Prior to simulation, all preliminary preparation is completed. A typical clinical simulation session runs 20 minutes. Each student will receive a randomly assigned role that they will be required to role-play. Available roles vary depending on the specific learning objectives for a particular scenario. Examples include:

Primary RN
Other Staff RNs
Charge Nurse
Family Member (significant other, relative, friend)
Observer/Recorder
Patient Care Assistant

The Clinical Simulation Coordinator role-plays other roles, i.e., the patient’s physician or primary care giver, case manager, social worker, pharmacist, respiratory therapist, radiology technician, cardiology technician, laboratory technician, medical technologist, or other ancillary departments, etc. The Primary RN can reach any of these other health care team members by telephone from the patient’s room or at the nurses’ station. In addition, the Coordinator, runs the Patient Simulator.

The Clinical Faculty Member observes the simulation and may make notations about the experience. She/he facilitates the post-simulation debriefing process.

You will receive “report” about your assigned patient from the off-going Primary RN. There is a pre-printed SBAR provided. You can take additional notes with a pencil and pad of paper provided. All material provided, as well as notes taken, must be returned to the Clinical Simulation Coordinator at the conclusion of the session.
You may or may not initially be provided with printed Physician Orders. In some simulations, the Primary RN will need to call the physician to obtain initial and additional Physician Orders. The Primary RN then prioritizes the orders and delegates implementation to other Team Members (RN, PCA, etc.).

Consider carefully what needs to be done, then perform or delegate those tasks (taking vital signs, calculating dosages, looking up medications, administering medications, inserting a urinary catheter, administering oxygen, performing an assessment, comfort a family member, etc.) and follow-up appropriately. Work as a team.

The student Observer / Recorder uses the Observations of Simulation Experience form to document what is performed/not performed during the sessions. Certain aspects of patient care occur with all patient encounters, e.g., communication, teaching, infection control, safety/comfort, assessment, pharmacologic and/or non-pharmacologic interventions, diagnostic data gathering and interpretation, etc. Not all items listed will apply. Findings from this form can be discussed in the debriefing session.

Post-simulation debriefing takes place immediately after the Simulation session. The Clinical Faculty will secure a location for the students to assemble and to discuss their experience. Simulation is not graded. We want to create a safe, non-threatening learning environment.