



California Simulation Alliance (CSA) Simulation Scenario Template

The California Simulation Alliance (CSA) is comprised of simulation users from all disciplines from throughout the state. Several regional collaboratives have formed totaling 7 as of March, 2011: The Rural North Area Simulation Collaborative (RNASC), the Capital Area Simulation Collaborative (CASC), the Bay Area Simulation Collaborative (BASC), the Central Valley Simulation Collaborative (CVSC), the Southern California Simulation Collaborative (SCSC), the Inland Empire Simulation Collaborative (IESC), and the San Diego Simulation Collaborative (SDSC). The CINHC, a non-profit organization focused on workforce development in healthcare provides leadership for the CSA.

The purpose of the California Simulation Alliance (CSA) is to become a cohesive voice for simulation in healthcare education in the state, to provide for inter-organizational research on simulation, to disseminate information to stakeholders, to create a common language for simulation, and to provide simulation educational courses. The goals of the alliance will include providing a home within the CINHC for best practice identification, information sharing, faculty development, equipment/vendor pricing agreements, scenario development, sharing and partnership models. More information can be found on the CSA website at www.californiasimulationalliance.org

All scenarios have been validated by subject matter experts, pilot tested and approved by the CSA before they were published online. All scenarios are the property of the CINHC/CSA. The writers have agreed to release authorship and waive any and all of their individual intellectual property (I.P.) rights surrounding all scenarios. I.P. release forms can be found at www.bayareanrc.org/rsc and click documents. (Please send signed I.P. release forms to KT at kt@cinhc.org)

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SECTION I: SCENARIO OVERVIEW

Scenario Title:	Blood Transfusion Reaction_febrile or hemolytic reaction
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Date - original scenario	03/07
Validation:	07/08, 10/12 BDurham, 07/14
Revision Dates:	08/08, 10/12 Modified original scenario to include febrile or hemolytic reaction. Barbara Durham, MSN, RN, CNE bdurham@hartnell.edu
Pilot testing:	10/12 Barbara Durham, MSN, RN, CNE bdurham@hartnell.edu
QSEN revision:	10/12 Barbara Durham, MSN, RN, CNE bdurham@hartnell.edu 10/12 Marjorie Miller, MA, RN, CHSE

Estimated Scenario Time: 30 minutes Debriefing time: 60 minutes

Target group: Pre-licensure nursing students, new graduates. This scenario assists learners with assessments, communication, delegation and skill acquisition.

Core case: Blood transfusion reaction-febrile or hemolytic

QSEN Competencies:

Safety

Teamwork and Collaboration

Evidence-based practice

Patient-centered care

Brief Summary of Case:

James Patterson, a 55-year old man with newly diagnosed non-small cell cancer of the lung, is admitted with complaints of fever, weakness and sore throat for two days. He informs the nurse that he bruises very easily. He also informs the nurse that he completed his first round of chemotherapy about a week and a half ago. Since then he has felt very tired and has no appetite. He could barely eat because of sore throat. Mr. Patterson describes getting weaker every day and slightly short of breath with activity. CBC shows pancytopenia. MD orders to transfuse 2 units of PRBC. This is Mr. Patterson's first blood transfusion.

EVIDENCE BASE / REFERENCES (APA Format)

Cronenwett, L, Sherwood, G., Barnsteiner, J., et al. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3), 122-131. doi:10.1016/j.outlook.2007.02.o06

Dugdale, D. C. (2011). Transfusion reaction – hemolytic. Retrieved from Medline Plus at <http://www.nlm.nih.gov/medlineplus/ency/article/001303.htm>

Rome, S.I. (2010). Hematologic problems. In S.L. Lewis, M. Heitkemper, S. R. Dirksen, P. G. O'Brien & L. Bucher (Eds.), *Medical-Surgical Nursing: Assessment and management of clinical problems* (pp. 732-734). St. Louis, MO: Elsevier.

