

SimTeam:

The Joint Education of
Health Professionals and
Assistive Personnel Students
in a Simulated Environment



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of College
Nursing
and Health
Professions

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Acknowledgements

Barra Foundation Inc.

The Barra Foundation, Inc. is a private, not-for-profit philanthropic organization that primarily serves the five-county area of Greater Philadelphia.

The Foundation was incorporated in Delaware in 1963 and initially bore the name of its founder, Robert L. McNeil Jr., who is the retired Chairman of McNeil Laboratories, manufacturer of pharmaceutical products, including Butisol™ and Tylenol™.

In 1968, the Foundation's name was changed to The Barra Foundation after the Isle of Barra in the Outer Hebrides off the west coast of Scotland, the ancient home of the Clan Macneil. The Barra logo is a representation of Kisimul Castle, the Clan Chief's home, which stands off the south coast of the Isle of Barra.

Mission Statement

The Foundation's principal focus is to make one-time and multi-year grants for innovative projects that aid in advancing the frontiers of knowledge in the fields of arts and culture, education, health, and human services.

A secondary focus is to provide smaller, unrestricted Community Fund grants to qualified organizations in our same four fields of interest.

<http://www.barrafoundation.org/about-us/history.html>

We would like to thank the Barra Foundation Inc. for funding the important and innovative project

Drexel University

Drexel University is a private, nonsectarian coeducational university, founded in 1891 by financier and philanthropist Anthony J. Drexel. Today it is a top-tier, comprehensive research university, enrolling 13,980 undergraduates and 9,657 graduate students on four campuses.

The University's 13 colleges and schools offer 73 undergraduate majors, 78 master's and 32 doctoral programs. Drexel is fully accredited by the Middle States Association of Colleges and Schools, with additional programs accredited by their respective top professional accreditation bodies. Students come from 48 U.S. states and 103 foreign countries.

Drexel University College of Nursing and Health Professions

Drexel University's College of Nursing and Health Professions (CNHP) serves more than 3000 students and offers certificates and degrees on campus and online ranging from the associate to the doctor of philosophy. A pioneer in online education the College of Nursing and Health Professions has offered courses and programs through the online medium since 1998. The College of Nursing and Health Professions has earned national recognition and accreditation for the education and training of health professionals.

DUCNHP has a 142-year legacy of educating nurses. Hospital nursing programs began in 1864 at the former Women's Medical College of Pennsylvania and in 1890 at the Hahnemann Hospital Training School for Nurses. With the consolidation of the Medical College of Pennsylvania and Hahnemann University in 1993 as MCP Hahnemann University, Hahnemann's undergraduate and graduate nursing programs and the Medical College of Pennsylvania's nurse anesthesia program were combined into a new School of Nursing. The School of Nursing and the School of Health Professions were merged into the College of Nursing and Health Professions in July of 2000. The former MCP Hahnemann University was merged with Drexel University on July 1, 2002.

DUCNHP includes more than 15 nursing and health professions programs, 155 full time faculty, 65 Staff and 3600 graduate and undergraduate students. The College has an extensive array of multidisciplinary clinical learning laboratories and computer facilities including a new state of the art Clinical Skills Center and dedicated staff who provide students with human and computerized simulation experiences.

The Prism Career Institute

The Prism Career Institute has been helping students find success through career-oriented education since 1986. From the beginning, their focus has been to offer educational programs in fields where focused technical training provides a foundation for professional careers and an advantage in the job market. Prism's experience guides them in creating practical programs in a variety of industries that are in step with the needs of employers. Prism also prepares its students with the skills, attitude and commitment to excel in the workforce. As part of Prism Education Group, Inc., the school is growing and changing to better meet the needs of its students and the business community.

According to the Prism Institute, medical assistants are in high demand. They are critical to an efficient and responsive health care practice. Physicians, Physician Assistants, Nurse Practitioners and Registered Nurses depend on medical assistants to record patient histories and selected vital signs, schedule visits, transcribe dictation, order supplies, prepare correspondence and assist health professionals at the bedside and in the office. The instructors at the Prism Institute are experienced and knowledgeable in the latest procedures and technologies used in the practices of physicians, nurse practitioners and other health professionals. Graduates from their program are prepared for national certification and ready to pursue a rewarding professional career in a variety of healthcare settings.

Biography of Principal Investigator / Project Director

Linda Wilson RN, PhD, CPAN, CAPA, BC, CNE

Linda Wilson PhD, BC, RN, CPAN, CAPA, CNE is an Assistant Dean for Special Projects, Simulation & CNE Accreditation at Drexel University, College of Nursing and Health Professions. Dr. Wilson completed her BSN at College Misericordia in Dallas, Pennsylvania, and completed her MSN in Critical Care and Trauma at Thomas Jefferson University in Philadelphia. She completed her PhD in Nursing Research and Theory Development at Rutgers, The State University of New Jersey in Newark. Dr. Wilson's dissertation research focused on patient comfort and was titled, An Investigation of the Relationships of Perceived Nurse Caring, Social Support, and Emotion Focused Coping to Comfort in Hospitalized Medical Patients.

Dr Wilson has also obtained a Post Graduate Certificate in Epidemiology and Biostatistical Methods from Drexel University and a Post Graduate Certificate in Pain Management from the University of California, San Francisco. Dr Wilson also completed the National Library of Medicine / Marine Biological Laboratory, Biomedical Informatics Fellowship, the Harvard University-MIT, Institute for Medical Simulation, Comprehensive Workshop in Medical Simulation and the Harvard University-MIT, Institute for Medical Simulation, Graduate Course in Medical Simulation.

Dr. Wilson maintains several certifications: CPAN (Certified Post Anesthesia Nurse), CAPA (Certified Ambulatory Perianesthesia Nurse), BC (Board Certified in Nursing Professional Development), CNE (Certified Nurse Educator) in addition to ACLS, PALS and BCLS. Dr. Wilson served as the President of the American Society of Perianesthesia Nurses (02-03) and is currently serving as an American Nurses Association, ANCC Commission on Accreditation Site Surveyor. Dr. Wilson has held numerous nursing service positions including clinical, management and education. She has lectured extensively on a national level on simulation, perianesthesia and informatics, and has spoken internationally at the Cuban Nursing Congress in Havana, Cuba, the British Anesthetic and Recovery Nurses Association Conference in Hove, England, the ICN Congress in Taipei, Taiwan, the IMIA-NI International Congress in Seoul, Korea, the ICN Congress in Yokohama Japan, the Sigma Theta Tau International Research Conference in Vienna, Austria, the ICN Congress in South Africa and many others.

Dr Wilson is the Project Director / Primary Investigator for SimTeam: The Joint Education of Health Professionals and Assistive Personnel Students in a Simulated Environment, a \$128,000 two-and-a-half-year project funded by the Barra Foundation Inc.

Dr Wilson is also the Project Director / Primary Investigator for the Faculty Development: Integrating Technology into Nursing Education and Practice Project, a near \$1.5 million, five-year project funded by HRSA, Department of Health and Human Services, Health Resources and Services Administration # 1 U1KHP09542-01-00.

Overview of the Project

SimTeam: The Joint Education of Health Professionals and Assistive Personnel Students in a Simulated Environment

Purpose

The purpose of this project was to improve communication processes and coordination and quality of care delivered by health team members including medical assistants (MA's), medical office assistants (MOA's) and practical nurse students from the Prism Career Institute in simulated learning situations with patient actors and Drexel University nursing students. Incorporating these health team members into simulated cases improved their teamwork and communication skills. This teamwork and communication can ultimately create safer patient care environments.

Drexel University College of Nursing and Health Professions Human Simulation Center

Over the past 10 years DUCNHP has built a sophisticated technological infrastructure to enhance the clinical education of its nursing and health profession's students. This infrastructure includes faculty with deep and broad technological expertise and state of the art technology facilities including the Clinical Skills Simulation Center where patient actors work with students in simulated cases. The student/patient encounters are digitally filmed, archived and retrievable for desktop viewing by students and faculty. Evaluation tools for all encounters are programmed into the system and completed after each case. Arcadia software summarizes individual performance measures and aggregates the performance of groups of students for review by faculty to be used for curricular improvement. Currently students from the following Drexel undergraduate and graduate programs have experiences in the simulation center; nursing, physician assistant, physical therapy and mental health sciences programs.

The simulation center includes 10 examination and/or counseling rooms with dual camera digital technology, ample classroom space with split screen plasma viewing screens, a faculty observation room, a standardized patient lounge, comprehensive simulation evaluation software and archiving capabilities. Simulation training provides the opportunity for students and health professionals to experience clinical situations, skill development, communication dilemmas, conflict scenarios and other care team situations in a controlled environment that does not put patients at risk.

Drexel University College of Nursing and Health Professions also has a new state-of-the-art Critical Skills Simulation Lab (CSSL) where the use of Human Patient Simulators (HPS), SPs or hybrid cases will also take place. The physical space consists of 2 large labs, control, and 'prop' room; consisting of approximately 2300 square feet which can

be transformed into acute (ICU, OR, ER, Medical Surgical, or Women's Health) or community (home, board room, community center) environments. These labs promote advance communication skills between and among patients, Nurses, Physicians, Physician Assistants, Physical Therapists, Radiology Technologists and Behavioral Health Therapists. These labs will promote interdisciplinary teamwork, multiple patient management, and crisis resource management (CRM) skills. Improving communication & crisis management skills, promoting collaboration & teamwork; are just a few goals of the center.

Primary Objectives of the SimTeam Project

1. Develop a collaborative relationship with the Prism Institute to incorporate medical assistants in individual and multidisciplinary health professions training using simulation strategies.
2. Implement an educational experience specific to the needs of the medical assistant emphasizing their crucial relationship with licensed health providers.
3. Evaluate the communication, delegation, evaluation and conflict resolution competencies of nurses and health professionals working with assistive personnel.
4. Evaluate team competencies of the MA's, MOA's and practical nurse students with emphasis on their ability to take direction, report incidents and accept monitoring and feedback on their performance from health professional supervisors.
5. Document and disseminate the strategies, successes and challenges of the project so that other schools might use the SimTeam approach in their nursing and health professions students' clinical learning experiences.

