

# Constructing the Building Blocks of AGACNP Education: Scaffolding AGACNP Program Outcomes through Simulation

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# Faculty Disclosures

Drs. Blackwell, Guido-Sanz, Keiffer, Eckhoff, and Anderson have no disclosures. Dr. Anderson X

# Presentation Objectives

- 1) Rationalize the importance of scaffolding in SBE;
- 2) Outline a method to escalate student responsibilities and competencies in AGACNP SBE through curriculum progression and applying evidence-based evaluation methods;
- 3) Recognize importance of TeleHealth, AVR, and other innovations in AGACNP SBE.

# Overview of Competencies: AGACNP and Primary Care NP Programs

- NP Core Competencies:
  - **Novice to expert continuum of clinical practice**  
(NONPF, 2017, p. 14).
- AGACNP Competencies:
  - **Independently manages complex acute, critical, and chronically-ill adult and older adult patients at risk for urgent and emergent conditions, using both physiologically and technologically derived data, to manage physiologic instability and risk for potential life- threatening conditions**  
(NONPF, 2016, p. 19).
- FNP Competencies:
  - **Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living**  
(NONPF, 2013, p. 15).

# Scaffolding is Essential

- Scaffolding educational and clinical objectives to increasing patient complexity helps:
  - Build confidence
  - Creates a foundation of skills and knowledge on which to build
  - Promotes safety, critical thinking, and diagnostic reasoning by allowing graduate students to draw connections and conclusions drawn from prior experience



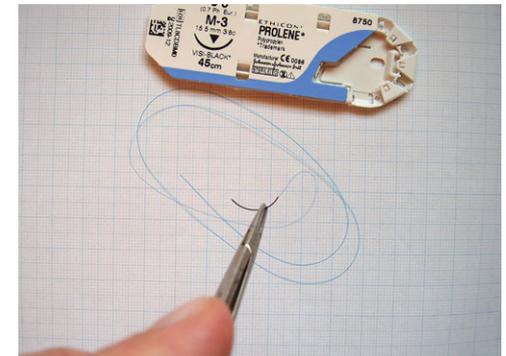
# AGACNP Program @ UCF



- BSN-DNP Program
- Professional Certificate Program
- Core AGACNP Management Courses:
  - NGR 6210: AGACNP I (3 credits)
  - NGR 6230L: Diagnostics and Skills for Care of the Critically Ill (2 Credits)
  - NGR 6175: Critical Care Pharmacology (3 credits)
  - NGR 6211/L: AGACNP II (3/3 credits)
  - NGR 6212/L: AGACNP III (3/3 credits)
  - NGR 6215L: AGACNP Practicum (3 credits)

# Scaffolded Simulation Experiences

- NGR 6230L: Diagnostics and Skills for Care of the Critically Ill (2 Credits):
  - Didactic Content of NGR 6210 (AGACNP I) Supports Clinical Course
  - Student Present to Campus Approx. 1 Day/ Wk
  - Provides the advanced practice skills foundation necessary to manage patients across the acute and adult-gerontology continuum:
    - Basic Emergent Procedures:
      - Suturing
      - Wound Management & Debridement
      - Prescribing parenteral/PO/topical ATBx
      - Elliptical, shave, and punch Bx
      - Abscess Incision and Drainage
      - Fishhook removal



# Scaffolded Simulation Experiences

- NGR 6230L: Diagnostics and Skills for Care of the Critically Ill (2 Credits)
  - Critical Care Procedures:
    - FAST Assessment
    - Central Line Placement and Management
    - Arterial Line Placement and Management
    - Lumbar Puncture
    - Emergent Thoracentesis
    - Emergent Thoracostomy Tube Placement
    - Chest Tube System Management
    - Intubation and Mechanical Ventilation Management
    - Bone Marrow Bx
    - Emergent Paracentesis



# Scaffolded Simulation Experiences

- NGR 6211L: AGACNP II
  - Two Simulated Experiences, 1 9-hour day
  - Interprofessional Simulation with Athletic Training Graduate Program (0800-1200):
    - Stabilization of sports-related and other traumas in field
    - Stabilization of sports-related and other traumas in ED
    - Proper assessment of trauma-related injuries
    - Safe removal of protective equipment
    - Prioritization of diagnostic imaging in trauma



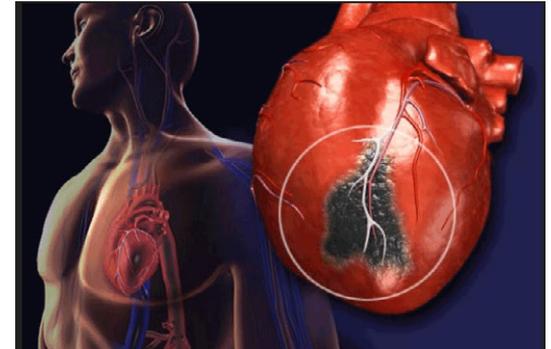
# Scaffolded Simulation Experiences

- NGR 6211L: AGACNP II
  - Two Simulated Experiences, 1 9-hour day
  - Management of CAP (1300-1700):
    - Two Groups:
      - Assessment of CAP pt. Requiring Admission
      - Assessment of CAP Outpatient
    - Hx & PE
    - Diagnostics
    - Treatment Plan
    - Documentation of Care and Plan of Care Exercise