Sandler, S. G. (2012). Transfusion reactions. Retrieved from <http://emedicine.medscape.com/article/206885-clinical#a0217>

CSA REV template (12/15/08; 5/09; 12/09; 4/11, 1/15)

ALL DATA IN THIS SCENARIO IS FICTITIOUS

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES

Learning Outcomes

1. Integrate understanding of multiple dimensions of patient centered care
2. Assess own level of communication skill in encounters with patients and families.
3. Apply clinical decision making skills in interpreting and analyzing data in evolving situations.
4. Prioritize interventions based on accurate interpretation of assessment data and initiates request for help when appropriate to situation.

Specific Learning Objectives

1. Confirms physician orders for blood transfusion and informed consents are in the chart
2. Gathers relevant patient and contextual data to identify patient's current problem.
3. Apply principles of hand hygiene, infection control and personal protection during the initiation of a blood transfusion.
4. Demonstrates situational awareness and recognizes acute changes that warrant immediate intervention.
5. Prioritizes and implements interventions in response to transfusion reaction according to institution-specific policies.
6. Assessment and management of a blood transfusion reaction, including documentation.
7. Provides patient-centered care (teaching/learning opportunities, therapeutic communication) and reassures patient throughout simulation with clear, calm statements of action.
8. Communicates effectively with nursing and members of inter-professional team regarding the management of a patient with a transfusion reaction.

Critical Learner Actions

1. Perform hand hygiene, don gloves, and introduces self / identify patient with 2 patient identifiers.
2. Verifies completion of required documents prior to initiating transfusion (consent, availability of blood).
3. Confirms patient understanding of procedure.
4. Follows institution-specific policies for initiation of a blood transfusion.
5. Assessment and documentation of vital signs, oxygen saturation, s/s of blood transfusion reaction.
6. Recognize signs and symptoms and identifies transfusion reaction.
7. Immediate response and management of transfusion reaction according to institution specific policy.
8. Use standardized communication tool (i.e. SBAR) to communicate patient status to interprofessional team.

B. PRE-SCENARIO LEARNER ACTIVITIES

Prerequisite Competencies

Required prior to participating in the scenario

Knowledge	Skills/ Attitudes
<input type="checkbox"/> Focused assessment (Adult) including patient understanding of the procedure.	<input type="checkbox"/> Signs and symptoms indicating the need for blood transfusion.
<input type="checkbox"/> IV infusion/set up of blood-Y tubing and administration of blood products <input type="checkbox"/> Administration of IV medications	<input type="checkbox"/> Knowledge of policies and procedures / documentation required for blood product administration.
<input type="checkbox"/> Knowledge of policies and procedures for blood product administration.	<input type="checkbox"/> RN responsibilities and rationale before, during and after blood transfusion.
<input type="checkbox"/> Universal precautions	<input type="checkbox"/> Signs and symptoms of a blood transfusion reaction.

SECTION III: SCENARIO SCRIPT

A. Case summary

James Patterson, a 55-year old man with newly diagnosed non-small cell cancer of the lung, is admitted with complaints of fever, weakness and sore throat for two days. He informs the nurse that he bruises very easily. He also informs the nurse that he completed his first round of chemotherapy about a week and a half ago. Since then he has felt very tired and has no appetite. He could barely eat because of sore throat. Mr. Patterson describes getting weaker every day and slightly short of breath with activity. CBC shows pancytopenia. MD orders to transfuse 2 units of PRBC. This is Mr. Patterson's first blood transfusion.

B. Key contextual details

The scenario takes place mid-shift on an oncology floor. The unit is fully staffed. Blood bank called indicating that the blood for Mr. Patterson is available to be picked up. A charge nurse and resource nurse are available.

