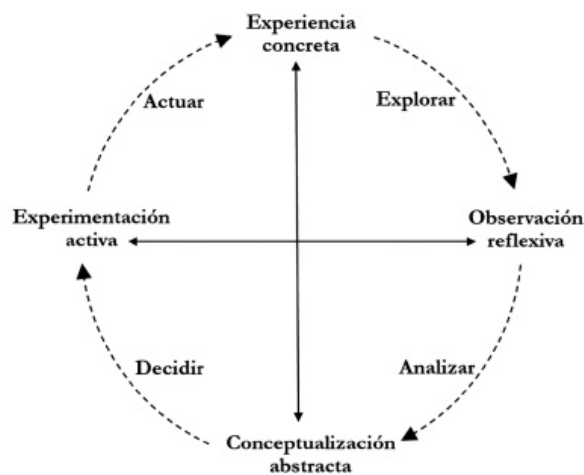
Kolb (1984, cited in Alonso, et al., 1997) includes the concept of learning styles within his experiential learning model and describes it as "some learning abilities that stand out above others as a result of the hereditary apparatus of one's own life experiences and the demands of the current environment. We come to characteristically resolve conflicts between the active and reflective self and between the immediate and analytical self. Some people develop minds that excel in converting disparate facts into coherent theories, and yet these same people are unable or uninterested in deducing hypotheses from their theory; other people are logical geniuses, but find it impossible to immerse themselves in an experience and surrender to it."

Kolb identified two main dimensions of learning: perception and processing. He said that learning is the result of how people perceive and then process what they have perceived.

He described two opposite types of perception

People who perceive through concrete experience, and people who perceive through abstract conceptualization (and generalizations). As he explored differences in processing, Kolb also found examples of both extremes:

Some people process through active experimentation (the operationalization of the implications of concepts in novel situations), while others through reflective observation.



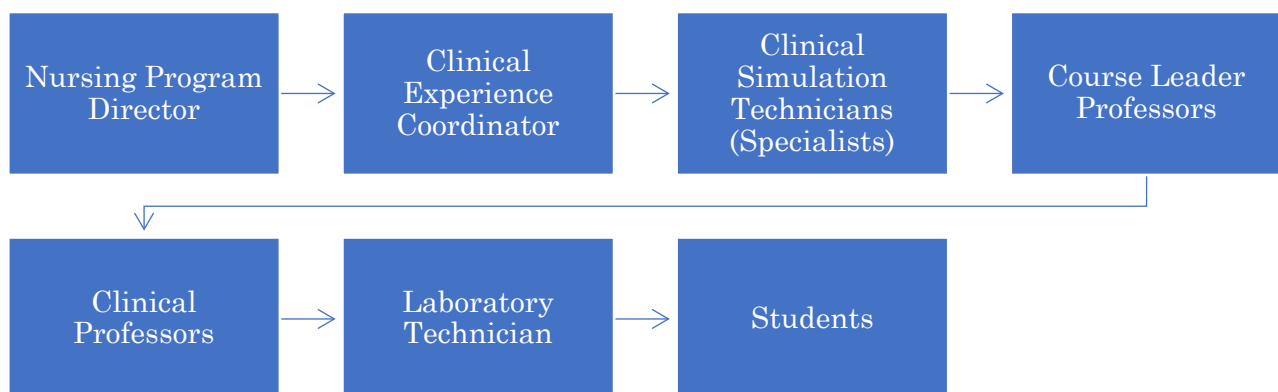
Fuente: Modificado de Kolb. 1984.

(Erice, Pardo, Questier, & Luján, 2016)

CLINICAL SIMULATION COMMITTEE

The Clinical Simulation Committee is made up of Health Professionals prepared, trained and certified in Simulation-Education among these are; the Director of the Nursing Program, Coordinator, Simulation Technicians or Clinical Simulation Specialist, Course Leaders, Clinical Professors, Laboratory Technicians and Students.

TEAM ORGANIZATION CHART



Functions of the Clinical Simulation team

The functions of the Clinical Simulation team or committee will be constituted by the Director of the Nursing Program, Clinical Simulation Specialists (Simulation Educators) or Clinical Simulation Technicians, Faculty Course Leaders or delegated Teachers and Skills Laboratory Technicians, OSCE and Simulations. Each one will have responsibilities concerning their position and will contribute from the Teaching, Andragogic and Technological perspective, among others. They monitor the teachers in the execution of the OSCE and Simulations once they are trained in OSCE and Clinical Simulation.

Types of Simulators

There are several types of simulators that can be used for both teaching and simulation processes for students in the nursing program. Starting with low fidelity models, which are generally individual parts of the body, these models represent the most distant from reality, but not in its totality. The next type of simulator is the medium fidelity models, which have a real size, however, these are not fully interactive with the student since they do not provide a physiological response to the student. On the other hand, high fidelity models are those that are life-size and do provide physiological responses to the learner based on intervention. These may also provide audible responses to the student to resemble as closely as possible the reality of the condition and the student's intervention. In addition, there are also advanced fidelity models, which represent advanced fidelity both in physical structure and size of the model, as well as in physiological response to the student's interventions based on the condition presented in the clinical case stipulated in advance according to the course of the clinical case.

