

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):

| | |
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| 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.

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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.

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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

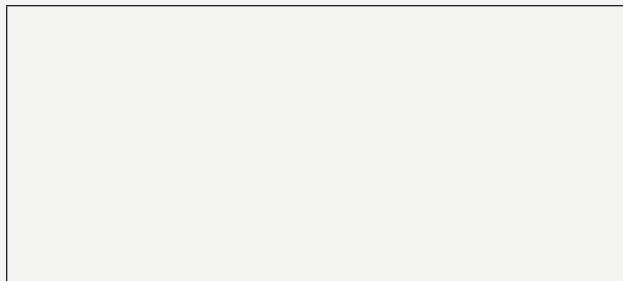
RECOGNITION SPECIFICATIONS

- 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).

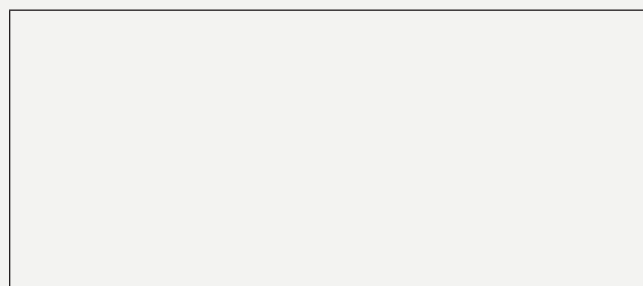


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- b. List of simulation products/programs with corresponding degree of fidelity that RPPs can expect to engage if using this center to complete Reentry Program Step Two. Please provide this information in **table three** of the separate application 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.

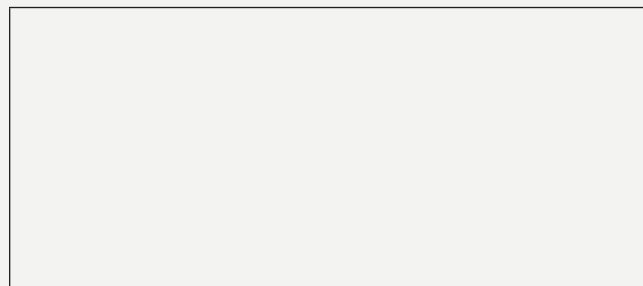
Simulations

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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RECOGNITION SPECIFICATIONS

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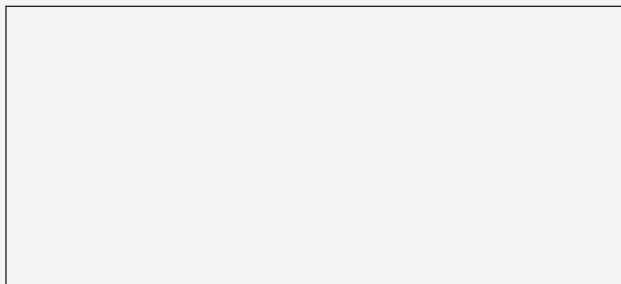
b. If RPP debriefing will occur in the presence of other RPPs or other learners, describe the process that will be used to obtain RPP permission to participate in group debriefing processes.

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RECOGNITION SPECIFICATIONS

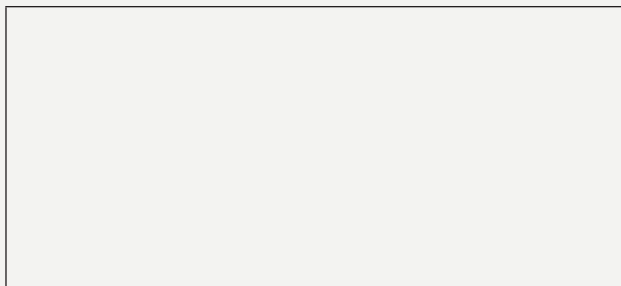
8. Mechanism for remediation

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



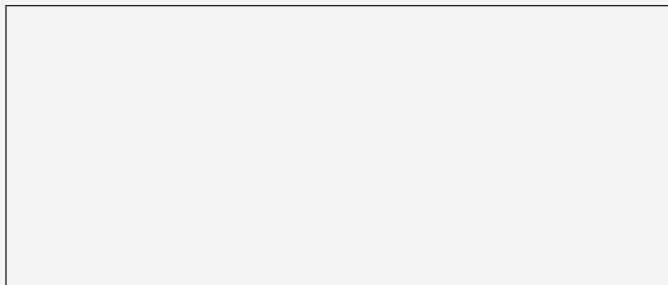
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- b. Describe the process that will be used to re-evaluate the RPP performance of the management topics.



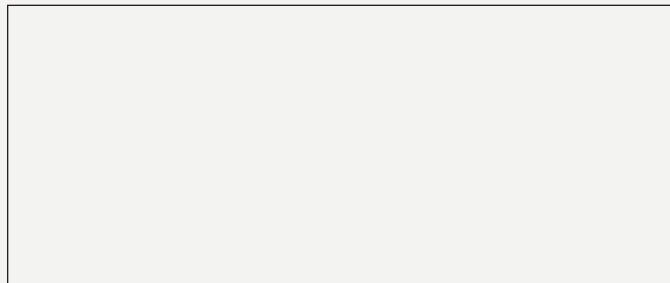
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2. Describe the orientation process that will be used with the RPP.



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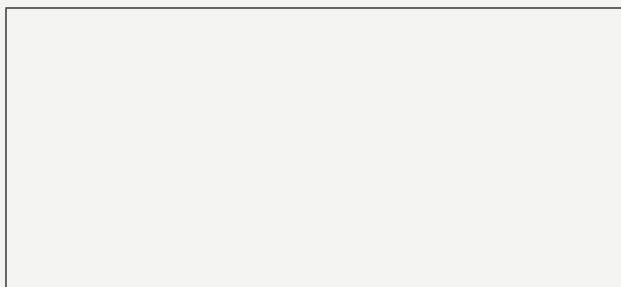
3. Provide any additional information or comments that you would like the NBCRNA to be aware of when reviewing this document.



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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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RECOGNITION SPECIFICATIONS

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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Lodging accommodations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Qualifications | Accreditation status | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Simulation faculty | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility | Center capacity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Products available for use | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Simulations | 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 |
| | Scenario revision process | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Evaluation Tools | Development process for tool | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Training process for raters | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Audio/visual recording | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remediation | 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.

RECOGNITION SPECIFICATIONS

Table 1: Accreditation Status

| Name of Accrediting Body | Accreditation Expiration Date | Plans for Renewal? | Additional Comments |
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Table 2: Faculty

| Faculty Name | Degree(s) / Certification(s) | Academic Rank / Position | Simulation Experience (Years) | Evaluation Training? (Yes/No) | Debrief Training? (Yes/No) | Certification Status |
|--------------|------------------------------|--------------------------|-------------------------------|-------------------------------|----------------------------|----------------------|
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RECOGNITION SPECIFICATIONS

Table 3: Simulated Products

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RECOGNITION SPECIFICATIONS

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.) | |