C. Scenario Cast

Patient/ Client	<input type="checkbox"/> XX High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Task trainer	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input type="checkbox"/> Standardized patient	
Role	Brief Descriptor (Optional)	Confederate (C) or Learner (L)
RN 1		Learner
RN 2		Learner
Charge nurse		Confederate
Physician	Will answer phone call and provide orders for treatment of reaction and/or remind nurse of policy for transfusion reaction. See case flow for script.	Confederate
Family member	Add for complexity if needed	Confederate

D. Patient/Client Profile				
Last name:	Patterson		First name:	James
Gender: M	Age: 50	Ht: 6'0"	Wt: 187 lbs (85kg)	Code Status: Full
Spiritual Practice: None		Ethnicity: Caucasian		Primary Language spoken: English
1. History of present illness				
Newly diagnosed with non-small cell cancer of the lung. Complains of fever, weakness, and sore throat for two days. He has multiple ecchymotic areas on his arms and legs. He c/o feeling tired and has lack of appetite. He completed his first round of chemotherapy 1 ½ weeks ago. CBC shows pancytopenia.				
Primary Medical Diagnosis		Lung Cancer, Pancytopenia following chemotherapy		

2. Review of Systems	
CNS	Awake, alert, oriented
Cardiovascular	S1/S2
Pulmonary	Diminished breath sounds, bases bilaterally, A and P
Renal/Hepatic	Urine yellow, concentrated
Gastrointestinal	Mild nausea, positive bowel sounds
Endocrine	No problems
Heme/Coag	Pancytopenic
Musculoskeletal	Equal bilateral
Integument	Generalized petechiae, hematoma in upper arms, pale skin and sclerae
Developmental Hx	Ego integrity versus despair
Psychiatric Hx	None contributory
Social Hx	Smoked until time of diagnosis, 100 pack-year smoking history
Alternative/ Complementary Medicine Hx	None

Medication allergies:	NKDA	Reaction:	
Food/other allergies:	NKFA	Reaction:	

3. Current medication	Drug	Dose	Route	Frequency
	Allopurinol	300 mg	oral	daily
	Procrit	100 mg	Sub-q	Monday / Wednesday
	Tylenol	325 mg 1-2 tabs	oral	Q 6 h prn fever or HA

4. Laboratory, Diagnostic Study Results					
Na: 134	K: 4.0	Cl: 100	HCO ₃ : 26	BUN: 28	Cr: 0.9
Ca:	Mg:	Phos:	Glucose:	HgA1C:	
Hgb: 7.4 gm/dL	Hct: 22.2 %	Plt: 90,000	WBC: 2.5mm ³	ABO Blood Type:	
PT	PTT	INR	Troponin:	BNP:	
Ammonia:	Amylase:	Lipase:	Albumin:	Lactate:	
ABG-pH:	paO ₂ :	paCO ₂ :	HCO ₃ /BE:	SaO ₂ :	
VDRL:	GBS:	Herpes:	HIV:		
CXR:	ECG:				
CT:	MRI:				
Other: ABO blood type: A positive					

E. Baseline Simulator/Standardized Patient State (This may vary from the baseline data provided to learners)					
1. Initial physical appearance					
Gender: M		Attire: patient gown			
Alterations in appearance (moulage):					
Pale color; multiple small bruised areas to arms / legs if possible					
X	ID band present, accurate information		ID band present, inaccurate information		ID band absent or not applicable
	Allergy band present, accurate information		Allergy band present, inaccurate information	X	Allergy band absent or not applicable

2. Initial Vital Signs Monitor display in simulation action room:					
	No monitor display	X	Monitor on, but no data displayed		Monitor on, standard display

BP: 110/64	HR: 100	RR: 24	T: 99.8 °F	SpO ₂ : 93%
CVP:	PAS:	PAD:	PCWP:	CO:
AIRWAY:	ETCO ₂ :	FHR:		
Lungs: Sounds/mechanics	Left: CLEAR but diminished		Right: CLEAR but diminished	
Heart:	Sounds:	S1/S2		
	ECG rhythm:	Sinus rhythm/sinus tachycardia		
	Other:			
Bowel sounds:	Present		Other:	

