

# 9th Annual International Nursing Simulation/ Learning Resource Centers Conference

June 17-19, 2010

*Pre-conference Workshops June 16, 2010*

*The Flamingo Hotel*  
3655 Las Vegas Boulevard, South  
Las Vegas, NV 89109



## Sponsored By

The International Nursing Association for Clinical Simulation and Learning (INACSL)  
UT Health Science Center at San Antonio School of Nursing  
University of Nevada Las Vegas School of Nursing  
Nevada State College



## KEYNOTE SPEAKERS



Suzan (Suzie) Kardong-Edgren PhD, RN, earned a BSN from the University of Nevada Reno, a MS in nursing from Texas Woman's University and a PhD in health studies from Texas Woman's University. Dr. Edgren taught at the University of Texas at Arlington for 13 years and served for two years as the BSN program director before moving to WSU. She is currently an assistant professor of nursing at Washington State University in Spokane, Washington. She is the Editor-in-Chief of Clinical Simulation in Nursing, the online journal of the International Nursing Association of Clinical Simulation and Learning. Dr. Edgren is funded in simulation research by the National League for Nursing. She is the Project Director for a multi-site multi-arm national study conducted by Laerdal Medical Corporation, the American Heart Association, American Medical Response, and the University of Pittsburgh Medical Center. She serves as a consultant to the National Council of State Boards of Nursing

for a national multi-site study to evaluate the use of simulation in clinical learning. She served as one of nine simulation experts for the second joint Laerdal Medical Corporation/National League for Nursing project, the development of the Simulation Innovation Resource Center (SIRC), a website of simulation resources and courses for nursing simulation. She serves as the chair of the Research Committee for the Society of Simulation in Healthcare (SIH) and is, of course, a member of the International Nursing Association of Clinical Simulation and Learning.

Colette Foisy-Doll, RN, BScN, is celebrating her 25<sup>th</sup> year in nursing, with 23 of these years being devoted to nursing education. She has worked and taught in many nursing-related areas, including intensive care, medicine, surgery, pediatrics, geriatrics and orthopedics. In 1994 she joined Grant MacEwan (College) University and since 2003 has been their Laboratory Resource Professional. It was in this capacity that she embraced and championed the use of simulation in nursing as an innovative and powerful learning approach. This past year she accepted a one-year position as Simulation Clinical and Assessment Manager for the University of Calgary, Qatar. She was very excited about the opportunity to apply



her simulation expertise to a very different learning context and while there, lived a unique, transformational learning experience. In her consulting work, Colette has collaborated in the design of over 12 simulation labs, and contributed to the design and development of healthcare education buildings and programs. She has developed innovative student learning environments, made valued contributions to curriculum and scenario development and has worked to develop training programs for faculty in the use of hi-fidelity simulation technologies and related pedagogies. She has shared her work at regional, national and international conferences. Given her extensive experience and recent teaching in the Middle East, she would now like to pursue graduate studies and further explore the use of simulation to teach cultural and religious aspects of client care. She loves teaching because "of the synergy created between the learner and the teacher. It gives rise to new possibilities, ideas and realities for both."



Lori Candela, RN, EdD, FNP-BC, CNE, is an Associate Professor and Chair of the Department of Psychosocial Nursing and Graduate Program Education Coordinator for the School of Nursing, University of Nevada, Las Vegas. With more than 14 years of teaching experience at the associate degree, baccalaureate, RN-BSN, and graduate levels, Candela was in the first group in the United States to become certified through the National League for Nursing as a Certified Nurse Educator. Candela has recently led UNLV's nursing faculty through a major undergraduate curriculum revisions. In 2002, she led a committee in developing an undergraduate at-risk program for learning enhancement. She has also served as head nurse, nursing supervisor, and second-year lead instructor over two campuses in an Associate Degree Nursing program.

She has a strong interest in educational program development. She is currently the Project manager and Director of a \$710,000 Health Resources and Services Administration (HRSA) grant that was fully funded in July of 2007: Enhancing Access and Quality in an Online Ph.D. Nursing Program. She has received funding for faculty development projects, computerized testing for nursing students, a nursing shortage study and pilot testing of critical thinking instruments. Currently, she is a co-investigator on an internally funded study to examine the lived experiences of new nurse educators and is PI on a study to explore factors affecting self-management practices of elders with Type 2 diabetes. Candela has authored numerous referred articles, and book chapters. She is currently co-authoring a book on chronic illness.

Join us in Las Vegas, Nevada for the 2010 conference and **Win Big** at this stimulating, exciting conference and participate in the leading forum for disseminating the latest information. This conference, for educators, researchers, managers, and staff development professionals provides the ideal environment to disseminate and gain current knowledge in the area of skills/simulation lab management and simulation enhanced education. Nurses and other healthcare professionals will have the opportunity to network with colleagues and exhibitors, discuss best practice research, address safety-related outcomes, explore competencies, and share challenges. The concurrent sessions will address key outcomes, student evaluations, use of new technologies and a host of additional *hot* topics. Participants will have the opportunity to attend round table sessions on current issues associated with simulation education, attend preconference training session(s) and converse at the poster reception.

Whether it is high-fidelity simulation, psychomotor skill education, or evaluation of learner performance this conference offers it all. In the face of a major nursing shortage and funding challenges, the nursing simulation/learning resource center plays a critical role in nursing education and practice. Join your nursing colleagues in healthcare education, research, lab management and staff development. **Take a chance, win big on simulation ideas and networking.**



### CONFERENCE OBJECTIVES:

*Participants will have opportunities to:*

- Experience the newest innovations in the nursing simulation/learning resource center and re-visit some tried-and-true methodologies.
- Determine new directions for their simulation/learning resource centers.
- Explore strategies to integrate technology into curriculum and practice.
- Examine the challenges of managing nursing simulation/learning resource centers.
- Network with colleagues and experts.

### WHO SHOULD ATTEND?

This conference is planned for managers, faculty and staff teaching nursing skills in Simulation/Skill laboratories or hospitals. Sessions are planned for both the novice and advanced participant in the four tracks that focus on education, clinical practice, Simulation/Skills lab administration and, research.

### CONTINUING NURSING EDUCATION:

**Pre-conference:** This activity provides up to **4.0** contact hours for the AM or PM; earn up to **8** contact hrs if you attend the full day.

**Conference:** This activity provides **15.5** Nursing Contact hours

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## PRECONFERENCE SCHEDULE

WEDNESDAY, JUNE 16, 2010

7:00 a.m. – 1:00 p.m. **Pre-conference Registration & Breakfast (provided for pre-conference registrants)**

Please note the times listed in each session for the morning and afternoon sessions for start and end time. Participants have the opportunity to select sessions in the morning and/or afternoon. Participants can attend half a day or the full day. Sessions are limited in size; confirmation will be based on availability at time of registration.



### Concurrent Sessions PLEASE NOTE THE DIFFERENT STARTING TIMES

**Pre-con –A 7:30 a.m.-12:00 p.m. (limited to 60 attendees)**

**Session repeated 12:30 p.m. – 5:00 p.m. (limited to 60 attendees)**

**Hands On Simulation** This workshop is planned for the high fidelity simulation novice and for those who are researching high fidelity options. Representatives from Harvey, Gaumard, Laerdal, METI, and Simulaids will display their simulators in individual rooms. Participants will be divided into small groups to rotate through each room to experience the various facets of simulation. Each session will include a 10-minute orientation to the simulator, immersion into a scenario, and will have an opportunity for hands on practice.



**Pre-con -B 7:30 a.m.-12:00 p.m. (limited to 50 attendees)**

**Session repeated 12:30 p.m. – 5:00 p.m. (limited to 50 attendees)**

**Human Simulation: Developing Case Scenarios, Debriefing And Feedback** – *Rocky Rockstraw, PhD, RN; Linda Wilson, RN, PhD, CPAN, CAPA, BC, CNE; Carol Okupniak, MSN, RN; John Cornele, BSN, RN, CEN, EMT-P; Kate J Morse RN MSN ACNP-bc CCRN, Assistant Clinical Professor, Drexel University - College of Nursing & Health Professions, Philadelphia, PA*

Whether you are just starting out in the world of simulation or you are a seasoned veteran, this session is for you! This hands-on workshop will guide you in the development and evaluation of simulation scenarios. Effective debriefing techniques will also be presented. Development of basic and advanced scenarios will be addressed to include a new student conducting a patient interview or a critical care nurse performing an intervention at the bedside. You can select the scenario development that best suits your educational needs and with other participants, construct an actual case scenarios for use at your home institution. In this session the faculty will assist you in writing a clinical simulation case scenario with debriefing questions. All cases developed during the session will be shared with the entire group following the conference so you will ‘leave’ with multiple completed scenarios. You are invited (not required) to bring a laptop and any scenarios you wish to share with other conference participants.

NOTE: All written materials will be collected by the instructors. The collected materials will be assembled and final copies will be distributed to all session participants within 30 days following the conference.

**Pre-con –C 8:00 a.m.– 11:30 a.m. (limited to 75 attendees)**

**Session Repeated 1:00 p.m. – 4:30 p.m. (limited to 75 attendees)**

**Developing A Multi-Disciplinary, Multi-Institutional Clinical Simulation Training Site;** *Carolyn Yucha, RN, PhD, FAAN, Professor and Dean, School of Nursing, Dean, School of Allied Health Sciences, Editor, Biological Research for Nursing, University of Nevada, Las Vegas; Shirlee J. Snyder, RN, EdD, Professor and Interim Dean, School of Nursing, Nevada State College; David Frommer, AIA, NCARB, Executive Director of Planning and Construction, UNLV Planning and Construction; Ludy Llasus, MSN, APRN-C, Lecturer, Nevada State College; Jessica Doolen, RN, MSN, FNP-C, CNE; Instructor, University of Nevada, Las Vegas; Lance Baily, Director, Clinical Simulation Center of Las Vegas.*

This symposium will summarize the trials and tribulations experienced by faculty and staff in southern Nevada as they worked for three years to develop a multi-disciplinary, multi-institutional clinical simulation training site called the Clinical Simulation Center of Las Vegas (CSCLV). This new collaborative effort involved curriculum revisions, design and construction of the 31,000 square foot space, determination of staffing needs, hiring and orientation of staff, and creation of a equitable funding model. This area was designed to meet the Simulation/Skills training requirements for 200 nursing students from University of Nevada Las Vegas (UNLV), 200 nursing students from Nevada State College (NSC), and 60 medical students and 120 medical and surgical residents from University of Nevada School of Medicine (UNSOM) each semester. Future challenges to developing multidisciplinary educational opportunities and a sustainable funding model will be discussed.