Standardized Patients (Actors)

A standardized patient is one that simulates, acts or pretends some symptomatology of the condition present in the clinical case offered to the student, according to the assigned course. The student will use this performance or pretend to the nursing students or participants that require it during the clinical simulation, depending on the case and the objectives of the Template, Clinical Case or the objectives set by the professor in the course. It is important to mention that they do not suffer from the condition but seek to resemble as closely as possible the clinical picture, symptomatology or pathophysiology present in the condition. The purpose is to create a scenario as close to reality as possible, so that the students handle the patient client and his symptoms in a realistic way, forgetting that the scenario is a prepared one, although safe and controlled.

Actual Standardized Patients (Actors)

The real standardized patients are those who suffer from the condition that is stated, but the performance of these symptoms is not real. It is understood that the Standardized Real Patient suffers from them and they have them under control together with the present medical condition. The use of these standardized patients has the advantage of recruiting them both for teaching and for the OSCE's Objective and Structured Clinical Evaluation, making it of versatile and real use to the nursing student. It should be noted that during the use of the Standardized Real Patient it should have its conditions controlled and in normal values. For example. If the patient is diabetic.

OSCE

The Objective Structured Clinical Evaluation or Examination (ECOE) is used by universities for teaching in health systems and transdisciplinary teams around the world. In definition, it is a teaching strategy of exploration and evaluation where the participant is submitted to a simulated clinical experience where the participant has the opportunity to develop their skills, abilities and competencies acquired from the beginning of their training to the present. It has been used to evaluate medical students since the mid-1970s, and in more recent years it has been increasingly used to evaluate nursing students and allied health professions. In Puerto Rico, this exercise was adopted; but it was not until 1996 that records of exercises similar to the OSCE appeared, for example, circuits. Historically, today in 2019 the OSCE is included in the Nursing Program at Sagrado Corazón University. This growing utilization of Appraisal has led to considerable debate within the literature related to the optimal use of the OSCE as an evaluation process. The purpose of this paper is to present a narrative review of some of the key issues affecting the utilization of the OSCE in the assessment of nursing students.

Advantages and Disadvantages of OSCE

Advantages

1. The student is submitted to new learning experiences.
2. The student explores his weaknesses and competencies.
3. Is subjected to evaluation processes (assessment) in a manner.
 - a. Formative
 - b. Summative

4. It will weigh your integral development as a participant in the field discovery in your skills, abilities and competencies.

Disadvantages

Major problems identified include:

- The need to carefully prepare and test new OSCE exams.
- The design of standardized tools to ensure that the reliability and validity of OSCE is optimized.
- Identifies the need to carefully consider the length, number and interdependency of OSCE stations to ensure that potentially competing requirements for validity and reliability are balanced.
- Resources
 - a. Taxes \$000.000
 - b. Human
 - c. Professors
 - d. Evaluators
 - e. Standardized patients

The OSCE concludes that if the structure is executed properly it is the best assessment strategy. While caution should be exercised when conducting the OSCE as a means of professional evaluation, it should be used with methodological care as it will provide a useful and meaningful contribution to the professional education of our health students as new entities in the new millennium education. The findings within the OSCE exercise highlight the strengthening of confidence in the participants, the development of the use of memory and concepts such as: the clinical eye, critical thinking, scientific rationale and the nursing process.

DUTIES AND RIGHTS OF STUDENTS

To maintain a healthy and professional environment in the Skills Laboratory, OSCE and Clinical Simulation. Students, professors and participants must abide by the established norms and regulations; this will guarantee that the objectives are accomplished in an orderly and safe manner. The student has the right to use the facilities in an orderly and coordinated manner; the student may request access to the laboratories to perform skills and competitions, as long as the student requests it previously to the personnel in charge of the laboratory. The student will only practice the skills included in the course in which he is enrolled. Voluntary participation in activities programmed by any of the following: Nursing Program, Student Nurses Association

and others is subject to the rules of use of the laboratory, for example. The uniform (Scrub) wine color, University ID, closed shoes and identification with the student's name. No student, volunteer or work-study student will be accepted without the use of the uniform. The student may coordinate visits to practice OSCE and Clinical Simulations on a scheduled basis, these appointments must be subject to the presence of the personnel in charge of the Laboratory.

CLINICAL SIMULATION PROCESS

The clinical simulation process is standardized, starting with the acquisition of the template or clinical case. The professor will be able to develop clinical cases according to his expertise and preparation. Another alternative is to use pre-written templates such as those used in the textbook *Clinical Simulations for Nursing Education: Learner & Instructor Volume* Gasper, Maria L. EdD, RNC & Gasper, Patricia M. Dillon PhD, RN Davis Plus. Once obtained, it will be offered to the student participant one week in advance for individual reading, discussion and response by each student. On the day of the simulation, they will arrive 10 minutes before the simulation to perform the recognition of the areas. Pre-Briefing will be performed, consisting of an introduction to the specific clinical case; with clear and specific objectives including clinical data of the patient and the clarification of minimal doubts in the discussion. The development of the clinical simulation is the second step in the Clinical Simulation process. The student is the protagonist in this phase. They can be evaluated within the skills required by the clinical case and complete its execution complying with the competencies demanded by the template. The third phase of the process is the location of the scenarios and the location of the anatomical models, cleaning and final organization prior to the next phase. The fourth phase is the Debriefing.

INACSL Best Practice Standards

Knowing the value of simulation as a tool to facilitate the achievement of learning outcomes and competencies of our students, we continue to develop its use as an educational strategy.