3. Initial Intravenous line set up						
	Saline lock #1	Site:				IV patent (Y/N)
X	IV #1	Site:	20 G	Fluid type:	Initial rate:	X IV patent (Y/N)
X	Main	RA		D5½NS	100 ml/hr	
	Piggyback					
	IV #2	Site:		Fluid type:	Initial rate:	IV patent (Y/N)
	Main					
	Piggyback					
4. Initial Non-invasive monitors set up						
X	NIBP	X	ECG First lead:		ECG Second lead:	
X	Pulse oximeter		Temp monitor/type		Other:	
5. Initial Hemodynamic monitors set up						
	A-line Site:		Catheter/tubing Patency (Y/N)	CVP Site:	PAC Site:	
6. Other monitors/devices						
	Foley catheter	Amount:	Appearance of urine:			
	Epidural catheter	Infusion pump:	Pump settings:			
	Fetal Heart rate monitor/tocometer	Internal	External			

Environment, Equipment, Essential props

Recommend standardized set ups for each commonly simulated environment

1. Scenario setting: (example: patient room, home, ED, lobby)

Med/Surg / Telemetry unit, patient room
 Simulated blood transfusion 1 unit
 Patient is pale/fatigued appearance and vocal tone

2. Equipment, supplies, monitors

(In simulation action room or available in adjacent core storage rooms)

X	Bedpan/ Urinal		Foley catheter kit		Straight cath. kit		Incentive spirometer
X	IV Infusion pump		Feeding pump		Pressure bag		Wall suction
	Nasogastric tube		ETT suction catheters		Oral suction catheters		Chest tube insertion kit
	Defibrillator		Code Cart		12-lead ECG		Chest tube equip
	PCA infusion pump		Epidural infusion pump		Central line Insertion Kit		Dressing Δ equipment
X	IV fluid	D5½NS	IV fluid additives:		BLOOD Y SET FOR TRANSFUSION	X	Blood product
X	Type:	NS for blood					ABO Type: A+ # of units: 1

3. Respiratory therapy equipment/devices

X	Nasal cannula		Face tent	X	Simple Face Mask		Non re-breather mask
X	BVM/Ambu bag		Nebulizer tx kit		Flowmeters (extra supply)		

4. Documentation and Order Forms

X	Health Care Provider orders	X	Med Admin Record		H & P	X	Lab Results
	Progress Notes	X	Graphic record		Anesthesia/PACU record		ED Record
	Medication reconciliation		Transfer orders	X	Standing (protocol) orders		ICU flow sheet
X	Nurses' Notes		Dx test reports		Code Record		Prenatal record
X	Actual medical record binder, constructed per institutional guidelines				Other		Describe: Blood bank forms

5. Medications (to be available in sim action room)

#	Medication	Dosage	Route	#	Medication	Dosage	Route
	Benadryl	50 mg	IVP		NS bolus	500 ml	IV
	Tylenol	325 mg	PO				

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
Initiation of Scenario : Report is given to the nurse by the off-going shift (who had to leave mid shift due to a family emergency):			
Mr. Patterson has non-small cell cancer of the lung. He completed his first round of chemotherapy 1 ½ weeks ago. He states having a fever, weakness, and sore throat for two days. He is tired and has no appetite. Has shortness of breath on activity. Patient seen in ED last night and admitted for further workup. D ₅ ½ NS at 100 ml/hr started in ED 18g RA. Labs drawn in ED: CBC, Chem panel, electrolytes, BC x2, Type and cross match 2 units PRBC. His H/H were low (7.4 gm/dL and 22.2%). The MD ordered to transfuse 2 units PRBC's. His vital signs have been stable and he voided 100 cc amber urine after he was admitted. "I called for the first unit. You will need to start his transfusion."			
STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
1. Baseline Bruising on extremities Pale Dry mucous membranes Responsive but fatigued Flat vocal tone	Operator HR: 104, pulse weak RR: 20, diminished at bases, BP: 110/64 T: 99.2° F O ₂ Sat: 93% on 2L NC Occasional dry cough Triggers: Complete focused assessments in 2 to 3 min	Learner Actions <ul style="list-style-type: none"> • Washes hands/ID patient/ introduce self • Obtain/ document baseline VS/ O₂ sats • Performs a focused assessment (LOC, breath sounds, SOB and other symptoms indicating need for transfusion) • Assesses patient's understanding of procedure 	Debriefing Points: <ul style="list-style-type: none"> • Strategies for adhering to NPSG regarding patient identification. • Initial focused assessment compared to what was reported • Importance of obtaining baseline vital signs and the relevance of the values <ul style="list-style-type: none"> ○ Anemia causes SOB, dec O₂ sats, increased workload on heart (tachycardia), dizziness, weakness, fatigue etc. • Principles of patient centered care: asking the patient to "teach back".