**Pre-con –D 8:00 a.m.– 11:30 a.m. (limited to 50 attendees)**

**Session Repeated 1:00 p.m. – 4:30 p.m. (limited to 50 attendees)**

**Debriefing the Simulated Clinical Experience;** *Kim Leighton, PhD, RN, CNE, Dean of Educational Technology; Jodi Nelson, MSN, RN, CNE Assistant Professor and Simulation Center Coordinator, BryanLGH College of Health Sciences, Lincoln, NE*

How do I debrief students? Am I doing it the right way? What if the scenario went really bad? How do I handle the student who reacts unprofessionally? Join us for an interactive workshop where you can learn and practice tried and true techniques as well as explore options when the simulated clinical experience does not go as planned or when the student doesn't participate as expected. Experience the value of debriefing while learning more about current research that explores the effectiveness of debriefing.

**Pre-con –E 8:00 a.m.– 11:30 a.m. (limited to 50 attendees)**

**Session Repeated 1:00 p.m. – 4:30 p.m. (limited to 50 attendees)**

**Using Simulation to Practice TeamSteps;** *Ellen Cram, PhD, RN; Anita Stineman, PhD, RN; Teri Boese, MSN, RN, International University of Nursing/University of Medicine and Health Sciences, Basseterre, St. Kitts; Anita Nicholson, PhD, RN, The University of Iowa, College of Nursing, Iowa City, IA*

Patient safety is a high priority in healthcare. TeamSTEPPS is an evidence-based approach towards building skills that enable professionals to improve patient care safety. Simulation is an active learning strategy that can be a platform for incorporating TeamSTEPPS principles and tools into clinical education. Participants in this session will receive information about the integration of TeamSTEPPS into simulation experiences.

**4:00 p.m. – 7:00 p.m. Exhibit Hall Open**



## CONFERENCE SCHEDULE

### WEDNESDAY, JUNE 16, 2010

1:00 p.m.-7:00 p.m. **Main Conference Registration & Check-in**

### THURSDAY, JUNE 17, 2010

7:00 a.m. – 5:00 p.m. **Conference Registration & Check-in**

7:00 a.m. – 8:00 a.m. **Breakfast in Exhibit Hall**

8:00 a.m. – 8:30 a.m. **Welcome**

Kim Leighton, RN, PhD, CNE, President, International Nursing Association for Clinical Simulation and Learning (INACSL)

Carolyn B. Yucha, PhD, RN, FAAN, Professor and Dean, School of Nursing, Dean, School of Allied Health Sciences, Editor, Biological Research for Nursing, University of Nevada, Las Vegas

Dr. Shirlee Snyder, EdD, RN, Dean of the School of Nursing, Nevada State College

8:30 a.m. – 9:15 a.m.

#### **KEYNOTE ADDRESS**

#### **Oh Pioneers: Why Simulation will NOT go Away and Why You are So Tired**

*Suzan Kardong-Edgren, PhD, RN, Assistant Professor of Nursing at Washington State University in Spokane, Washington and Editor-in-Chief of Clinical Simulation*

Like the hearty pioneers in Walt Whitman's poem, we saw the possibilities with simulation and moved ahead before anyone else. Simulation provides opportunities we have never had before, providing both well defined and ill structured domains. Simulation is one of the most disruptive educational tools health care educators have ever used. It is changing everything. We are still exploring all the ramifications of simulation. Come and dream with me! There is much work to be done, oh pioneers!

9:15 a.m. – 10:00 a.m.

**Refreshment Break in the Exhibit Hall**

10:00 a.m. – 11:00 a.m.	Concurrent Session 1	Select One
<p><b>1-A- ADVANCED</b></p> <p><b>Expanding Your Simulation Program: The Addition of Standardized Patients;</b> <i>Mindi Anderson, PhD, RN, CPNP-PC; Tiffany Holmes, DC; Jennifer Roye, RN, MSN, CPNP; Ceil Flores, RN, MSN, The University of Texas at Arlington School of Nursing, Arlington, TX</i></p> <p>This section will discuss and demonstrate how the addition of standardized patients (SPs) can benefit and augment current simulation programs as well as maximize realism and student communication within scenarios, using their institution as an exemplar. Several examples of SP scenarios will be given. A video sample of use of an SP will be shown.</p> <p><b>Combining a High Fidelity Simulator with a Standardized Patient in one Scenario – the Best of Both;</b> <i>Carol Okupniak, MSN, RN, Drexel University - College of Nursing &amp; Health Professions, Philadelphia, PA</i></p> <p>Putting a standardized patient and a human patient simulator together into a scenario gives the educator a unique opportunity to accomplish goals that could not be reached using each of these tools separately. Learn from experience what works. Learn how to train the standardized patient for this unique situation. Share with your colleagues ideas for scenarios that are conducive to combining these two modalities.</p>	<p style="text-align: center;"><b><u>DUAL PRESENTATION</u></b></p>	
<p><b>1-B – ADVANCED</b></p> <p><b>High Fidelity Simulation: the Future of Staff Excellence and Patient Safety;</b> <i>Dee Hacker, MSN, RN-BC; Margaret Hassler, MSN, RN, St. Louis Children's Hospital, St. Louis, MO,</i></p> <p>This presentation will explore how Pediatric High Fidelity Simulation (HFS) offers a unique opportunity for frontline healthcare providers to learn and experience “real-life” situations in a safe environment. Practice implications include improved communication, enhanced knowledge, skills, confidence, and teamwork. There are countless ways to use HFS in training healthcare providers and results promise to be the cornerstone for staff excellence and patient safety.</p> <p><b>Building Confidence for Nursing Students Caring for Children and their Families through Simulation;</b> <i>Eileen O’Shea, DNP, CNS, Fairfield University School of Nursing, Fairfield, CT</i></p> <p>Entering the first pediatric clinical in a leading national children’s hospital can be a daunting experience for undergraduate nursing students. Questions arise such as: How to communicate effectively with anxious and overtired parents; or how to interact appropriately with children of various ages and developmental stages? To increase confidence and decrease anxiety among these baccalaureate students, simulation has been integrated into the classroom as a part of an undergraduate pediatric nursing course. The simulations have incorporated the use of static manikins, medium or high fidelity simulators, as well as utilizing an improvisational actor. This presentation will share video clips of pediatric undergraduate nursing students interacting with low and medium fidelity manikins in simulation. Additionally, this presentation will share how simulations have been integrated into the didactic course, as opposed to the lab setting. Preliminary qualitative findings from a student response survey will be presented.</p>	<p style="text-align: center;"><b><u>DUAL PRESENTATION</u></b></p>	

**1-C - NOVICE****DUAL PRESENTATION**

**Challenges and Lessons Learned in Creating a Simulation Lab;** *Robbie Dugas, DNS, APRN, Louisiana State University at Alexandria, LA*

Many factors need to be considered when creating a simulation lab. Answers to questions such as “How do we seek financial support to construct a more enhanced simulation lab?” and “What type of collaboration is needed from local hospital?” are two examples of how nursing schools can get the ball rolling. Selection of equipment is crucial in meeting your specific needs for your department. All these challenges and lessons learned from one nursing school will be shared and discussed.

**Using Simulation in your Curriculum: Who, What, Why, and How;** *Joan Grant, D Jacqueline Moss, PhD; Penni Watts, MSN, University of Alabama, Birmingham, AL*

In this presentation, we will provide practical advice about building faculty buy-in and participation in simulation, including implementing courses without lecture content. We will also share recommendations for types of laboratory space needed for schools implementing simulation into their curriculum as well as processes for managing the space, staff, students, and simulation supplies. Finally, we will share what we have learned over the last 3 years regarding the best mix of task trainers, medium, and high fidelity purchases needed to adequately prepare students for clinical practice using simulation.

**1-D - ADVANCED**

**Simulation Technology Impacts Cultural Competence of Undergraduate Students in North America and Norway;** *Sheila Grossman, PhD, FNP, APRN-BC; Diana Mager, DNP, RN-C; Helene Opheim, MSN, RN; Astrid Torbjornsen, MSN, RN, Fairfield University School of Nursing, Fairfield, CT*

BSN students enrolled in similar junior and senior courses in Norway and the United States participated in pre and post testing of their cultural competency using the Transcultural Self-Efficacy Tool (Jeffreys). Simulated scenarios were developed by faculty and used with both samples. Students found simulation technology to be instrumental in assisting them to gain confidence in working with multi-cultural patients and families. Significant differences were found between pre and post test scores. Content analysis of qualitative data identified common themes regarding student perceptions of cultural competency.

**11:10 a.m.- 12:10 p.m.****Concurrent Session 2****Select One****2-A - ADVANCED****DUAL PRESENTATION**

**Disaster in the Simulation Lab;** *Donna Moore MSN, RN Simulation Coordinator Skills Lab, Kettering College of Medical Arts, Kettering, OH*

Disaster training for health care workers is becoming paramount for nursing education. This presentation will discuss a disaster simulation used by Kettering College to introduce Advanced Disaster Life Support to nursing students from various programs across Ohio who were part of a ten week nursing extern program. Planning, objectives, moulage techniques and the actual simulation are presented. Student response and interdisciplinary collaboration are also discussed.

**Managing the Care of Multiple Simulator Patients: An Exercise in Prioritization;** *Janet C. Whitworth FNP-BC, DNP, Goldfarb School of Nursing at Barnes-Jewish College, St. Louis, MO*

Many BSN, capstone experiences require students to manage nursing care for multiple patients in an acute care setting. While these senior students are supervised by nurse preceptors, often it is not possible for faculty members to directly observe the individual student as he or she prioritizes nursing activities and manages care for multiple patients. Traditional, undergraduate, last semester, nursing students were required to spend three hours managing the care of four simulator patients in a simulation lab. In addition to completing assessments, carrying out orders, and documenting care, each student was expected to prioritize the care that they provided.

