Successes with interprofessional simulations as well as lessons learned shared decision making and the recognition of complementary skills. Multiple strategies have been successfully integrated in the second year of operating the interprofessional simulations to assist with collaboration to reach a shared decision regarding patient care. Students demonstrated increased difficulty with communication introduced in the last didactic semester in the professional curriculum, the RIPLS. However, when the interprofessional simulations were using the phenomenology approach, supported the findings on significant improvement in at least one subscale. Qualitative research, each simulation learning environment demonstrated a statistically significant improvement in at least one subscale. Wilcoxon Signed Rank analysis was performed for each of the four subscales students participated in the interprofessional simulations. A Wilcoxon Signed Rank analysis was performed for each of the four subscales of the RIPLS; (i) shared learning, (ii) teamwork and collaboration, (iii) professional identity and (iv) roles and responsibilities. Students in each simulation learning environment demonstrated a statistically significant improvement in at least one subscale. Qualitative research, using the phenomenology approach, supported the findings on the RIPLS. However, when the interprofessional simulations were introduced in the last didactic semester in the professional curriculum, students demonstrated increased difficulty with communication and collaboration to reach a shared decision regarding patient care. Multiple strategies have been successfully integrated in the second year of operating the interprofessional simulations to assist with shared decision making and the recognition of complementary skills. Successes with interprofessional simulations as well as lessons learned will be shared with participants.

BUILDING A SIMULATION CENTER: AN EXERCISE IN TEAMWORK
Marti Échols, PhD & Harvey Potts, MD
Arkansas College of Osteopathic Medicine
Room: Heritage B  Level: Beginner  Evaluation#: S201
Building a simulation center is a large undertaking which requires careful planning and understanding by many constituents prior to the actual building phase. Ironically, building a simulation center is in itself an excellent demonstration of teamwork and cross disciplinary integration. This presentation will facilitate a discussion across many of the topics which need to be discussed when considering building a simulation center. The speaker and participants will share experiences and practical tips to consider when building a simulation center. Topics for discussion will include: identifying why the center is being built, who will use the center, location, design ideas based upon space & resources, equipment selection and location, IT infrastructure, staffing ideas, funds for building and maintaining the center and how to sustain the center as a viable educational resource.

EVALUATING MEDICATION ADMINISTRATION SAFETY PROTOCOL USING SIMULATION
Kellie Bryant, DNP, WHNP, New York University
Room: Heritage C  Level: Intermediate  Evaluation#: S203
The topic of medication administration was selected due to the alarming number of deaths (210,000-330,000 per year) that occur each year related to medication errors. During the spring 2016 semester, research faculty, simulation experts, an instructional designer, nursing informatics students, and an IT specialist developed an innovative approach to teaching students about the research process through the use of simulation. Using the PICO (Population, Intervention, Comparison, Outcome) format we developed a simulation that compared the accuracy of medication administration in a normal hospital environment with distractions versus a clinical environment with a medication safe zone protocol implemented to reduce distraction. A scenario was developed that involved administering medication to a patient in the emergency room. During the simulation there were multiple strategically planted interruptions that occur during medication administration. The medication evaluation tolls were analyzed and the group who had the interruptions scored slightly less than the group who had the uninterrupted environment.
A MULTI-PATIENT CAPSTONE SIMULATION FOLLOWING A PEDAGOGY GROUNDED ON INTEGRATED THEORY AND CLINICAL COMPETENCIES
Shirley Hutchins, RN, MSN, CVN & Isaac Smith, PhD, RN
Prairie View A&M University, College of Nursing
Room: Masters C Level: Advanced Evaluation#: S204
Evidence based practice within healthcare delivery validates the value of skilled, proficient, and knowledgeable nurses who demonstrate effective leadership, skillful competencies and effectual critical thinking patterns for a broad patient population. Integration of Blooms Theory at the grass-roots level of nursing education using simulation speaks to the culture of learning, based on synthesis of cognitive, psychomotor and affective learning applications as they relate to leadership, safety, caring and excellence. This session will introduce a conceptual framework for a capstone simulation that integrates theory, critical thinking and clinical competencies into three simulated patient care scenarios with compromised disease conditions.

INACSL STANDARDS OF BEST PRACTICE: SIMULATION™
Teresa Gore, PhD, DNP, FNP-BC, NP-C, CHSE-A
University of South Florida
International Nursing Association for Clinical Simulation & Learning
Room: Masters D Level: Beginner Evaluation#: S205
The INACSL Standards of Best Practice: Simulation™ were designed to advance the science of simulation, share best practices and provide evidence based guidelines for implementation and training. Participants in this session will have the opportunity to learn about the newest standards and explore how they can be incorporated into a simulation program.

THE VIEW FROM THE COCKPIT – “DO YOU SEE WHAT I SEE?” – A ROBUST OVERVIEW OF HUMAN FACTORS AND CRM FOR HEALTHCARE PROVIDERS & EDUCATORS
Scott Newell, MAS, NREMTP & Randy Branham
Palmetto Health Simulation Center
Room: Players B & C Level: Beginner Evaluation#: S207
Clinical providers, simulation educators, physicians, and novices and experts alike who are seeking a better understanding of human factors and crew/crisis) resource management will enjoy this interactive and entertaining presentation led by a former Learjet pilot and medical provider-turned-healthcare simulation educator. The audience will engage in this journey through the sociology and psychology of how groups of really smart people succeed or fail in a crisis. During this presentation, the speaker will demonstrate the correlation between healthcare and aviation crew models, and reveal why resuscitation and other healthcare practices continue to be at risk for chaos. The parallels and techniques learned during this presentation can be used during any clinical encounter or simulation scenario to change the culture of healthcare and improve your learners’ overall affect and error-trapping performance.

COMPARISON OF SIMULATION WITH CONVENTIONAL METHODS OF TEACHING: A STUDY IN AN INDIAN SETTING
Dr. Elroy Saldanha, Dr. Rithesh D’Cunha, Dr. Lulu Sherif, Dr. Shannon Fernandes and Dr. Manohar Martis
Fr. Muller Medical College, Mangalore
Room: Players D Level: Beginner Evaluation#: S206
This study was done for the duration of one year in our simulation center and Fr. Muller Medical College Hospital. 150 MBBS students were divided into two groups of 75 students each to learn the management of clinical case scenarios like management of blunt abdominal trauma, burns, chest injuries, upper gastro-intestinal bleed and acute abdomen. Group 1: Live demonstration of the procedure on real patients was done during their postings in emergency department as and when the case presented after obtaining consent from the patient. Group 2: Simulation and skills lab was used to provide hands on experience of above scenarios. Following each scenario, debriefing was done to each of the groups. The duration of training was given for the students in batches of 25 for a period of eight weeks. After a week of completion, students were asked to manage the scenarios under supervision of the senior consultants who were not involved in the training period earlier. Students were assessed based on the learning objectives and rated on a four point scale as poor, average, good, excellent. Among the two groups, the group whose simulation lab was used to provide hands on experience had statistically significant better scores with a p value of 0.05. The use of simulation and skills lab provides hands on experience and better learning for medical under graduates for various case scenarios. The limitation of the study were possibility of group 2 having better orientation with the manikins during assessment and limited number of participants.

EMS MOBILE SIMULATION: SIMULATION TRAINING FOR PRE-HOSPITAL EVENTS
Michelle Feliciano, ME, CHSE & Marcy Pardee, MAE, RRT
Cleveland Clinic Foundation
Room: Gallery A & B Level: Beginner Evaluation#: S206
The instructors will present on the development, implementation, and evaluation of a current successful EMS Mobile Simulation program in Northeast Ohio. The Simulation Center, in collaboration with EMS/Paramedics within the community and hospital-based physicians, provided first responders the opportunity to hone their skills, practice approved first responder protocols, become exposed to new/different equipment and discuss standards of care. By attending this session, participants will be able to replicate a similar EMS mobile simulation program that focuses on simulation training prior to arriving at the hospital, integrate proven strategies into already established simulation curricula in order to provide for successful simulation-based education programs, and justify the need to implement simulation-based training outside the simulation center. Overall program challenges and successes will be shared, lessons learned, data collected throughout the training, and future goals for the program will be shared. The presentation will end with an appropriate amount of time for questions and answers.
**TUESDAY, FEBRUARY 28**

**2:15pm - 5:00pm**

**PHILIPS CLINICAL EDUCATION COURSE – FAST EXAMS**

*Richard Low, BS, NAEMT*

**Room:** Masters A & B  
**Level:** Beginner  
**Evaluation #:** C100

This Philips Clinical Education course for critical care physicians, nurses and sonographers has been developed to meet the climbing need to provide education and training on the use of ultrasound in traumatic injury. Program topics include: clinical indications for ultrasound use in traumatic injury, the appropriate sonographic views in the FAST protocol, and using Blue Phantom and Vimedix to show both normal and abnormal pathologies. Ultrasound views discussed include the right sided Morrison’s pouch, the left perisplenic view, and imaging of the pericardium and the pelvis.

**HYBRIDIZING YOUR SIMULATION: UTILIZING YOUR RESOURCES AND IMAGINATION TO ENHANCE YOUR SIMULATION**

*Scott Temple, BS, EMT-P & Ron Perkins, BSN, RN*

**Room:** Masters E  
**Level:** Intermediate  
**Evaluation #:** C101

In this two-hour program, CAE Healthcare educators will show how you can utilize multiple simulator platforms together to enhance and expand your simulation experiences. Often simulation platforms are used individually to meet specific objectives. In reality, healthcare is a hybrid of disciplines, equipment and resources. Why not adapt this reality into a simulated experience for your learners? This could open the door to starting your interdisciplinary learning as well as fully utilizing the equipment on hand. Attendees of this session will have the opportunity to experience several CAE Healthcare simulators including Apollo, Vimedix and various moulage modules.

**ESSENTIALS OF MÜSE**

*Lynde Thelen, MSN, RN, CHSE*

**Room:** Players A  
**Level:** Beginner  
**Evaluation #:** C102

Get to know the basic features of the Müse operating platform in this two-hour training course. Featured topics include, launching the Müse software application, differentiation between patient, scenario, state and Simulated Clinical Experiences (SCEs) as they are used by the Müse software, run a preconfigured SCE, navigating the Müse software and the ability to make changes on-the-fly while an SCE is running, launching the TouchPro software, importing and exporting SCEs, and reviewing the Müse logs.