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>2.</p> <p>Patient status unchanged</p>	<p>Operator:</p> <p>VS unchanged</p> <p>Triggers: Begins transfusion within 5 min after receiving unit</p> <p>Patient responds lethargically asks about transfusion -- "why do I need that?"</p>	<p>Learner Actions:</p> <ul style="list-style-type: none"> • Reviews MD order for blood transfusion • Checks chart for required documentation for blood administration (consent, refusal, religious preferences, ABO compatibility, labs) • Inform patient of procedure (purpose, duration), explains S&S to report • Sends a helper to pick up blood while preparing IV tubing for blood transfusion (holds maintenance IV as noted in chart) • Checks blood at bedside with another nurse • Begin transfusion 	<p>Debriefing Points:</p> <ul style="list-style-type: none"> • Institution specific policy/procedure must be followed for blood administration. • Key teaching points prior to administering blood (i.e. signs and symptoms to report) • Need for safety checks, two patient identifiers according to NPSG. • Describe the decision-making process and priority setting • Correct drug/dose calculation <ul style="list-style-type: none"> ○ initial rate versus maintenance rate •

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>3.</p> <p>10-15 minute time period elapses (condensed over a 5 minute period)</p> <p>Moaning, gasping with interrupted speech and shortness of breath</p> <p>Progressively states: “My IV site hurts me”</p> <p>If Febrile reaction: “I don’t feel so good” “I feel chilled” “I can’t stop shakin” (May vomit)</p> <p>If Hemolytic reaction: “My back hurts” “It’s hard to breathe” “I feel so flushed” “I’m so scared. What is going on?”</p> <p>If learner does not stop transfusion Patient continues with severe chills, dyspnea, discomfort with deterioration “I feel awful; make it stop!”</p>	<p>Operator:</p> <p>Calls into sim room that 15 minutes has elapsed HR: 114, weak RR: 28 BP: 90/60 T: 101° F Bilateral wheezes if hemolytic O₂ sat: 90% on 2 L</p> <p>Triggers: Transfusion is stopped</p> <p>If blood verification was not done correctly, patient will have hemolytic transfusion reaction.</p> <p>If blood verification was done correctly, patient will experience febrile transfusion reaction.</p> <p>If transfusion is not stopped immediately progress to: HR: 120, weak RR: 38 B/P: 80/40 T: 102 F Low back pain (8/10) O₂ sat 88% on 2L</p>	<p>Learner Actions:</p> <ul style="list-style-type: none"> • Stays with and monitors patient for first 15 minutes of transfusion • Reassess VS / document • Recognizes transfusion reaction is occurring • Assess specific symptoms/ reassure patient • Call for help early • Increases oxygen to 4L • Notify MD immediately • Follows protocol for transfusion reaction <ul style="list-style-type: none"> • Stops blood transfusion • Prime new IV tubing with NS • Saves blood tubing and blood to return to blood bank per policy • Check information on donor blood ○ Call for help ○ Increase oxygen for low O₂ sat ○ (prioritize steps as above) 	<p>Debriefing Points:</p> <ul style="list-style-type: none"> • Importance of reassessment during first 10-15 minutes of transfusion • Significance of changes in patient status • Signs/symptoms of reaction/type • Strategies for decision making and priority setting for patients with a transfusion reaction • Immediate nursing interventions for patients with a blood transfusion reaction • Strategies for communicating with patient to decrease own and patient anxiety • Priority is to stop transfusion if reaction is suspected • Potential complications