**2-B - ADVANCED****DUAL PRESENTATION**

**Improving the Odds: Developing Readiness for Entry Into Professional Nursing Practice;** *Joyce Chmil RN, BC, MHA, Wilkes University CNSC, Wilkes-Barre, PA*

Simulation curricula for nursing programs must assure that clinical simulation is used to effectively prepare the nursing student for entry into professional nursing practice. Clinical simulation curricula designed to facilitate transitioning of a student from novice to expert (Benner, 1982) within cognitive, psychomotor, and affective domains (Clark, 2007) will result in improved clinical judgment in individual students. It is hypothesized that adherence to definitive language in the objectives used to evaluate performance in clinical simulations will produce clinical judgment scores appropriate to the student’s developmental phase and provide evidence of development of clinical judgment in individual nursing students as they transition through a nursing program and prepare to enter professional practice. This presentation will examine the theoretical framework for clinical simulation and discuss methods of statistical analysis for the correlation of clinical judgment (Lasater) in relation to readiness for entry into professional nursing practice.

**Partnering to Bridge the Practice Chasm from Student Nurse to Graduate Nurse;** *Sheron Rowe, MSN, LHRM, RN; Maureen Tremel, MSN, ARNP; Rita Swanson, BSN, RN, Seminole State College, Altamonte Springs, FL; Orlando Health, Orlando, FL*

Seminole State’s Regional Nursing Career Pathway Initiative is a \$2 million, three-year federal grant designed to help ease the severe nursing shortage in Florida. A unique partnership has been formed between academia, practice, and community focusing on the use of clinical simulation and technology to enhance interest and better prepare individuals for the profession of nursing. One key goal of the grant is to “improve quality of education through simulation training, thereby providing increased opportunities for new and current students and incumbent workers.” Faculty at Seminole State College of Florida and nurse educators at Orlando Health (OH) are collaborating in response to this goal with the Nursing Clinical Practicum Simulation Project. The collaborative process of the project will be described comparing the initial pilot with the revised scenarios conducted with student nurses and graduate nurses. Examples of scripts and simulator programming will be included and short video and audio clips of students’ and nurses’ performances will be shared with the audience.

**2-C - ADVANCED****DUAL PRESENTATION**

**Using Simulation to Promote Accountability in Progressive Care Orientation;** *Monica Farnsworth, MS, RN, CCRN; Megan Pfrimmer, MS, RN, Mayo Clinic Rochester, MN*

This simulation was designed to promote experiential learning in prioritization during patient care, management of acute clinical situations, clear communication with the health care team using SBAR, and concise, accurate handoff communication. Participants are expected to treat this as a real patient situation and are held accountable for safety issues, communication, prioritization, problem solving, and documentation. Learners debrief following scenarios using the advocacy/ inquiry model to encourage reflective learning.

**Speed Sims: An Innovative Approach to Nursing Education;** *Jean Walker, PhD, RN, CS, CAN; Jan Cooper, PhD, RN, University of Mississippi Medical Center, Jackson, MS*

Speed Sims is an innovative way to provide maximum learning impact in a short period of time to a large group of students. This session provides a “how to” approach to utilize standardized students or patients in a controlled laboratory experience using 7 minute role play situations. Each role play situation was developed right to the point of learning and students were able to enact different jobs within the learning group and identify issues, apply skills, synthesize information and debrief using a collaborative approach. Speed Sims is an effective learning method plus a great deal of fun!

**2-D - NOVICE****DUAL PRESENTATION**

**From Static Lab to Simulation Lab: Students Reflect on Their Learning;** *Sherrilyn Coffman, DNS, RN, CPN, Professor, Nevada State College School of Nursing, Henderson, NV,*

This study compares student learning in a static lab on “NG, OG, and Gastric Tube Care” and learning in a simulation lab that focuses on NG tube care for a child who is post-op ruptured appendix. At the end of each lab, students were asked to reflect on their learning. Analysis of student responses focused on how students described their learning in different lab situations.

**The Use of High Fidelity Clinical Simulation in the Education of Nurse Externs;** *Nathan E. Brent RN BSN, St. Joseph’s Hospital and Medical Center, Phoenix, AZ*

The use of clinical simulation has often been referred to as the future of healthcare education. Some of the issues expressed by nursing students are a lack of confidence in the clinical setting, as well as a perceived deficit in knowledge development and retention. In response to these concerns, St. Joseph’s Hospital and Medical Center has integrated clinical simulation as a method of enhancing the overall training experience for our Nurse Externs. This study was developed to compare the differences in knowledge, confidence, and perceived ability in externs who participated in a structured simulation program and those who did not. Results from the study will be disclosed at the presentation.

12:15 p.m. - 1:15 p.m. **Lunch (provided) & Exhibit Hall Open**

1:15 p.m. - 2:15 p.m. **KEYNOTE:**

**Culturally Competent Education: Adaptations for the use of Hi-Fidelity Simulation in Qatar**

*Colette Foisy-Doll, RN BScN, Clinical Simulations and Assessment Manager, University of Calgary, Qatar, and Laboratory Resource Professional (Grant MacEwan University)*

In this presentation, the speaker highlights the importance of being culturally aware of our learners and clients in context; regardless of where we are geographically located, cultural considerations are paramount in the effective delivery of health care and related simulation programs. The University of Calgary, Qatar is developing a simulation facility and program that provides students access to hands-on, dynamic, transformational learning possibilities. Faculty and students have collaborated to include culturally appropriate nursing practices and patient care considerations for Qatar in scenario development and facility policy development. Practical suggestions for the inclusion of cultural competence in the delivery of simulation programs are offered.

2:15 p.m. – 3:00 p.m. **Refreshment Break in Exhibit Hall**





3:00 p.m. – 4:00 p.m.

Concurrent Session 3

Select One

**3-A - ADVANCED**

**DUAL PRESENTATION**

**Integrating Nursing Students and Medical Doctors During Crisis Management Simulation Scenarios;** *Janis Rice, MSN, RN, CNS; Dr. Patricia Wathen, MD, University of Texas Health Science Center San Antonio School of Nursing, San Antonio, TX*

This presentation focuses on interprofessional simulation exercises incorporating nursing students and Internal Medicine residents. The simulation scenarios included crisis management of symptomatic bradycardia, ventricular tachycardia/ventricular fibrillation, and pulseless electrical activity. Challenging patient scenarios included complex clinical diagnosis, electrolyte disorders, consequences of medical treatments, decisions for medication administration, and analyzing electrocardiogram changes. Debriefing was conducted with both disciplines immediately after the simulation exercise. Debriefing sessions included addressing nursing issues and discussing the medical aspects of the crisis, an essential step that fostered professional growth and interprofessional communication.

**Collaborative Practice Using Simulation to Foster Role Assumption and Enhance Shared Thinking Among Medical Residents and Nursing Students.** *Carolyn Sue Witt, PhD, RN; Jessica Doolen, MSN, RN; Michael A. Nasiak, MD; Cynthia Herrick, MD, University of Nevada, Las Vega, NV*

Patient outcomes improve when medicine and nursing disciplines engage in appropriate use of symbol systems, methods of reasoning, vocabulary and word meaning. The opportunity to practice role assumption and enhance shared thinking in emergency situations was provided to medical residents and nursing students during collaborate simulations. All group members participated jointly in debriefing the scenarios. The video playback of the scenarios was interrupted by any of the members for questions, explanation of thought processes, and identification of how shared cognition and mutual knowledge were developed in communication. Common patterns across scenarios were identified.

**3-B - ADVANCED**

**DUAL PRESENTATION**

**Engaging Unit-Based Clinical Educators as Facilitators in Simulated Experiences during a Nurse Residency Program in an Acute Care Facility;** *Veronica A. Daley, BSN, RN-BC, CNN; Frances Todd, MSN, RN, Dartmouth Hitchcock Medical Center, Lebanon NH*

This presentation will review the processes which were implemented at our acute care facility to help transition unit based Clinical Educators to the role of simulation facilitator for their newly graduated nurses. Most of the Clinical Educators involved in this new graduate Nurse Residency Program had little or no prior experience with simulation, facilitation or debriefing. Coordination amongst the Clinical Educators, Nursing Education Associates and the staff in the Patient Safety and Training Center (simulation center) played a crucial role in the success of this new endeavor. Of special interest was the collaboration which developed amongst the unit based Clinical Educators. During the simulated experiences, variance in both clinical practice and evaluation methods were identified. In addition, the need for ongoing professional development was recognized and plans are in the works to address these specific needs.

**Developing Preceptors Communication and Feedback to Orientees Through the use of Full-Scale Simulation;** *Denise A. Foy, MSN, RN-BC; Jacqueline Arnold, MSN, RN; Sherry Chesak, MSN, RN, Mayo Clinic Rochester, MN,*

Preceptor education evaluations and a survey of current preceptors indicated a need for the ability to enhance orientees' critical thinking and strong communication skills when providing purposeful feedback to orientees. Despite didactic content and role playing activities, preceptors continue to express a need to further improve their skills in these areas. To respond to this identified need, a four hour course that utilized full-scale simulation was developed to improve the preceptor's skill and confidence in using teaching techniques that encouraged development of critical thinking and providing feedback to orientees. The purpose of this presentation is to describe the framework, scenarios, and debriefing for the course.

**3-C - NOVICE**

**EXPERT PANEL**

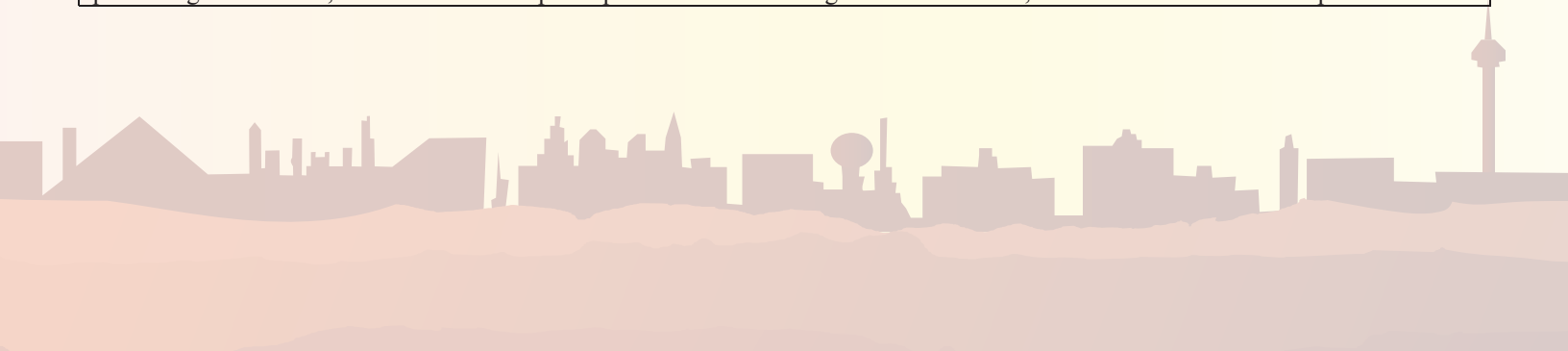
**Ask the Experts: Academic Simulation 101: Where Do I Start?** *Moderator Kim Leighton, PhD, RN; Panelists TBA*

Were you just told that you are 'in charge' of simulation? Did your school buy a new simulator and tell you to use it next semester? Is the simulator still in a box? This expert panel session is designed to help answer those questions that brand new simulation personnel have. Don't continue to feel overwhelmed. Come to this session and learn from those who have been in your shoes!