Methodology

A joint faculty group from DUCNHP and the Prism Career Institute, a school for Medical Assistants, Medical Office Assistants and Practical Nurse Students developed human simulation cases that included medical assistants working with nurses and other health professions students in patient encounters. Objective evaluation tools for each case were developed to measure delegation processes and effectiveness, communication clarity, conflict resolution skills and other dimensions of team work.

Benefits of Project

1. Nursing and Health Professions students, MA's, MOA's, and Practical Nurse Students learned the importance of their roles in relation to each other as well as the importance of direct and respectful communication and feedback in the service of patients.

2. The reality of human simulation experiences and the availability of archived, digital video clips long after the simulation experience, reinforced learning, enhanced self evaluation skills and built confidence in an environment where critique is safe, specific and improvement oriented.
3. SimTeam will become a new model for teaching health professions students and assistive personnel together.

Project Accomplishments

- 1. Cases developed - 16 (8 + 8 with conflict)**
- 2. February 2008 - 175 student experiences (142 RN / 33 MA)**
- 3. August 2008 - 165 student experiences (86 RN / 79 MA)**
- 4. February 2009 - 340 student experiences (149 RN / 119 MA / 72 PN)**
- 5. August 2009 - 265 student experiences (87 RN / 116 MA / 62 PN)**
- 6. March 2010 - 196 student experiences (70 RN / 91 MA / 35 PN)**
- 7. August 2010 - 373 student simulation experiences (134 RN / 167 MA / 72 PN)**

Totals:

16 Cases

1514 Student Simulation Experiences

SIM TEAM Cases

The following are the cases developed for the SIM TEAM project. There were 8 cases developed. Conflict was also added to each of the cases, which provided a total of 16 cases: 8 without conflict and 8 with conflict.

Grading criteria for each case were determined by the current grading scale at Drexel University College of Nursing and Health Professions. The student had to obtain at least the lowest grade for a "C" in order to get a "PASS" for the experience. During the time of the SIM TEAM Project the lowest "C" was a 76%.

Adding Conflict to Cases

Conflict was added to the cases to observe the response of the nursing student to the conflict in front of the patient. Some examples of conflict situations include: 1) nursing student would ask the medical assistant student to draw blood work on the patient and the medical assistant would refuse; 2) nursing student would ask the medical assistant student to do a finger stick blood glucose on the patient and the medical assistant would refuse.

In order for this conflict to take place the medical assistant students also had to participate in the simulation of the conflict. Some medical assistant students had difficulty simulating the conflict because they felt "uncomfortable" about it. The medical assistant students were reassured that the conflict situation would be discussed during the feedback session and the other participating student will know that the conflict was part of the simulation.

SIM TEAM Case 1 - Homeless Person with Mental Illness - Passing Grade 76%

NAME: Mr. Pat Homey

SETTING: Medical Surgical Unit

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

CHECKLIST GRADING OPTIONS

Done

Not Done

N/A

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student reviews the physician orders and will ask the medical student to draw blood or to do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- The first grading checklist, which comes right at the end of the scenario information, clearly separates the categories of grading items for the medical assistant, the nursing student, and the team.

SCENARIO: This patient is a veteran who is homeless [look disheveled, poorly dressed, “down & out”] and has a history of schizophrenia. The patient is actively having auditory hallucinations and acts distracted. The patient has been living on the street and is dehydrated. [The student has to get this information from you.]

DOOR SIGN: Mr. Pat Homey was admitted to the medical surgical unit for vague symptoms.

OPENING LINE: This is a (use your own age.)

CHALLENGE QUESTIONS: (nursing student may use PDA to answer these questions)

Question 1 - Abilify is supposed to make my voices go away but I can't stay still and have hard time sleeping, so I prefer to keep my voices...

Answer 1 - Anxiety, headaches, and insomnia are among the common side effects reported with Abilify.

Question 2 - The doctor said my Clozapine (Clozaril) can cause a dangerous condition – what is that condition?

Answer 2 - Clozapine may be the most effective (especially for people who have not responded well to other medications). However, it can cause a dangerous condition called agranulocytosis, a loss of the white blood cells that fight infection. Therefore, people who take clozapine must have their white blood cell counts monitored every week or two, which makes it impossible for a homeless person to follow the regimen.

TRAINING QUESTIONS:

What is your age or date of birth? Use your own

Are you married? Use your own

Occupation? None

What are you here for? I haven't had anything to eat

When was the last time you ate? Not sure (acts confused & distracted – looks around the room as if he's hearing voices)

When was the last time you urinated? Maybe yesterday

Where do you live? I live with some friends near the train station

How long have you been living there? Oh I don't know about a year. I lost my job but I have benefits from the VA. I was kicked out of apartment

Are you taking any medications? Yes I get them from the VA. I used to take Abilify but stopped because I didn't like how it made me feel

Are you hearing any voices? Yes. I've heard them for a long time. They've been getting worse

What are the voices telling you? They used to tell me jokes but now they're telling me bad things about myself but I can tune them out with my radio

Are these voices telling you to harm yourself or others? No

Do you have any other symptoms? No

Have you ever had anything similar in the past? I don't know

Have you ever used any recreational drugs? No.

Have you ever been hospitalized? Use your own

Have you ever had surgery? Use your own

Have you ever been pregnant? Use your own

Do you have any chronic illnesses? No

Are you taking any medications? No, I stopped taking Abilify

How is your father? Alive or deceased if appropriate

How is your mother? Alive or deceased if appropriate

How is/are your sibling(s)? Use your own—if you have siblings they are healthy

Past health history (none or your own)

Neurological (Hearing voices)

Cardiovascular (none)

Respiratory - (seasonal allergies)

Gastrointestinal (none)

Genitourinary (none)

Gynecological (none)

Obstetrical (Use your own)

Medications

Prescription medications – (none)

Over the counter medications (Use your own)

Allergies to medications – None

Psychosocial history

Smoking history (a pack or more per day for a very long time)

Alcohol history (use your own)

Recreational drug history (none)

Sexual history (Use your own)

Diet What I find on the street

Exercise None

SP can be in regular clothes

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or more of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Created an atmosphere that put the patient at ease
Collected demographic information in an organized manner
Asked patient questions clearly
Communicated demographic information to the student nurse clearly
Communicated vital signs to the student nurse clearly

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam or procedure
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Blood pressure sitting or lying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Drew a blood sample (if directed by the Nursing Student)
Put on gloves before drawing blood
Applied tourniquet as gently as possible
Selected purple/lavender tube for blood draw
Removed tourniquet after blood draw completed
Labeled specimen tube with patient's name
Disposed of needle properly after blood draw
Washed hands after removing gloves

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or more of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Asked about the presence of other symptoms
Asked about relieving or alleviating factors
Asked about aggravating factors
Asks about previous hospitalizations
Asks about allergies
Asked about your past medical history
Asked about your family's past medical history
Asks about current medications you are taking
Asked about your diet
Asked about exercise
Asks about smoking history
Asks about alcohol history
Asked about cocaine or recreational drug use
Answered patient's question about Abilify
Answered patient's question about Clozapine

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Blood pressure sitting or lying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Checked skin turgor
Checked mucous membranes
Reviewed vital signs obtained by Medical Assistant Student
Directed Medical Assistant Student to draw CBC

PATIENT TEACHING

Offered information or suggested some options for smoking cessation
Discussed the importance of a proper diet
Offered information about alternative treatments for psychosis
Offered information about shelters
Discussed the importance of a proper medication regimen to control psychosis
Discussed the importance of an appropriate hydration

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?

Did the nursing student and the medical assistant demonstrate mutual respect for each other?

Did the nursing student and the medical assistant have good eye contact with each other?

Did the nursing student and the medical assistant demonstrate good listening skills with each other?

Did nursing student demonstrate good delegation/leadership skills?

Did medical assistant defer to the nursing student for direction?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

SIM TEAM Case 2 – Diabetes Delirium with Conflict – Passing grade 76%

NAME: Mr. / Mrs. Toni Tyler

SETTING: Medical Surgical Unit (Inpatient Hospital Room)

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student review the physician orders and will ask the medical student to draw blood or do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- The first grading checklist which comes right at the end of the scenario information clearly separates the categories of grading items for the medical assistant, the nursing student, and the team.

SCENARIO: The patient came to the Emergency room with complaints of increased thirst, increased urination, and hunger and is now admitted with a diagnosis of hyperglycemia due to poorly controlled diabetes. Patient is pleasant and talkative. Patient is in total denial of the seriousness of the diagnosis of diabetes. Patient at times acts confused.

INSTRUCTIONS / DOOR SIGN: Mr./Mrs. Toni Tyler came to the Emergency room with complaints of increased thirst, increased urination, and hunger and is now admitted to the medical surgical unit. You have 30 minutes to complete a history, focused physical exam and appropriate patient teaching. Please refer to patient chart for any specific patient orders.

OPENING LINE: This is a (use your own age) patient who has been admitted to the Medical Surgical Unit (an inpatient room) from the Emergency Department.

CHALLENGE QUESTIONS: (nursing student may use PDA to answer these questions)

Question 1 - Can you tell me how insulin works?

Answer 1 - *Lowers blood glucose by increasing transport into cells and promoting the conversion of glucose to glycogen, which helps control blood glucose in diabetic patients.*

Question 2 - Why do I get thirsty when my blood sugar is high?

Answer 2 - *When blood sugars go up, water is pulled out of the cells, including those in the thirst center. Dehydration of the cells also causes dry mouth.*

Question 3 - I've been told to drink orange juice everyday to keep my sugar level from dropping too low but after I drink it, I feel fatigued and my vision gets blurrier than normal. I don't understand why?

