

APPLICATION FOR:

Simulation Centers
Interested in
Administering
NBCRNA Reentry
Program: Step Two

RECOGNITION SPECIFICATIONS

Contact Information (This information will be placed on NBCRNA website when recognized):

1. Official simulation center name	
2. Center's Address	
3. Primary contact person (this should be the name, phone number and email address of the person who will oversee all discussions with the NBCRNA and who will be contacted by the Reentry Program Participant (RPP)).	
a. Name	
b. Title	
c. Phone number	
d. Email address	

Overview

1. Provide a brief overview of how the center plans to deliver Step Two of the Reentry Program, specifically addressing the expected length of the simulation activities, number of days expected, and number of faculty who will participate in the evaluation of RPPs.

Character limit: 400. If you need more space, please provide on a separate PDF.

2. Are there lodging accommodations readily accessible to RPPs within a reasonable distance to the center? All rooming accommodations are the responsibility of the RPP. Please identify **two** possible lodging options for RPPs.

Character limit: 400. If you need more space, please provide on a separate PDF.

Qualifications

1. Accreditation Status: Provide the following information in **table one**.
 - a. List of accreditations currently held by the center. If SSH accreditation is not currently held, please identify what other accreditations are currently in force and identify when the center expects to pursue and obtain SSH accreditation.
 - b. Date of accreditation expiration.
 - c. Does the center plan to renew this accreditation?
 - d. Any additional comments that the center would like to share with the NBCRNA regarding accreditation status or any other recognition that the center may hold.
2. Simulation Faculty: Provide the following information regarding all faculty who will be involved with the development, delivery and/or assessment of simulated scenarios used with Reentry Program Participants (RPP). Please provide this information in **table two** of the separate application form, and electronically submit PDF copies of the listed faculty curriculum vitae.
 - a. Name of faculty member
 - b. Academic degree(s) and any pertinent certifications

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- c. Academic rank and position
- d. Years of experience using simulation for education and assessment
- e. Has the faculty member had, or will have had, training on the use of the simulation evaluation tools prior to their use with RPPs?
- f. Is the faculty member trained to conduct debriefing sessions?
- g. NBCRNA, or other appropriate, certification status (e.g., certified, recertified, participating in MOC, etc.)

Facility

1. Simulation Center

- a. Center capacity:
 - i. Identify the average number of users of the facility, any pertinent prioritization scheduling policies that may impact RPP access to the center, and the days of the week when RPPs will have access to the center (including weekend days).

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- b. List of simulation products/programs with corresponding degree of fidelity that RPPs can expect to engage if using this center to complete Reentry Program Step Two. Please provide this information in **table three** of the separate application form, and feel free to include any equipment that the center may provide to the RPP as additional options, if so selected by the RPP.

Simulations

1. Provide a brief overview of how you intend to engage the RPP in an orientation to the simulation center to overcome any RPP lack of familiarity with simulation.
2. Using **table four** of the separate application form, identify how the center intends to evaluate the list of NBCRNA-identified simulation activities. If the center intends to group more than one of the identified topic into a single scenario, please identify which topics will be grouped together in table four of the separate application form and identify the evaluation method that will be used (e.g., task trainer with observation, high-fidelity simulation with observation). All management topics must be addressed in **table four** of the separate application form.

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3. Identify who, beyond the RPP, will participate in simulation scenarios and how these individuals will interact with the RPP. The use of appropriately qualified (i.e., non RPPs) individuals is required for all simulated scenarios. Centers cannot use other RPPs to play a role (e.g., confederate) in a high-fidelity simulated scenario where a RPP is being evaluated. Only one RPP may be involved with a high-fidelity simulated scenario at a time.

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4. Provide PDF copies of two to three scenario decision trees that will be used to evaluate the RPP.

5. Describe the center's development and revision process for simulated scenarios. Please be sure to include how frequent a scenario is evaluated for possible revisions.

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6. Evaluation tools

a. Describe and provide an example of the evaluation tools that will be used with the RPPs. Please address how these tools were developed and the methods employed to train the raters on use of the tools. If tools are in development stage, please describe the steps that will be taken to ensure reliability/validity of the tool(s) and the expected training of raters.

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b. Identify the number of raters/observers that will be used in the evaluation process.

c. Will the center use audiovisual recording as part of the evaluation process? Y/N

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7. Debriefing process

a. Describe the debriefing process that will be used with the RPP.

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b. If RPP debriefing will occur in the presence of other RPPs or other learners, describe the process that will be used to obtain RPP permission to participate in group debriefing processes.

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8. Mechanism for remediation

- a. Describe the remediation opportunities that the center will provide for the RPP.

Character limit: 400. If you need more space, please provide on a separate PDF.

- b. Describe the process that will be used to re-evaluate the RPP performance of the management topics.

Character limit: 400. If you need more space, please provide on a separate PDF.

2. Describe the orientation process that will be used with the RPP.

Character limit: 400. If you need more space, please provide on a separate PDF.

3. Provide any additional information or comments that you would like the NBCRNA to be aware of when reviewing this document.

Character limit: 400. If you need more space, please provide on a separate PDF.

Additional Information

1. Address mechanisms and /or policies to maintain confidentiality of the RPP's participation in Step Two activities at the simulation center.

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APPLICATION CHECKLIST

Item	Area Addressed	Included
Letter of Interest	Contact information	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Accreditation Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ability to deliver ALL Step Two Topics	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognition Specifications Response	Contact information	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Overview	Delivery plans
Qualifications	Lodging accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Accreditation status	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility	Simulation faculty	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Center capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simulations	Products available for use	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Scenarios	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Scenario participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Scenario decision trees	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluation Tools	Scenario revision process	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Development process for tool	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Training process for raters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation	Audio/visual recording	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Process	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidentiality	Policies and procedures to be used	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tables	Accreditation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Faculty	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Simulated products	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Scenario grouping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Info	Orientation process	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions

Please direct all questions to banderson@nbcna.com.

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Table 4: Scenario Grouping (If more rows are needed request additional form from NBCRNA.)

Center-assigned Activity Number	Step Two Topics	Evaluation Method
	Bronchospasm	
	Anaphylaxis/allergy	
	Unstable arrhythmias	
	Myocardial infarction (while under anesthesia)	
	Obstructed endotracheal tube	
	Aspiration	
	Rapid sequence induction	
	Difficult intubation/advanced airway techniques	
	Anesthesia machine malfunction/troubleshooting	
	High/total spinal	
	Desaturation	
	Pulmonary edema	
	Bradycardia/tachycardia	
	Hyper/hypotension	
	Cardiac arrest	
	Pulmonary embolism	
	Regional anesthesia	
	Preoperative evaluation scenarios	
	Vascular access	
	Understanding of pharmaceutical delivery issues (e.g., infection prevention principles associated with medication preparation and delivery, incorrect drug administration, equipment malfunction, etc.)	