For years, learning through practice and experience has predominated considering the famous phrase of Confucius; ***"I heard it and I forgot it, I saw it and I understood it, I did it and I learned it."***

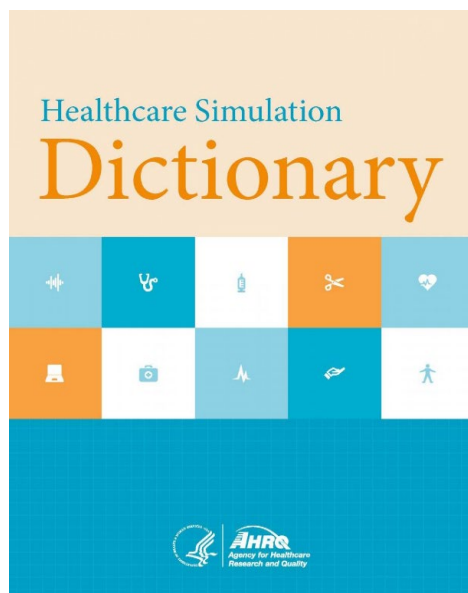
INACSL is the International Nursing Association for Clinical Simulation and Learning. It is a professional organization created to be the nursing portal to the world of clinical simulation since 2002. Its mission is to develop and promote evidence-based standards of practice for clinical

simulation methodologies and to promote simulation research. It recognizes that, to advance the science of simulation as a teaching methodology, it is necessary to identify and share best educational practices in the design, conduct, and evaluation of simulation activities. The historical development of the Simulation Best Practice Standards.

1. 1999-2001 - Nurse educators identified the importance of creating a professional organization to address the growing needs of educators using simulation.
2. 2002 - INACSL originated.
3. 2010 - INACSL begins development of the Standards of Best Practice in Simulation (SoBP).
4. 2011 - First publication of the first 7 standards.
5. 2013 - Revision of standards, second publication includes guidelines in its components.
6. 2015 - Standards VIII and IX are identified.
7. 2017 - Third publication of standards 9.

INACSL Best Practice Standards: Simulation

Standard I: Terminology



https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-safety-resources/research/simulation_dictionary/sim-dictionary.pdf

Standard II: Professional Integrity

Is demonstrated and updated by all involved in simulation-based experiences. Foster attributes of the professional integrity role model at all times. Follow standards of practice, guidelines, principles, and ethics of the profession. Create and maintain a safe learning environment (see INACSL Standard: Facilitation). Require confidentiality of proceedings and scenario content based on the institution's policy and procedures.

Standard III: Outcomes & Objectives

According to INACSL (2016) states that simulation-based experiences begin with the development of measurable objectives to achieve expected outcomes.

Outcomes are an integral component of instructional and research design. Educators and researchers use outcomes to determine the impact of experiential simulation. Kirkpatrick's model for evaluating training and learning outcomes is often used to measure this standard.

Criterion #1: Determine the expected results in the simulation program.

Required elements:

Be consistent with the institutional Mission and Vision driven by the curriculum objectives and concepts, consider multiculturalism.

Levels of evaluation may include:

Individual results, KSA (Knowledge, Skills & Attitudes), changes in attitude and performance, participant satisfaction, following the Standard: Simulation Design

Criterion #2: Construction of specific, measurable, achievable, realistic objectives based on expected results.

Required elements:

- **Specific:** What exactly will be done (Identify scenario, level of fidelity of simulators, facilities, estimation and evaluation methods).
- **Measurable:** Can be measured (Determine the evaluation criteria to be used).
- **Achievable:** Can be performed in the scenario provided with the resources available.
- **Realistic:** Is it designed according to the expected results?
- **Timing:** When will this objective be realized? Establish a time to implement and evaluate results.

Standard IV: Facilitation

Provide optimal opportunities for students to achieve the expected outcomes of simulation-based experiences. They are composed of the following criteria:

- **Criterion 1:** The facilitator requires skills and knowledge in simulation pedagogy.
- **Criterion 2:** The facilitator's approach is appropriate to the participants' level of learning, experience and competence.
- **Criterion 3:** The pre-simulation experience includes preparatory, pre-briefing activities to prepare participants for the simulation-based experience.
- **Criterion 4:** It involves the delivery of signals (pre-determined and/or unplanned) aimed at helping participants achieve the expected results.
- **Criterion 5:** The main objective of the facilitation after the simulation experience is to support the participants in achieving the expected results.

Standard V: Facilitator

The facilitator is a person who has the education, strategies and skills with neutral attitude. Who supports with equity level to the group with the purpose of completing with educational satisfaction the objectives determined in an activity, teamwork or as a guide to others. Facilitators are considered facilitators:

1. Professors
2. Technicians
3. Tutors
4. Instructors

The people to deal with when being a facilitator:

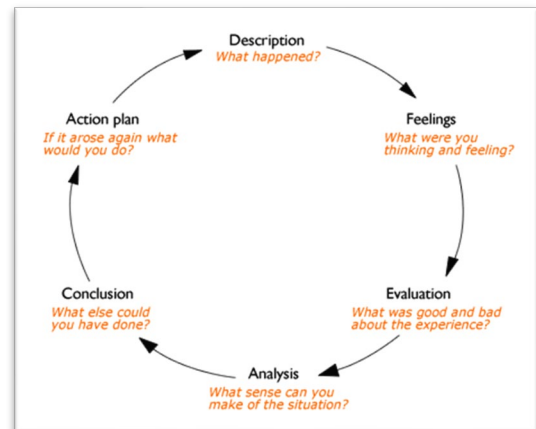
1. The interrogative
2. The all-knowing
3. The shy one
4. The mocker
5. The aggressive
6. The talkative
7. The disinterested
8. The positive to everything (Leader)

Standard VI: Debriefing Process for the OSCE

Meeting after an assignment or event, in which an analysis or reflection guided by the instructor is carried out. It promotes self-evaluation, reflective and meaningful learning. (University of Cadiz, 2012). Process after a research project where participants receive more details about it. (What is Debriefing? PAM MS, NCSP | Fact checked by Psychology Dictionary Staff).