Answer 3 - *Orange juice is often restricted or limited in patients with hyperglycemia due to its high content in sugar and potent effect on the glucose level. It is used on patients undergoing a hypoglycemic crisis if no other medication is available. A balanced diet is necessary to find a right equilibrium with the patient's food and insulin daily intake.*

Question 4 - Sometimes I can't feel my own feet....why is this?

Answer 4 - *Prolonged exposure to high blood glucose cause nerve damage in diabetic patients. This condition is called Diabetic Neuropathy. It can affect hands, arms, feet, and legs and may have symptoms such as pain, tingling, numbness, or loss of feeling. Protective devices (reinforced shoes) and extra care (daily assessment and moisturizing) are good skin integrity prevention.*

TRAINING QUESTIONS:

What is your age? Use your own

Are you married? Use your own

Occupation? Use your own

Have you ever had anything similar in the past? Yes, I was seen in the ER approximately 6 months ago with the same problem.

Have you ever used any recreational drugs? No.

Have you ever been hospitalized? No or use your own if necessary due to scar etc...

Have you ever had surgery? No or use your own if necessary due to scar etc...

Have you ever been pregnant? Use your own

Do you have any chronic illnesses? When I was seen in the ER 6 months ago the doctor said I had diabetes

Are you taking any medications? When I came to the ER 6 months ago the doctor prescribed 70/30 insulin which I have to give myself with a needle every morning.

How is your father? Died a few years ago from a stroke

How is your mother? Alive, has a history of a above the knee amputation, history of diabetes, just started on dialysis a few months ago

How is/are your sibling(s)? Healthy

Past health history (“none until the visit to the ER 6 months ago”)

Neurological (none)

Cardiovascular – (none)

Respiratory - (none)

Gastrointestinal (none)

Genitourinary (none)

Gynecological (none)

Obstetrical (use your own)

Immunizations up to date? All immunizations are up to date. Last tetanus shot was 2 years ago.

Diet I eat anything I want to---no restrictions. I love chocolate! I like all kinds of candy.

Activity / exercise I get enough exercise at work every day

Medications

Prescription medications – Humulin 70/30 insulin, 20 units, subcutaneous injection every morning

Over the counter medications (none)

Medication Allergies – None

Seasonal allergies – use your own

Comfortable with giving insulin injections I don't have any trouble with those—the needle is very small—you are totally comfortable with this. You give the shot in your outer arm or abdomen and you do rotate (alternate) the injection sites

Psychosocial history

Smoking history (1 pack per day for 10 years)

Alcohol history (I only drink on the weekends when I go out with a few on my friends—I usually drink about 6 beers (or your preferred beverage) when I go out)

Recreational drug history (none)

Sexual history (use your own)

Stress history (sometimes get stressed finances are tough trying to make ends meet)

Do you check your blood sugar at home on a regular basis (use a glucometer)?
Sometimes

Are you comfortable with the procedure of using a glucometer? Yes

When you do your blood sugar with a glucometer, what does it usually run? 250-300

Are you having any problems as a result of your diabetes? No

Do you have any numbness or tingling in your feet? No tingling, but I really can't feel my feet very well. I walk around in my house without my shoes on most of the time, and I'm always stepping on things.

Do you have any problems with your vision? Yes blurry vision sometimes

SP should be in a hospital gown, bras and underwear ok, sitting on the edge of the table.

SP will keep their socks on & have a gauze dressing on one leg.

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Created an atmosphere that put the patient at ease
Collected demographic information in an organized manner
Asked patient questions clearly
Communicated demographic information to the student nurse clearly
Communicated vital signs to the student nurse clearly

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam or procedure
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Blood pressure sitting or lying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Checked blood glucose (if directed by Nursing Student)
Put on gloves before checking the blood glucose
Washed hands after removing gloves after blood glucose check
Disposed of needle correctly after checking blood glucose
Put on gloves before assisting the SN with the dressing change
Washed hands after removing gloves after assisting the SN with dressing change

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Created an atmosphere that put the patient at ease
Asked about the dressing on the patient's leg
Asked about your past medical history
Asked about your family's past medical history
Asks about previous hospitalizations
Asks about allergies
Asks about diet
Asks about activity/exercise
Asks about current medications
Asks about smoking history
Asks about alcohol history
Asked about the patient's vision
Asked about date of last eye exam
Asked about numbness or tingling in the hands or feet
Asked about excessive thirst
Asked about excessive urination
Asked about having to urinate in the middle of the night
Asks about the use of a glucometer
Asks about usual blood sugar ranges
Asks if patient is comfortable with giving their insulin injections
Answered patient's question about insulin
Answered patient's question about thirst
Answered patient's question about orange juice
Answered patient's question about diabetic neuropathy

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Reviewed vital signs obtained by Medical Assistant Student
Listened to my heart in at least 4 places anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral posterior on skin
Checked pulses in both feet (pedal pulses)

Checked capillary refill of both lower extremities
Examined both feet for any sores (must look at bottom of both feet)
Removed dressing and examined leg
Put on gloves before removing dressing
Washed hands after removing gloves after checking patient's leg dressing
Assessed sensation in both legs
Examined both lower extremities for pitting edema
Directed Medical Assistant Student to check the patient's blood sugar

PATIENT TEACHING

Discussed the importance of checking blood sugars regularly
Discussed the importance of proper diet
Discussed the importance of regular foot care and inspection
Discussed the importance of not going without shoes/wearing well-fitting shoes
Discussed the importance of regular eye exams
Discussed the danger signs of hypoglycemia (dizziness, lightheadedness, shaky, heart pounding)
Discussed the danger signs of hyperglycemia (increased thirst, urination, vomiting, nausea, disorientation)
Discussed the long-term consequences of poor blood sugar control (vascular disease, loss of limbs, loss of eyesight, kidney disease)
Discussed the impact of excessive alcohol intake on blood sugars
Offered information or suggested some options for stress management
Offered information or suggested some options for smoking cessation

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?

Did the nursing student and the medical assistant demonstrate mutual respect for each other?

Did the nursing student and the medical assistant have good eye contact with each other?

Did the nursing student and the medical assistant demonstrate good listening skills with each other?

Did nursing student demonstrate good delegation/leadership skills?

Did medical assistant defer to the nursing student for direction?

Did the team handle the conflict situation well?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

SIM TEAM Case 3 – Asthma Depression – Passing grade 76%

NAME: Mr. / Mrs. Jamie Sixx

SETTING: Medical Surgical Unit (Inpatient Hospital Room)

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student review the physician orders and will ask the medical student to draw blood or do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- The first grading checklist, which comes right at the end of the scenario information, clearly separates the categories of grading items for the medical assistant, the nursing student, and the team.

SCENARIO: The patient was admitted from the Emergency Department with a 2 day complaint of shortness of breath and wheezing. Patient has history of depression – but recently stopped taking antidepressant medication because of lack of money. Patient is depressed about having asthma for many years.

DOOR SIGN: Mr. / Mrs. Jamie Sixx was admitted to the medical surgical unit from the ER today. The patient came to the ER with a complaint of shortness of breath and wheezing. You have 20 minutes to do a complete history, focused physical exam, and appropriate patient teaching. Please refer to patient chart for any specific patient orders.

OPENING LINE: This is a (use your own age) patient who has been admitted to the Medical Surgical Unit (an inpatient room) from the Emergency Department.

CHALLENGE QUESTIONS: (nursing student may use PDA to answer these questions)

Question 1 – I do not know if my Advair disk inhaler is working! How does Advair work?

Answer 1 - *Advair disk inhaler is a maintenance therapy treating airway constriction and inflammation. It helps prevent these symptoms from occurring in the first place. It does NOT replace fast-acting inhalers for sudden symptoms and should not be taken more than twice a day.*

Question 2 - I have a disgusting rash on my tongue and I am worried and very self conscious about it. Do you know what it is?

Answer 1 - *The use of inhaled steroids for the treatment of asthma can sometimes increase the risk of developing thrush (also known as Oral Candidiasis). The primary prevention would be to use mouth washes and tooth brushing after the use of inhalers.*

TRAINING QUESTIONS:

What is your date of birth? Use your own

Are you married? Use your own

Occupation? You can pick

How are you feeling? Ok (patient looks down, poor eye contact, looks sad)

Have you experienced any shortness of breath? Yes, I think I'm wheezing.

Does anything make it better/worse? No.

Does anything make it worse? No.

Have you had any fever or chills? No

Have you ever had anything similar in the past? I have had asthma for years

Have you ever used any recreational drugs? No.

Have you ever been hospitalized? Yes I came to the ER 3 times last month for wheezing

Have you ever had surgery? No or use your own if necessary due to scar etc...

Have you ever been pregnant? Use your own

Do you have any chronic illnesses? Just the asthma

Are you taking any medications? Advair

Are you taking any other medications? Started on Prozac for depression but stopped taking it last month because I needed the money for my asthma meds. Now my depression is worse. [not suicidal / but cannot share until the student asks]

How's your appetite? Very poor

Do you feel like hurting yourself or others? No, never

How is your father? Alive or deceased if appropriate – but was Healthy.

How is your mother? Alive or deceased if appropriate – but was Healthy.

How is/are your sibling(s)? Use your own – Healthy if you have siblings

Past health history (none or your own)

Neurological – sometimes I feel depressed – this asthma is a lot to deal with

Cardiovascular (none)

Respiratory - Asthma

Gastrointestinal (none)

Genitourinary (none)

Gynecological (none)

Obstetrical – use your own

Medications

Prescription medications – Advair for asthma and Prozac for depression but stopped taking Prozac last month

Over the counter medications (none or your own)

Medication Allergies – Use your own

Seasonal allergies – use your own

Psychosocial history

Smoking history (have smoked at least 1 pack per day since age 18)

Alcohol history (one beer or one small glass of wine at a social gathering once or twice a month)

Recreational drug history (none)

Sexual history (use your own)

Stressors (sometimes stressed about making ends meet financially)

Exercise - I am too short of breath for exercising!