**HOW DID YOU DO THAT? THE ART OF ENHANCING REALISM IN PATIENT SIMULATION**

*Christopher Scott, MEd, NRP, Daniel Taibbi, Lindsay Taibbi, MSN, William Garvey, BA, Paul Fenn, NRP, Keith O’Brien, NRP & Lisa Fugiel, MSN, RN-BC*

**Room:** Tournament Hall A  
**Level:** Beginner  
**Evaluation #:** S208

This interactive presentation will allow participants to be introduced to tools and techniques used to make patient simulation experiences look and feel more real. Moulage techniques, creative ideas and designs will be shared. This session will be hands-on in creating moulage pieces and will allow participants to take home new ideas and examples of how to improve their simulation experience.

**TUESDAY, FEBRUARY 28**

**4:00pm – 5:00pm**

**USING SIMULATION IN-SITU – WHAT WE REALLY LEARNED!**

*Elizabeth Charitonuk, MSN, RN & Kimberly Shank, MSN, RN*

**Room:** Heritage A  
**Level:** Intermediate  
**Evaluation #:** S209

WellSpan Gettysburg Hospital is a 76-bed rural hospital, within a large healthcare system. In-situ simulation was implemented to increase staff confidence and competency in emergency response situations to include use of equipment and processes associated with the first four minutes of an emergency response. Included in the goals was achieving the AHA time guidelines of effective CPR within 30 seconds and defibrillation in less than three minutes.

**TRAINING SCARS: HOW WE ARE CREATING ERRORS THROUGH SIMULATION**

*Andrew Spain, MA, NCEE, EMT-P  
Society for Simulation in Healthcare  
Jennifer McCarthy, MAS, NRP, MICP  
Bergen Community College  
Timothy Whitaker, BS, CHSE, CHSOS, EMT-P*

**Room:** Heritage B  
**Level:** Intermediate  
**Evaluation #:** S210

As with any education or training tool, simulation can be done well or not so well. This session will explore the ways in which simulation can actually have an adverse effect on the performance of the learners at any level - to the point of affecting patient outcomes and negatively impacting patient safety. Additionally, the principles that can guard against bad simulation that creates these training scars will also be discussed and explored.
AN INTERDISCIPLINARY APPROACH TO ADDRESSING VULNERABLE POPULATIONS USING SIMULATION

Dawn Ferry, APRN, CNP, CHSE
Widener University School of Nursing
Stephanie Blumenfeld, RN, BSN, CHSE
La Salle University School of Nursing and Health Sciences
Norma Brown, MSN, RN, CHSE
The College of New Jersey School of Nursing

Room: Masters C Level: Advanced Evaluation#: S211

The healthcare professional must treat many vulnerable populations which include the homeless, the poverty stricken, the victims of domestic violence, post-traumatic stress victims to name just a few. Simulation can be a way to help healthcare professionals and students experience these struggles from the eyes of the vulnerable populations. Simulation helps healthcare professionals to experience some of the challenges that these populations face; motivating them to become more involved in their care and to make changes in their communities. Using simulation also permits healthcare teams an opportunity to develop and implement possible interventions for these vulnerable populations prior to working with them. This presentation will discuss a various interdisciplinary simulation experiences used by two schools, incorporating them in to their program and then collaborating with other majors and professionals to promote sensitivity, understanding and further healthcare teamwork development. Student reactions are essential to this learning process and their reactions will be discussed. We will discuss how simulations can be integrated into population health and with other professionals. The use of simulation in this manner has great opportunities for many creative options and this will be explored.

AIRBORNE: SAFETY IN HEALTHCARE – LEVERAGING LESSONS LEARNED FROM AVIATION SAFETY AND SIMULATION IN HEALTHCARE EDUCATION

Guillaume Tirtiaux
REPORT’in
Dr. Stefan Monk & Robert Nag
CAE Healthcare

Room: Players B & C Level: Beginner Evaluation#: S211

CAE Healthcare and REPORT’in are collaborating on a new solution that will provide the opportunity for clinicians to spend a day in the life of a pilot. Through this experience, they will be able to apply their own lessons learned in their everyday lives. Come hear our plans for our first event planned for this
THE BASICS OF CRM – TRANSFERRING AVIATION EXPERTISE TO HEALTHCARE
Guillaume Tirtiaux
Room: Heritage A Level: Beginner Evaluation#: S214
Crew Resource Management has been developed by civil aviation in the 80's, following NASA psychologist John Laufer's investigation on the crash of United Airlines flight 173. His conclusion was that this crash was not due to the crew members' knowledge or flying skills, it was due to their inability to work as a team. CRM training consists of developing non-technical skills among team members, specifically leadership, communication, teamwork and mutual support skills. It has been made mandatory by the Federal Aviation Administration in 1990, resulting in an outstanding safety improvement. Our team of experienced airline instructor pilots has transferred best CRM practices to healthcare with the help of medical and nursing advisors, with very positive returns among healthcare practitioners and simulation educators.

THE SECRETS TO A SUSTAINABLE TRAINING CENTER
Brian Levine & Stefan Monk, MD
CAE Healthcare
Room: Heritage B Level: Beginner Evaluation#: C104
Many of us have worked in a healthcare simulation training center. We have exposure to patient simulators, surgical simulators, standardized patients, imaging simulators, and task trainers. Sometimes it is easy to take everything for granted until you are involved in building a new center or starting a brand new training program. How big should the center be? What type of simulation will I need? How many people will be needed to run the center? Where should I place my cameras? These are just a few of the questions that come to mind during the implementation of a new center. In this session, we will focus on what makes a center successful and how to build a sustainable business model around the simulation center.

FUNDAMENTALS OF SIMULATION IN EMS
Timothy Whitaker, BS, EMT-P, CHSE, CHSOS
CAE Healthcare
Andrew Spain, MS, EMT-P
Society for Simulation in Healthcare
Jennifer McCarthy, MAS, NRP, MICP
Bergen Community College
Room: Heritage C Level: Beginner Evaluation#: S215
Entering into the use of simulation as an educational pedagogy in EMS education can be a daunting task for even an experienced EMS educator. Recent studies suggest EMS is not using simulation to its potential, nor using it effectively. The new National Registry Paramedic Scenario Psychomotor Exam and Psychomotor Competency Portfolio will also impact the need for quality simulation. This session will target those new to the world of experiential education, namely simulation use for EMS education and others new to simulation delivery. The session will use researched and established best practices to educate those who will be starting or improving their simulation education programs within their respective institutions of academic instruction and departmental operations. We will discuss researched practices and methodology for identifying opportunities for use, designing, delivering and assessing simulation activities inherent to EMS education.

DISASTER PREPAREDNESS AND RESPONSE: USING COMPETENCY-BASED SIMULATION ACTIVITIES TO ACHIEVE OUTCOMES
Regina Barr, MSN, RN, Rita Trofino, DNP, MNeD, RN, Nickole George, PhD, RN, Cindy Drenning, MSN, RN, CRNP & Brenda Guzic, NHSc, MA, BSW, RN
Saint Francis University
Room: Masters A & B Level: Intermediate Evaluation#: S216
Disaster preparedness and response for mass-casualty incidents is a vital component of nursing practice. For nurse educators, its integration into the nursing curriculum is essential to better enable future nurses with the skills to prepare for and respond to emergencies. In response to the need for the inclusion of disaster preparedness education in nursing curricula, a two-phase study was conducted. In Phase I, the American Association of Colleges of Nursing (AACN) Baccalaureate Essentials and the National Council State Board of Nursing NCLEX-RN® test plan was cross-walked against the Core Competencies for Disaster Medicine and Public Health. The results illustrated which elements of the DMHP competency sets are likely to be included in baccalaureate nursing program curricula. In Phase II, a national survey of deans of baccalaureate-level nursing programs throughout the United States was conducted to identify the amount of disaster nursing content currently being taught, the methods used to deliver content, and the outcomes achieved. This phase of the study sought to identify how baccalaureate nursing programs integrate disaster education into nursing school curricula while determining which disaster competencies should be required as a curricular component. Based upon the results of the study, Saint Francis University Department of Nursing identified specific disaster preparedness competencies and developed a disaster response simulation to enhance student learning in meeting the objectives. The presentation will include the results of the study, identified core competencies, implementation of the disaster response simulation, achievement of outcomes, and suggestions for intraprofessional opportunities in future simulation activities.
ONBOARDING OF NEW SIMULATION TECHNICIANS
Marcy Pardee, MAE, RRT
Cleveland Clinic Foundation
Room: Masters C  Level: Beginner  Evaluation#: S217
This presentation will explain the process that the simulation center developed to onboard new simulation technicians. Discussion will include the strategies, planning, implementation, and review of the orientation process and what the center did to make this process work. Personal experiences of the previous hiring and orientation experience will be discussed and why the need was felt to implement and propose a better onboarding system for new technicians.

HELP! HIGH-FIDELITY SIMULATION FOR MULTIDISCIPLINARY TEAM CRISIS TRAINING
Karla Olson, MSN, RNC-OB, C-CEFM, CBC, CLNC & Diane Mathe, MSN, CHSE
CAE Healthcare
Room: Masters D  Level: Advanced  Evaluation#: S218
The session is designed to demonstrate team training using high-fidelity simulation with TeamSTEPPS patient safety behaviors for a patient experiencing a shoulder dystocia. A high risk low frequency occurrence, shoulder dystocia requires rapid recognition, and prompt team response for optimal outcomes. Key TeamSTEPPS behaviors will be incorporated including Briefing and Post Simulation Debriefing. Participants will be given the opportunity to use TeamSTEPPS evaluation tools. Participants will be briefed on recognition, response and communication performance measures necessary to resolve the obstetrical emergency of a shoulder dystocia. Teams will be randomly formed to participate in the simulation exercise. Each team will Huddle and will be given cue cards for their specific role to follow. Members of the audience will be given TeamSTEPPS evaluation tools to observe each team and evaluate their use of team and patient safety behaviors, such as Call Outs, Check Backs and Situation Monitoring. The simulation will employ a high fidelity maternal fetal simulator that the teams will use to actively participate in responding to a shoulder dystocia. During the debriefing the team as well as the audience will actively participate in the debriefing. Participants will walk away with increased understanding of the value of combining high-fidelity simulation with TeamSTEPPS principles to enhance team training for high risk low frequency medical emergency preparedness.