**3-D - ADVANCED**

**Strategies For Success: Enhancing Learning through Podcasting: Garage Band, Audacity and Slideshare;** *Pamela Davis Roberts RN, MSN; Elizabeth Mencil RN, MSN, Montgomery County Community College, Blue Bell, PA*

The goal of this program is to encourage educators to use podcasts and slidecasts as methods of engaging students. Adopting these formats promotes motivation and active learning for today's students, whether in class or in a distance learning format, and to energize educators with innovative teaching methods. The presenters will demonstrate step-by-step methods for selecting topics, creating outlines, and developing podcasts which can be used to reinforce and enhance classroom presentations. Slidecasts are easy to create, and very easy to update. Garage Band and Audacity are free audio editors, and slideshare.net is a free website for hosting slidecasts. Problems encountered and implications for the future are also explored. Use of these programs will provide new avenues for presenting information, and will have multiple implications for Learning Resource Centers, as well as for simulation experiences.



**4-A NOVICE****DUAL PRESENTATION**

**Presentation to a Publication: Tips from the Editors of the INACSL Journal on Turning Your Presentation into a Publication;** *Suzan Kardong-Edgren PhD, RN; Jacqueline Arnold MSN, RN, Washington State University, Mayo Clinical, Rochester MN*

If you have had a poster or an oral paper accepted for a conference presentation, half your work is done! Take the next step and expand your audience by turning that presentation into a publication. The INACSL journal editor will provide tips that will improve your chances for manuscript acceptance and publication.

**ADVANCED**

**Reviewing for a Journal;** *Allen D. Hanberg, PhD, RN; Suzie Kardong-Edgren, PhD, RN; Jacqueline Arnold, MSN, RN, University of Utah, College of Nursing, UT*

Rapid advances in simulation terminology, technology, methodology, and delivery are driving a growing need in publication surrounding this subject. In turn, growing subject matter and manuscript submission increases the importance of having a broad pool of knowledgeable reviewers with wide ranges of expertise also grows. The editor and associate editors of *Clinical Simulation in Nursing* will offer a presentation that answers the many questions nurses have regarding the role of a manuscript reviewer. Advice and tips for professional peer reviews will be offered. The presenters will provide an overview of the tools available for reviewing, and the opportunities that these experiences offer will be shared. Finally, the pros, pitfalls and importance of the review process will be explored.

**4-B NOVICE**

**Low Cost Solutions-** *Margaret Meccariello, MS, RN, St. Joseph's College of Nursing, Syracuse, NY*

For the fourth year in a row, skills educators will come together to share creative solutions to everyday problems in the skills/simulation lab. Come to pick up great hints from your colleagues or participate in the Third annual Low-Cost Solution homegrown simulator contest. To enter bring your self-made items or creative adaptations to currently made items, to the session. You will be asked to describe your item to the attendees at the session (two to three minutes). Please bring step by step assembly instructions so others can benefit from your creativity. Judging will occur during the session and the top five homegrown simulators will be featured in INACSL's journal, *Clinical Simulation in Nursing* in the five fast fixes section.

**4-C - NOVICE****EXPERT PANEL**

**Games and Simulation in Healthcare: Past, Present, and Future – An Expert Panel;** *Eric B. Bauman, PhD, RN; I. Alex Games, PhD; Robert Waddington, BS, University of Wisconsin-Madison; Michigan State University; COO SimQuest LLC*

This presentation will provide historical, current, and future perspectives on simulation and game-based learning for the health sciences. Participating panelists will include individuals with expertise in game-design and development, game based learning, and clinical education. The panel will represent the intersection of academic scholarship, clinical education, and industry expertise. This unique panel will provide audience participants with perspectives on the latest educational theory and technology driving simulation and game-based learning in nursing and other areas of health sciences education.

**4-D - ADVANCED****ROUND TABLE DISCUSSION**

**An International Perspective on Simulated Practice in Nursing Education: Towards More Similarities or More Differences?** *Teresa Gore, RN, MSN, DNP, Auburn University School of Nursing; Patrick Van Gele, RN, MS, HECVSante - University of Applied Sciences Western Switzerland, Lausanne, Switzerland*

Simulation implementation has been steadier in North America compared to the rest of the world. Differences in healthcare and education policy partially explain these discrepancies. Results of survey findings and experts from Canada, Japan, Switzerland and USA will each present their emblematic and exemplary case study. These presentations will describe a typical educational simulation. A comparison of similarities and differences will be discussed.

5:05 p.m. – 6:35 p.m.

**Hors D'oeuvres & Poster Reception**

FRIDAY, JUNE 18, 2010

7:30 a.m. – 9:00 a.m.

**Breakfast served in Exhibit Hall**

8:00 a.m. – 8:55 a.m.

**International Nursing Association for Clinical Simulation and Learning (INACSL) General Meeting  
Members and Nonmembers welcome!!!**



9:00 a.m. – 10:00 a.m.

**Creating Standards for Facilitating Learning Using Simulation**

*Kim Leighton, RN, PhD, CNE, Bryan LGH College of Health Sciences, Lincoln, Nebraska; Jana Berryman, ND, CNS, RN, Colorado Center for Nursing Excellence, Denver, Colorado; Margaret Meccariello, MS, RN, St. Joseph's College of Nursing, Syracuse, New York; Sharon Decker, RN, CS, PHD, CCRN, Texas Tech University Health Sciences Center, Lubbock, Texas; Leland J. Rockstraw, PhD, RN, Drexel University, Philadelphia, Pennsylvania; Colleen H. Meakim, MSN, Villanova University; Teri Boese MA, RN, Simulation Center for Clinical Interdisciplinary Practice Basseterre, St. Kitts; Patricia (Patty) Ravert, RN, PhD Brigham Young University Provo, UT; Renne Schnieder, MSN, RN, Southeast Community College Lincoln, NE; Carol Sando, DNSc, Med, RN, Delaware State University Dover, DE; Janis Childs PhD, RN, University of Southern Maine; Teresa Gore, MSN, RN Auburn University School of Nursing, Auburn, Alabama; Cheryl Feken, RN, MS Tulsa Community College Tulsa, OK; Marianne Schubert, RN, BSN, CEN, MICP Union County College, Plainfield, NJ; Jimmie Borum, MSN Texas Christian University Fort Worth, TX*

Creating Standards for facilitating learning using simulation was a hot topic at last year's INACSL conference. You, the membership, made it clear that you wanted the Board of Directors to begin this process. We're excited to share our initial efforts with you at this year's conference. This has been a big challenge for us but we are pleased to report that we have identified Standards and Guidelines that we believe should be developed. We have begun work on the Standards first and will begin work on the Guidelines after the Standards are completed. Now it's time to share our initial efforts with you and receive your feedback into how we can improve the work. Join us for this exciting opportunity to shape the future of simulation education for nursing.

10:00 a.m. – 10:30 a.m.

**Refreshment Break served in Exhibit Hall**

**10:30 a.m. – 11:30 a.m.**

**Concurrent Session 5**

**Select One**

**5-A – ADVANCED**

**DUAL PRESENTATION**

**Teaching Cardiopulmonary Assessment Skills among Advanced Practice Nurses;** *Sharon Decker, RN, PhD, ACNS-BC, ANEF; Pam Jeffries, DNS, RN, FAAN, Johns Hopkins University; Julie Settles, MSN, RN, ACNP-BC, CNE; Jeffrey Groom, PhD, CRNA; Lucie Dlugasch, RN, PhD, ARNP-BC, Texas Tech University Health Sciences Center, Lubbock, TX*

Cardiopulmonary Assessment Skills are often limited among advanced practice nurses and effective instructional methodologies, particularly to improve cardiopulmonary auscultation skills, are needed. The goal of this project was to develop, implement, and evaluate learning outcomes in a cardiopulmonary assessment curriculum and simulation model for advanced practice nurses at four institutions. This presentation will discuss the process of planning, conducting the study and reviewing the outcomes.

**Simulation and the Objective Structured Clinical Examination: A Method to Evaluate Student Competence and Confidence;** *Suzanne Brown, RN, PhD; Theresa Hoadley, RN, PhD, TNS; CJ Kingston, RN, MSN, Saint Francis Medical Center College of Nursing, Peoria, IL*

This presentation will provide an overview of one center's experience with OSCE format utilizing simulations. The Objective Structured Clinical Examination (OSCE) is a strategy used to evaluate a student's clinical skill performance under a variety of simulated conditions. The combination of the OSCE format with the use of varying levels of simulation was employed to enhance fidelity and provide the opportunity for the evaluation of critical thinking, self-confidence, and satisfaction in a more realistic environment. Strategic planning and education outcomes will be discussed emphasizing implementation of the OSCE format and simulation.

**5-B - ADVANCED**

**DUAL PRESENTATION**

**Peer review In Simulation: Using Live Video Streaming To Support Learning;** *Andrea D. Ackermann, PhD, RN, Mount Saint Mary College, Newburgh, NY*

Feedback is the key to successful simulation learning experiences for undergraduate nursing students. Peer reviews provide an environment of collaborative learning. Within this format of observation and debriefing, each student is not only responsible for their learning but also for helping their peers to learn. Guided by a facilitator and an evaluation/review rubric, students are able to explore the meaning of the simulation experience and its application to clinical practice. This presentation provides the participant the opportunity to see how one college uses peer review, through video streaming, during the debriefing process of simulation learning.

## NOVICE

**Process and Presence in Debriefing;** *Jacqueline Arnold, MSN; Sherry Chesak, MSN, RN, Mayo Clinic Rochester, MN,*

The purpose of this workshop is to introduce a model for debriefing that includes inputs for successful learner outcomes and a process for facilitation. A key input for successful learner outcomes is creating psychological safety; therefore, elements which foster psychological safety will be highlighted.