SP should be in a hospital gown, bras and underwear ok, sitting on the edge of the table.

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strike rule)
Active Listener
Created an atmosphere that put the patient at ease
Collected demographic information in an organized manner
Asked patient questions clearly
Communicated demographic information to the student nurse clearly
Communicated vital signs to the student nurse clearly

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam or procedure
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Blood pressure sitting or laying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Drew CBC (if directed by Nursing Student)
Put on gloves before drawing blood
Applied tourniquet as gently as possible
Selected purple/lavender tube for blood draw
Removed tourniquet after blood draw completed
Labeled specimen tube with patient's name
Disposed of needle properly after blood draw
Washed hands after removing gloves after blood draw

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strike rule)
Active Listener
Asked about the onset of shortness of breath
Asked about relieving factors
Asked about aggravating factors
Asked about your past medical history
Asked about your family's past medical history
Asks about previous hospitalizations
Asks about allergies
Asks about current medications I am taking
Asks about smoking
Answers patient's question about Advair
Answers patient's question about tongue rash

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Reviewed vital signs taken by Medical Assistant Student
Listened to my lungs in at least 4 places (2 pairs) bilateral anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral posterior on skin
Directed Medical Assistant Student to draw CBC

PATIENT TEACHING

Discussed the importance of taking meds as prescribed
Offered information or suggested some options for stress management
Offered information or suggested some options for management of depression
Offered information or suggested some options for smoking cessation
Offered information regarding the use of Advair Disk Inhaler
Offered information about mouth care during steroid use

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?

Did the nursing student and the medical assistant demonstrate mutual respect for each other?

Did the nursing student and the medical assistant have good eye contact with each other?

Did the nursing student and the medical assistant demonstrate good listening skills with each other?

Did nursing student demonstrate good delegation/leadership skills?

Did medical assistant defer to the nursing student for direction?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

SIM TEAM Case 4 - Chronic Cough and Rinorrhea----Passing Grade 76%

NAME: Mr. / Mrs. Pat Keifer

SETTING: Medical Surgical Unit (Inpatient Hospital Room)

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student review the physician orders and will ask the medical student to draw blood or do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- In this case information you will see 2 types of detailed checklists (which both contain the same information).
- The first grading checklist which comes right at the end of the scenario information clearly separates the categories of grading items for the medical assistant, the nursing student, and the team.
- The second grading checklist (Combined Grading List) which comes at the very end of the scenario information is just one long list, without headers. Each of the items begins with either “MA” for medical assistant or “SN” for student nurse or

“TEAM” for team items. This is probably the format the checklist will be in—since at this point we are not sure if the system can take 3 separate checklists.

SCENARIO: The patient is being seen in the Medical surgical unit with a complaint of chronic cough, and requests an antibiotic. The patient does not have a primary physician, and comes to the ER for any medical problems. The patient was admitted to the medical surgical unit for further evaluation.

DOOR SIGN: Mr. / Mrs. Pat Keifer came in to the ER today and was admitted to the medical surgical unit for further evaluation. The patient does not have a primary physician, and has presented with a complaint of chronic cough. You have 30 minutes to complete a history, focused physical exam, and appropriate patient teaching. Please refer to patient chart for any specific patient orders.

OPENING LINE: This is a (use your own age) patient who came in because of a chronic cough.

CHALLENGE QUESTIONS: (The nursing student may use PDA to answer these questions)

Question 1 - I’ve heard that it’s not good to take an antibiotic if you have a virus. Why not?

Answer 1 - Antibiotics only kill bacteria, not viruses. Taking an antibiotic when you don’t need one can lead to the development of bacteria that are antibiotic-resistant.

Question 2 - They took a blood sample. What was that for?

Answer 2 - A CBC (complete blood count) checks the levels of red blood cells, white blood cells, and platelets in your blood. If you have an infection your white blood cell count will go up.

TRAINING QUESTIONS:

What is your age or date of birth? Use your own

Are you married? Use your own

Occupation? Retired or work in “sales” (or you can pick your favorite profession)

When did the cough start? A little more than 2 months ago

Are you coughing up any sputum? No

Does anything make it better? No

Does anything make it worse? When I smoke, or am around people that are smoking, or am around a lot of dust.

Have you had any fever or chills? No, not that I know of, but I haven’t taken my temperature.

Do you have any other symptoms? Some sneezing and runny nose

What color is your nasal drainage? Clear

Have you ever had anything similar in the past? I get a cough sometimes when the ragweed comes out.

Have you ever used any recreational drugs? No
Have you ever been hospitalized? Use your own
Have you ever had surgery? Use your own
Have you ever been pregnant? Use your own
Do you have any chronic illnesses? No
Are you taking any medications? No
How is your father? Alive or deceased if appropriate
How is your mother? Alive or deceased if appropriate but did have asthma.
How is/are your sibling(s)? Use your own—if you have siblings they are healthy
Past health history (none or your own)

Neurological (none)
Cardiovascular (none)
Respiratory - (seasonal allergies)
Gastrointestinal (none)
Genitourinary (none)
Gynecological (none)
Obstetrical (Use your own)

Medications

Prescription medications – (none)
Over the counter medications (Use your own)
Allergies to medications – None

Psychosocial history

Smoking history (a pack or more per day for a very long time)
Alcohol history (use your own)
Recreational drug history (none)
Sexual history (Use your own)

Diet Nothing special

Exercise No way!

SP should be in a hospital gown, bras and underwear ok, sitting on the edge of the table.

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)

Good eye contact (50% or more of the time)

Speaks clearly in terms the patient can understand (three strikes rule)

Active Listener

Created an atmosphere that put the patient at ease

Collected demographic information in an organized manner

Asked patient questions clearly

Communicated demographic information to the student nurse clearly

Communicated vital signs to the student nurse clearly

PHYSICAL EXAM

Washed hands before examination

Explained to me what she/he was doing with each step of exam or procedure

Helped to position me (if applicable)

Was professional in manner

Maintained modesty during exam (if applicable)

Blood pressure sitting or lying correctly (only 1 BP required)

Counted my pulse

Counted my respiratory rate

Took my temperature

Drew a blood sample (if directed by the Nursing Student)

Put on gloves before drawing blood

Applied tourniquet as gently as possible

Selected purple/lavender tube for blood draw

Removed tourniquet after blood draw completed

Labeled specimen tube with patient's name

Disposed of needle properly after blood draw

Washed hands after removing gloves

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or more of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Asked about cough
Asked about the presence of a fever
Asked about the presence of other symptoms
Asked about relieving or alleviating factors
Asked about aggravating factors
Asks about previous hospitalizations
Asks about allergies
Asked about your past medical history
Asked about your family's past medical history
Asks about current medications you are taking
Asked about your diet
Asked about exercise
Asks about smoking history
Asks about alcohol history
Asked about cocaine or recreational drug use
Answered patient's question about antibiotics
Answered patient's question about the blood sample

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Reviewed vital signs obtained by Medical Assistant Student
Listened to my heart in at least 4 places anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral posterior on skin
Directed Medical Assistant Student to draw CBC

PATIENT TEACHING

Offered information or suggested some options for smoking cessation
Offered information regarding the appropriate time to take an antibiotic
Discussed the importance of a proper diet
Discussed the importance of exercise

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?

Did the nursing student and the medical assistant demonstrate mutual respect for each other?

Did the nursing student and the medical assistant have good eye contact with each other?

Did the nursing student and the medical assistant demonstrate good listening skills with each other?

Did nursing student demonstrate good delegation/leadership skills?

Did medical assistant defer to the nursing student for direction?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

SIM TEAM Case 5 - Diabetes – Passing grade 76%

NAME: Mr. / Mrs. Toni Tyler

SETTING: Medical Surgical Unit (Inpatient Hospital Room)

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student review the physician orders and will ask the medical student to draw blood or do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- In this case information, you will see 2 types of detailed checklists (which both contain the same information).
- The first grading checklist which comes right at the end of the scenario information clearly separates the categories of grading items for the medical assistant, the nursing student, and the team.
- The second grading checklist (Combined Grading List,) which comes at the very end of the scenario information, is just one long list, without headers. Each of the items begins with either “MA” for medical assistant or “SN” for student nurse or “TEAM” for team items. This is probably the format the checklist will be in—since at this point we are not sure if the system can take 3 separate checklists.

SCENARIO: The patient came to the Emergency room with complaints of increased thirst, increased urination, and hunger and is now admitted with a diagnosis of hyperglycemia due to poorly controlled diabetes. Patient is pleasant and talkative. Patient is in total denial of the seriousness of the diagnosis of diabetes.

INSTRUCTIONS / DOOR SIGN: Mr. / Mrs. Toni Tyler came to the Emergency room with complaints of increased thirst, increased urination, and hunger and is now admitted to the medical surgical unit. You have 30 minutes to complete a history, focused physical exam and appropriate patient teaching. Please refer to patient chart for any specific patient orders.

OPENING LINE: This is a (use your own age) patient who has been admitted to the Medical Surgical Unit (an inpatient room) from the Emergency Department.

CHALLENGE QUESTIONS: (nursing student may use PDA to answer these questions)

Question 1 - Can you tell me how insulin works?

Answer 1 - *Lowers blood glucose by increasing transport into cells and promoting the conversion of glucose to glycogen, which helps control blood glucose in diabetic patients.*

Question 2 - Why do I get thirsty when my blood sugar is high?

Answer 2 - *When blood sugars go up, water is pulled out of the cells, including those in the thirst center. Dehydration of the cells also causes dry mouth.*

TRAINING QUESTIONS:

What is your age? Use your own

Are you married? Use your own

Occupation? Use your own

Have you ever had anything similar in the past? Yes, I was seen in the ER approximately 6 months ago with the same problem.

Have you ever used any recreational drugs? No

Have you ever been hospitalized? No or use your own if necessary due to scar etc...