INTEGRATION OF ULTRASOUND EDUCATION DURING ANESTHESIA RESIDENCY UTILIZING SIMULATION
Vikas Kumar, MD
Augusta University
Room: Masters E  Level: Beginner  Evaluation#: S219
In the past two decades, ultrasound has redefined the role of anesthesiologists, becoming an essential tool for cardiovascular assessment, central vascular access, peripheral nerve blocks, and detecting numerous pathologies bedside in an ICU setting. However, current ultrasound training for anesthesiology residents is patchy, learned only as piecemeal byproduct of various rotations. We propose that ultrasound training be implemented early on in residency as a structured curriculum consisting of didactics and simulations. Literature overwhelmingly supports the early integration of an ultrasound curriculum in anesthesia residency programs consisting of didactics and more emphasis on simulation labs. Several studies have shown significant change in the anesthetic plan and management for patients who had ultrasound perioperatively as new diagnoses were found in these patients. Those studies have also shown that residents who participated in a structured integrated curriculum outperformed other residents who did not in areas of medical knowledge and in ultrasound exam skills, not to mention the residents’ high satisfaction with confidence to perform these exams independently after graduation. Transference of learned knowledge and skills to clinical practice is always challenging and ultrasound education is no exception. With ultrasound simulation we were able to train residents more efficiently for both normal and abnormal findings.

DESIGNING THE PROCESS AND SPACE OF SIMULATED INTERDISCIPLINARY ENVIRONMENTS
Joe Lang, AIA & Mike Houston, Associate AIA
RDG Planning & Design
Michelle Aebersold, PhD, RN, CHSE, FAAN
University of Michigan
Room: Players A  Level: Beginner  Evaluation#: S220
Real-world healthcare environments, both current and future, continue to trend towards a complete and collaborative approach to patient wellbeing, while simulated learning environments are increasingly modeling the same trend. After attending this session, attendees will better understand the process of designing a simulated interdisciplinary healthcare environment; will understand more about why this progressive and ever-evolving model continues to become a national trend; will have valuable knowledge regarding the components of these types of facilities; and will have gained insight into the advantages of incorporating these environments into programing scenarios that include all stages of healthcare, from initial patient contact to follow-up. We’ll discuss every step of the design process, from getting started to completing a successful project. We’ll talk timelines, funding, the who’s who of the project team, and will speak on problem seeking and solving efforts. Virtual reality systems used in the design process will be on-hand to engage participants in hands-on learning. We’ll also explain why many clients adopt virtual reality systems into their teaching pedagogy after experiencing their advantages during design. Whether in a newly constructed facility, this discussion includes defining spaces within the facility, understanding programmatic elements such as audio-visual and virtual reality systems and equipment, and defining operational and space needs. Attendees will understand better why and how the facilities are scenario-driven, and why it’s not the other way around.
ESSENTIALS OF VIVO
Amanda Wilford, RN
CAE Healthcare
Room: Players D  Level: Beginner  Evaluation#: C106
Learn about the latest software innovation, Vïvo. This facilitator-driven software allows you to run your manikin with straightforward simplicity. Learn how you can complete checklists, create pathways and create customized Simulated Clinical Experiences (SCEs).

WEDNESDAY, MARCH 1
10:15am - 12:30pm
UNDERSTANDING THE PHYSIOLOGICAL MODELS IN MÜSE FOR SCENARIO PROGRAMMING
John Hardcastle, MD
CAE Healthcare
Room: Players B & C  Level: Intermediate  Evaluation#: C105
Get to know the advanced features of the Müse operating platform in this two-hour training course. Working in small groups that are facilitated by a CAE Healthcare Clinical Educator, participants will design and script a Simulated Clinical Experience (SCE) in the Müse software using physiology, with both manual and automatic transitions. Editing a SCE, and creating and saving a patient will also be covered.

IMPROVING YOUR STRUCTURED DEBRIEFING – USING LEARNINGSPACE VIDEO AND SIMULATOR DATA TO INCREASE DEBRIEFING EFFECTIVENESS
Scott Temple, BS, EMT-P & Mark Skipper
CAE Healthcare
Room: Gallery A & B  Level: Intermediate  Evaluation#: S221
This two-hour session will focus on methodologies for facilitating structured debriefings and how to use the technological tools at hand, video review and simulator data, to further learner’s engagement, understanding, and retention.

WEDNESDAY, MARCH 1
11:30am – 12:30pm
ACTION... BEHIND THE SCENES OF A SIMULATION EXPERIENCE
Lisa McDowell, MSN/Ed, RN-BC & Michele Parsons, MSN/Ed, RN-BC, CHSE
Orlando Health Institute for Learning
Room: Heritage A  Level: Beginner  Evaluation#: S222
The story has been written, prepared and validated. The learners have been prepped and the stage has been set. What happens next? Action... the learners enter the simulated environment, now what happens behind the scenes? Who, what, when, and how are key questions to the production of a simulation scenario. The facilitator(s) of an active simulation experience can be similar to directing, choreographing and filming a movie. How do you produce your experiential learning environment for effective learning?
Through a literature search, facilitator development has focused primarily on the development of a simulation, pre-briefing, and debriefing; however, there is lack of information regarding what is expected of the facilitator during simulation operations. Whether the facilitator is in a control room, bedside or in the classroom, the role of the facilitator during the actual experiential learning event is similar to a theatrical production which must be rehearsed and reviewed prior to the live event. New facilitators must be trained in behind the scenes coordination in order to improve/maintain environmental fidelity and to ensure success. This presentation will explore the team dynamics that occurs behind the scenes of an active simulation and review the roles of the facilitator(s) during the action. Creating a realistic experiential learning environment is not just the set-up of the simulated environment, but also the ability of the facilitator during simulation operations behind the scenes in the control room to maintain environmental fidelity.

BEYOND THE WALLS OF THE SIMULATION LAB: AN INTERPROFESSIONAL DISASTER DRILL COLLABORATION
Marsha King, DNP, MBA, RN, NEA-BC
University of Saint Francis
Room: Heritage B  Level: Intermediate  Evaluation#: S223
A Simulation Based Learning Experience (SBLE) can evolve beyond the constraints of the simulation laboratory and involve more than one profession. The Institute of Medicine Report encourages transformation of nursing education both before and after licensure. This transformation is inclusive of education with physicians and other professionals and students and throughout their nursing careers. IPE in healthcare education can ultimately improve team performance, patient safety, and outcomes through exposure to different professional perspectives and collaboration among disciplines. The purpose was to introduce nursing students to an interprofessional educational event (IPE) within the framework of simulation through participating in a Mass Casualty Incident (MCI). Nursing and Paramedic students participated in a four vehicle multi-patient accident and worked in a collaborative team approach in the field performing primary and secondary triage.
KEEPING IT REAL: MOULAGE FROM BRUISES TO MASS CASUALTY
Stephanie Justice, MSN, RN, Vanessa Johnson, MSN, RN & Aimee Cerny, BSN, RN
Otterbein University
Room: Heritage C Level: Intermediate Evaluation#: S224
Adding moulage to simulators and standardized patients helps bring simulations to life. The use of moulage is often considered time consuming, expensive and difficult to clean up but it does not have to be this way. Using quick techniques and making reusable wounds we have been able to incorporate moulage into our lab for every simulation. We have expanded beyond our lab to train our university police department along with the community police, fire and EMS for active shooter drills in multiple settings across campus. We will show you our quick techniques and have supplies on hand to allow attendees a true hands-on experience with moulage. We will also share our clean-up secrets, recipes for simulated body fluids and common pitfalls to avoid with moulage.

TAILORED SOLUTIONS FROM CAE HEALTHCARE ACADEMY
Diane Mathe, MSN, CHSE and Wendy Jo Wilkinson, MSN, ARNP
CAE Healthcare
Room: Masters A & B Level: Beginner Evaluation#: S296
CAE Healthcare Academy, the largest educational arm of any medical simulation company, has more than 50 full-time and adjunct faculty consisting of Masters and Doctoral prepared clinicians from medicine, nursing and allied health who are readily available to provide peer-to-peer consultation and support in simulation education. From assisting with customized curriculum, staffing solutions, faculty development or center design and management, our team is available to support you in being successful in your simulation activities. Hear more details about one of our services - how we can provide a customized evaluation of your healthcare simulation program and assist you with the accreditation process for your simulation center. From start to finish, we will be there to support you in the process, from doing a gap analysis, to assisting with the application submission to completing a mock survey.

OUT OF THE SEAT AND INTO SIMULATION: TRANSFORMING NURSING ORIENTATION
Paula Lubeck, RN, MSN, CHSE, Mary Kennedy, RN, MS & Ashley Schulte, BSN, RN-BC
Avera McKennan, SD
Hospital & University Health Center
Room: Masters C Level: Intermediate Evaluation#: S226
In today’s health care environment acute care hospitals are challenged to provide orientation for graduate registered nurses in an effective and fiscally responsible manner. The purpose of the pilot project was to determine if using simulation versus using a traditional classroom didactic delivery method in nursing orientation is more effective in increasing staff ability to critically think through nursing interventions, communicate confidently and increase knowledge retention. Research supports simulation as a means of increasing graduate nurses’ ability to care for patients, to critically think through nursing interventions, as well as to communicate confidently (Beyea, Slattery, and von Reyn, 2010). Improving communication skills and understanding of the nursing process translates long-term into improved patient outcomes and safety. Incorporating simulation into nursing orientation involved a comparison of two cohorts of graduate baccalaureate nurses. One cohort of graduate nurses had participated in a nine week clinical immersion program working one-on-one with a registered nurse preceptor and participated in eight hours of unfolding simulations. The second cohort consisted of graduate nurses who participated in 16 hours of classroom orientation. Graduate nurses in both cohorts completed a pre-assessment before the first orientation day and after the last orientation day. Initial outcomes of the pilot showed the graduate nurses’ who completed simulation perceived themselves as more competent as well as increased their clinical knowledge following the learning experience compared to those in the classroom setting. Additionally, classroom orientation was reduced by eight hours for each graduate nurse who participated in simulation and each expressed increased satisfaction with the learning modality.

TIPS AND TRICKS TO MAINTAINING YOUR LUCINA
Clay Halbert & Alex Rondero
CAE Healthcare
Room: Masters D Level: Intermediate Evaluation#: T101
Meet a CAE Healthcare Customer Service Technician to get hands-on experience with the ins and outs of your iStan simulator. This session will include setting up, breaking down, cleaning and maintenance, fluid lines and troubleshooting techniques.
WHAT’S IN YOUR SIMULATION?

PANEL DISCUSSION OF HIGH FIDELITY SIMULATION IN THE ACUTE CARE SETTING
Tara Johnson, BA, EMT-B, CHSOS, Chrystal Bencken, MSN, RN, CEN, CPEN & Dawn Swiderski, MSN, RN, CCRN, CHSE
Carolinas Healthcare System
Stacy Capel, MSN, RN, CHSE
Novant Health
Room: Masters E Level: Intermediate Evaluation#: S227
This joint presentation will share the programs available at simulation centers that support acute care facilities within two separate healthcare organizations. The panel will discuss acute care, community/mobile and process improvement simulation projects offered within the two systems. The primary concentration will be to highlight and discuss high fidelity simulation and its powerful effects in the post licensure setting. These two centers will share their experiences regarding the sometimes challenging, but always rewarding process of creating and implementing regional simulation plans for acute care facilities. Both programs were created to serve bedside caregivers that support the community. All scenarios offer opportunities to practice high risk, low frequency events without peril to “patient” or staff.