## 5-C - ADVANCED

### DUAL PRESENTATION

**Embedding an Unfolding Geriatric Case Exemplar into Nursing Simulation;** *M. Bamber, RN, MSN; L. Graven, RN, MSN; M. Abendroth, RN, MSN, PhD-C; H. Park, RN, PhD; L. Grubbs, RN, PhD; L. Plowfield, RN, MSN, PhD, Florida State University, College of Nursing, Tallahassee, FL*

This presentation is about the development and implementation of an evolving geriatric case exemplar over a four semester generic BSN program. The case exemplar evolves from simple to complex as the students progress through the program. The case exemplar includes all aspects of care, for example pharmacological agents, nursing health assessment, and prioritization of nursing care. The scenario is enhanced with the use of high-fidelity simulation in the third and fourth semesters.

**Utilizing Simulation and Moulage Techniques: Performing thorough Skin Assessments in a Baccalaureate Nursing Program;** *Ann C. Seckman, DNP, FNP, RN; Tina Ahearn, BSN, RN, Goldfarb School of Nursing at Barnes-Jewish College, St. Louis, MO*

Physical assessment class is a critical part of nursing education. Through the use of simulation and moulage, life-like skin lesions are applied to mannequins to correlate with health histories received from case studies. This lab experience assists students in transferring expanded assessment skills learned through simulation experiences to their clinical practice setting as well as significantly impact students' personal awareness of possible cancerous skin lesions. Faculty are able to be creative with moulage so a not so exciting assessment lab becomes a learning experience students rave about semester after semester.

## 5- D - NOVICE

### DUAL PRESENTATION

**High-Fidelity Human Patient Simulation Experiences and Baccalaureate Nursing Students' Perceptions;** *Laura L. Crouch, EdD, RN, CPAN, CNE, Northern Arizona University, School of Nursing, Flagstaff, AZ*

This study examined nursing students' perceptions of the simulation design, learning, collaboration, self-confidence/self-concept, and satisfaction through repeated experiences in high-fidelity human patient simulation scenarios. The findings support adult learning concepts when implementing technology in education.

**Using Case-Study Simulation to Improve Critical Thinking and Content Mastery in Undergraduate Nursing Students;** *Valerie Herbert, MSN, RN; Cynthia Peterson, MS, RN; Ann Ellis, EdD, RN, Husson University, Bangor, ME*

The ability to think critically is a core competency essential for the provision of safe, competent nursing care in today's complex healthcare environment. The pilot study focused on the effect of content targeted, case study-based, high fidelity simulation teaching strategies on critical thinking and medical-surgical content mastery compared with traditional didactic teaching strategies in undergraduate nursing students. The Assessment Technologies Institute (ATI) Medical-Surgical Nursing 2.1 assessment was utilized as a pre- and post-test for 12 high-risk senior nursing students. All 12 students scored below the national average for BSN programs (66.3%) with a mean group score of 59.2% and failed to meet the institutional benchmark on the pretest (version A). The teaching strategy consisted of several phases: case-study presentation and concept clarification, skill proficiency, simulation, and debriefing. The details of the study and results will be shared.

11:30 a.m. – 1:00 p.m.    **Lunch (provided) & Exhibit Hall Open**



1:00 p.m. – 2:00 p.m.

Concurrent Session 6

Select One

**6-A – NOVICE**

**DUAL PRESENTATION**

**Once is not Enough;** *Annette K. Orangio, MSN, RN; Marta E. Suarez-O'Connor, MSN, RN; Mary Ekdahl Smart Center for Patient Simulation Training & Research, Pensacola Junior College, Pensacola, FL* - Nursing educators are using high-fidelity simulation technology to prepare students to provide safe patient care in an increasingly complex health care system. There are numerous models of simulation training and this presentation will describe the nuts and bolts of the model of simulation used at a community college that ascribes to integrating simulation within each nursing course. Included in the discussion will be how the scenarios are scheduled throughout the entire course and sequenced according to the timing of content presentation within the course. This model supports the belief that educational experiences that are spaced and repeated over time result in more efficient learning and improved retention.

**Whole Lot of Simulation Going On: ADN Nursing Education At its Best;** *Heather V. Westerfield, MSN, RN, CMSRN; Crystel L. Farina, MSN, RN, Chesapeake College, Wye Mills, MD* - Using video of student simulations this presentation demonstrates simulation in each level of an ADN nursing program. This presentation will demonstrate the use of simulation on a limited budget, using creativity, and continuing to meet the educational needs of the students, not to mention demonstrates how to have fun while learning. We will present information about how this transition took place along with video clips of simulations, debriefing of students, learning objectives, suggestions, and ideas to help the participants utilize simulation to its greatest potential.

**6-B - NOVICE**

**DUAL PRESENTATION**

**Not just a Roll of the Dice: Introducing a Simulation Scenario Template;** *Connie Madden, MS, RN; Madeline Lassche, MSNEd-RN; Susanna Cohen, MSN, CNM; Allen d. Hanberg, PhD, RN, University of Utah College of Nursing, Salt Lake City, UT*

The purpose of this presentation is to introduce a new, comprehensive, and evidence based simulation design template that directs the simulation experience in a methodologically sound manner. This template incorporates all domains of learning through selection of curricular concepts and content, and development of comprehensive objectives that facilitate equipment programming and information management through the electronic health record. The consistency provided by the design of this simulation scenario template ensures that students have equal learning opportunities, assures faculty members that relevant content is taught, and that technology is applied in the most appropriate and effective way.

**Utilizing a Template for Scenario Creation;** *Randall Stennett, RN, MSN; Tracey Cooper, RN, MSN; Hillary Hart-Moreno, RN, BSN, CCRN; Sharon Decker, RN, PhD, ANEF, West Texas Simulation Alliance* - This program will address the utility of using a template in creating scenarios. Examples will be presented showing specific aspects of the West Texas Simulation Alliance template.

**6-C- NOVICE**

**ALFA – Assisted Learning for All – Clinical Skills Via Free Web, Ipod & Iphone Sources;** *Terri Whitt, EdD, MN, RN, CCRN, Saddleback College, Mission Viejo, CA* - A “must” attend presentation to help your nursing students or nursing staff navigate this powerful FREE website. Over 150 videos are free to nursing students and RNs around the world. Learn to (1) implement the Topic Outlines and Captioned Videos in your syllabus; (2) “How to create your own clinical/skill videos” via a simple free program and (3) how to maneuver informative heart and lung sound websites. This project is my legacy to nursing!

**6- D - NOVICE**

**DUAL PRESENTATION**

**The Effect of Faculty Debriefing Training on the Achievement and Satisfaction of Pre-licensure Nursing Students**

**Participating in Simulation;** *Beth Fentress Hallmark, RN, MSN, PhD(c), Belmont University College of Health Sciences and Nursing, Nashville TN* - Examining the effect of simulation on achievement while considering how the faculty have been trained to work with the students during the debriefing is the one of the goals of this project. This study examines how preparing nursing educators to effectively debrief students theoretically leads to higher achievement scores on questions directly related to the simulation content; in addition a student’s satisfaction survey was conducted. The student’s age, gender, previous education and their level of reflective thinking were controlled in the study. Discovering how faculty preparation is linked to student outcomes is imperative as this pedagogy is being integrated throughout nursing curricula across the country. Not only is faculty training imperative but the faculty must have an understanding of how students use reflective thinking to learn during debriefing. The students also completed a qualitative satisfaction questionnaire. The qualitative data provides a glimpse into the student’s feelings relating to the experience with the simulation and with the faculty debriefing.

**Evaluating Patient Simulation and Debriefing Methods in an Undergraduate Nursing Health Assessment Course;** *Marian Luctkar-Flude, RN, MScN; Barbara Wilson-Keates, RN, MS; Monica Larocque, RN, BNSc, Queen’s University, School of Nursing, 92 Barrie Street, Kingston ON* - This presentation will describe two methods of facilitation/debriefing that can be used with high-fidelity patient simulation: instructor-led simulation and student-led simulation. The results of a research study to compare the two methods in an undergraduate nursing health assessment course will be presented. The results will include learner satisfaction with the two methods, learning outcomes associated with each method, and qualitative feedback from the learners.

**1:00 p.m. – 4:00 p.m. Tours of the University of Nevada Las Vegas Nursing Skills Lab**

4 Tours / 45 minutes/each – running consecutive (Bus transportation is provided). These tours can accommodate a total of 200 participants (50 attendees per tour). You are required to register for the tour if you wish to be included; please do not register for any sessions from 1-4:00 p.m. you will be notified in advance of the time of your tour and you are welcome to attend any sessions while not on the tour.

2:00 p.m. – 2:15 p.m. Refreshment Break

2:15 p.m. – 3:15 p.m.

Concurrent Session 7

Select One

7-A – ADVANCED

DUAL PRESENTATION

**Moving Pharmacology Class to the Bedside Using Clinical Simulation;** *Jessica Shearer, MSN, RN; Maureen Tremel, MSN, ARNP, Seminole State College of Florida, Altamonte Springs, FL*

The purpose of this presentation is to describe a unique alternative instructional approach to classroom instruction of a basic nursing pharmacology course. Responding to the goal of using a more active teaching/learning approach, the entire five week final course unit, Clinical Application of Drug Therapy, is now conducted in the simulation lab. For this unit, no formal classroom instruction is provided. During each of the five weeks, students rotate through three interactive stations. A description of each of the fifteen stations will be provided including examples of scripts and simulator programming. Participants will be shown one complete scenario from preparation stage through debriefing stage using photos and audio and video clips.

**NOVICE**

**Improving Patient Safety by Using a Medication Simulation Scenario in First Semester Nursing Students;** *Joelle L. Wolf, RN, BSN, MSN(C); Jaclynn Huse, PhD, RN, CNE, Southern Adventist University, Collegedale, TN*

Nursing students need to learn safe medication administration and calculation skills in an environment that allows them to learn and perform authentic tasks in a realistic setting with actual charts, equipment, and drug labels to help formulate the problems. Using Pamela Jeffries Nursing Education Simulation Framework, a medication scenario was written specifically addressing dosage calculations, critical judgment skills, and increasing confidence levels for nursing students. The presenters will share how they implemented this scenario and discussed over 30 key elements of medication administration to first semester nursing students. Research study results will be highlighted showing that teaching medication administration by either lecture or simulation increased dosage calculation scores, but the students who participated in the simulation group were significantly more confident to perform the task in the clinical environment, more satisfied with the teaching module and the variety of learning materials and activities, and more motivated to learn.