Have you ever had surgery? No or use your own if necessary due to scar etc...

Have you ever been pregnant? Use your own

Do you have any chronic illnesses? When I was seen in the ER 6 months ago, the doctor said I had diabetes.

Are you taking any medications? When I came to the ER 6 months ago, the doctor prescribed 70/30 insulin which I have to give myself with a needle every morning.

How is your father? Died a few years ago from a stroke

How is your mother? Alive, has a history of a above the knee amputation, history of diabetes, just started on dialysis a few months ago

How is/are your sibling(s)? Healthy

Past health history (“none until the visit to the ER 6 months ago”)

Neurological (none)
Cardiovascular – (none)
Respiratory - (none)
Gastrointestinal (none)
Genitourinary (none)
Gynecological (none)
Obstetrical (use your own)

Immunizations up to date? All immunizations are up to date. Last tetanus shot was 2 years ago.

Diet I eat anything I want to---no restrictions. I love chocolate! I like all kinds of candy.

Activity / exercise I get enough exercise at work every day

Medications

Prescription medications – Humulin 70/30 insulin, 20 units, subcutaneous injection every morning

Over the counter medications (none)

Medication Allergies – None

Seasonal allergies – use your own

Comfortable with giving insulin injections I don't have any trouble with those—the needle is very small—you are totally comfortable with this. You give the shot in your outer arm or abdomen and you do rotate (alternate) the injection sites

Psychosocial history

Smoking history (1 pack per day for 10 years)

Alcohol history (I only drink on the weekends when I go out with a few on my friends—I usually drink about 6 beers (or your preferred beverage) when I go out)

Recreational drug history (none)

Sexual history (use your own)

Stress history (sometimes get stressed finances are tough trying to make ends meet)

Do you check your blood sugar at home on a regular basis (use a glucometer)?

Sometimes

Are you comfortable with the procedure of using a glucometer? Yes

When you do your blood sugar with a glucometer, what does it usually run? 250-300

Are you having any problems as a result of your diabetes? No

Do you have any numbness or tingling in your feet? No tingling, but I really can't feel my feet very well. I walk around in my house without my shoes on most of the time, and I'm always stepping on things.

SP should be in a hospital gown, bras and underwear ok, sitting on the edge of the table.

SP will keep their socks on & have a gauze dressing on one leg.

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Created an atmosphere that put the patient at ease
Collected demographic information in an organized manner
Asked patient questions clearly
Communicated demographic information to the student nurse clearly
Communicated vital signs to the student nurse clearly

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam or procedure
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Blood pressure sitting or lying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Checked blood glucose (if directed by Nursing Student)
Put on gloves before checking the blood glucose
Washed hands after removing gloves after blood glucose check
Disposed of needle correctly after checking blood glucose
Put on gloves before assisting the SN with the dressing change
Washed hands after removing gloves after assisting the SN with dressing change

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Created an atmosphere that put the patient at ease
Asked about the dressing on the patient's leg
Asked about your past medical history
Asked about your family's past medical history
Asks about previous hospitalizations
Asks about allergies
Asks about diet
Asks about activity/exercise
Asks about current medications
Asks about smoking history
Asks about alcohol history
Asked about the patient's vision
Asked about date of last eye exam
Asked about numbness or tingling in the hands or feet
Asked about excessive thirst
Asked about excessive urination
Asked about having to urinate in the middle of the night
Asks about the use of a glucometer
Asks about usual blood sugar ranges
Asks if patient is comfortable with giving their insulin injections
Answered patient's question about insulin
Answered patient's question about thirst

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Reviewed vital signs obtained by Medical Assistant Student
Listened to my heart in at least 4 places anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral posterior on skin
Checked pulses in both feet (pedal pulses)
Checked capillary refill of both lower extremities
Examined both feet for any sores (must look at bottom of both feet)

Removed dressing and examined leg
Put on gloves before removing dressing
Washed hands after removing gloves after checking patient's leg dressing
Assessed sensation in both legs
Examined both lower extremities for pitting edema
Directed Medical Assistant Student to check the patient's blood sugar

PATIENT TEACHING

Discussed the importance of checking blood sugars regularly
Discussed the importance of proper diet
Discussed the importance of regular foot care and inspection
Discussed the importance of not going without shoes/wearing well-fitting shoes
Discussed the importance of regular eye exams
Discussed the danger signs of hypoglycemia (dizziness, lightheadedness, shaky, heart pounding)
Discussed the danger signs of hyperglycemia (increased thirst, urination, vomiting, nausea, disorientation)
Discussed the long-term consequences of poor blood sugar control (vascular disease, loss of limbs, loss of eyesight, kidney disease)
Discussed the impact of excessive alcohol intake on blood sugars
Offered information or suggested some options for stress management
Offered information or suggested some options for smoking cessation

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?
Did the nursing student and the medical assistant demonstrate mutual respect for each other?
Did the nursing student and the medical assistant have good eye contact with each other?
Did the nursing student and the medical assistant demonstrate good listening skills with each other?
Did nursing student demonstrate good delegation/leadership skills?
Did medical assistant defer to the nursing student for direction?
Did the team handle the conflict situation well?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

SIM TEAM Case 6 - Shortness of Breath (Due to Anxiety) – Passing grade 76%

NAME: Mr. / Mrs. Jamie Sixx

SETTING: Medical Surgical Unit (Inpatient Hospital Room)

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student review the physician orders and will ask the medical student to draw blood or do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- In this case information you will see 2 types of detailed checklists (which both contain the same information)
- The first grading checklist which comes right at the end of the scenario information, clearly separates the categories of grading items for the medical assistant, the nursing student and the team
- The second grading checklist (Combined Grading List,) which comes at the very end of the scenario information, is just one long list, without headers. Each of the items begins with either “MA” for medical assistant or “SN” for student nurse or “TEAM” for team items. This is probably the format the checklist will be in—since at this point we are not sure if the system can take 3 separate checklists.

SCENARIO: The patient was admitted from the Emergency Department with a 2 day complaint of shortness of breath. Patient is pleasant and talkative.

DOOR SIGN: Mr. /Mrs. Jamie Sixx was admitted to the medical surgical unit from the ER today. The patient came to the ER with a complaint of shortness of breath. You have 30 minutes to do a complete history, focused physical exam, and appropriate patient teaching. Please refer to patient chart for any specific patient orders.

OPENING LINE: This is a (use your own age) patient who has been admitted to the Medical Surgical Unit (an inpatient room) from the Emergency Department.

CHALLENGE QUESTIONS: (nursing student may use PDA to answer these questions)

Question 1 - I know that smoking causes lung cancer, and I'm really worried about getting it, especially since my Mom died from it. But I've been smoking for so long, and it's really hard to stop. Will it really make any difference if I quit?

Answer 1 - *There is a benefit to your health/lungs when you quit smoking—no matter how long you have smoked.*

Question 2 - Do you really think I need to take that blood pressure medicine? I mean, I don't feel like my blood pressure is high.

Answer 2 - *High blood pressure is usually not something that causes symptoms. Sometimes people can get headaches with high blood pressure, but that is often not until blood pressure is dangerously high.*

TRAINING QUESTIONS:

What is your date of birth? Use your own

Are you married? Use your own

Occupation? Retired, worked in a cigar factory / or currently work in a factory

When did the shortness of breath start? About a week ago

Does anything make it better/worse? No. I don't think so.

Does anything make it worse? No. It just happens all of a sudden, and I just feel like I can't catch my breath.

Have you had any fever or chills? No not that I know of, but I haven't taken my temperature.

Have you ever had anything similar in the past? No

Have you ever used any recreational drugs? No

Have you ever been hospitalized? No

Have you ever had surgery? No or use your own if necessary due to scar etc...

Have you ever been pregnant? Use your own

Do you have any chronic illnesses? High blood pressure

Are you taking any medications? I'm supposed to take blood pressure medicine, but I don't really take it.

Patient was prescribed the medication a long time ago...once received the prescription, took a few doses, but stopped taking the medication because he/she felt well.

How is your father? Alive or deceased if appropriate – but was Healthy.

How is your mother? Just died last week from lung cancer (become noticeably upset and short of breath)

How is/are your sibling(s)? Use your own – Healthy if you have siblings

Past health history (none or your own)

Neurological (none)

Cardiovascular (High blood pressure)

Respiratory - (none)

Gastrointestinal (none)

Genitourinary (none)

Gynecological (none)

Obstetrical – use your own

Medications

Prescription medications – Procardia XL 90mg daily (took it for a while then stopped – stopped about 6 months ago.

Over the counter medications (none or your own)

Medication Allergies – Use your own

Seasonal allergies – use your own

Psychosocial history

Smoking history (have smoked at least 1 pack per day since age 18)

Alcohol history (one beer or one small glass of wine at a social gathering once or twice a month)

Recreational drug history (none)

Sexual history (use your own)

Stressors (sometimes stressed about making ends meet financially; very upset about mother's recent death from lung cancer—especially with your smoking history)

SP should be in a hospital gown, bras and underwear ok, sitting on the edge of the table.

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strike rule)
Active Listener
Created an atmosphere that put the patient at ease
Collected demographic information in an organized manner
Asked patient questions clearly
Communicated demographic information to the student nurse clearly
Communicated vital signs to the student nurse clearly

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam or procedure
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Blood pressure sitting or laying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Drew CBC (if directed by Nursing Student)
Put on gloves before drawing blood
Applied tourniquet as gently as possible
Selected purple/lavender tube for blood draw
Removed tourniquet after blood draw completed
Labeled specimen tube with patient's name
Disposed of needle properly after blood draw
Washed hands after removing gloves after blood draw

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or greater of the time)
Speaks clearly in terms the patient can understand (three strike rule)
Active Listener
Asked about the onset of shortness of breath
Asked about relieving factors
Asked about aggravating factors
Asked about your past medical history
Asked about your family's past medical history
Asks about previous hospitalizations
Asks about allergies
Asks about current medications I am taking
Asks about smoking
Answers patient's question about smoking cessation
Answers patient's question about blood pressure

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Reviewed vital signs taken by Medical Assistant Student
Listened to my heart in at least 4 places anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral posterior on skin
Directed Medical Assistant Student to draw CBC

PATIENT TEACHING

Discussed the importance of taking meds as prescribed
Offered information or suggested some options for stress management
Offered information or suggested some options for management of anxiety
Offered information or suggested some options for smoking cessation

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?