LEARNING TO PRIORITIZE NURSING CARE USING A MULTIPLE PATIENT SIMULATION WITH BEGINNING LEVEL NURSING STUDENTS
Johanna Boothby, EdD, MS, RN, Elaine Little, MS, RN & Lauren Succheralli, MS, RN
Indiana University of Pennsylvania
Room: Players D Level: Intermediate Evaluation#: S229
Caring for multiple patients, delegating patient care, and prioritizing care are leadership skills that student nurses are expected to have an understanding of upon graduation. Students may have limited opportunities to practice these skills. When opportunities are available it is usually not until their last year in the nursing program (Kaplan & Ura, 2010; Nowell, 2016). A multiple patient simulation using two manikins was developed to assist beginning level nursing students with understanding the importance of prioritizing care. In this scenario, neither of the patients has life threatening problems, and the students are expected to complete technical skills (urinary catheter insertion, urine specimen collection, wound care, and obtain a wound culture). Prior to beginning the simulation experience, students are pre-briefed on the patients’ history and present conditions. Based on the information provided, the students are to determine which patient needs takes priority. During the debriefing, students discuss how they determined what patient to see first, how the simulation helped them to understand prioritization of care, and how it aided with caring for multiple patients. Although this is a basic introduction to prioritization of care with a focus on technical skills, overall student responses were positive and it proved to be a great learning experience for beginning nursing students.

WEDNESDAY, MARCH 1

2:00pm – 3:00pm

CERTIFICATION AND THE PRACTICE ANALYSIS
Andrew Spain, MA, NCEE, EMT-P
Society for Simulation in Healthcare
Room: Heritage A Level: Intermediate Evaluation#: S230
This session will explore the concept of a Practice Analysis and how it is used to develop certifications, in this case, the Certified Healthcare Simulation Educator (CHSE) and the Certified Healthcare Simulation Operations Specialist (CHSOS) certifications. The Practice Analysis (also known as a Job Analysis) is a lengthy and detailed process that must be done on a routine basis in order for the certification to stay current. This session will explore how the CHSE and CHSOS practice analyses were done, how the process is foundational to the certifications, what is being done moving forward to repeat it, and why the input of the healthcare simulationist is so vitally important.
UTILIZING DNP STUDENTS TO TRAIN UNDERGRADUATE NURSING STUDENTS
Cynthia Cummings, EdD, RN, CHSE & Linda Connelly, PhD, ARNP, CNOR
University of North Florida

Room: Heritage B  Level: Intermediate  Evaluation#: S231
Due to the demand for clinical hours and training in both the graduate and undergraduate programs, the graduate faculty asked if the undergraduate faculty could utilize teaching assistants to help with their courses. The adult health faculty decided that we could use these graduate nursing students to assist with simulation activities. These nurses were all enrolled in the doctor of nursing practice program and were required to complete 30 hours of clinical time per semester. The nurses came from a variety of backgrounds, but all had at least 2 years of recent nursing experience. Preparation involved examples and schedules for the experiences and then a brief survey and discussion was conducted on their simulation experiences and what they found as challenges and benefits of this experience. What we found was that often the nurses have not been exposed to simulation and are unsure of how to interact with the students. Some nurses were very hard on the students in terms of their knowledge level, while others often volunteered information that the student should be presenting. In general, the graduate nurses enjoyed the experience, but often felt ill-prepared for the simulation experience and because of the wide variation in background may not have been exposed to the type of case presented. The nurses wanted to impart knowledge and realism to the student and the students did express a feeling of comfort having the teaching assistant discuss the case with them instead of their formal instructor.

HOW TO USE SIMULATION TO TEACH INTERPROFESSIONAL DEVELOPMENT WITH OTHER PROFESSIONS OUTSIDE OF HEALTHCARE
Stephanie Roberts, MSN, MBA, RN
Mississippi Gulf Coast Community College

Room: Masters A & B  Level: Intermediate  Evaluation#: S232
This session will describe how Mississippi Gulf Coast Community College through the Gulf Research Program fostered innovative improvements using simulation in safety technologies, culture, and communication between offshore oil and gas development and healthcare professionals. How simulation can be used to bridge the gap between different professions outside of healthcare will be discussed.

A SIMULATION TO SUPPORT MULTIDISCIPLINARY INTERNATIONAL COLLABORATION FOR A FIRST IN-UTERO SURGERY
Melanie Ferguson, RN & Pauline Lyon, RN
Mater Health Service

Room: Masters C  Level: Beginner  Evaluation#: S233
Repair of myelomeningocele is currently only available to patients via post-natal surgery in Australia. Prenatal in-utero repair of myelomeningocele is available at selected healthcare facilities overseas. The Maternal Fetal Medicine (MFM) Director advised the managers of our perioperative department that the first Australian in-utero repair of myelomeningocele was to occur at our hospital. The international team who pioneered the in-utero technique would fly in to assist with the procedure. The vision of the MFM Director was to bring two teams together to begin building a service that will provide this surgical option for patients all around Australia. Prior to the scheduled surgery, the MFM Director requested that a simulation activity be arranged. The perioperative education coordinator and the simulation education coordinator confirmed that utilizing simulation methodology would assist with building multidisciplinary team collaboration, communication, streamlining of processes and clinical decision making. Meetings with key stakeholders were held prior to the simulation to share all available information. The American team was contacted via telephone and email when required during planning for clarification and further explanation. A simulation document outlining the expected steps and processes for the planned surgery was developed. A simulation activity was undertaken a day before the first surgery. The simulation brought together the Australian and International multidisciplinary teams. Equipment and processes were discussed and tested. On the previously prepared simulation document, the simulation team recorded all identified concerns and relevant information that was communicated throughout the exercise. All identified concerns were corrected prior to the surgery. The Australian first surgery was successfully completed one day after the simulation activity was undertaken.

MECHANICAL VENTILATION AND YOUR CAE HEALTHCARE SIMULATORS
John Hardcastle, MD & Tim Whitaker, BS, EMT-P, CHSE, CHSOS
CAE Healthcare

Room: Masters E  Level: Advanced  Evaluation#: C109
This course will provide hands-on experience with the new capabilities of mechanically ventilating iStan and Athena. Participants will learn how to manually adjust the compliance of the mannequin as well as how to adjust airway resistance in Müse.
FINE NEEDLE ASPIRATION CYTOLOGY SIMULATION USING PHANTOMS
Eduardo Alcaraz-Mateos, MD & Fuensanta Caballero-Aleman, RN
Morales Meseguer University Hospital
Room: Players A  Level: Beginner  Evaluation#: S234
Fine needle aspiration cytology (FNAC) is a minimally invasive and cost-effective extremely useful clinical and diagnostic procedure, performed not only by pathologists but also by other clinicians (surgeons, radiologists, endocrinologists, oncologists). The objective is to obtain tissue from superficial or deeper tumoral lesions in order to diagnose them using a microscope. Resource limitations and lack of standardization in teaching programs at medical school make teaching this technique difficult, the results are deficient training of students and the consequences, patient safety risk. Therefore, we have introduced phantoms, recently patented, designed to perform FNAC in the educational process in our hospital. FNAC training improves student knowledge, providing technical skills of incalculable worth. FNAC simulations are easily implemented in the undergraduate curricula and are potentially included in the Objective Structured Clinical Examination (OSCE) evaluative format.

BRINGING PURPOSE TO INTERPROFESSIONAL EDUCATION THROUGH DISASTER SIMULATION
Jill Pence, EdD, RN, CNE & Cindy Berry, DNP, RN, CNE, COI
Samford University
Room: Players B & C  Level: Intermediate  Evaluation#: S235
The World Health Organization (WHO) states that interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO Framework for Action on Interprofessional Education & Collaborative Practice, 2010). The Samford University College of Health Sciences (School of Nursing, School of Pharmacy, School of Health Professions and School of Public Health), is built upon the foundation of Interprofessional Education (IPE) and has adopted the Interprofessional Framework Collaborative (IPEC) Competencies as it’s framework. Over the past 5 years the full scale disaster simulation has grown exponentially. For the past 2 years it has been an interprofessional simulation with 2016 being the largest and most comprehensive simulation to date. Over 400 CHS students enrolled in undergraduate and graduate programs, community members and professional partners participated in the simulated opening of a community-based medical relief center following a 6.4 magnitude earthquake. Our purpose was to provide an opportunity for students from all schools in the CHS to practice together with the purpose of providing physical and psychological care to victims of the earthquake while interacting with local and regional agencies that would be involved in such an effort. During this presentation planning, participant preparation, implementation, debriefing, and evaluation processes will be discussed.

SIMULATIONS INCORPORATING HOSPITAL CLINICAL PATHWAYS FOR PRE-LICENSURE NURSING STUDENTS
Linda Flores, MSN, CEN, RN & Alex Escobedo, BS
Western University of Health Sciences
Room: Players D  Level: Intermediate  Evaluation#: S236
Using hospital based clinical decision pathways in simulation, nursing students will exercise their system based knowledge skills. Students pre-briefed with a hospital site clinical pathway for congestive heart failure and acute myocardial infarction. Simulations required students to recognize the trigger points of the clinical pathway then rescue the patient using their standardized nursing orders. Debriefing sessions included knowledge into action gaps.

ESSENTIALS OF VIVO
Amanda Wilford, RN
CAE Healthcare
Room: Gallery A & B  Level: Beginner  Evaluation#: C110
Learn about the latest software innovation, Vivo. This facilitator-driven software allows you to run your mannequin with straight forward simplicity. Learn how you can complete checklists, create pathways and create customized Simulated Clinical Experiences (SCEs).

WEDNESDAY, MARCH 1
2:00pm - 4:15pm

HOW DID YOU DO THAT? THE ART OF ENHANCING REALISM IN PATIENT SIMULATION
Christopher Scott, MEd, NRP, William Garvey, BA, Daniel Taibbi, Paul Fenn, NRP, Lisa Fugiel, MSN, RN-BC, Lindsay Taibbi, MSN & Keith O’Brien, NRP
Springfield Technical Community College
Room: Tournament Hall A  Level: Beginner  Evaluation#: S208
This interactive presentation will allow participants to be introduced to tools and techniques used to make patient simulation experiences look and feel more real. Moulage techniques, creative ideas and designs will be shared. This session will be hands-on in creating moulage pieces and will allow participants to take with them new ideas and examples of how to improve their simulation experience.