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>4.</p> <p>Transfusion stopped; mild recovery state Patient calmer but lethargic; some chills, moaning</p>	<p>Operator:</p> <p>Mild recovery: HR: 110 RR: 24 BP: 100/64 T: 99.2 F O₂ sat: 92% on 2L</p> <p>Triggers: Notifies MD</p>	<p>Learner Actions:</p> <ul style="list-style-type: none"> • Monitor /document VS, O₂ sat • Notifies MD using SBAR • Follow steps of blood transfusion policy • Reassure patient 	<p>Debriefing Points</p> <ul style="list-style-type: none"> • Critical factors to communicate when calling the physician using SBAR • Anticipate health care provider orders • Importance of continued assessment/monitoring • Evaluate effectiveness of nursing interventions
<p>Dr. provides order for: NS bolus 500 ml over 1 hour Diphenhydramine 50 mg IV push x1 now Acetaminophen 650 mg po prn fever > 100.1°F</p>			

<p>5. Pt states "I feel better now" "What happened?"</p>	<p>Operator: <i>Continued recovery:</i> HR: 100 RR: 20 BP: 110/70 T: 99.2F O₂ Sat: 95% on 4L</p>	<ul style="list-style-type: none"> • Receive MD orders • Read back and verifies orders to MD, accurately records new orders • Continued monitoring / assessment of VS, symptoms • Document on institution-specific reporting form <p>If desired:</p> <ul style="list-style-type: none"> • Administers medications safely using two patient identifiers and the 5 rights. 	<ul style="list-style-type: none"> • Evaluate effectiveness of nursing interventions • Documentation of interventions • Policies/procedures for transfusion reactions <ul style="list-style-type: none"> • Carries out medication administration
<p>Scenario End Point: Learners give SBAR report of patient status to charge nurse. VS return to baseline, blood tubing returned to lab, transfusion reaction documentation completed</p>			
<p>Suggestions to <u>decrease</u> complexity: split into 2-3 scenarios for novice learners Suggestions to <u>increase</u> complexity: wife to enter room screaming as her religious preference is for no blood transfusions</p>			

APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name:		Diagnosis:
DOB:		
Age:		
MR#:		
†No Known Allergies		
†Allergies & Sensitivities		
Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
Signature		

APPENDIX B: Digital images of manikin and/or scenario milieu

Insert digital photo here

Insert digital photo here

Insert digital photo here

Insert digital photo here

APPENDIX C: DEBRIEFING GUIDE

General Debriefing Plan			
<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
Debriefing Materials			
<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	<input type="checkbox"/> Debriefing Points	<input type="checkbox"/> QSEN
QSEN Competencies to consider for debriefing scenarios			
<input type="checkbox"/> Patient Centered Care	<input type="checkbox"/> Teamwork/Collaboration	<input type="checkbox"/> Evidence-based Practice	
<input type="checkbox"/> Safety	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Informatics	
Sample Questions for Debriefing			
<ol style="list-style-type: none"> 1. How did the experience of caring for this patient feel for you and the team? 2. Did you have the knowledge and skills to meet the learning objectives of the scenario? 3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience? 4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP? 5. How would you handle the scenario differently if you could? 6. In what ways did you check feel the need to check ACCURACY of the data you were given? 7. In what ways did you perform well? 8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members? 9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting? 10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome? 11. Discuss actual experiences with diverse patient populations. 12. Discuss roles and responsibilities during a crisis. 13. Discuss how current nursing practice continues to evolve in light of new evidence. 14. Consider potential safety risks and how to avoid them. 15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care. 			
Notes for future sessions:			