Importance of Debriefing (Amaya, 2012)

It is a reflection on the lived experience. A discussion of learning objectives. Reinforcement of good practices. Learning from mistakes. (not to make again, error ≠ allowed). Increases team spirit. The creation of new individual / group learning goals.



Best practices for Debriefing

Safe place to develop thoughts and feelings. No criticism or teasing from peers or teachers. (NOT punitive) (confidentiality agreement). Quiet environment away from the simulator. Area where they can see and share recent events. Moment of discovery, learning and evaluation. Safety and encouragement must be ensured during the process.

3 Phases of Best Practice Debriefing

1. Descriptive phase (How did it feel? How did it feel? What did it deal with? Was the scenario realistic?)
2. Analytical phase (What did it do well, why was it done that way, what would you do differently?)
3. Application phase (What did you take away at the end, what did you learn, could you apply what you learned?)

Debriefing Phase

1. Opportunity to express thoughts and feelings.
2. Describe the first impression of the scenario.
3. Get a common understanding of what happened.

4. Listen to the pearls. "Pearls are essential key to the development of the analysis of the situation of the moment or to develop new experiences (simulations)".



By Dr. Soledad Armijo Rivera, (Chse)
cs-cdefma-udc.

In course Training Workshop Insertion Curricular
Insertion of Simulation and Debriefing.

June 2, 2017, Camera Mundi, Caguas, PR.

Debriefing is the "heart and soul of the simulation
experience". (Rall, Manser & Howard, 2000)

Adapted from Alinier G. Chapter 76—Learning through play: simulation scenario obstacle course treasure hunt. In: Kyle RR, Murray WB, editors. Clinical Simulation: Operations, Engineering and Management. London: Elsevier/Academic Press, 2008. p. 745-9.

Standard VII: Participant Evaluation

It states that all simulation experiences require participant assessment. Simulation-based experiences facilitate assessment in the affective, cognitive and psychomotor domains of learning.

Types of evaluations

- **Formative:** help the student to achieve the learning objectives.
- **Summative:** measure learning outcomes at a specific point in time or at the end of a program of study.
- **High expectation:** assessment that has important implications or consequences based on the outcome such as payments or grades.

Important elements of simulation evaluation

Authentic evaluation includes determining:

Why is it going to be evaluated (feedback, define results, formative, summative or high expectation)?

What is going to be evaluated (design, clear objectives, time...).

How is it going to be evaluated (evaluation instruments, interpretation of results)?

Criteria

- **Criterion 1:** Determine the method of participant evaluation prior to the simulation experience.
- **Criterion 2:** Select simulation experiences for formative evaluations.
- **Criterion 3:** Select simulation experiences for summative evaluations.
- **Criterion 4:** Select simulation experiences for high expectations evaluations.

Standard VIII: Interprofessional Education through Simulation (Sim-IPE)

The purpose of standard eight is to provide instructors and participants the opportunity to work on skills such as teamwork, effective communication, among others. Within a safe, risk-free and customer-centric environment.

Criteria

- **Criterion 1:** A theorizing and conceptual framework for interprofessional simulation is needed.
- **Criterion 2:** Use best practices for the development and design of interprofessional simulation.
- **Criterion 3:** Recognize and address barriers you may face.
- **Criterion 4:** Develop an evaluation plan appropriate to this standard.

Standard IX: Simulation Design

Simulation-based experiences are designed with the purpose of meeting the identified objectives and optimizing the achievement of the expected results.

Criteria

1. Estimated needs
2. Measurable objectives
3. Simulation format
4. Scenario
5. Fidelity

6. Facilitative approach
7. Pre-briefing
8. Debriefing
9. Evaluation
10. Participant preparation
11. Pilot test

Simulation Phases

1. Pre-briefing
2. During Simulation
3. Debriefing

Sequence chart for Sequence to play the game known as clinical simulation

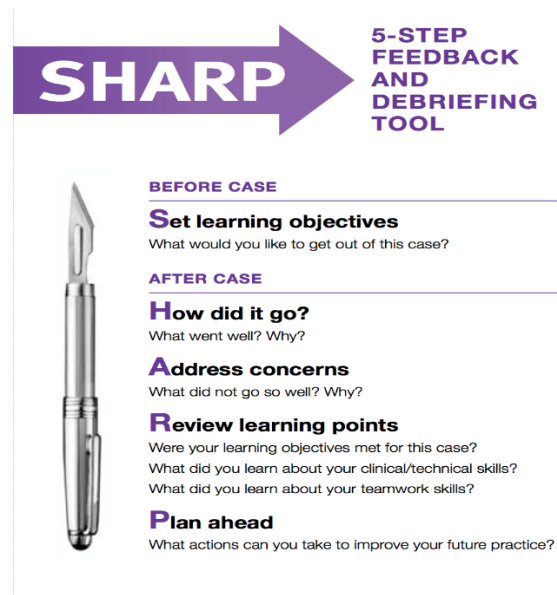
1. Welcome the participants and create a friendly, supportive atmosphere
2. Introduce the faculty
3. Presession evaluation to determine baseline knowledge, skills, and attitudes
4. Explanation of session plan
5. Ice-breaking activity recommended if participants do not know each other
6. Explanation of the basic simulation rules, the philosophy
7. Introduction to the patient simulator and simulation environment
8. Basic “warm-up” scenario for the whole group
9. Clarification discussion
10. Separation of participants into groups -“hot seat” and observers
11. Scenario execution
12. End scenario
13. Facilitate debriefing
14. Summarize the important learning points
15. Switch groups
16. Repeat steps 11-14 for subsequent scenarios
17. Conduct an overall session debriefing
18. Postsession evaluation
19. End session