11 HPSN WORLD 2017
ESSENTIALS OF APOLLO
Ron Perkins, BSN, RN
CAE Healthcare
Room: Heritage C  Level: Beginner  Evaluation#: C107
This course is intended for new users or those requiring a review, however all attendees must currently own an Apollo patient simulator. This three-hour hands-on course will provide participants with the essentials of using Apollo. The differences between Apollo Prehospital and Apollo Nursing will be discussed. Set-up, power on and off procedures, use of fluid features, and use of the CAE Healthcare preconfigured SCEs in both the Müse and Vivo operating platforms will be covered.

ESSENTIALS OF LUCINA
Karla Olson, MSN, RNC-OB, CEFM, CBC, CLNC
CAE Healthcare
Room: Masters D  Level: Beginner  Evaluation#: C108
This course is intended for new users or those requiring a review, however all attendees must currently own a Lucina patient simulator. This three-hour hands-on course will provide participants with the essentials of using Lucina. Set-up, power on and off procedures, use of fluid features, and use of the CAE Healthcare preconfigured SCEs in the Müse operating platform will be covered.

TIPS AND TRICKS TO MAINTAINING YOUR ISTAN
Clay Halbert & Alex Rondero
CAE Healthcare
Room: Heritage A  Level: Intermediate  Evaluation#: T102
Meet a CAE Healthcare Customer Service Technician to get hands-on experience with the ins and outs of your iStan simulator. This session will include setting up, breaking down, cleaning and maintenance, fluid lines and troubleshooting techniques.

SCREEN-BASED SIMULATION: AN EFFECTIVE TOOL FOR HUMAN FACTORS TRAINING
Brian Levine
CAE Healthcare
Room: Heritage B  Level: Intermediate  Evaluation#: C111
The future of medical education may be closer than you think. CAE Healthcare, in partnership with the American Society of Anesthesiology, has been working on the next step in continuing medical education and maintenance of certification from the convenience of your own home. Serious gaming and other screen-based tools for healthcare learning offer the benefits of convenient access, objective feedback and the opportunity for repeated practice of clinical skills and decision making. Come explore this new immersive environment and experience the traditional sim center experience, including real time physiological responses, through a web browser in a 3D immersive environment.

INACSL – CAE HEALTHCARE SIMULATION FELLOWSHIP
Teresa Gore, PhD, DNP, FNP-BC, NP-C, CHSE-A
University of South Florida
International Nursing Association for Clinical Simulation & Learning
Wendy Jo Wilkinson, MSN, ARNP & Diane Mathé, MSN, CHSE
CAE Healthcare
Room: Masters A & B  Level: Beginner  Evaluation#: C103
This session will provide an overview of the INACSL-CAE Healthcare Simulation Fellowship which was co-developed by INACSL and the CAE Healthcare Academy. In addition to exploring how adults learn and examining simulation as a pedagogy, the Fellowship also offers attendees the opportunity to design, facilitate and debrief a Simulated Clinical Experience™ (SCE) using the INACSL Standards of Best Practice: Simulation™. Come meet some of the facilitators and attendees from the 2016 cohorts and discover why attending the Fellowship should be on your bucket list!
INTERPROFESSIONAL SIMULATION WITH STANDING ROOM ONLY
Sarah Clark, RN, MSN, CCRN, CHSE & Candace Matthews, RN, MSN, CPNP; CNS
Cone Health
Room: Masters C Level: Advanced Evaluation#: S238
Joint education between nurses, residents, and allied health staff was not occurring on this pediatric intensive care unit. Nurses reported negative experiences with previous interprofessional education and actively rejected the concept. Residents, pharmacists, and respiratory therapists were educated in silos. There was little to no education addressing teamwork, collaboration and communication. In 2011, a pediatric clinical nurse specialist (CNS) teamed with the Simulation Coordinator to develop a comprehensive plan to engage nurses, residents, respiratory therapists and pharmacists in high-fidelity patient simulation. The goal was to build a sense of teamwork among pediatric staff members. In order to create a safe learning environment, simulation activities were designed as “talk codes”. Participants could pause the activity to review equipment or skills, ask questions and seek clarity. After several months, the traditional mock code format was gradually reinstituted. The progression of building trust and teamwork has resulted in staff requesting more interprofessional simulation activities. Simulations have reached maximum enrollment and staff report a strong sense of collaboration.

PURPOSEFUL ADAPTATION: 10 PRACTICAL SOLUTIONS FOR SIMULATION CENTERS
Cara Jaye Francesca Garcia, BSN, MSN, RN
University of Santo Tomas College of Nursing
Room: Masters E Level: Intermediate Evaluation#: S239
It is not always appropriate to transfer the model and practices of Clinical Skills Centers in Europe and the US to healthcare schools in developing countries (Stark & Fortune, 2003). There are logistic, technical, educational and cultural concerns that must be addressed in the management of local simulation centers. This session will offer lessons and best practices emerged from and within the context of a simulation center in a developing country. The Ten ‘C Solutions’(10Cs) for resolving common simulation center problems, will be discussed and examined in terms of their feasibility and sustainability. The 10Cs are meant to cover issues with regard to facility design, staffing, budgeting, equipment & supply management, technology incorporation, and simulator innovation.

USING LIMITED FIDELITY, HIGH-VOLUME SIMULATIONS TO ENHANCE NURSING ANNUAL SKILLS VALIDATIONS TO IMPROVE PATIENT OUTCOMES
Joseph Phillips, MPA & Adam Cooper, RN-BC, MAN
UCSF Institute for Nursing Excellence
Room: Players B & C Level: Intermediate Evaluation#: S240
Traditional medical simulation has frequently emphasized high-fidelity simulation environments intended to produce a high degree of immersion for learners. Traditional highly immersive simulation education courses sometimes train as few as four learners in a full-day course, and can require an educator/student ratio of 1:1 or higher. For education programs that require training large numbers of learners in a relatively short amount of time, however, such instructor and time resources are typically impractical or unavailable. While a blended education approach using short, reduced fidelity simulations for large learner groups has less impact than highly immersive scenarios with fewer learners, it still offers significant benefits over traditional didactic teaching methods. The guiding simulation philosophy at the UCSF Institute for Nursing Excellence (INEx) is to let our educational goals and objectives drive the type of simulation experiences we design. As such, some of our experiences utilize high fidelity and other use limited fidelity, with the purpose of our education guiding us in our design. Through a comprehensive needs assessment (patient data outcomes, observations, staff input, etc.) we identify gaps in practice and create our objectives accordingly. One of our goals is to always improve nursing practice at the bedside by utilizing the most current available best practices resources to improve patient care. This is how we “Practice with a Purpose”. One of the initiatives that the INEx Clinical Nurse Educators (CNEs) provide is an annual hands-on skills review for nursing clinical staff. In previous years this has been mainly focused on required regulatory elements and been a one-size-fits most approach. In 2015, INEx began transitioning this skills validation from traditional didactic teaching methods to a simulation-based format. The educators designed a series of short, limited-facility simulation scenarios for specific unit populations. To accommodate the necessary volume of nurses, the scenarios were designed to provide reviews of skills such as shift report-out, resuscitation, electronic charting, medication administration, and provider communication to groups of as many as six learners at a time. We utilize two methods of evaluation to determine the impact of our simulation experiences. First is our patient outcome data on the indicators we are addressing in simulation. Second are our post-simulation learner evaluations. Both of these methods have shown improvement which we will discuss.
ACCURATE: OUR NEXT GENERATION OF EXPERIENTIAL LEARNING

Rex Patty, MSN, APRN, RN-BC & Josh Ault, BSN, RN, EMT-P
Stormont-Vail Health

Room: Players D  Level: Intermediate  Evaluation#: S241
There has been a growing expectation for healthcare organizations to provide programs to facilitate the acclimation of nurses into their professional roles. Adult Critical Care Urgent Recognition and Treatment Essentials (ACCURATE) is the next generation of our successful WINGS course. Week of Intense Group Simulation (WINGS) is an intense, one-week continuing education program that is uniquely innovative and experiential in nature. It was designed to promote clinical decision-making, leadership, assessment skills, delegation, patient safety, performance improvement, teamwork, and communication skills for nurses. Participants are provided tools on rapid assessment and clinical decision making that are utilized throughout the week during unfolding clinical scenarios using a high-fidelity human patient simulator. Facilitators encourage and promote learning by utilizing a variety of adult learning principles. The course is limited to six participants, which allows for individual performance, practice and critique. Each module of the course is based on specific patient events or unique situations. Each unfolding case involves specific assessment, stabilization, pathophysiological, and pharmacologic needs for this patient type. In conjunction with AHA ACLS and BLS guidelines, and utilizing the ACLS EP format, students also participate in a variety of mock code scenarios whereby they gain valuable skills in cardiorespiratory arrest management from a variety of roles and positions. Nurses leave the course with newfound confidence in their role as a critical care nurse evidenced by verbal and written feedback. Supervisors of participants routinely report a marked improvement in the clinical performance of ACCURATE graduates.

WEDNESDAY, MARCH 1
3:15pm – 5:45pm

ESSENTIALS OF MÜSE

Lynde Thelen, MSN, RN, CHSE
CAE Healthcare

Room: Players A  Level: Beginner  Evaluation#: C112
Get to know the basic features of the Müse operating platform in this two-hour training course. Featured topics include, launching the Müse software application, differentiation between patient, scenario, state and Simulated Clinical Experience (SCE) as they are used by the Müse software, run a preconfigured SCE, navigate the Müse software and the ability to make changes on-the-fly while an SCE is running, launching the TouchPro software, importing and exporting SCEs and reviewing the Müse logs.

DESIGNING FOR DATA: USING LEARNINGSPACE FOR DATA COLLECTION AND MANAGEMENT

Mark Skipper
CAE Healthcare

Room: Gallery A & B  Level: Intermediate  Evaluation#: S242
We are all using Cases to gather data in LearningSpace, but how does LearningSpace organize this data? How can users customize data presentation? Knowing how Reports organizes data helps you take advantage of Case features you may not be familiar with, from scoring to Skill Areas to Virtual Sections. In this session, we’ll look at the new Reports (Responses and Scores), as well as take an in depth look at the Preset Reports to learn better how to design our Cases for the data we need.