7-B – NOVICE

DUAL PRESENTATION

**Not Your Mother’s Nursing Simulation Lab. Eleven Plus Ideas on how to Engage Students Using Simulation;** *Bruce R. Williams RN, MS, MSN, Ivy Tech Community College of Indiana, Evansville, IN*

This thought-provoking session will provide ideas and examples of how Ivy Tech Community College, Evansville, Indiana Campus is overcoming the challenges of a limited budget and the need to further develop equipment we already owned. See how we have repurposed equipment and implemented problem-based learning scenarios to help us connect with students in all of our nursing labs and clinical courses.

**Challenging Practical Nurses “On the Fly”** *Marianne Schubert, BSN, CEN, MICP, MSN-ED, Practical Nursing Program, Union County College, Plainfield, NJ*

In the midst of a nursing shortage and decreased clinical sites for nursing, there is a need for simulation specific to LPN/LVN programs. One of the objectives for simulation practice can best be defined by utilizing patient safety goals. Many simulation educators agree that nursing scenarios for their students can be accomplished easily by using pre-prepared nursing scenarios. Changing the scenarios to meet the practical nursing students’ goals of safe practice can be easily accomplished by altering existing scenarios while still utilizing their decision-making and critical thinking skills. Due to time constraints and current learning needs for practical nurses, many of these simulations need to be done “on the fly.”

7-C - NOVICE

DUAL PRESENTATION

**Using Clinical Lab Space Creatively to Meet Student Needs;** *Ashley Franklin, BSN, RN; Mary Beth Walker, MS, RN; Jimmie Borum, MSN, RN, Texas Christian University, Fort Worth, TX*

Too many students and not enough room? Too many clinical sections and not enough space in the hospital? We’ve developed a plan to accommodate more student volume in our 4-bay Simulation Lab. Our staff includes a MSN-prepared director and BSN-prepared faculty associate, and we’ve integrated faculty-driven, high-fidelity scenarios for students in adult medical-surgical and psychiatric clinicals. When the patient census is decreased at area hospitals, we’ve turned to the Simulation Lab to provide contextual learning opportunities for undergraduate nursing students.

**ADVANCED**

**STRIVE for Success: A Model for Successful Development and Expansion of a Simulation Center and Educational Program;** *Valerie Howard, EdD, MSN, RN; Janice Sarasnick MSN RN; Chuck Simon, RMU, Regional RISE Center, John Jay Moon Township, PA*

The purpose of this interactive podium presentation is to identify the necessary ‘ingredients’ for successful expansion of a simulation center and integration of simulation throughout your nursing curriculum and offer a ‘recipe’ for success. The STRIVE Model is an acronym that represents the important components that simulation leaders should consider when developing or expanding a simulation program.

7- D - ADVANCED

DUAL PRESENTATION

**Incorporating Patient Safety Standards into Simulated Learning Experiences**

*Barbara J. Sittme,r RN, PhD; Margaret Ofe Fleck RN, MSN; Karen McGivney-Liechti CNM, MS, University of Nebraska Medical Center College of Nursing Lincoln Division, NE*

Over the past decade, there has been a concerted effort to improve patient safety within the acute care setting. Human patient simulation provides an opportunity for nurse educators to incorporate patient safety standards into curricula. This presentation will provide insight on the integration of safety standards into a simulated clinical obstetric experience. Information gained from this presentation may also be applied to disciplines outside of perinatal nursing.

**PRONTO<sup>2</sup>: Development, Implementation and Evaluation of an In-situ Multi-disciplinary, Low-Tech, High-Fidelity Obstetric Simulation Training for Mexico;** *Susanna R. Cohen, MSN, CNM; Dilya M. Walker, MD; Fatima Estrada Marquez, MS, University of Utah, College of Nursing, Salt Lake City, UT*

Practice in the diagnosis, assessment, treatment, stabilization and transport of Obstetric Emergencies will help Mexico decrease maternal and fetal morbidity and mortality. High-fidelity simulation learning and team training addresses these barriers by focusing on mobilization of resources, leadership, communication, and coordination of care. This presentation will explore the design and implementation of the Multi-disciplinary, in-situ simulation-training program - PRONTO<sup>2</sup> (Programa de Rescate Obstétrico y Neonatal: el Tratamiento Óptimo y Oportuno).

**3:30 p.m. – 4:30 p.m. Concurrent Session 8 Select One**

**8-A ADVANCED**

**DUAL PRESENTATION**

**Integrating Standardized Patients and Clinical Simulation in a Mental Health Nursing Course;** *Jan Cooper, PhD, RN; Tina Martin, PhD, RN, FNP; Jean Walker, PhD, RN, CS, CAN; Wanda Fisher, MSN, RN, CCRN; Pam Helms, MN, RN, CFNP, University of Mississippi Medical Center, School of Nursing, Jackson, MS* - The presence of a real person acting as the ‘patient’ during simulation adds a unique dimension to a pre-clinical simulation experience for undergraduate nursing students. This session will focus on the distinct opportunities standardized patients provide for practicing communication skills and mental health assessment during four mental health simulations. Alternative solutions to the management of standardized patients will also be discussed. This teaching strategy offers an alternative approach to the integration of classroom content to clinical practice and allows nursing students to practice skills they can transfer to the clinical area.

**Simulating A Psychiatric Emergency: A Multidimensional Approach;** *Shannon Patton, RN, MSN, CNS; Scott Hudson, RN, MSN, The University of Texas @ Austin School of Nursing, Austin, TX* - This presentation will focus on how to plan and implement a one-day clinical simulation experience for undergraduate students in a Psychiatric setting. It will address the challenges of working with a simulation mannequin and share strategies used to enhance realism. It will describe how large groups of students were managed using a standardized patient video, pre-briefing, a relay approach rotation plan, advanced technology and planned debriefings. Evaluation data and lessons learned will be included.

**8-B ADVANCED**

**ROUND TABLE DISCUSSION**

**Developing Tools for Simulation Evaluation: Advice from the Trenches;** *Moderator: Suzan Kardong-Edgren, PhD, RN Washington State University; Panelists TBA* - Simulation faculty with recent tool development experience will lead a discussion surrounding tool development for simulation. Samples of tools will be shared with the participants. Methods for developing and evaluating the reliability and validity of tools will be shared by all participants. Participants are asked to bring copies of their simulation evaluation tools, current or in production, to share with the group. Participants are also asked to bring business cards to exchange as they meet others to collaborate with, in tool development, during the speed networking phase of the round table.

**8-C ADVANCED**

**DUAL PRESENTATION**

**Faculty and Student Collaboration: Developing End of Life Scenarios;** *Mary K Fey, MS, RN; Linda Goodman, RN-C, College of Southern Maryland, LaPlata, MD* - This presentation will discuss the process of faculty and senior nursing student collaboration in writing complex end of life scenarios. This student-centered, faculty guided project resulted in the development of four scenarios that involved high level interpersonal skills and ethical /legal dilemmas in the setting end-of-life decision making. The process for writing, implementing, and refining the scenarios prior to their use will be discussed. Results of student satisfaction surveys from the students who participated in the final scenarios will be provided.

**Pediatric Death and Dying the Simulation Arena;** *Dr. Patrice A. Hood, DNP, APRN, CANP, CFNP; Professor Maureen P. Cardoza, PhD(c), MS, RN, New York Institute of Technology (NYIT), Old Westbury, NY* - As pediatric clinical sites are decreasing in many areas of the country, simulation provides a wonderful teaching learning experience for students. This program will discuss the development, resources, scripts and implementation of a pediatric death and dying scenario. Death and dying of a pediatric client is very difficult even for experienced nurses, providing a controlled situation builds the skills nurses need to practice. This program was implemented in a Baccalaureate nursing program to enhance the students learning.

**8-D - NOVICE**

**DUAL PRESENTATION**

**Using High Fidelity Simulation to Teach Nurse-to-Doctor-Report: A Study on SBAR in an Undergraduate Nursing Curriculum;** *Jacqueline Guhde MSN, RN, CNS, Affiliation: The University of Akron, Akron, OH* - Effective communication between healthcare providers has been identified as a key element in ensuring patient safety and preventing adverse events. This presentation will discuss a comparative study utilizing high fidelity simulation that was completed on the use of SBAR versus no SBAR for teaching nurse-to-doctor report. The scenarios that were used will be described. The measurement tool for evaluating report to a doctor will be discussed. Recommendations for future research and how to incorporate SBAR into a curriculum will be made.

**Learning to Get Along: Interprofessional Simulation for Health Care Providers;** *Dawn Prentice, RN, PhD; Karyn Taplay MSN, RNC; Elizabeth Horsley, RN, BScN, BA, Brock University Department of Nursing, Ontario, Canada* - The purpose of this presentation is to discuss the development, facilitation and the evaluation of an Interprofessional Education and Clinical Simulation Workshop conducted with health professionals employed in a multi-site community hospital in Ontario, Canada. Findings from the evaluation will be discussed and recommendations for interprofessional practice and further research will also be addressed.

**4:30 p.m. - 5:30 p.m. Relax, Meet & Greet Other Attendees  
Popcorn, Pretzels & Refreshments Served**

SATURDAY, JUNE 19, 2010

7:30 a.m. – 8:30a.m.

Breakfast served

8:00 a.m. – 9:00 a.m.

Concurrent Session 9

Select One

**9-A – ADVANCED**

**DUAL PRESENTATION**

**Creating a Win-Win Situation Teaching BSN and MSN Students Together in Simulations;** *John Summerville, RN, MS; Fran Kamp, RN, MSN, Georgia Baptist College of Nursing of Mercer University, Atlanta, GA*

Integrating a simulation program within an adult health course is a challenge and is even a bigger challenge when the curriculum requires large numbers of students to complete five, 4 hour blocks of simulations within the semester. With only two faculty available to teach this, a creative approach to this limited human resource issue was to create a Masters Level simulation course. The outcomes of both the BSN and masters courses were met at the same time. BSN students were able to develop health care technology skills, confidence in their roles, and competence in their ability to care for patients. Masters students were able to develop teaching skills by actually teaching students, and were able to observe how simulations could assist students in developing into the role of nurses. These extra hands allowed more simulation stations to be offered concurrently and more students could be accommodated with higher quality learning. The development of the course as well as more details of this approach and examples of simulations will be offered.