Did the nursing student and the medical assistant demonstrate mutual respect for each other?

Did the nursing student and the medical assistant have good eye contact with each other?

Did the nursing student and the medical assistant demonstrate good listening skills with each other?

Did nursing student demonstrate good delegation/leadership skills?

Did medical assistant defer to the nursing student for direction?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

SIM TEAM Case 7 - Heartburn----Passing Grade 76%

NAME: Mr. / Mrs. Jo(e) Michaels

SETTING: Medical Surgical Unit (Inpatient Hospital Room)

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student review the physician orders and will ask the medical student to draw blood or do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- The first grading checklist which comes right at the end of the scenario information clearly separates the categories of grading items for the medical assistant, the nursing student, and the team.

SCENARIO: The patient presented to the Emergency Department with a complaint of heartburn. Patient has been having symptoms intermittently for the past week. Patient was admitted for evaluation and workup of his symptoms.

DOOR SIGN: Mr. / Mrs. Jo(e) Michaels came in to the ER today with a complaint of heartburn, and is now admitted to the medical surgical unit. You have 30 minutes to complete a history, focused physical exam, and appropriate patient teaching. Please refer to patient chart for any specific patient orders.

OPENING LINE: This is a (use your own age) patient who has been admitted to the Medical Surgical Unit (an inpatient room) from the Emergency Department.

CHALLENGE QUESTIONS: (The nursing student may use PDA to answer these questions.)

Question 1 - Somebody earlier was asking me about my diet. Why would my diet have anything to do with having heartburn?

Answer 1 - Heartburn is often caused by reflux of stomach acid into your esophagus.

Question 2 - They took a chemistry blood sample. What was that for?

Answer 2 - A chemistry panel checks the levels of different electrolytes in your blood (such as potassium, sodium, and calcium), as well as some other basic measures of your kidney and liver function.

TRAINING QUESTIONS:

What is your age or date of birth? Use your own

Are you married? Use your own

Occupation? Use your own

When did the heartburn start? About a week ago

How would you describe your heartburn? It feels like burning right in the middle of my chest.

How often do you get this discomfort? Several times a day. Off and on.

How long does it last? For about an hour

Does anything make it better? No

Does anything make it worse? Sometimes it's worse when I lay down.

Do you have any other symptoms? No.

Do you ever have any discomfort in your jaw or left arm when you have this discomfort? No

Do you ever feel sweaty or short of breath when you have this discomfort? No

Do you feel nauseous or sick to your stomach when you have this discomfort? Sometimes

Have you actually vomited? No

Have you ever had anything similar in the past? Not before last week.

Have you ever used any recreational drugs? None

Have you ever been hospitalized? Use your own

Have you ever had surgery? Use your own

Have you ever been pregnant? Use your own

Do you have any chronic illnesses? No

Are you taking any medications? No

Are you allergic to anything? Penicillin

How is your father? Died last month after a heart attack

How is your mother? Alive or deceased if appropriate - but had high blood pressure

How is/are your sibling(s)? Use your own—if you have siblings they are healthy

Past health history (none or your own)

Neurological (none)

Cardiovascular (none)

Respiratory - (none)

Gastrointestinal (none)

Genitourinary (none)

Gynecological (none)

Obstetrical (Use your own)

Medications

Prescription medications – (none)

Over the counter medications (Use your own—but no medicines for heartburn)

Allergies to medications – Penicillin (causes swelling in the throat)

Psychosocial history

Smoking history (a half a pack a day since age 17)

Alcohol history (use your own)

Recreational drug history (none)

Sexual history (Use your own)

Diet I eat a lot of fast food. Especially Taco Bell –anything spicy—hot sauce, etc...

Exercise I try to walk a couple of times a week, but don't always make it.

SP should be in a hospital gown, bras and underwear ok, sitting on the edge of the table.

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or more of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Created an atmosphere that put the patient at ease
Collected demographic information in an organized manner
Asked patient questions clearly
Communicated demographic information to the student nurse clearly
Communicated vital signs to the student nurse clearly

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam/procedure
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Blood pressure sitting or lying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Drew chemistry panel (if directed by the Nursing Student)
Put on gloves before drawing blood
Applied tourniquet as gently as possible
Selected red/maroon tube for blood draw
Removed tourniquet after blood draw completed
Labeled specimen tube with patient's name
Disposed of needle properly after blood draw
Washed hands after removing gloves

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or more of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Asked about chest discomfort
Asked about the presence of other symptoms
Asked about relieving or alleviating factors
Asked about aggravating factors
Asks about previous hospitalizations
Asks about allergies
Asked about your past medical history
Asked about your family's past medical history
Asks about current medications you are taking
Asked about your diet
Asked about exercise
Asks about smoking history
Asks about alcohol history
Asked about cocaine or recreational drug use
Asked about the specific nature of the heartburn / chest discomfort
Asked about jaw discomfort
Asked about arm discomfort
Asked about nausea and vomiting
Asked about diaphoresis (sweating)
Asked about shortness of breath
Answered patient's question about diet
Answered patient's question about the blood sample

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Reviewed vital signs obtained by Medical Assistant Student
Listened to my heart in at least 4 places anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral posterior on skin
Directed Medical Assistant Student to draw chemistry panel

PATIENT TEACHING

Offered information regarding gastroesophageal reflux or GERD
Offered information regarding the risk factors for heart disease
Offered information or suggested some options for smoking cessation
Discussed the importance of a proper diet
Discussed the importance of exercise

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?
Did the nursing student and the medical assistant demonstrate mutual respect for each other?
Did the nursing student and the medical assistant have good eye contact with each other?
Did the nursing student and the medical assistant demonstrate good listening skills with each other?
Did nursing student demonstrate good delegation/leadership skills?
Did medical assistant defer to the nursing student for direction?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

SIM TEAM Case 8 - MI & Cocaine - Passing Grade 76%

NAME: Mr. / Mrs. Pat Suffer

SETTING: Medical Surgical Unit

SESSION DETAILS: 30 minute encounter with patient
13 minutes for SP to complete checklist
12 minutes feedback
5 minute turn around

CHECKLIST GRADING OPTIONS

Done

Not Done

N/A

SESSION TEAM APPROACH:

- This is a team experience including a nursing student and a medical assistant student.
- The medical assistant will enter the room first, and will ask you demographic questions (which you can make up).
- The medical assistant will do your vital signs.
- The nursing student will enter the room 5 minutes later.
- The nursing student and medical assistant student will discuss the information that was collected thus far including vital signs.
- The nursing student will then proceed to do a complete history, focused physical exam and appropriate patient teaching.
- The nursing student review the physician orders and will ask the medical student to draw blood or do a blood glucose finger stick (which varies for each case).
- If the case includes a dressing change, we hope the nursing student and medical assistant work together to change the patient dressing (which is not included in all cases).
- The remaining time we hope the nursing student and medical student will work together to care for the patient.
- At the end of the encounter, during feedback time, both students will re-enter to room for feedback together.
- You will provide feedback to the nursing student and to the nursing assistant.
- You will also provide feedback based on how they worked as a team.

GRADING CHECKLISTS:

- The first grading checklist which comes right at the end of the scenario information clearly separates the categories of grading items for the medical assistant, the nursing student, and the team.

SCENARIO: The patient is here with concerns of chest pain that radiates down the left arm. The chest pain is a sharp, stabbing pain, with chest pressure. The patient is diaphoretic and is having shortness of breath. The patient is also nauseated and very anxious. The patient does not have a primary physician due to the inability to afford medical care or medications.

DOOR SIGN: Mr. / Mrs. Pat Suffer came to the outpatient clinic with concerns of chest pain. The patient does not have a primary physician due to the inability to afford medical care or medications. You have 30 minutes to complete a history, focused physical exam, and appropriate patient teaching. Please refer to patient chart for any specific patient orders.

OPENING LINE: This is a (use your own age) patient who came in because of chest pain.

CHALLENGE QUESTIONS: (nursing student may use PDA to answer these questions)

Question 1 - I've heard the Doctor mentioning MONA, what does that mean?

Answer 1 - Morphine, Oxygen, Nitro, Aspirin. This mnemonic is used for the care of patients suspected of an Myocardial Infarction.

Question 2 - They took a blood sample...a Troponin. What was that for?

Answer 2 - Troponin tests are primarily ordered for people who have chest pain to see if they have had a heart attack or other damage to their heart.

Question 3 - They took a blood sample...a Toxicology Screen. What was that for?

Answer 3 - Toxicology screen: A blood toxicology screen can determine the present and level of barbiturates and hypnotics.

Question 4 - Since they gave me Nitroglycerin tablets my head is hurting like never before? Am I having a bad reaction to the medication?

Answer 4 - Nitroglycerin is a powerful nitrates. Nitroglycerin dilates the blood vessels, making it easier for blood to flow through them and easier for the heart to pump. A sudden increase of blood flow into your brain will cause the headaches. This is a normal side effect.