WEDNESDAY, MARCH 1
4:45pm – 5:45pm

COMMUNICATION AND SELF-EFFICACY THROUGH TRANSFORMATIONAL, OBSERVATIONAL AND EXPERIENTIAL LEARNING DURING AN INTRA & INTERPROFESSIONAL 12 HOUR NIGHT SHIFT SIMULATION EVENT

Holldrid Odreman, PhD, MScN-Ed, RN, Manuel Abascal, RPN, BScN & Dawn Clyens, MN, RN
Niagara College Canada

Room: Heritage A  Level: Intermediate  Evaluation#: S243
Navigating the student landscape is a priority for healthcare educators. Sound curriculum design and the infusion of simulation-based learning strategies facilitate confidence in students when they engage in the practice of clinical skills prior to real clinical experiences (Blum & Parcells, 2012). This session will show how the innovative use of simulation-based learning activities can help students transition into their future areas of clinical practice, collaborate with other members of the healthcare team, and effect positive changes in healthcare and in the safety of patient care. By the end of this presentation, the audience will be able to generalize the simulation objectives to their practice of teaching and learning. The audience will be able to describe the concepts used to guide the night shift simulation event. Finally, the audience will be able to appraise the outcomes of the simulation night shift events as ways of supporting the academic success of students from a variety of healthcare disciplines.
SEEING THE BIG PICTURE: USING HIGH-FIDELITY SIMULATORS AND STANDARDIZED PATIENTS TO FOSTER PATIENT-CENTERED CARE
Sharon McElwain, DNP, FNP-BC & Mary Jackson, MSN, FNP-BC, CEN University of North Florida

Simulation helps nurse educators prepare students to make the right decisions and do the right things in stressful situations upon graduation, but most often has focused on clinical management of primarily physiologic problems. Addressing patients’ emotional and spiritual needs is an important part of delivering quality health care. The Joint Commission (2013) requires that healthcare facilities include spiritual care to clients in order to meet accreditation standard, yet many patients reported their spiritual needs went unmet during hospitalization (Koenig, 2012; Oxhandler & Pargament, 2014; Phelps, Lauderdale, Alcorn, et al, 2012). Patient-centered care requires a holistic approach with patients and spiritual care is one aspect that must not be overlooked. Guiding students to provide spiritual care can be challenging due to a lack of simulations available to guide the incorporation of spiritual care in nursing education (Costello, Atinaja-Faller, & Hedberg, 2012). The aim of this simulation was to ensure that students were prepared to make the right decisions and provide nursing care addressing the patient’s physiological needs and spiritual care needs simultaneously in a safe learning environment. BSN students enrolled in the final semester of the Accelerated program participated in a simulation combining high-fidelity manikins and standardized patients. The learning experience, including lessons learned will be presented in this session.

AUTHENTIC SIMULATION FOR COLLABORATIVELY PREPARING STUDENT NURSES AND AMERICAN SIGN LANGUAGE INTERPRETING STUDENTS
Linda Connelly, PhD, ARNP, CNOR & Cindy Cummings, EdD, RN, CHSE University of North Florida

Interdisciplinary learning and collaboration are necessary to continue to improve the quality of health professions and signed language interpreter education in the post-secondary setting. Incorporation of interprofessional education in pre-licensure curricula is advocated in nursing education by The National League for Nursing and the American Association of Colleges of Nursing and is equally valued in the interpreter education field. This simulation project unites the Brooks College of Health (BCH), School of Nursing and the College of Education and Human Services (COEHS), ASU English Interpreting Program in strengthening our healthcare services (COEHS), ASU English Interpreting Program in strengthening our education field. This simulation project unites the Brooks College of Health (BCH), School of Nursing and the College of Education and Human Services (COEHS). ASU English Interpreting Program in strengthening our preparation of students to work as members of healthcare teams in which the patients or family members are deaf and use American Sign Language as their native language. Our goal is to improve healthcare services to deaf children and families in north Florida and fill training gaps for nurses and interpreters. This project seeks to combine the two colleges teaching efforts to (1) improve the quality of health professions education and (2) prepare interpreters and nurses to function as members of the healthcare team when deaf patients and family members are involved. A recent example of joint simulation training was when nursing and interpreting students worked in the St. Vincent’s Medical Center Operating Room with deaf actors as ‘patients’ in pre-op, conscious-sedation surgery, and post-op. This joint venture has proven to be very successful for both programs and provides a much-needed exposure to both professionals in training.

UTILIZING VIDEO CONFERENCING IN SIMULATION ACROSS THE COUNTRY
Janet Sprehe, DNP & Carol Wilson, DNP, MBA/TM, CEN, CCRN
James A. Haley VA Hospital

Video conferencing is a telecommunication technology which allows groups from two or more locations to communicate and view one another simultaneously (Morgan & Olivares, 2010). Barriers in using this teaching strategy include lack of broadband penetration and access to technology in rural areas as well as personal reluctance. As video conferencing has greatly improved, medical education can incorporate multiple sites with multiple facilitators to provide live face to face simulations offering better feedback and reflection in learning. Upon this presentation participants will be able to: 1) Discuss the technology of video conferencing and how it differs from video debriefing; 2) Identify Return of Investments (ROI) in sharing simulations with other facilities via video conferencing; 3) Describe necessities and limitations in performing video conferencing simulations; 4) Describe innovative learning preferences used in simulation environments.

USING SIMULATION TO REINFORCE BASIC SCIENCE CONTENT
Marti Echols, PhD & Harvey Potts, MD
Arkansas College of Osteopathic Medicine

With the implementation of robotic simulation into many of the health professions education programs, there are exciting opportunities to engage millennial students in hands-on learning activities. However, most of the training has focused on using the manikin to augment the clinical education phase of the curriculum. Both faculty and students have openly shared how positive these experiences are in helping students comprehend medical knowledge within the clinical context. We challenged ourselves to utilize manikin-based cases as a tool to reinforce basic science concepts and provide a truly integrated educational experience. This presentation will provide awareness that simulation manikins can be used during the pre-clinical years of health professions education to supplement traditional basic science education. The audience will learn about how simulation cases were used to help medical students understand concepts in physiology taught during the traditional curriculum. Feedback about the experience from both faculty and students will encourage consideration of using this methodology within the educational curriculums. Open dialogue among participants will provide an exchange of experiences used by others in the audience and their results. The session will conclude with development of a list of potential simulation based topics which could complement the basic science curriculum and a distribution of a case template for the development of manikin-based cases.
BLESSED ARE THE FLEXIBLE: A MULTI-DISCIPLINARY APPROACH TO DESIGNING A SIMULATION CENTER
Lisa Seldomridge, PhD, RN, Robert Joyner, PhD, RRT, RRT-ACCS, FAARC, Catherine Pearce, MS & Deanna Schloemer, MS, RN
Salisbury University

Room: Players D  Level: Beginner  Evaluation#: S248

Designing a simulation center requires visionary thinking, careful communication, thoughtful planning, and plenty of money. Whether building from the ground-up or renovating existing space, a simulated clinical environment takes meticulous planning to meet current user needs while being forward thinking and flexible enough to support a variety of future learning activities. From selecting a location to creating the physical layout, a myriad of decisions are required to produce a state-of-the-science simulation center. Factors to consider include degree of realism the center wishes to attain, space utilization and traffic flow, types of simulation experiences (manikins, standardized patients), audiovisual and information technology capabilities, access and staffing, all within a reasonable budget. What appear to be simple decisions, e.g., whether to have observation rooms with one-way windows or rely on camera views, are surprisingly complex, affecting architectural design as well as challenging philosophical views of the design team. This presentation describes the development of a 5000 square foot center at a small, public university in a rural region of the mid-Atlantic. A multi-disciplinary team was developed to provide oversight of all aspects of the project from preliminary research and site visits to other centers, working with architects, internal and external trades, planning for faculty and staff training needs, selecting equipment, and determining various models for staffing. Five years later, this management model is still in use. A 1200 square foot expansion project is currently underway to create additional debriefing space, a large multi-purpose classroom, extra storage, and offices. Successes, challenges, and lessons learned through construction and expansion of a simulation center will be described.

THE VIEW FROM THE COCKPIT – “DO YOU SEE WHAT I SEE?” A ROBUST OVERVIEW OF HUMAN FACTORS AND CRM FOR HEALTHCARE PROVIDERS & EDUCATORS
Scott Newell, MAS, NREMT-P & Randy Branham
Palmetto Health Simulation Center

Room: Players B & C  Level: Beginner  Evaluation#: S207

Clinical providers, simulation educators, physicians, and both novices and experts alike who are seeking a better understanding of human factors and crew (crisis) resource management will enjoy this interactive and entertaining presentation led by a former Learjet pilot and medical provider-turned-healthcare simulation educator. The audience will engage in this journey through the sociology and psychology of how groups of really smart people succeed or fail in a crisis. During this presentation, the speaker will demonstrate the correlation between healthcare and aviation crew models, and reveal why rescuscitations and other healthcare practices continue to be at risk for chaos. The parallels and techniques learned during this presentation can be used during any clinical encounter or simulation scenario to change the culture of healthcare and improve your learners’ overall affect and error-trapping performance.

IDENTIFYING STIGMA OF DOMESTIC VIOLENCE VICTIMS THROUGH SIMULATION
Kirie Schiel, Debra Wing, MSNEd, RN, CNE & Gaye Ray, MS, FNP-C, PH-C, RN
Brigham Young University

Room: Heritage A  Level: Beginner  Evaluation#: S249

In the United States, approximately 20 people per minute experience domestic violence. As of 2015, the estimated annual cost of domestic violence is 8.3 billion dollars. Victims encounter multiple barriers to accessing help, but one imposing factor is the fear of stigma attached to domestic violence (National Coalition Against Domestic Violence, 2015). This project investigates the impact of a domestic violence simulation, In Her Shoes: Living with Domestic Violence, on 52 pre-professional Brigham Young University students. In Her Shoes was designed by the Washington State Coalition Against Domestic Violence in 1999. It enables participants to practice living under domestic abuse and explore problem-solving strategies. Adelman, Rosenberg, and Hobart (2016) agree that this simulation challenges participants’ stereotypes about battered women, enabling them to learn about the complexities of domestic violence from the inside out (p. 6). Using a mixed-methods study model, we assessed the effectiveness of the simulation on increasing students’ awareness of personal prejudices of domestic violence victims. Introducing students to their own prejudices and inviting them to simulate the life of a different population fosters empathy. This in turn enhances future practice (Noone, Sideras, Gubrud-Howe, Voss, & Matthews, 2012; Sawin, Mast, Sessoms, & Fulcher, 2016; Sideras, McKenzie, Noone, Kieckmann, & Allen, 2015). The participants are pre-dental, pre-medical, pre-nursing, and pre-social work students. Their future careers will involve considerable exposure to domestic violence. A health care professional’s willingness and ability to provide assistance is molded by prejudices of domestic violence victims (Evans & Feder, 2015). We hypothesize that this simulation will aid the participating students in identifying previously unknown stigmatic thinking of domestic violence victims.
POST SIMULATION ERA IN MEDICINE

Marcel Martin, MD
CHUS

Room: Heritage B Level: Advanced Evaluation#: S250

An in situ simulation laboratory available 24/7 with telemedicine setting in a rural area is described using neuroimaging (MRI) to evaluate the cognitive style of our participants. Simulation sessions are oriented towards mental imagery and practices of different scenarios and kinetics of decision making. We are using non-aggressive neuro-enhancers coupled with the sessions to improve the retention of training. As adjuvants, we are using serious videogames, physical exercise and CBI (computer-brain-interface) for mental imagery practice. The follow-up of our results is done with MRI also. We are planning to describe our system insisting on the fact that we are living in a post-simulation era with mental imagery, neuro-enhancers and CBI aiming towards expertise and better metacognition.

