

Session Descriptions

ID #	Title	Presenter	Description
May 8 Day 1 0800-1645			
101/201	Enhancing Your Simulation Program with Standardized Patients	Jane Miller, PhD	Standardized patients (SPs) have been used in health science education since the early 1960s. Yet, many simulation centers are just starting to develop SP programs. This session will introduce you to best practices so you can successfully recruit, train, and retain SPs for a broad range of simulation projects for both students and practitioners. Objectives: <ol style="list-style-type: none"> 1. Use valid and reliable methods to select and train standardize patients. 2. Use standardized patients for simulated scenarios with and without physical findings. 3. Use standardized patients for a wide range of clinical scenarios.
102/202	Laerdal LLEAP Platform Programming	Veronica Rogan	Basic programming with the new Laerdal LLEAP software platform
103/203	Creation of Simulation Superusers	Lisa Fitzgerald-Swenson, BSN, RN	Presentation on how HCMC Simulation Center integrated simulation by instructing interprofessional faculty, educators, staff, and clinical leads on the basics of adult learning theory, utility of simulation, scenario building and debriefing with Good Judgment approach.
104/204	Strategic Planning	Jeannette Augustson, MA	In this session, we will discuss key success factors for a developing strategic plan. Participants will experiment with tools they can adapt to their own planning process.
105/205	Exploring 3D Printing	Jason Huebscher Jon Ziebol	This presentation will touch on different types of 3D printing and applications. We will discuss the process of acquiring a digital patient model and means to modify and print model.
301/401	Basic Mannequin Maintenance	Hans Lamkin	The session will begin with an introduction to manikins from the Laerdal manufacturer. We will discuss the importance of doing your own maintenance and the need for preventative maintenance. Participants will become familiar with a variety of mechanical parts within the manikins to increase comfort and confidence in their ability to repair or replace internal components. Objectives: <ol style="list-style-type: none"> 1. Demonstrate at least three repairs and replacement of parts for Laerdal manikins. 2. Discuss and demonstrate common trouble areas within manikins that lead to operational problems. 3. Discuss how to inspect manikin to make sure it works as intended.
302/402	Laerdal LLEAP Programming – Part II/Advanced	Veronica Rogan	Advanced programming with the new Laerdal LLEAP software platform.

303/403	Designing the Debriefing: Innovative Strategies in Clinical Simulation	Brenda Merrill, PhD, RN, Carol Reid, MS, PhD(c), RN & Deborah Matthias-Anderson, MS, PhD(c), RN	<p>Appropriate debriefing design is critical to simulation based learning experiences. Debriefing should be designed to meet the course outcomes, simulation outcomes, and with abilities and roles of participants in mind. This requires a blend of innovative strategies and proven standards of practice. A well designed debriefing promotes reflective practice, and translation of knowledge to actions in the clinical environment, promoting participant growth and safe clinical practice.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe the standards of best practice for debriefing design in simulation. 2. Differentiate expectations of structured debriefing design in graduate and undergraduate education. 3. Demonstrate an innovative debriefing technique for clinical simulations.
304/404	Using Simulation for Developing Faculty & Preceptors	Denise Foy, MSN, RN-BC	<p>When transitioning to the role of a clinical instructor or preceptor, expert clinicians need new knowledge about education and teaching skills. Unfortunately, there is minimal training available in either the academic or clinical settings that help new bedside educators become skilled at facilitating learning in clinical situations. This presentation will discuss how one workgroup developed training for bedside educators using simulation. Information will be shared regarding topics and scenario development.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Recognize the importance of training for expert clinicians transitioning to a role as educator at the bedside. 2. Discuss how to use simulation to prepare an educator for bedside teaching.
305/405	Using Simulation for Orientation & Skills in Prehospital Environments	Patrick Huot Paramedic, Education Coordinator and E Learning Specialist Life Link III & Keith Velaski RN, CFRN	<p>At Life Link III we use simulation to help enhance are clinicians' critical thinking and clinical practice. We accomplish this by focused training on the low volume high risk patients and procedures. During this presentation we will discuss creating buy-in from both management and staff for the use of simulation training. We will also discuss the added value we have discovered by providing this training.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Understand the importance of identifying your organizations needs for the use simulation. 2. Discuss how simulations impacts clinical practice. 3. Define simulation in lieu of clinical experience.
May 9 Day 2 0800-1200			
501/601	Reflecting on the Realities of Living in Poverty: A Simulation Experience	Carol Reid, MS, PhD(c), RN, Brenda Merrill, PhD, RN, Deborah Matthias-Anderson, MS, PhD(c), RN, & Michelle Ullery, MS, APRN, CNP	<p>The Community Action Poverty Simulation (CAPS) is a large scale simulation designed to simulate the impact of poverty on individuals living in a community. CAPS provides an opportunity for participants to explore individual attitudes, perceptions, and knowledge regarding poverty. The current state of the literature, an overview of CAPS, and suggestions for implementation will be presented.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe the scope of the Community Action Poverty Simulation. 2. Describe 2 activities that promote participant engagement and reflection. 3. Discuss 2 strategies for successful implementation of the Community Action Poverty Simulation