Adapted from Alinier G. Chapter 76—Learning through play: simulation scenario obstacle course treasure hunt. In: Kyle RR, Murray WB, editors. Clinical Simulation: Operations, Engineering and Management. London: Elsevier/Academic Press, 2008. p. 745-9.

Pre-Briefing Importance



Debriefing Models Samples



(Coggins, 2014)

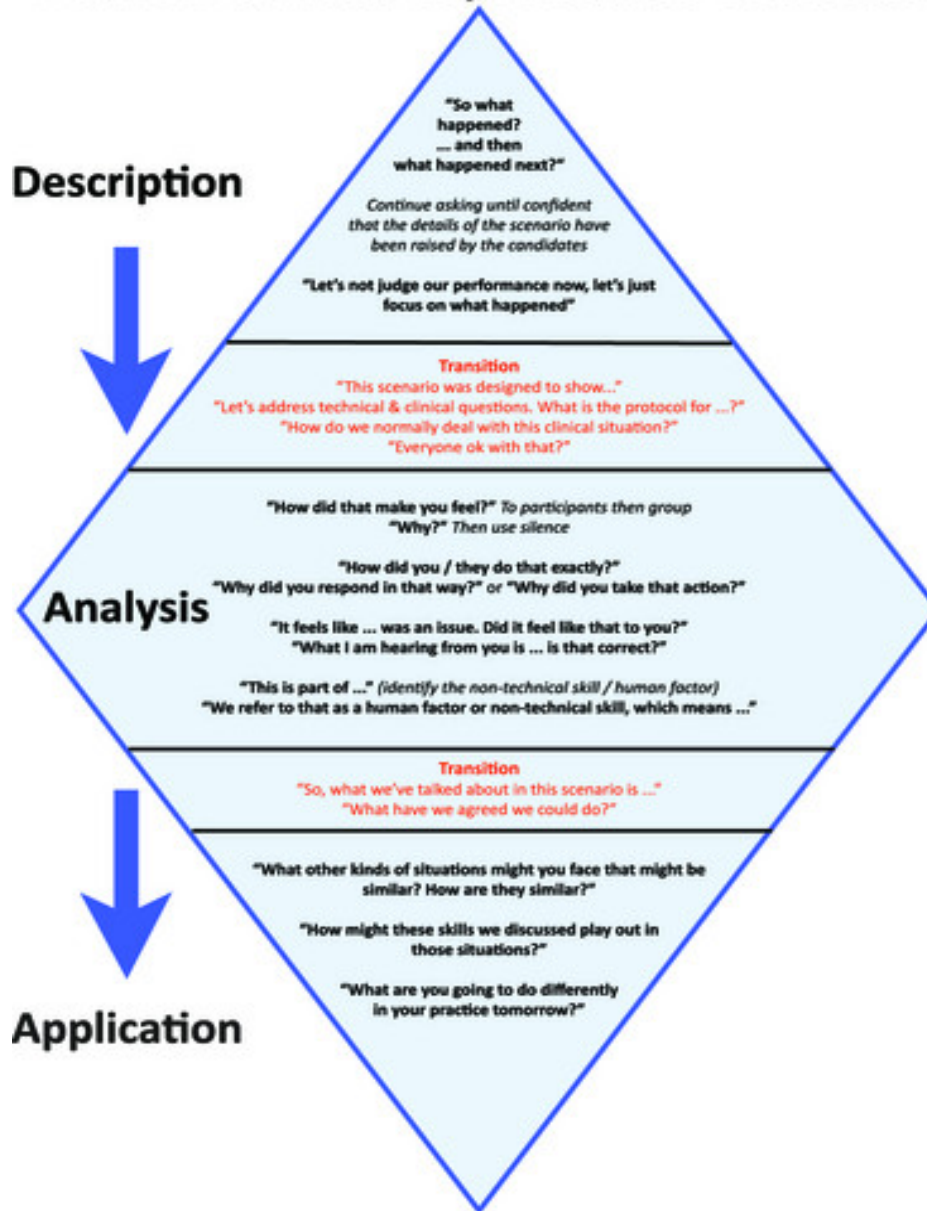
OSAD

OBJECTIVE STRUCTURED ASSESSMENT OF DEBRIEFING

	1 (done very poorly)	2	3	4	5 (done very well)
1. Approach	Confrontational, judgmental approach		Attempts to establish rapport with the learner(s) but is either over-critical or too informal in their approach		Establishes and maintains rapport throughout; uses a non-threatening but honest approach, creating a psychologically safe environment
2. Establishes learning environment	Unclear expectations of the learner(s); no rules for learner(s) engagement		Explains purpose of the debriefing or learning session but does not clarify learner(s) expectations		Explains purpose of debrief and clarifies expectations and objectives from the learner(s) at the start
3. Engagement of learners	Purely didactic; facilitator doing all of the talking and not involving passive learner(s)		Learner(s) participates in the discussion but mostly through closed questions; facilitator not actively inviting contributions from more passive learner(s)		Encourages participation of learner(s) through use of open-ended questions; invites learner(s) to actively contribute to discussion
4. Reflection	No acknowledgment of learner(s) reactions, or emotional impact of the experience		Asks the learner(s) about their feelings but does not fully explore their reaction to the event		Fully explores learner(s) reaction to the event, dealing appropriately with learner(s) who are unhappy
5. Reaction	No opportunity for self-reflection; learner(s) not asked to describe what actually happened in the scenario		Some description of events by facilitator, but with little self-reflection by learner(s)		Encourages learner(s) to self-reflect upon what happened using a step by step approach
6. Analysis	Reasons and consequences of actions are not explored with the learner(s)		Some exploration of reasons and consequences of actions by facilitator (but not learner(s)), but no opportunity to relate to previous experience		Helps learner(s) to explore reasons and consequences of actions, identifying specific examples and relating to previous experience
7. Diagnosis	No feedback on clinical or teamwork skills; does not identify performance gaps or provide positive reinforcement		Feedback provided only on clinical (technical) skills; focuses on errors and not purely on behaviours that can be changed		Provides objective feedback on clinical (technical) and teamwork skills; identifies positive behaviours in addition to performance gaps, specifically targeting behaviours that can be changed
8. Application	No opportunity for learner(s) to identify strategies for future improvement or to consolidate key learning points		Some discussion of learning points and strategies for improvement but lack of application of this knowledge to future clinical practice		Reinforces key learning points identified by learner(s) and highlights how strategies for improvement could be applied to future clinical practice

(Coggins, 2014)

Debrief Diamond: Key Phrases to Remember



(Jaye, Thomas, & Reedy, 2015)

SSH STANDARDS

Educational Activities

Under this standard it is intended to provide the student with activities such as high-quality clinical simulations, so that the person knows and demonstrates the skills and competencies of the course to be evaluated. It is important to mention that it is a requirement to provide a detailed document with the mission and goals of the activity to be carried out. It is also essential to present the individual grades to be evaluated in the clinical simulation, so that the student is prepared and knows how to be evaluated. In addition, the student will be given the form with the scenario to be presented in the scheduled simulation, so that the student feels familiar with the environment, the simulator and the pathology to be treated in the simulation.