THE TOTALITY OF POSSIBILITIES: A LONG STANDING PARTNERSHIP THAT CONTINUES TO BLOOM

Kathleen Kavanagh, DMH, MSN, Ed RN
Jacksonville University
Elizabeth Bruno, MSN, RN
Baptist Health System

Room: Masters A & B Level: Intermediate Evaluation#: S251

The presentation provides an overview of a rich and dynamic partnership between a university and health care system in Northeast Florida. This collaborative relationship spans 35 years and the synergy has contributed to excellence in both academic and clinical practice. The collaborative partnership evolved into a mutually beneficial one for both the BHS and JU. Baccalaureate Nursing students were taught the didactic curriculum at JU and practiced clinical in the BMC system. The baccalaureate nursing students received the highest quality training and were often offered employment at the medical center. Current and emerging health threats to the community and our country are recognized and incorporated into simulation training sessions for all of the BMC healthcare professionals, staff and JU nursing students. EVB research, best practice and government guidelines are incorporated into simulation learning activities. Most recently BMC partnered with JU to develop and implement a graduate nurse residency program. The innovative, academic-setting component of the 10-month program includes intensive training sessions featuring didactic, teamwork sessions and 12 weeks of clinical-based simulation scenarios and skill training.

The purpose of this presentation is to share the lessons learned thus far and thoughts on the creative possibilities of the future with academic clinical partnerships and the use of simulation to improve the delivery of quality and safe care.

INACSL STANDARDS OF BEST PRACTICE: SIMULATION℠

Teresa Gore, PhD, DNP, FNP-BC, NP-C, CHSE-A
University of South Florida
International Nursing Association for Clinical Simulation & Learning

Room: Masters C Level: Beginner Evaluation#: S205

The INACSL Standards of Best Practice: Simulation℠ were designed to advance the science of simulation, share best practices and provide evidence based guidelines for implementation and training. Participants in this session will have the opportunity to learn about the newest standards and explore how they can be incorporated into a simulation program.

EXPOSING THE PEDAGOGY OF MASK-ED (KRS SIMULATION) AND PUP-ED (KRS SIMULATION)

Kerry Reid-Searl, PhD, RN, RM, MClinEd, MRCNA, FCN
Central Queensland University

Room: Players A Level: Intermediate Evaluation#: S252

This masterclass will expose learners to the pedagogy of both Mask-Ed (KRS Simulation) and Pup-Ed (KRS Simulation). The focus will be on how these modalities of simulation allow the educator to transform into another person who in-turn becomes the coach. The coach directs and guides the learner through the simulation. Learners will gain an appreciation of the three C’s central to both techniques. There will be an opportunity for learners to experience both simulation approaches first hand and will leave learners suspended in disbelief and with thoughts about how applicable these approaches could be to their own simulation context.

PREPARING STUDENTS FOR THEIR FIRST CLINICAL DAY: A COMMUNICATION SIMULATION

Megan Pfitzinger Lippe, PhD, MSN, RN
University of Alabama Capstone College of Nursing
Scott Hudson, MSN, RN
University of Texas at Austin

Room: Players B & C Level: Beginner Evaluation#: S253

The purpose of this presentation is to share a simulation activity focused on communication that prepares students for their very first day of patient care. Volunteer participants, with no prior healthcare training, were recruited to provide a layperson’s perspective of healthcare communication. In part one, volunteers provided answers (true or fictional, based on personal preference) to student interview questions based on Gordon’s Functional Health Patterns (15 minutes). The volunteer provided feedback on the students’ communication. Students had 15 minutes to determine three priority nursing diagnoses. In part two (30 minutes), a volunteer presented hypothetical patient situations, such as a sexually inappropriate patient, for which the students had to respond and address the situation. During the debriefing (30 minutes), student’s shared lessons learned about patient communication and discussed proper responses to hypothetical situations. It was found that providing students with an opportunity to practice their communication skills with laypersons prior to entering clinical can help to reduce student anxiety and can help them to feel more prepared to conduct patient interviews and provide patient care.
IMPLEMENTING INTERPROFESSIONAL EDUCATION IN A SCHOOL OF HEALTH SCIENCES
Shannon Matthews, DNP, RN
Methodist University
Room: Players D  Level: Beginner  Evaluation#: S254
This presentation provides an overview of the implementation of interprofessional educational simulation experiences to include groups of learners from the School of Health Sciences and Social Work in a simulated hospital setting. The use of simulation scenarios developed to promote interprofessional collaboration and communication will provide unique learning opportunities to prepare various disciplines to work together in teams and learn with, from, and about each other (WHO, 2012). Student perceptions of interprofessional education, teamwork and simulation effectiveness were evaluated. Students worked together in multiple unfolding scenarios with learning objectives for each discipline.

THURSDAY, MARCH 2
8:00am – 10:15am

HYBRIDIZING YOUR SIMULATION: UTILIZING YOUR RESOURCES AND IMAGINATION TO ENHANCE YOUR SIMULATION
Scott Temple, BS, EMT-P & Ron Perkins, BSN, RN
CAE Healthcare
Room: Masters E  Level: Intermediate  Evaluation#: C115
In this two-hour program, CAE Healthcare educators will show how you can utilize multiple simulator platforms together to enhance and expand your simulation experiences. Often simulation platforms are used individually to meet specific objectives. In reality, healthcare is a hybrid of disciplines, equipment and resources. Why not adapt this reality into a simulated experience for your learners? This could open the door to starting your interdisciplinary learning as well as fully utilizing the equipment on hand. Attendees of this session will have the opportunity to experience several CAE Healthcare simulators including Apollo, Vimedix and various moulage modules.

LEARNINGSPACE: BECOMING THE SCHEDULING & RESOURCE PLANNER
Mark Skipper
CAE Healthcare
Room: Gallery A & B  Level: Intermediate  Evaluation#: S255
This two-hour session will cover the simulation center management features of LearningSpace that allow you to organize, schedule, and track the resources you use on a daily, monthly or even yearly basis. We’ll discuss setting up Activities, investigating the new Calendar features of LearningSpace Intuity, Advanced Scheduling, and Resource tracking and report reviewing considerations will also be covered.

MEDICAL SIMULATION CENTER OPERATIONS - RUNNING A SIMULATION CENTER: THEY HANDED YOU THE KEYS AND A TITLE – NOW WHAT?
Maria Vázquez-Amaral, JD, M.Ed. 2018
University of Virginia School of Medicine
Kevin King, MBA, CCP(f)
CAE Healthcare
Room: Tournament Hall A  Level: Beginner  Evaluation#: S295
Participants will successfully navigate through non-clinical, knowledge-based issues such as Vendor Relations/Negotiations, Human Resources, Finance & Asset Management, Customer Satisfaction, Audiovisual & IT for medical simulation and Metrics & Quality assessment. Attendees will also leave with a network of experts to tap into.

DESIGNING SIMULATION BASED ON COGNITIVE LOAD THEORY
Jim Rinehart, PhD(c), MPA, BS, EMT-P, CHSE
Midwestern University
Room: Heritage A  Level: Beginner  Evaluation#: S256
Over the course of my work in simulation the last 15 years and my current academic work toward my PhD in educational psychology (technology and innovation), I have noticed that instructors often put learners in simulation experiences that far exceed they current levels of both cognitive and practical knowledge, with the assumption that providing a highly immersive simulation experience will benefit their ability to provide comprehensive understanding in a complex medical domain. The philosophy behind this design is to give students as real as an immersive experience to better prepare them for clinical practice. However, without the solid epistemological and experiential base, learners, while finding the experience enjoyable, actually attain little improvement in their cognitive schemas. Research is indicating that providing highly immersive simulations to learners who do not have an adequate knowledge and experience have increased levels of “cognitive load”, which leads to inhibiting their ability to discovery learning. It is vital for any educator who uses simulation in their programs to have a practical concept of “cognitive load theory”. The level of the learner should be used as the guiding principle for the development of the learning objectives which then lead to the principles of the design of the simulation experience. For this course I will first define the basic concepts of cognitive load theory, provide examples I have encountered, overview recent research, and finish with a stepwise approach to using cognitive load theory in the design of simulations.
The TeamSTEPPS approach, combined with the partnership model (Eisler and Potter, 2014) was the basis of a hospital based training module (AHRQ, 2014). Similar modules have been adapted successfully for nursing students, to improve their comfort in critical interdisciplinary communication (Frawley, 2016). A simulated demonstration of the creation of a nursing student education training program from the hospital program will occur.

ELIGIBILITY, PREPARATION, TIPS AND TRICKS: ARE YOU READY FOR CERTIFICATION?
Stacy Capel, MSN, RN, CHSE
Novant Health
Dawn Swiderski, MSN, RN, CCRN-K, CHSE & Tara Johnson, BA, EMT-B, CHSOS
Carolinas Simulation Center
Shane Gravel, BA, NRP, CHSOS
Palmetto Health USC SOM Simulation Center
Room: Masters C Level: Intermediate Evaluation#: S258
This joint presentation will share the certification journey of credentialed simulation educators and operations specialists. The primary focus will be to highlight and discuss readiness, study suggestions, and personal experiences related to successfully completing a certification in healthcare simulation. Achievement of certification in any discipline is regarded as a means to demonstrate expertise and excellence. Certification supports best practice standards and promotes standardization of the knowledge and skills necessary to provide healthcare education that utilizes simulation. Each presenter has achieved certification and endeavors to encourage colleagues across the spectrum of healthcare simulation to critically contemplate certification as a personal goal. The four panelists who represent three different health systems and diverse educational backgrounds, will share their experiences regarding the challenging, but rewarding process of achieving certification in healthcare simulation, offering best practice guidelines and personal knowledge regarding the certification process. All speakers believe in and support the advancement of simulation in healthcare. The encouragement and promotion of peers concerning certification supports individual community goals and global standards regarding patient safety.