TRAINING QUESTIONS:

What is your age or date of birth? Use your own

Are you married? Use your own

Occupation? Works in a bar (or you can pick your favorite profession)

When did the chest pain start? This morning
What were you doing when it started? I was using cocaine.
What kind of pain? Sharp, stabbing pain, with chest pressure
Where does it radiate? Down my left arm.
Does anything make it better? No
Does anything make it worse? The pain is progressively getting worse.
Have you had any fever or chills? Yes some chills
Do you have any other symptoms? I started sweating a lot and I feel very anxious and can barely catch my breath. I also feel like someone is pushing against my chest.
Have you ever had anything similar in the past? No
Have you ever used any recreational drugs? Yes: Cocaine and Marijuana
How often do you use these drugs? I snort cocaine morning and night. I've been drinking hard alcohol for the last 20 years, I also sometimes use marijuana when I feel "strung out" on the cocaine and alcohol
Have you ever been hospitalized? Use your own
Have you ever had surgery? Use your own
Have you ever been pregnant? Use your own
Do you have any chronic illnesses? No
Are you taking any medications? No
How is your father? Alive or deceased if appropriate
How is your mother? Alive or deceased if appropriate
How is/are your sibling(s)? Use your own—if you have siblings they are healthy
Past health history (none or your own)
 Neurological (none)
 Cardiovascular: I was diagnosed with high blood pressure 10 years ago but I don't see a doctor for it because I can't afford medical care or the medications. Instead I spend my money on drugs.
 Respiratory - (none)
 Gastrointestinal (none)
 Genitourinary (none)
 Gynecological (none)
 Obstetrical (Use your own)
Medications
 Prescription medications – (none)
 Over the counter medications (Use your own)
 Allergies to medications – None
Psychosocial history
 Smoking history (Occasional use of Marijuana)
 Alcohol history (Been drinking hard alcohol for the last 20 years)
 Recreational drug history (Cocaine, Marijuana)
 Sexual history (Use your own)
Diet Nothing special
Exercise Walking behind a bar all day!

SP should be in a hospital gown, bras and underwear ok, sitting on the edge of the table.

MEDICAL ASSISTANT STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)

Good eye contact (50% or more of the time)

Speaks clearly in terms the patient can understand (three strikes rule)

Active Listener

Created an atmosphere that put the patient at ease

Collected demographic information in an organized manner

Asked patient questions clearly

Communicated demographic information to the student nurse clearly

Communicated vital signs to the student nurse clearly

Recognizes patient's anxiety and helps calm the patient.

PHYSICAL EXAM

Washed hands before examination

Explained to me what she/he was doing with each step of exam or procedure

Helped to position me (if applicable)

Was professional in manner

Maintained modesty during exam (if applicable)

Blood pressure sitting or lying correctly (only 1 BP required)

Counted my pulse

Counted my respiratory rate

Took my temperature

Drew a blood sample (if directed by the Nursing Student)

Put on gloves before drawing blood

Applied tourniquet as gently as possible

Selected purple/lavender tube for blood draw

Removed tourniquet after blood draw completed

Labeled specimen tube with patient's name

Disposed of needle properly after blood draw

Washed hands after removing gloves

NURSING STUDENT GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

COMMUNICATION

Introduces Self (name and title)
Good eye contact (50% or more of the time)
Speaks clearly in terms the patient can understand (three strikes rule)
Active Listener
Assesses chest pain
M.O.N.A. checklist
Asked about relieving or alleviating factors
Asked about aggravating factors
Asks about previous hospitalizations
Asks about allergies
Asked about your past medical history
Asked about your family's past medical history
Asks about current medications you are taking
Asked about your diet
Asked about exercise
Asks about smoking history
Asks about alcohol history
Asked about recreational drug use
Answered patient's question about MONA
Answered patient's question about the blood sample

PHYSICAL EXAM

Washed hands before examination
Explained to me what she/he was doing with each step of exam
Helped to position me (if applicable)
Was professional in manner
Maintained modesty during exam (if applicable)
Reviewed vital signs obtained by Medical Assistant Student
Blood pressure sitting or lying correctly (only 1 BP required)
Counted my pulse
Counted my respiratory rate
Took my temperature
Listened to my heart in at least 4 places anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral anterior on skin
Listened to my lungs in at least 4 places (2 pairs) bilateral posterior on skin
Directed Medical Assistant Student to draw CBC

PATIENT TEACHING

Offered information or suggested some options for smoking cessation
Offered information about the dangers of the use of recreational drugs
Offered information or suggested some option for drinking cessation
Discussed the importance of a proper diet
Discussed the importance of exercise

TEAM GRADING

CHECKLIST GRADING OPTIONS: Done / Not Done / N/A

Did the nursing student and the medical assistant student work well together as a team?
Did the nursing student and the medical assistant demonstrate mutual respect for each other?
Did the nursing student and the medical assistant have good eye contact with each other?
Did the nursing student and the medical assistant demonstrate good listening skills with each other?
Did nursing student demonstrate good delegation/leadership skills?
Did medical assistant defer to the nursing student for direction?

*****SP will also provide feedback*****

Feedback to nursing student /Feedback to medical assistant student /Feedback to both on team function

Human Simulation Surveys

Following the SIM TEAM simulation experiences anonymous electronic surveys were sent to the nursing students, practical nurse students and medical assistant students to examine their perceptions of the experience.

The following pages provide the results of the following surveys: 1) Human simulation survey for nursing students; 2) Human simulation survey for medical assistant students; and 3) Human simulation survey for practical nursing students.

Human Simulation Survey for Nursing Students

Did you have a human simulation experience with a standardized patient (patient actor) in N300 Adult I?

YES (100%)
NO

During the human simulation experience with a standardized patient (patient actor) in N300 Adult I, did you have the opportunity to work with a medical assistant or medical office assistant?

YES (62.5%)
NO (37.5%)

Was the Sim Team experience your first experience working with a medical assistant/nursing assistant?

YES (52.2%)
NO (17.4%)
N/A (30.4%)

Did the human simulation experience in N300 increase your confidence?

YES (69.6%)
NO (30.4%)

If Yes, Explain:

“Nurses in the typical clinical setting and are often intimidating or don’t want to help. I found SIM day far more productive since there was more control over what we would learn.”

“My confidence in applying what I have learned thus far. Particularly found the feedback very helpful.”

“I knew how to answer most of the patient’s questions, which is good for my point in education.”

“Again, patient feedback along with feedback from the instructor definitely helped me to learn, and therefore increased my confidence”

“With the extra blitzes and workshops and tutoring that I participated in and classes where information did not make sense started making a lot of sense.”

“I got some great feedback from the patient and made me feel good about the things I did right, as well as a good insight of the things I can improve upon.”

“It taught me things that I now know I need to work on and prepare for future clinical situations.”

“Allowed me to be more aware of the skills I've obtained.”

“It helped me to feel more comfortable with communicating w/ patients which will increase my confidence in the clinical setting.”

“Reinforced my confidence in patient teaching.”

“Process gave me confidence in my ability and professionalism.”

“Getting the feedback from the sim. actor, whether +/-, was a confidence and self improving booster.”

“It gave me another opportunity to interact with a real person instead of a practice dummy. After a few minutes I hardly felt that I was interacting with an actress, but with a real patient.”

“It helped me not to be so focused on a few symptoms and rather to be open minded.”

“The actor was very believable, and asked valid questions, which I was able to answer. The feedback afterwards was a good opportunity to discuss what I was thinking, as well as what the patient was thinking.”

“Yes, I felt that I had done an adequate job which allowed me to feel that I provided that same good job to all of my patients.”

“It's refreshing to know that I was doing a good job and that my patient felt comfortable with me.”

“Initially no, but after reflecting, I do feel more comfortable entering a room of a patient I know nothing about and taking a history/performing a focused exam.”

“I felt like a real nurse.”

“Got me a little more comfortable with going in and talking to patients about their medical issues.”

"I feel much more confident talking to and examining my real patients knowing that I had to really prepare for ANY SP experience we had at Drexel. I am a huge fan!"

Did the human simulation experience in N300 increase your competence?

YES (50.0%)

NO (50.0%)

If Yes, Explain:

"I thought it helped me pull together knowledge I had gained in several classes and made the experience more practical. I didn't realize how much I knew until I was forced into a setting where I had to think without intimidation. I'm often so nervous in clinical that I can't think straight and therefore retain very little. Some clinical instructors are reassuring and I learn far more in those clinicals but more frequently I just feel in the way and a nuisance."

"Yes there were things I forgot to do during the experience that I realized later. Now I will try not to forget them."

"I believe it did in that I learned a few things that I will implement from here on."

"It was an excellent learning experience."

"After each experience I had an opportunity to re evaluate with staff and peers as to what could have been done differently and was presented with other possible scenarios that could and will take place in caring for patients."

"Practice is always good."

"Made me more aware."

"Having to look up all of the information for the note card and looking over health history information and teaching helped me gain more competence in those areas."

"As far as focused assessments, we had a list of 20 disease processes that we needed to know before each simulation experience and that really made me review and have a deeper understanding of each disease process and what to assess for."

"Was able to practice my patient teaching."

"Yes due to increased confidence."

"I am sure it has increased since I was able to practice with a real person whom I had never met before. Practicing with class mates and family is not as real as with strangers."

"I believe that I can be much more thorough in interacting with my patients, because I know more specifically what kind of assessment needs to be done, as well as what kinds of questions I should be asking."

"It increased my competence at history taking, review of systems, physical assessments, and allowed me to know 10 diagnoses in detail. It increased my competence in the "whole picture"."

"Yes, the feedback received from my pt helped build up my confidence."

Additional Comments

"It gave me more patient experience to help me feel more comfortable in clinical."

"It enhanced my clinical practice. The feedback that I received from my patients really boosted my confidence."

"After being put in charge of a patient, I was able to delegate."

"May be more capable of handling a patient assessment."

"It helped me become more thorough in interviewing a patient, and in assessing a patient based on their specific medical history."

"I did not provide enough empathy to my sim patient so it made me aware of the need to include empathy. I now feel less nervous to say things like, "I am sorry for your loss," because I knew how important it was to the patient and the only reason I had not said it was because I felt awkward."

"I gained awareness of my nonverbal communications."

"Reinforced my confidence in meeting a patient for the first time in an unknown scenario and in taking a history."

"Helped me remember to do a more thorough assessment on my "real" patients now that I am a nurse."