Design of Educational Activities

Three (3) points are of utmost importance in this standard. Among them is the creation of eye-catching or attractive scenarios to attract the attention of the student, so that he/she would like to perform the activity or procedure again. Another point would be to provide or use evidence-based information at all times during the at all times during the clinical simulation or procedures. On the other hand, to make the practice effective for the student's learning, taking into account the individual learning of each student and the different forms of study that each one may use or require. This is why it is necessary to make clear the reason for the present scenario and the skills to be evaluated in it, so that the educational basis of the program or the specific course is used. Therefore, it is necessary to use different ways in which the deficiencies, needs and learning of the skills in full to be performed in the clinical simulation are identified. In addition, it is of great benefit for the student to know in advance the scenario to be used in the clinical simulation and the ways to prepare for it. The use of didactic material prior to the clinical simulation is of great benefit for the student since they are more prepared and more confident for the scenario and the learning process is fulfilled in a practical and investigative way using Evidence Based Practice.

Qualified Educators

The personnel to carry out these procedures should be one that is directly linked to clinical simulation processes and/or knows about the pathologies to be presented to the student. Therefore, being certified in clinical simulation specialties would support the procedure to be one of greater learning and higher quality due to the knowledge of the simulation process and patient care. These criteria ensure that the educator is prepared for the type of simulation to be used and for the group, in this case students of the Nursing Program. These criteria are not the

only ones to be used, but it is necessary to take other measures to ensure the learning process, which is why they are evaluated annually in their respective fields. In addition, to ensure the best learning, it is necessary to coordinate development activities for the people in charge of the clinical simulation process, so that they are aware of the most recent processes related to simulation that could be of benefit to the students of the Nursing Program.

Evaluation and improvement

Under this standard it is intended to demonstrate that through these procedures the basic requirements stipulated in each course are being complied with. By means of which it is advisable to use different evaluation techniques. One of them would be the evaluation by experts in the field, another would be by means of the meticulous observation of the processes carried out during the clinical simulations and finally by means of internal recommendations or processes appropriate to the needs. It is worth mentioning that it is necessary that all the information provided to the student or processes carried out with the student be documented as a way of evaluation and constant improvement of the processes. Documenting all processes performed ensures that the processes are carried out and that the competencies or skills required in the course were fully covered. These procedures promote changes or updates in the simulation processes in favor of the student, which include literature, didactic videos, among other learning sources, not leaving aside the Evidence Based on Practice. It is important to know that these processes must be accompanied by a checklist or other useful instrument to the process and it is recommended that there is a support group to evaluate this documentation and identify the changes to be used, among other factors.