**NOVICE**

**Fundamentals to Practicum: Can These Students Learn from Each Other?** *Amy Brown, APHN-BC, MSN, Morehead State University, Morehead, KY*

The Associate Degree Nursing Program at Morehead State University has developed a unique way to provide a critical thinking learning experience for both fundamental and senior practicum students. The development of a clinical simulation day that allows for multiple simulation levels of fidelity for learning and evaluation of each type of student. Practicum students were given the lead roles in the simulation, while the fundamental students were clients, nursing technicians, or secondary nurses. The students learning objectives were different for each level and the skills required were also based on the level of the student. Scenarios were simple to complex based on the clinical decisions made by the group. Each group of students was instructed to prioritize, delegate and initiate care based on the nursing process.

**9- B – ADVANCED**

**DUAL PRESENTATION**

**Incorporating Simulation and Interactive Response System in a Pediatric Nursing;**

*Alan B. Jauregui, MD, APN, MSN; Lori Candela, EdD, RN, APRN-BC, CNE; Jessica Doolen, MSN, APRN-C, CNE; University of Nevada Las Vegas School of Nursing, Las Vegas, NV*

The use of high fidelity simulation allows the faculty to prompt higher order thinking to encourage the student to think beyond the boundaries of this situation and anticipate next possibilities. The use of interactive response system promotes increased interactivity between faculty and students, and facilitates prompt feedback after each case scenario thereby increasing learning and improving the quality of education. Other benefits that can be achieved using this strategy include: improved attendance in class, increased attentiveness, enthusiasm and participation, better class preparation, confidence in learning, and mastering important concepts in Pediatrics. This study also promotes multidisciplinary collaboration between nurses, nurse practitioners, and medical residents.

**Time Well Spent: Integrating Simulation into an Accelerated One-Year BSN Program**

*Kathryn Wilt, MSN, RN, Instructor, Second Degree Level Coordinator; Michalene King, PhD, RN, Assistant Professor, Duquesne University School of Nursing, Pittsburgh, PA*

This presentation describes the incorporation of clinical high-fidelity simulation in a one-year-accelerated Second Degree BSN program. Although the integration of simulation may be resisted in a fast-paced program because of time constraints, the faculty were committed to including simulation activities consistently throughout the program. The presenters will share the simulation plan and framework of scenarios that were developed to enhance curricular goals. The presentation will also include the success of the activities as well as the strengths and weakness of this teaching strategy, concluding that despite the accelerated nature of the Second Degree program, simulation is “time well spent.”

**9-C –NOVICE**

**DUAL PRESENTATION**

**Impact of The Experience of Hearing Voices: Increased Student Empathy for Psychiatric Patients with Auditory**

**Hallucinations;** *Amy J. Chaffin, PhD, RN, CNS-BC; Cathy Adams, MN, RN, School of Nursing, Nevada State College, Henderson, NV*

*The Hearing Voices Experience* gave student nurses opportunity to hear voices or auditory hallucinations as heard by a Schizophrenic patient. Simulated voices were recorded on a CD and students used a CD player with earphones to listen while required to do simple tasks in Mental Health Nursing Skills Lab. Students completed a self-evaluation form after *The Hearing Voices Experience*, including a 5-point Likert scale with 1= Not empathetic and 5 = Extremely empathetic. Analysis of student ( $n = 31$ ) self-reported ratings showed an empathy mean of 2.87 before *The Hearing Voices Experience* and an increased empathy mean of 4.93 after. Later observations by instructors in clinicals supported increased ability by students to recognize when a patient was having this symptom and to genuinely empathize

**At-Risk Nursing Students: Whatcha Gonna Do?** *Mary Beth Walker, RN, MS; Ashley E. Franklin, RN; Jimmie C. Borum, RN, MS, TCU-Harris College of Nursing and Health Sciences, Fort Worth, TX*

Nursing lab faculty view simulation as a tremendous tool for nursing students at all levels. One long-standing issue in formal nursing education has been the need to work with at-risk students. In light of the nursing shortage, pre-licensure nursing programs are working hard to identify at-risk students early, while recognition of learning styles and tailoring enrichment programs to help strengthen struggling students have become difficult needs to meet. Efforts to provide assistance to at-risk students can drain often limited resources. In response to the needs identified in this type of students a course was developed. This presentation will describe the development and evolution of this course along with teaching-learning strategies uniquely designed for at-risk students.



**9- D ADVANCED****DUAL PRESENTATION**

**“Do-Overs” And Double Debriefing: a Pilot Study Evaluating A Different Design for Student Simulation Experiences;** *Betty Ishoy, MSN, RN-C; Cynthia D. Epps, PhD, RN, CNE; Abbot Packard, PhD, University of West Georgia School of Nursing, Carrollton, GA*

Have your students ever asked for a chance to “do it again?” Have you ever wondered how the students would perform if they had a “do-over?” A new design for simulation was conceptualized and implemented. The new design includes allowing students a “do-over” to perform the scenario after initial instructor debriefing and a group question-and-answer period, then the opportunity for students to watch other students perform their repeat scenario followed by peer and instructor debriefing. Student’s post-simulation journals were analyzed and students expressed increased satisfaction and self-confidence with the opportunity to repeat the simulation, watch other students perform their repeat scenario and provide feedback in the peer-to-peer debriefing processes.

**Does Debriefing Make a Difference?** *Jodi Nelson, MSN, RN, CNE; Kim Leighton, PhD, RN, CNE, BryanLGH College of Health Sciences, Lincoln, NE*

Current research fails to demonstrate that debriefing makes a difference in the effectiveness of the simulated clinical experience (SCE), despite agreement amongst experts as to its importance. BryanLGH College of Health Sciences conducted a research study with participants from thirteen baccalaureate nursing courses to investigate the impact of debriefing on the effectiveness of the SCE. This presentation will discuss the tool used to evaluate the effectiveness of the SCE and the subsequent debriefing, the study findings, and the evidence it gives to encourage faculty to include this vital piece of the SCE.

**9:15 a.m. – 10:15 a.m.****Concurrent Session 10****Select One****10-A – ADVANCED****DUAL PRESENTATION**

**Home Care and Community Simulation: Integration of Caring and Skills Acquisition into Curriculum;** *Desiree A. Diaz PhD(c), MS, RN-BC; Lynn Allchin PhD, RN, University of Connecticut School of Nursing, CT*

This project focused on the triad of the art, science and caring aspects of skill acquisition in the community health setting. This presentation will share an innovative strategy used to expose undergraduate students to a variety of community nursing simulations including Hospice, Department of Corrections, Limited English Proficient Patients and home care. The integration of simulation in service and academia provides an opportunity to balance the need for evidence based data with the gentle art of caring in potentially difficult situations. Implementation of scenarios incorporating caring concepts has opened the door for increased learning and dialogue with students and nurses alike. Participants will be exposed to an innovative medium, in which to explore community simulation while servicing the technology and theoretical side of nursing and will learn additional alternate strategies of behavior modeling related to professional nursing.

**“SimSarah Goes Home”** *Maureen E. Leonardo, MN, CRNP, CNE, FNP-BC; Rosanna Henry, MSN, RN, Duquesne University School of Nursing, Pittsburgh, PA*

The purpose of this presentation is to describe the design and implementation of a community simulation which will encompass complex critical thinking, clinical decision-making, and assessment skills as well as various technical skills. This simulation was designed for second year students in our four-year, community-based, integrated curriculum. The scenario describes a 79-year-old woman who is living alone. Incorporated into the scenario is a home assessment (safety), a review of medications (polypharmacy), and an acute alteration (dizziness) with students taking on a variety of roles.

**10- B – ADVANCED****DUAL PRESENTATION**

**Obstetric Nursing Self Efficacy Instrument: Development and Reliability for Assessing Outcomes of an Obstetric Simulation Experience;** *Mary Elizabeth “Betsy” Guimond, WHNP-BC, MN; Colleen Simonelli, RN, PhD, University of Central Florida, FL*

The Obstetric Nursing Self Efficacy Instrument (ONSE) was developed to evaluate outcomes for students participating in a 7 hour simulated clinical day. The ONSE was designed to measure the belief that a student has in his or her ability to perform specific behaviors in an obstetric setting. We describe the development and report the psychometric data gathered from pilot project completed in the Fall semester of 2009.

**I Need Help With HELLP Syndrome: Use of Simulation at Multiple Levels of Fidelity for Learning and Evaluation;** *Shelley Yeager, MSN, RN, St. Luke’s School of Nursing, Bethlehem, PA*

This presentation will describe the scripting, execution, and evaluation of a robust, high-fidelity simulated clinical experience (SCE) of a patient with HELLP syndrome that allows students to experience the initial treatment of the disorder focusing on prioritization of activities that assist in stabilization of the mother and determination of the fetal condition.

**10-C - ADVANCED****DUAL PRESENTATION**

**Managing A Simulation Center: People, Resources, & Technology;** *John Cornele, BSN, RN, EMT-P; Leland J. Rockstraw, PhD, RN, Drexel University - College of Nursing & Health Professions, Philadelphia, PA*

This presentation will explore the building blocks that support the operation of a full service simulation center, covering both software (management procedures) and hardware (space and physical resource allocation). During this presentation participants will be exploring and discussing the relationship between the two concepts. Topics that will be reviewed include but are not limited to; scheduling, personnel policies, interviewing and hiring of SPs, capital asset (large equipment) scheduling, use of technology to aid in the management process and creative staffing options. Foundations and development of policy and procedure manuals will also be reviewed. Thorough this exploration and review the participant should come away with practical solutions to common problems related to the operation and management of a simulation center.

**Simulation Is Not Just High-Tech Alone!;** *Fran Kamp, RN, MSN; John Summerville, RN, MS, Georgia Baptist College of Nursing of Mercer University, Atlanta, GA* - As simulation becomes more widely accepted and integrated throughout the curriculum nurse educators must approach simulation in ways that are easily and inexpensively implemented. Learning how to utilize multiple levels of fidelity to meet course outcomes is vital. The Learning Resource Center Coordinator, along with faculty, has been extremely successful in integrating simulation across the fundamentals / adult health courses. This has been a challenge given the large number of students in the program (120-140 per class). Included in these simulation activities are some common threads such as safe entry, calling the physician using SBAR and taking a verbal order. These threads begin at the fundamentals level and increase in complexity as students' progress through the curriculum. The experience of creating innovative rotation schedules and examples of easy and inexpensive stations will be provided so that participants can take away simulation strategies to be implemented in their program.