"Ask more questions and zone in on pertinent assessment skills."

"Proved that I need to slow down and do a complete history and review of systems and that I cannot do my job to the best of my ability (even if they are in severe pain) if I do

not have a good history and assessment completed. I need to relax and reassure the patient that the history and physical is necessary but that they should be feeling better soon.”

“It helped me tweak the little things that I could improve on such as offering my pt a cover sheet, just for security, even if they were in a gown”

“I learned that I should look up info on a PDA before answering a question if I am unsure.”

“The skills blitz was helpful with how to set up an interview.”

“Made me feel like I could do patient teaching and thorough assessment.”

“I felt that I was able to do an adequate and complete job which increased my confidence.”

“Increased my competence in history taking, physical assessment, review of systems, and 20 diagnoses in detail. I was able to apply more skills learned since Adult I.”

“I learned that while doing the complete health history I do not have to go into detail with each system if the patient seems healthy and does not report any problems. That will increase my time and make it more efficient.”

“I was able to measure my growth from my N300 experience & now.”

Human Simulation Survey for Medical Assistant Students

Did the human simulation experience change your clinical practice?

YES (50%)

NO (50%)

If Yes, Explain:

“Because it was hands- on practice for me.”

“It let me know that I needed to make more eye contact with a patient”

“It was great. It gives you a better understanding of how things work in the hospital that can never be understood in a book.”

“It helped me out to know more about the work I am doing.”

“It helps me to know how to deal with patients who have different diseases.”

Did the human simulation experience increase your confidence?

YES (100%)

NO

If Yes, Explain:

“Because it proved to me just how much I really do know and how great I will be once I get a job.”

“I relaxed a lot and it made me concentrate more on the patient”

“Because I got the feel of how it’s going to be in the real work world”

“It helps me with preparing myself for my future in the medical field”

“It was what I needed to know”

“It was like my first patient and she thought I did a great job.”

“Yes it made me feel great and it gave me a chance to show what I’m really good at when it comes to interacting with people”

“Makes me believe that I can do anything”

“I found it's something I can do for sure”

“It was a learning experience”

“It helps me to excel in what I am doing”

“I learn a lot from the human simulation”

“Because I was able to practice on a patient and do well without even finishing school it was just great.”

“I am now 100% confidence”

“Helped me see what i will have to face in the real world and helped me see that practice makes perfect”

Did the human simulation experience increase your competence?

YES (72.2%)

NO (27.8%)

If Yes, Explain:

“It just proved how competent I am.”

“It just did”

“I learned that it's not as easy as it looks and some things you learn are put to work it such a way that with the littlest mistake will mess you up while working”

“I have an idea of what to do and what not to do”

“Because from the patients I learn some experiences”

“I didn't know what to expect but I was fine after the first try”

“I learned to use all the equipments properly”

“Because I actually had an idea of what to do”

Was the Sim Team experience your first experience working with a nursing student?

YES (94.4%)
NO (5.6%)

How would you rate the human simulation experience?

Not Beneficial

Beneficial (5.6%)

Very Beneficial (11.1%)

Extremely Beneficial (83.3%)

Would you recommend the human simulation experience to other students?

YES (100%)
NO

If Yes, Explain:

“Because it’s the best experience in the medical field that I have ever experienced”

“Because I think they would have fun like I did”

“I think hands-on experience is the best teaching”

“Hands-on experience is the best experience”

“Because it was very beneficial to me”

“Well it was just great, you’ll get a better understanding with this experience when it comes to understanding the medical field and hospitals and how everything works and your role in making things work smoothly. Thanks very much for giving me that experience.”

“They can get the same experience that I had”

“Gives hands-on training”

“It’s fun and a good experience for everyone”

“Because in one day I practice almost the clinical I learn in school and learn some from them too”

“Because I want them to have the same experience”

“I would because it really helped me build confidence, and it would truly help those that are going to school and has never been exposed to a patient, by doing a sim they will build confidence too.”

“1 day of human simulation at Drexel feel like 6 months of externship”

“You can learn a lot off of the simulation, makes you feel like you’re in a real doctors office”

Human Simulation Survey for Practical Nurse Students

Did you have a human simulation experience with a standardized patient (patient actor)?

YES (100%)
NO

During the human simulation experience with a standardized patient (patient actor), did you have the opportunity to work with a medical assistant or medical office assistant?

YES (7.9%)
NO (92.1%)

Did the human simulation experience change your clinical practice?

YES (57.9%)
NO (42.1%)

If Yes, Explain:

“It made me feel more confident in what I do.”

“I was able to gain insight on the way my nursing care is viewed through the eyes of a patient. I received excellent evaluations and will strive to maintain my ethic.”

“To be more relaxed when dealing with clients”

“It gave me an opportunity to see how my interactions with the "patient" were perceived.”

“more observational”

“Help me enhance assessment skills”

“Hearing the patient's perspective of the way I do patient teaching and care helps me to be more aware of my non verbal communication.”

“It helped me realize that all patient's are different. It was more like working in the real world, as in the patient's all have different mind frames. I thoroughly enjoyed it.”

“the feedback I received was great. it made me see myself through the patients eyes and I know now what I can improve on.”

“Yes because I got to get feedback and will better myself.”

“I learned a lot from this experience.”

“It was a wonderful experience that helped me practice on my assessment skills. I learned how to work well with other student nurses that i met within minutes. I would like to do this again sometime.”

“It gave me a better look @ working with real patients and received some good feedback”

“I was given insightful feedback that helped me to be more aware of areas that I need to be more conscious of.”

“I really appreciated the feedback because it let me know my strengths and weaknesses.”

“I did learn during the experience”

“The experience changed my outlook about clinical a lot. I absolutely loved the feedback and I think the simulations are a great way to promote quality patient care”

Did the human simulation experience increase your confidence?

YES (89.5%)

NO (10.5%)

If Yes, Explain:

“Having this experience makes me feel like there is no need to be nervous. After going in the second and third time, it really helped me feel more confident walking in there. I now feel that when I go out there to the real world, I will do the best I can.”

“Although I was nervous I was able to maintain a level of professionalism. I was able to provide my client with adequate information while being sure to engage them with therapeutic communication.”

“I learned not to be nervous when I'm doing an assessment. It is not difficult, as long as you have that self confidence.”

“Gave me more confidence with patient teaching.”

“It allowed me to see that I know a lot of information.”

“It made me see how my patient interaction could make such a difference.”

“I am more confident”

“I realize that I know more than I thought I did. Hearing someone say that I did a good job makes me feel more confident.”

“With my new found knowledge as an LPN I am confident relaying to the patient as well as patient assessments”

“Both the patient's I had gave me a wonderful review. They both said I did fantastically, and even gave me pointers to improve in the areas that I was less knowledgeable of.”

“It made me more confident in my abilities and to relax a little more with the client so the client can be at ease also.”

“I helped feel a little more confident because it made me realize that I do sometimes know what I am talking about.”

“Because I got good feedback.”

“It showed me that I am capable of performing the job as a nurse”

“With the feedback I received it boosted my confidence.”

“Hearing the positive feedback”

“It made me realize that I do know what I'm doing and that I can be a nurse.”

“The criticism that I received from the patient actors was very helpful for future situations. I am that more confident to encounter an actual patient and assess them comfortably.”

“I was a little nervous at first but it showed me to be confident in what u do.”

“I was terrified at first of being filmed and observed. But it did help to be sent in with another student and the patient/actors were kind in their presentation of their feedback. Even the pt/actor that told us what we needed to do more of (which was to express empathy) was gentle about his constructive criticism.”

“It has helped me improve my customer service skills, so I know what I have to work on so I can be better nurse.”

“It increased my confidence because school is difficult, so it was great to hear some positive things”

Did the human simulation experience increase your competence?

YES (60.5%)

NO (39.5%)

If Yes, Explain:

“Having feedback from the standardized patient was absolutely the best. I believe they are the best people to tell us how we can improve. Knowing all the things I did right and things I can change has really increased my competence.”

“Having the standardized patient give me feedback was the best thing I can possibly have. Knowing the things I did good on and the things I have to do better on was very good information. I feel like next time I will do much better.”

“Gave me more patient teaching confidence.”

“More confident”

“It made me realize what questions or things I didn't do or forgot to do for whatever reason. So it made me more aware of my body language and what I'm doing and why.”

“Yes, I think that it has helped me and taught me to think a little bit deeper than I used to.”

“Because of the feedback.”

“It allowed me to see the areas in which I was lacking.”

“Knowing I was able to do that experience and from what I was told, do it well. That boosted my confidence which made me believe that I am more competent in my job than I believed prior to this experience.”

“I learned that priority is key and that helped me to perform my tasks on a more organized level.”

“I believe so. There was a question from the patient about what was going on with his symptoms, why he was experiencing the polyuria, polyphagia, and polydypsia and at first I was panicking inside to come up with the info. My colleague was doing almost all the talking but when she got stuck for accurate info to tell pt. I helped present what I knew about it. It quickly made me realize that I don't want to be standing there at a lost for knowledge while interacting with a real life pt. and that I need to study some more.”

Do you think the Human Simulation experience was a beneficial experience?

YES (97.4%)

NO (2.6%)

Other (please specify):

“Yes it definitely was. It helped me learn more about myself in a clinical setting and more about the patient.”

“Yes, I feel the experience was very beneficial because of the feedback we received which is something we don't receive every day. It was very informative and educational.”

“It made me think about things more from the patient's point of view.”

“Great way to see where you stand before becoming a LPN”

Summary Comments from Drexel University College of Nursing and Health Professions

- Interdisciplinary Team Experience
- Teamwork experience
- Delegation experience
- Conflict resolution experience
- Overwhelming positive experience for all students

Summary Comments from Prism Career Institute

- Real life experience before externship
- Quality of student improves for potential employer/patient
- Student has greater likelihood of being offered a position
- Increased positive outcomes for PRISM including recruitment and retention of students