

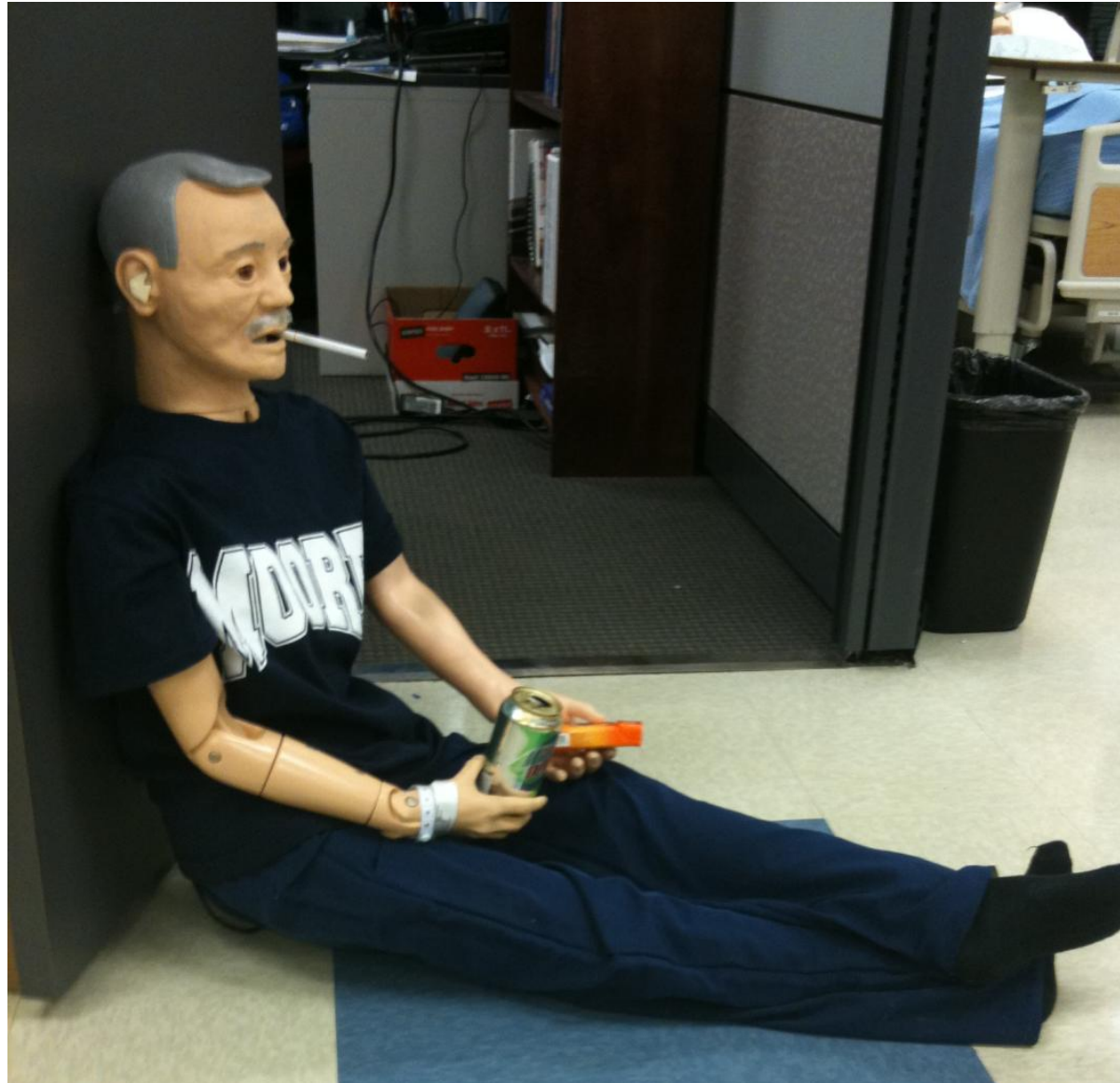
GALEN

COLLEGE OF NURSING

USING FOCUSED FACULTY DEVELOPMENT TO OVERCOME BARRIERS TO SIMULATION



Is your simulator a “door stop”?



Do you feel like your simulation program has fallen apart?