#### **10- D ADVANCED**

#### **DUAL PRESENTATION**

**Novice Critical Care RNs Emergency Response: Comparison of Three Simulation Teaching Methodologies;** *Jacqueline Arnold, MSN, RN; Sherry Chesak, MSN, RN, Mayo Clinic Rochester, MN* - The primary purpose of this presentation is to share the results of a research study which compared three types of simulation teaching methodologies. The research investigators measured participant's knowledge, confidence, and performance in emergency response, and satisfaction with learning among three teaching methodologies (low-fidelity simulation, computer based simulation, and high-fidelity simulation) for emergency response. In addition, the research investigators will share lessons learned regarding conducting research in simulation.

#### **NOVICE**

**First Time in the Sim Lab: Designing and Implementing Effective Scenarios for the Novice Student;** *Maryann Forbes, PhD, RN; Deborah Ambrosio-Mawhirter, MS, RN, Adelphi University, Garden City, NY* - Nursing students participating in their first simulation experience have unique learning needs. Scenario design and implementation for this group of students can be challenging; scenarios must be an appropriate level for novice learners who may be anxious and unsure of what to expect. The purpose of this presentation is to 1) describe the challenges and controversies surrounding the design and use of simulation for this group of students, 2) discuss the development and implementation at our university of three scenarios designed for novice students, and 3) present the results and implications of a research study which evaluated the outcomes and effectiveness of these scenarios.

10:20 a.m. – 10:45 a.m. **International Nursing Association for Clinical Simulation and Learning (INASCL) Awards and Research Grant Announcements**



10:45 a.m. – 11:00 a.m. **2011 conference announcements sponsored by the International Nursing Association for Clinical Simulation and Learning (INASCL) and UT Health Science Center at San Antonio School of Nursing**

11:00 a.m. – 12:00 p.m. **Imagining the Future of Simulation and Learning Resource Centers in Nursing...What if?**

*Lori Candela, RN, EdD, FNP-BC, CNE, University of Nevada, Las Vegas*

Clinical nursing instructors frequently employ "what if" type questions to connect a student's thinking about a current situation to predictions about what may occur. This type of thinking is helpful in preparing for the unexpected and, to some extent, shaping it. Applying this same type of thinking to simulation and learning resource centers (LRC), what the future looks like need only be limited by our imagination and our resolve. Currently, there is much variance in what constitutes an LRC or simulation lab. For some, simulation is contained within larger LRCs. For others, the low tech LRC remains the staple for providing learning opportunities for students prior to or in conjunction with clinical experiences. Current advances (and constraints) in simulation and LRCs relate to time, space, money, and technology. Time is both a blessing and a curse.



## **AIRPORT:** McCARRAN INTERNATIONAL AIRPORT, LAS VEGAS

**AIR RESERVATIONS:** A discount agreement has been completed with American Air Lines and is valid June 13-22, 2010 for travel to Las Vegas, NV. The Promotion Code is **2660AN**. Participants will receive a 5% discount off the lowest applicable eligible published air fare.

- At this time there is no ticketing fee for reservations made and ticketed on [www.AA.com](http://www.AA.com). The percentage discount can be booked on-line at [www.AA.com](http://www.AA.com) for American Airlines and American Eagle flights only.
- Phone reservation call our Meeting Services Desk at 1-800-433-1790 from anywhere in the United States or Canada and refer to your Promotion Code. There will also be a separate ticketing charge of \$20.00 USD per ticket for tickets purchased via the phone
- A \$30.00 USD will be charged per ticket for tickets purchased at the airport. This amount is subject to change.
- For your International originating guests, please call your local reservations number and refer to the Promotion Code (**STARfile 2660AN**).

**CAR RESERVATIONS:** Contact Avis at 1-800-331-1600 refer to AWD# B136001 to reserve your car at a discounted rate. **Outside the U.S.**, please call 1-918-624-4301.

## **GROUND TRANSPORTATION:**

- *Taxi Cab* – A taxi will cost approximately \$8- to \$10.00 each way and can be picked up outside of baggage claim.
- *Complimentary Harrah's Shuttle Bus* – This is one of the most popular ways guests arrive at the hotel. This shuttle can be picked up outside of baggage claim; shuttle runs approximately every 30 minutes.

**HOTEL AND RESERVATIONS:** Our host hotel is The Flamingo /Harrah's Las Vegas Hotel, a self-contained casino and resort offering everything an adventurous conference attendee could want; including a Wildlife Habitat and a 15-acre Caribbean-style water playground. Set on the famous four corners of Las Vegas Boulevard and Flamingo Road, this hotel combines heart-pounding Las Vegas excitement with hospitality and service that's second to none.

**The Flamingo Hotel is offering a fantastic deal** for our conference participants to book for the June 16-19, 2010 conference.

### **Special early bird rates until February 26<sup>th</sup>, 2010:**

- **Run of House \$65 weekday; \$120 weekend**
- **GO Rooms \$95 weekday; \$150 weekend.**

**Those that take advantage of this special offer will also be entered into a drawing to win a pair of Donny and Marie Tickets with a meet and greet. Any reservations already booked within the block will be re rated immediately.**



### **Rooms booked after February 26, 2010**

- \$120 (plus tax) for Standard single/double
- \$170 (plus tax) for the GO Room single/double

The special rate is guaranteed for reservations made before May 14, 2010 or until the room block is filled. Rooms remaining after this date will be returned to the hotel's general inventory and the group rate will not be available. \*Rates are per night, subject to state & local taxes of 9%.

To make your reservations call-888-373-9855 Specify group rate for Int'l Nursing Association for Clinical Simulation/Learning Conf. or **To make your reservations click the link below:**

**<https://www.harrahs.com/CheckGroupAvailability.do?propCode=FLV&groupCode=SFUT10>**

**SPECIAL ACCOMMODATIONS:** All facilities are accessible to persons with disabilities. Please call The Flamingo Hotel 888-373-9855 to describe your special needs. In order to assure accommodation, please call at least two weeks before the program. If you have special needs related to meals, please contact The University of Texas Health Science Center at San Antonio in writing at least two weeks prior to the meeting.

**PERSONAL COMFORT:** For personal comfort in rooms, please bring a sweater or light jacket. Dress for the conference is casual.

## **FURTHER INFORMATION**

Contact: Sherece McGoon, Conference Coordinator, Continuing Nursing Education, UT Health Science Center at San Antonio School of Nursing - Phone (210) 567-5850 Email: [mcgoon@uthscsa.edu](mailto:mcgoon@uthscsa.edu)

### ONLINE CONFERENCE REGISTRATION INSTRUCTIONS (follow carefully):

**Important: registrations are required to be completed online. Phone registrations will not be taken. There is an option to print each page of the online form, which can be used to submit with a check payment or as a backup record.**

1. Please have the brochure with you when you are registering.
2. Registration must be made online: <https://www.surveymonkey.com/s/3DLBML2>  
(click the link or copy and paste into your web browser).
3. Complete each registration page carefully, clicking NEXT at the end of each page. You have the option to go back to a previous page if you need to make a change, just click PREVIOUS button.
4. All registration fields require an answer. If an answer is not provided then you will not be able to advance to the next page.

### PAYMENT INFORMATION:

1. Credit Card payments must be made online at the time you register. You will be directed to pay at the end of the completed online registration process at this link: <https://www.surveymonkey.com/s/3DLBML2>  
ONLY if someone else besides yourself will be paying with a credit card for your registration, (after completing the online registration) then email them this link to pay. **It is important to register first**  
The payer will need to reference your name on the payment options so we can match payment to registration.  
Credit card Pay Link: <http://www.uthscsa.edu/SONPay/PayPage.aspx>
2. Check or money order should be mailed in with a copy the registration Pay Page form with your mailed payment, if a check is mailed without the Pay Page, it cannot be applied to the registration.  
**Make check payable to UTHSCSA School of Nursing**  
**Mail to:** UTHSCSA School of Nursing  
7703 Floyd Curl Drive MSC 7946  
San Antonio, TX 78229-3900  
Attn: Sherece McGoon, Nursing Continuing Education

**INACSL MEMBERSHIP BENEFIT:** Join the International Nursing Association for Clinical Simulation and Learning (INACSL) for \$75, at the time you register, and receive a discount on registration, see below for detail in the Fee Schedule. For information on INACSL membership go to: [http://www.inacsl.org/INACSL\\_2010/](http://www.inacsl.org/INACSL_2010/)

Registration Fee Information	INACSL Member Membership will be verified	Non INACSL Member
You may join INACSL when you register for the conference – Membership fee is \$75		
<b>June 16, 2010</b>		
Pre-Conference AM	\$80	\$100
Pre-Conference PM	\$80	\$100
Pre-Conference ALL day	\$160	\$200
<b>June 17-19, 2010</b>		
Conference Early Bird Fee Payment postmarked by 5/7/2010	\$500	\$575
Main Conference Regular Fee Payment postmarked with date between 5/8/2010-6/1/2010	\$550	\$625
Main Conference Late Fee Payment postmarked with date 6/2/2010 – Onsite Payments	\$625	\$700
Payment must be postmarked by the cutoff date. We will collect additional fees during onsite registration for payments received late and not in the correct amount.		

### REGISTRATION CONFIRMATION:

A confirmation will be emailed to the email provided on the online registration form once payment has been received. If you are registering less than 2 weeks before the program, or if you do not receive a confirmation email, call the Office of Continuing Nursing Education at The UT Health Science Center at San Antonio School of Nursing (210) 567-5054 to check on space availability.

### CANCELLATION AND REFUND POLICY:

**If a circumstance arises and you need to cancel, we understand, please be aware no matter what the circumstance you are required to adhere to this policy. Suggestion, you are encouraged to send a substitute. All cancellations must be submitted via email to [mcgoon@uthscsa.edu](mailto:mcgoon@uthscsa.edu) and received by June 1, 2010. Cancellations emailed by June 1, 2010 will be issued a refund less a \$100.00 administrative fee. Absolutely no refunds can be granted if notification is made after June 1, 2010. Cancellations will not be accepted over the phone. Refunds will be processed no later than 30 days following the conference. The conference hosts reserve the right to substitute speakers or cancel and reschedule sessions due to any unforeseen circumstances.**

# 9th Annual International Nursing Simulation/ Learning Resource Centers Conference

June 17-19, 2010

*Pre-conference Workshops June 16, 2010*

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