STUDENT TUTORING SUPPORT SERVICE

The student of the nursing program in their respective modalities may be referred to the student support service in tutorials by the professor, once the professor has explained, demonstrated, and evaluated the process or skill with the student. The professor may use the printed student referral form, located in the Skills Lab, OSCE and Clinical Simulation or by logging into mi.sagrado.edu under the Nursing button and locate the Student Tutorial Support Service button on the right-hand side and choose Faculty Referral. The student whether distance or on-site program may request the service on a voluntary basis if the skill has been explained, demonstrated, and evaluated by their professor. This request can be found on my.sagrado.edu under the Nursing button and located on the Student Tutoring Support Service button on the right-hand side and choose the first student option to make a request. Remember to complete all the fields on the application and submit it. The Clinical Simulation Technicians will respond to

your request and proceed to coordinate the desired date and time. Finally, you must make the request on a date and time that does not conflict with your class schedule and must conform to international schedules. Tutoring is offered both online and in person. Any student interested in attending in person must have completed the institutional reopening protocols and respect the regulations of distance and safety in the laboratory, the university and its surroundings. Attached is a link for quick access.

https://mi.sagrado.edu/ICS/Nursing/Apoyo_de_Servicios_de_Tutor%c3%ada.jnz

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APPENDICES

The following represent the documents to be used by faculty and students in the Nursing Skills and Clinical Simulation Laboratories for the development of the OSCE's. These may be modified and updated at any time for the benefit of the participants or if requested by the administrative processes.

**Department of Natural Sciences
Nursing Program
Clinical Simulation and Skills Laboratory
Relief of Liability and Lifetime Confidentiality Agreement
Confidentiality Agreement**

I, _____, of legal age or on representative of _____, authorize the Professor or Technical staff of the Clinical Simulation and Skills Laboratory of Sagrado Corazón University to photograph or record my image to be used solely and exclusively in the reproduction of sections of Role Play, OSCE, Simulations, Debriefing or any other exercise. The material collected for the production of audiovisual material will not be used for propaganda or promotional purposes. I certify that I accept a confidentiality agreement in the development of group and individual activities where I will not share any information regarding the exercises described above.

I understand that this participation is completely voluntary and without remuneration, and I hereby release the Clinical Simulation Technicians, Simulation Specialists and the Faculty of this University or any of their representatives and employees from any responsibility for payment for my participation and the use of my image or expressions for the purposes described above. I relieve those described in the previous sentence from all liability if I were to suffer any injury on the premises during any Simulation exercise. At the same time, I certify that my participation is of mutual benefit and contribution to the Skills and Simulation Labs and its environment and that I will not take any legal action or retaliation against those described above. I also understand that the material photographed or recorded will become the exclusive property of the Nursing Skills and Clinical Simulation Laboratory of Sagrado Corazón University. In San Juan, Puerto Rico.

Name of the participant: _____

Participant signature: _____

Date: _____

Type of material: _____

Witness: _____

Agreement for the Use of the Clinical Simulation and Skills Laboratory

I _____, am enrolled in the _____ course offered by the Sagrado Corazón University Nursing Program beginning on __, ____, 2020 through __, ____, 2020.

Freely and Voluntarily

1. I agree to actively participate in the development of group and individual activities of the course including role play, OSCE, simulations, and Debriefing as well as other exercises that are part of the course, which I recognize as essential in my learning process and, for this reason, I will not receive any compensation.
2. I agree that I will not share any information regarding the course and the role play, OSCE, simulations, and Debriefing activities or other exercises with my course or classmates, students of the Nursing Program or other programs of the university, or with people who are not part of the Nursing Program or the university.
3. I authorize the Nursing Program and the university to take photographs and video of me and record audio of my voice during role play activities, OSCE, simulations, and Debriefing or other exercises that are part of the course. The Nursing Program and the university may reproduce my image, name and voice and use them unrestrictedly and indefinitely as part of the evaluation of my learning and for the evaluation of the course, the class and the professor.
4. I agree that the recorded material (photographs, video and audio) will be the exclusive property of the university and that I will not receive any type of compensation for the use of my image, name or voice.
5. I release, discharge and hold harmless Sagrado Corazón University, its trustees, employees including clinical simulation technicians, simulation specialists, faculty and administrative employees of the Nursing Program from all damages caused or arising to me and from any and all claims I may have related to the unauthorized use of my name, image or voice by unauthorized third parties.

Acceptation

With my signature, I agree to the foregoing, this ____ day of _____, 20__.

<p>Participant 21 years of age or older:</p> <p>Name: _____</p> <p>Signature: _____</p>	<p>Participant under 21 years of age must also complete this part:</p> <p>Name of parent or legal guardian: _____</p> <p>Signature: _____</p>
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**EVIDENCE DISCUSSION OF STANDARDS AND GUIDELINES FOR THE NURSING
LABORATORY**

Academic Year: 2020-21

Date: _____

Prof. _____

Course. _____

Sec. _____

Clinical Tutorial ☐ OSCE ☐ CS ☐

Professor's Signature: _____

Student's name/Faculty	Student Number	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

REQUISICION DE MATERIALES Y EQUIPO PARA PROCEDIMIENTOS CLINICOS **(RECUERDE SOLICITAR MATERIALES 2 DIAS PREVIO A SU CURSO)**

Nombre Profesor: _____ Curso: _____ SECC: _____ # Estudiantes _____

Fecha de requisición: _____ Fecha y hora a utilizar material: _____ Hora _____ Salón _____