• Challenge:

- 65 Medium Fidelity Simulators that were used simply for task trainers
- No Simulation (In a true sense)
- Annual students starts= ~2800
- No significant Faculty buy in



• Barriers

- ***The biggest obstacle(s) to using simulation as a teaching and learning method in my course(s) is:***
 - Time
 - Scheduling/lab availability
 - Deficient knowledge
 - Faculty misperceptions
 - Class size
 - Equipment
 - Resources (dedicated simulation champions/mentors/faculty)



• Barriers

- ***What would most encourage you to use simulation in your courses?***
- Availability of standardized simulation scenarios
- Faculty education/training
- Time
- Equipment
- Resources (dedicated simulation champions/mentors/faculty)
- Instructional manuals/handbooks/instructions related to simulator use



• Barriers

- Ninety two faculty members (34.42% of the faculty) responded to the survey.
- The majority of the respondents (48.19%) indicated no familiarity with simulation platforms.



• Techniques



• Techniques

- We tied scenario development to the RN/PN NCLEX test plan
- Example: NCLEX scores were consistently low in basic care and comfort. Remedy: Include basic care and comfort in all scenarios.
- Faculty need a thoughtful reason explaining “why”
- Created a system-wide simulation committee with representatives from all campuses
- Created a local campus Task Force to develop a local simulation center
- Pediatric/Maternity Sub Committee
- Fine tuning by connecting simulation to course outcomes



• Techniques

- The survey said:
- **Need: *Availability of standardized simulation scenarios.*** Result: Purchased METI PNCI for all campuses to provide an off the shelf solution.
- **Need: *Proper simulation equipment.*** Result: Purchased MetiMan Nursing version on the Tampa Campus.
- **Need: *Faculty education/training.*** Result: Purchased METI Faculty Development for Tampa and San Antonio in addition to creation of one day, in house, faculty development program.



Techniques

Galen College of Nursing

Louisville Faculty Workshop
"Introduction to Simulation"

Please choose one response for each of the items below.

Outcomes:	Excellent	Good	Fair	Poor
1. I have a better understanding of the concept of simulation.	_____	_____	_____	_____
2. I have a better understanding of how simulation can assist me in creating a more interactive learning environment.	_____	_____	_____	_____
3. I have a better understanding of how to assist my students in applying content through the use of simulation.	_____	_____	_____	_____
4. I understand the different levels of simulation.	_____	_____	_____	_____
5. I understand how simulation can be used to enhance critical thinking skills and clinical judgment.	_____	_____	_____	_____

6. Which aspects of the program were most helpful:

7. How do you see yourself using what you have learned today:

8. Please list the best time for you to attend a one day workshop (please note if you would be willing to attend a Saturday workshop):



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- **Formula for
success**



• Formula for success

- Lessons Learned- Understanding the difference in customer service with internal and external customers
- Spreading the knowledge base by developing the faculty at each individuals' pace



- **Formula for
success**

- Set Tool



Simulation Effectiveness Tool Results

Month	Satisfaction	N=
June	90.38%	8
July	95.19%	8
August	72.40%	57
September	82.20%	110
October	0%	0
November	86.56%	277
December	92.78%	130
January	94.76%	58
Average	87.75%	92.57



- **Formula for
success**

- Super User check off tool



Simulation Facilitator Check-off Tool

Date:

Competency Expectation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1 Simulation is set up and begins at the scheduled time.					
2 Greets students warmly and maintains a professional relationship with students.					
3 Insures and reinforces the concepts of a safe learning environment.					
4 Connects the computer to the mannequin correctly.					
5 Includes major components of pre-briefing according to the pre-briefing tool.					
6 Attire is clean and professional. Actions are professional during simulation. Interruptions are at a minimum. Attendance is exemplary.					
7 Able to run the simulation computer software changing the settings and resetting alarms as the simulation unfolds.					
8 Follows the story line of the scenario adjusting when the student chooses an alternate path.					
9 Facilitates de-briefing using open ended questions.					
10 Avoids teaching but instead encourages students to answer each other's questions.					
11 Uses simulation outcomes to guide the debriefing.					
12 Knowledge of medical surgical and/or specialty being presented.					
13 Reinforce the scope of practice.					
14 Considers National Patient Safety Goals, JCAHO, OSHA, HIPPA, FERPPA guidelines, etc.					
15 Considers program outcomes.					
16 Communicates effectively with Clinical Learning Lab Director, Director of Simulation and all simulation faculty and staff.					
17 Assures clean up is complete with lab straightened, mannequins and beds returned to their proper places, tables cleaned, and all simulation props returned to the bins.					
18 Assures all evaluations are completed and filed.					
19 Assists to make changes in simulations as the need for change is identified.					
20 Assists in creating new simulations as needed.					

Faculty being evaluated:

Evaluator:

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• Summary

- Develop a team
- Find your customer's needs
- Meet your customer's individual needs
- Cultivate your champions
- Education improved faculty buy-in
- Frequently repeat faculty development to solidify faculty buy-in



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- **Questions?**



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This is *not* “stacked simulation”!