ENHANCING TRAINING IN EMS USING SIMULATION: I’M A BEGINNER, WHERE DO I START?
Joanne Piccininni, MBA, NRP
Bergen Community College
Room: Players A Level: Beginner Evaluation#: S259
A how to get started session of using simulation in EMS to enhance the training of working/practicing EMT’s and Paramedics. This session approaches simulation from a beginner’s point of view so as to be least intimidating as possible. As a recent beginner myself, my goal is to assist current beginners in starting up their own simulation-based competencies as well as looking to simulation to improve their department’s QA/QI goals. My belief is that it does not have to be complicated to be successful. We will also look at the on-going results of a Performance Improvement project that is utilizing simulation as well as other research that has been performed in the past.

BEYOND THE WALLS OF THE SIMULATION LAB: AN INTERPROFESSIONAL DISASTER DRILL COLLABORATION
Marsha King, DNP, MBA, RN, NEA-BC
University of Saint Francis
Room: Players B & C Level: Intermediate Evaluation#: S260
A Simulation Based Learning Experience (SBLE) can evolve beyond the constraints of the simulation laboratory and involve more than one profession. The Institute of Medicine Report encourages transformation of nursing education both before and after licensure. This transformation is inclusive of education with physicians and other professionals and students and throughout their nursing careers. IPE in healthcare education can ultimately improve team performance, patient safety, and outcomes through exposure to different professional perspectives and collaboration among disciplines. The purpose was to introduce nursing students to an interprofessional educational event (IPE) within the framework of simulation through participating in a Mass Casualty Incident (MCI). Nursing and Paramedic students participated in a four vehicle multi-patient accident and worked in a collaborative team approach in the field performing primary and secondary triage.

“TELESIMULATION” – DO WE NEED SIMULATION IN TELEMEDICINE?
Burkhard Milde, MD
Immersive Simulation & Training
Room: Players D Level: Beginner Evaluation#: S261
Telemedicine is becoming a growing factor in the modern medical world. From military medicine and disaster medicine, to optimizing emergency medicine, to providing remote locations with family medicine, modern technologies support visual and audio communication between physicians and patients in remote locations around the globe and even in space. Aviation is always working “remote” and “tele”. What is essential for the field of healthcare? The more this tool grows, the more the training around this technology is essential. How to talk? How to instruct? How to document? Knowledge of Human Factors and CRM are essential. Simulation is a key method for the success and the safety of all participating.
THURSDAY, MARCH 2
9:15am – 12:45pm

ESSENTIALS OF APOLLO
John Hardcastle, MD
CAE Healthcare
Room: Heritage C  Level: Beginner  Evaluation#: C113
This course is intended for new users or those requiring a review, however all attendees must currently own an Apollo patient simulator. This three-hour hands-on course will provide participants with the essentials of using Apollo. The differences between Apollo Prehospital and Apollo Nursing will be discussed. Set-up, power on and off procedures, use of fluid features, and use of the CAE Healthcare preconfigured SCEs in both the Müse and Vivo operating platforms will be covered.

PHILIPS CLINICAL EDUCATION COURSE – FAST EXAMS
Richard Low, BS, NAEMT
CAE Healthcare
Room: Masters A & B  Level: Beginner  Evaluation#: C116
This Philips Clinical Education course for critical care physicians, nurses and sonographers has been developed to meet the climbing need to provide education and training on the use of ultrasound in traumatic injury. Program topics include: clinical indications for ultrasound use in traumatic injury, the appropriate sonographic views in the FAST protocol, and using Blue Phantom and Vimedix to show both normal and abnormal pathologies. Ultrasound views discussed include the right sided Morrison’s pouch, the left perisplenic view, and imaging of the pericardium and the pelvis.

ESSENTIALS OF LUCINA
Karla Olson, MSN, RNC-OB, C-EMT, CBC, CLNC
CAE Healthcare
Room: Masters D  Level: Beginner  Evaluation#: C114
This course is intended for new users or those requiring a review, however all attendees must currently own a Lucina patient simulator. This three-hour hands-on course will provide participants with the essentials of using Lucina. Set-up, power on and off procedures, use of fluid features, and use of the CAE Healthcare preconfigured SCEs in the Müse operating platform will be covered.

THURSDAY, MARCH 2
11:45am – 12:45pm

HIGH RISK PATIENTS AND SIMULATION
Bethany Southard & Kristi Stephenson
Intermountain Healthcare
Room: Heritage A  Level: Intermediate  Evaluation#: S262
This training is for nursing staff that provide one-on-one care and observation at the bedside for our most at risk patients (suicide, fall, drug/alcohol withdrawal, restraints, confused, and violent). Many of the patients that receive one-on-one care are either a harm to themselves or to others. The goal of keeping patients safe, as the need of each patient differs, can be difficult and staff is in need of consistent training in order to accomplish this task. When simulation is added we can give staff the opportunity to care for high-risk patients and give tips on how to care for them safely, while at the same time keeping the staff safe. Methods for creating and maintaining a safe environment, verbal and non-verbal cues of disruptive behavior, non-threatening body language, calming verbal skills and reflective listening will all be discussed.

SO WHAT’S ATTITUDE GOT TO DO WITH IT?
Jennifer McCarthy, MAS, NRP, MICP
Bergen Community College
Room: Heritage B  Level: Intermediate  Evaluation#: S263
Patient interaction is profoundly impacted by the affective domain of the provider. The style, response, and de-escalation techniques utilized can “make or break” a situation. EMS curricula have embraced inclusion of assessing the affective demeanor. Come to this session to explore creative ways to integrate assessment of the soft side of medicine that can cause many of our errors and missteps.

USE OF HUMAN PATIENT SIMULATION TO PROMOTE INTERPROFESSIONAL CLINICAL PRACTICE AND EDUCATION IN THE HOSPITAL EDUCATION SETTING
Jacob Schultz, EMT-P, FP-C & Tom Carpenter, NRP, CCEMT-P, FP-C
Gundersen Health Systems
Room: Masters C  Level: Intermediate  Evaluation#: S264
Gundersen Health Systems and the Integrated Center for Education (ICE) have been working with human patient simulation technology for the past five years. As a department and program within Gundersen Health Systems, we have seen a rapid evolution in educational philosophy and expansion of our program. Integrating our human patient simulation program into Gundersen has allowed the unique opportunity for clinicians, medical education programs, allied health professions, high school students and community groups the opportunity to develop skills in clinical practice and education. This presentation seeks to provide a brief synopsis of the evolution of expansion of our program, the development of simulation education philosophy within our health system, and promotion of our experiences in expanding the use of human patient simulation for clinical practice and education. A broader brief presentation on current “hot topics” of education philosophy in human patient simulation will also be provided within this presentation and how Gundersen Health Systems is working to develop within this framework.
**INACSL – CAE HEALTHCARE SIMULATION FELLOWSHIP**

Teresa Gore, PhD, DNP, FNP-BC, NP-C, CHSE-A  
University of South Florida  
International Nursing Association for Clinical Simulation & Learning  
Wendy Jo Wilkinson, MSN, ARNP & Diane Mathé, MSN, CHSE  
CAE Healthcare  

**Room: Masters E  Level: Beginner  Evaluation#: C117**  
This session will provide an overview of the INACSL-CAE Healthcare Simulation Fellowship which was co-developed by INACSL and the CAE Healthcare Academy. In addition to exploring how adults learn and examining simulation as a pedagogy, the Fellowship also offers attendees the opportunity to design, facilitate and debrief a Simulated Clinical Experience™ (SCE) using the INACSL Standards of Best Practice: Simulation℠. Come meet some of the facilitators and attendees from the 2016 cohorts and discover why attending the Fellowship should be on your bucket list!

**ONBOARDING OF NEW SIMULATION TECHNICIANS**

Marcy Pardee, MAE, RRT  
Cleveland Clinic Foundation  

**Room: Players A  Level: Beginner  Evaluation#: S217**  
This presentation will explain the process that the simulation center developed to onboard new simulation technicians. Discussion will include the strategies, planning, implementation, and review of the orientation process and what the center did to make this process work. Personal experiences of the previous hiring and orientation experience will be discussed and why the need was felt to implement and propose a better onboarding system for new technicians.

**NURSING GRADUATE PERCEPTIONS OF CLINICAL SIMULATION EXPERIENCES**

Cynthia Cummings, EdD, RN, CHSE & Linda Connelly, PhD, ARNP, CNOR  
University of North Florida  

**Room: Players B & C  Level: Beginner  Evaluation#: S265**  
This presentation will highlight the results of a year-long survey with recent nursing graduates from a baccalaureate program. The survey consisted of five key questions based on clinical simulation activities and workplace readiness. The graduates had all participated in some form of simulation exercises during their time in the program. The questions focused on what simulation scenarios were the most helpful, what experiences had the greatest chance of error, what equipment familiarity was most important for student success, and did the graduate feel prepared for the nursing workplace? Seventy-three graduates from 2011-2014 responded and the results were analyzed for measures of central tendency. The results will be used in the upcoming year to add new simulation scenarios and adjust current exercises to account for graduate suggestions. Following these adaptations, the graduates from 2016 and 2017 will be resurveyed to assess differences in their perception of simulation need and workplace readiness. This survey was originally utilized with local hospital nurse educators in an effort to ascertain their perception of nursing graduate readiness and simulation importance (Cummings, 2013). The differences in nurse educator perception and graduate perceptions will be discussed. In general, the graduates and educators differed in their ranking of important simulations, equipment importance and some areas of preparation. Therefore, this study will bring to light some important differences in perceived need for clinical preparation and will identify areas for clinical simulated experiences. Faculty need to be aware of real world differences in the academic setting and the clinical setting and adjust curriculum to adapt to these needs (Oermann et al, 2010). The better graduates are prepared and mindful of real world situations, the better they can incorporate these frames into their critical thinking plans.
This presentation will share the importance of incorporating caring competencies in simulation and in healthcare education, which can be done effectively in simulation as well as in the academic setting. Caring Competencies include:

- Compassion: The quality that fosters trusting relationships
- Competence: The state of having knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities
- Confidence: A way of living born out of an awareness of one’s relationship to all living creatures
- Conscience: The morally sensitive self-attuned to values and is integral to personhood
- Commitment: A complex affective response characterized by a convergence between one’s desires and one’s obligations and by a deliberate choice to act in accordance with them
- Comportment: Manner of being with others or demeanor expressed through the dress, language and behavior of nurses while caring for patients.