502/602	Expanding Simulation within Multisite Organizations	Kimberly Hinrichs, MSN, RN	<p>How can you expand the impact of simulation to reach an entire system? How can you leverage minimal financial and human resources and still provide valuable simulation opportunities for staff? Learn about the dynamic simulation program at Allina Health and discover the 4 essentials in maximizing the impact of a simulation program, ideas for ongoing simulation education and training, and practical tools for managing equipment across a system.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. List 4 essentials to maximize the impact of simulation within your organization. 2. Describe how to keep educators trained and engaged in simulation. 3. Explain the essentials in management and maintenance of simulation equip.
503/603	Multi- Patient Simulation Capstone: Transitioning Graduate Nurses to Clinical Practice	Angela Hayes, MS, RN, CHSE, CNE Crystal Saulsberry, MSN, RN	<p>There is a need to develop and implement quality capstone multi-patient simulations as an instructional strategy to facilitate transitioning graduate nurses to clinical practice.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. State the process of developing a multi-patient simulation. 2. Verbalize why there is a need for nurse educators to employ capstone multi-patient simulation to transition the graduate nurse to clinical practice. 3. State why there is a need to employ capstone multi-patient simulations as an instruction strategy in transforming nursing education.
504/604	Mamma Care--Simulation for Preventative Health	Kristy Reinke, MSN, RN, CNL	<p>It is important for clinicians to not only know how to perform a thorough breast exam but to be able to confidently find and identify the varying types of lumps. This presentation will discuss the development, implementation, and results of an innovative simulation course using a clinical breast exam (CBE) simulator to narrow this gap.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Discuss the value of using simulation for the education of CBE for providers and patients. 2. Explain two benefits of using a CBE simulator.
505/605	Scenario Design: The Down & Dirty	Krista Kipper, MSN, RN, CHSE Heather Anderson, MA, RN, CCRN	<p>The development of appropriate scenarios is essential to successful simulation facilitation and training. This presentation will define the important components of scenario design based on educational standards, best practices, and the use of a validation tool.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. State five key components of scenario design based on educational standards and best practices. 2. Discuss how the Society for Simulation in Healthcare (SSH) Nursing Section Validation tool can be used to assist in the designing of simulation scenarios.

701/801	Orthopedic Surgical Limb Creation	Cheryl Podgornik, BSN, RN, CNOR	<p>Orthopedic surgical simulation requires bone models that allow residents to replicate surgical procedures of real limbs or bony structures. This presentation will discuss how we modified commercially available bone models for surgical incisions, injections, suturing, pinning, and imaging while providing a realistic appearance and feel. Participants will have the opportunity to mix and create a limb for pin insertion and practice laproscopic surgery.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Learn to create limb models with inexpensive materials. 2. Demonstrate an understanding of model fidelity in surgical simulation. 3. Demonstrate an understanding of surgical simulation principles.
702/802	Going Viral: A Journey of Ebola Preparedness through Multidisciplinary In-Situ Simulation	Kristina Sokol, MS, RN Kristin Rosenbush, MSN, RN, CCRN	<p>This presentation will address one hospital's journey of Ebola preparedness through in-situ simulation. As one of the four designated hospitals to receive suspected/confirmed Ebola Virus Disease (EVD) patients in Minnesota, numerous care processes needed to be evaluated at the unit level. Using in-situ simulation, the multi-disciplinary care team practiced safe patient care and evaluated care processes for patients confirmed with EVD.</p>
703/803	Competencies & Content for Simulation Faculty Development	Molly Kellgren, MSN, RN, CNE, CHSE	<p>Do you and your faculty need resources to learn about simulation? Join me in exploring the simulation faculty development project that the 2014 NLN Leadership Program for Simulation Educators developed that includes a self-evaluation tool, a tool kit of resources, and a theoretical framework.</p>
704/804	Accreditation & Certification	Gail Johnson, MS, CHSE, CHSOS	<p>Certification of individuals and accreditation of programs are internationally recognized methods of demonstrating quality to stakeholders, current/future customers and learners. During this interactive session, we will discuss the 3 simulation certifications available through the Society for Simulation in Healthcare (SSH). We will also discuss benefits and common application questions regarding the 2 simulation accreditations offered by (SSH).</p>
705/805	Simulation for Resident/Physician Education	Casey Woster, MD	<p>There are challenges to implementing simulation based education for residents. This session will discuss established strategies, pitfalls and brainstorm new ideas about implementing and facilitating simulation with residents/MDs.</p>