Materiales	Cantidad solicitada	Cantidad provista	Materiales	Cantidad Solicitada	Cantidad provista	Materiales	Cantidad Solicitada	Cantidad Provista
Blood Collector Needle			Estetoscopio doble			Plastic urinal male		
Alcohol Swaps			Penlight			Plastic urinal unisex		
Batas amarillas			Tennómetros			Enema de limpieza		
Gorro de cirugía			Depresores de lenguas			Mascarilla para aislamiento		
Guantas no estéril			Martillo de Percusión Taylor			Mascarillas regulares		
Blue Pads			Martillo de Percusión Buck			Foley catéter		
Cánula nasal			Especulo de oídos (desechable)			Gorro de cirugía		
Catéter de succión			Canalización			Guantes estéril		
Cepillo quirúrgico			Angio catéter # 24			Guantes limpios		
Tubos Muestras Sanguinea			Angio catéter # 22			Tubo azul		
Tubo de cultivo sangre			Chata			Tubo verde		
Instrumento de examen físico			Kit de cateterización			Tubo rosa		
Torniquetes			Sabanas grandes			Desodorante		
Vacutainers			Toallas grandes			Modelos anatómicos		
Vacutainer “Butter fly			Toallas pequeñas			BRAZO		

Request for Borrowing Materials or Equipment

Tracheostomy care kit			Nasogastric Tube			Manual Resuscitator
Urine Drainage bag			Primary IV			PRBC Blood Unit
Pediatric Urine collector			Secondary IV			Transfusion Set
Tuberculin Syringes			Intravenous Solutions			IV Pump
Insulin Syringes			NSS 0.9%			Facemask de O2
Syringes 3ml			RL			Angio 18 or 22
Syringes 5ml			D/W 5%			IV identifier
Syringes 10ml			NSS 0.45%			Gauzes 4 x 4
Needles #21			D/0.45%			Others
Needles #22			D/.09%			
Needles #23			Incentive Spirometry			
Surgical tape			Patient Care			
Angio #22 & #24			Toothbrush			
Small sheets			Body lotion			
Tape			Shampoo			
Medium sheets			Soap			

Date: _____

Professor's Name: _____

Course: _____ Sec: _____

Re: Request for Materials Equipment ☐

To: Clinical Simulation Technicians / Nursing Program Director

As part of the objectives of the course we include in this application a list of materials or equipment to carry out the activities. If possible, the materials will be:

1. _____

2. _____

3. _____

4. _____

5. _____

Thank You

Professor's Signature

SATISFACTION SURVEY

Your opinion also counts.

Please take a few minutes to complete this survey. The information you provide will be used to evaluate the overall satisfaction level of the ***Skills Lab, OSCE and Clinical Simulation***.

Your responses will be treated confidentially and will only be used to help us improve our services.

The survey lasts approximately 10 minutes.

1. Name of the course: _____ Sec: _____

2. Visit was: _____ Volunteer _____

Referred by professor: _____

3. In general, how satisfied are you with the ***Skills Lab, ECOE and Clinical Simulation?***, in relation to learning and meeting course objectives?

_____ Very satisfied _____ Quite satisfied _____ Not very satisfied

_____ Not satisfied

Question and Rating	Mucho	Bastante	Poco	Nothing
a. Have your doubts been clarified?				
b. Did the professor <input type="checkbox"/> , Coordinator <input type="checkbox"/> , Simulation Technician <input type="checkbox"/> promptly answer your questions?				
c. Did it help you to adapt the knowledge of the course to your needs and pace of study?				
d. Do you think the facilitator has a mastery of the subject material?				
e. Have these helped you to reinforce your nursing knowledge and skills?				
f. Would you recommend the <i>Skills Lab, OSCE and Clinical Simulation</i> to a friend?				

4. What are the interventions of the Clinical Simulation Technician ☐, Professor ☐? Check all boxes that apply for the staff that was attended.

_____ About organization and appointments.

_____ Provides clear information.

_____ Responses to student interventions.

_____ Response to request for assistance.

_____ Not related to the course content.

_____ Correction of exercises.

_____ Practice of clinical skills with simulators or anatomical models.

_____ Use of equipment.

_____ Others:

Specify: _____

5. Do you have any comments or suggestions for improvement for our ***Skills Lab, OSCE and Clinical Simulation?***

6. Give your opinion on any situation related to the course(s) and clarify any of the above questions:

The survey has been completed.
Thank you very much for your collaboration.

SAGRADO

Universidad del Sagrado Corazón

Questions for guided reflection

Debriefing


Clinical Simulation # _____

OSCE Formative: _____

Clinical Simulation # _____

OSCE Sumative: _____

1. How did you feel through the simulation experience with your participation?
2. Describe the objectives you were able to achieve
3. Which ones were you not able to achieve?
4. Did you have the knowledge and skills to meet the objectives?
Yes O No O
5. What did you learn from this exercise?
6. Would you like to repeat the exercise? If you could, what factor would you change or what action would you take for the benefit of the patient?
7. In the teamwork context, what did the group did right or well?
8. What were the key assessments and interventions?
9. For the observer: (if applicable)
Could the participants have handled any of the exercise interventions differently?
10. Is there anything else you would like to discuss?

 SAGRADO Universidad del Sagrado Corazón		SKILLS LAB REFERRAL FORM	
Student's Name: _____ Course: _____ Section: _____		Professor: _____ Date: _____ Hora: _____ First referral <input type="checkbox"/> Second Referral <input type="checkbox"/> Third Referral <input type="checkbox"/>	
Referred to: _____			
Referral reason: _____			
<div style="text-align: right;"> _____ Professor's Signature </div>			
Date: _____	Time: _____	Laboratory Technician: _____	
Findings and Recommendations			
<div style="text-align: right;"> _____ Technician's Signatute </div>			