# Scaffolded Simulation Experiences

- NGR 6212L: AGACNP III
  - One Simulated Experience, 9-hour day
  - Management of STEMI/ CHF Exacerbation
    - One Group:
      - Students Given Various Provider Roles
      - ED Team (0800-1100):
        - Rapid Assessment/ FAST
        - Stabilization of Emergent AMI
        - Hx & PE
        - Diagnostics
        - Treatment Plan/ IP Collaboration
        - Transfer to Cath Lab/ ICU



# Scaffolded Simulation Experiences

- NGR 6212L: AGACNP III
  - One Simulated Experience, 9-hour day
  - Management of STEMI/ CHF Exacerbation
    - One Group:
      - Students Given Various Provider Roles
      - ICU Team (1300-1700):
        - Safe transfer of care
        - Report from ED to Intensivist
        - Hx & PE
        - Diagnostics
        - Treatment Plan
        - ICU Mgmt s/p STENT
      - Documentation of Care and Plan of Care Exercise



# Scaffolded Simulation Experiences

- NGR 6215L: AGACNP Practicum
  - One Professional Seminar, 6-hour Day:
    - B&A 3 P's + DRTs (0900-1200)
    - Discussion of Malpractice Issues & Insurance (1300-1330)
    - Discussion of Contract Negotiation & Pitfalls (1330-1400)
    - Discussion of Licensure & Certification (1400-1430)
    - Discussion of Physician Collaboration Protocols (1430-1500)
  - One Simulated Experience, 9-hour day:
  - Management of Critical Illness (Sepsis):
  - One Group:
    - Students Given Various Provider Roles
    - ED Team (0800-1100):
      - Triage from SNF and EMS
      - Rapid Assessment/ FAST
      - Hx & PE
      - Stabilization of Patient
        - ACLS Megacode Management
        - Insertion of Invasive Lines
        - Therapeutic Stabilization Plan
      - Diagnostics
      - Treatment Plan/ IP Collaboration
      - Transfer to ICU (including report to intensivist)



# Scaffolded Simulation Experiences

- NGR 6215L: AGACNP Practicum
  - One Simulated Experience, 9-hour day:
  - Management of Critical Illness (Sepsis):
  - One Group:
    - Students Given Various Provider Roles
    - ICU Team (1300-1700):
      - Safe transfer of care
      - Hx & PE
      - Diagnostics
      - Treatment Plan
      - End of Life Discussion with Family
    - Documentation of Care and Plan of Care Exercise



# Scaffolded Evaluation

## SMARTER Behavioral Assessment Tool: NGR 6211L



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NGR 6211L: Adult-Gerontology Acute Care Nurse Practitioner II Simulation Evaluation

Students: \_\_\_\_\_

BEHAVIORAL ASSESSMENT TOOL - SMARTER				
<b>Simulation Scenario:</b> PNA				
<b>Learners:</b> AGACNP				
<b>Competencies/Objectives:</b> See SMARTER tool				
<b>Scoring:</b> Hits = score as: Y = done correctly N = not done or done incorrectly IG = instructor guided (i.e. instructor provided prompts through simulator or confederate to elicit desired action from learner)				
Use comments section to record points for debriefing discussion				
Pre-Planned Triggers	Targeted Response	Hits Y/N	IG	Notes for Debriefing
Patient on monitor; vital signs obtained; pt verbalizes	Assesses heart sounds	Y		
	Assesses lung sounds	Y		
	Assesses peripheral pulses	Y		
	ECG ordered	Y		
If requested: Influenza and Pneumovax was received	Orders <del>freq</del> BP Q10 mins	Y		
	Orders SPO2 monitor	Y		
	Orders O2 to keep SPO2 >90%	Y		
	Orders labs: PT/PTT, D-Dimer, CBC, BMP, ABG, Cardiac	Y		

	enzymes, portable CXR, Blood and Sputum cultures, Legionella			
Confederate MD calls for Update	Verbalize 3 potential diagnoses:	Y		
	MI	Y		
	PE	Y		
	PNA	Y		
WBC, CXR, and symptoms indicate CAP	Identify CAP	Y		
	Differentiate CAP from HAP	Y		
	Orders Antibiotics and NS bolus for low BP	Y		
Wheezing, tachypnea, and hypoxia	Evaluate airway	Y		
	Increase O2 (100% NRM)	Y		
	Order Albuterol/ Atrovent Neb	Y		
RR to 18 O2 sat 92% CURB-65 score of 2	Interpret CURB-65 score and Initiate floor/IMCU consult for transfer	Y		
Other notes for debriefing and Evaluation:				
<ul style="list-style-type: none"> <li>Overall very nicely done</li> <li>Focus on consideration of integration of physical examination findings with pathophysiology of presentation</li> <li>Focus on consideration of integration of diagnostics findings with pathophysiology of presentation</li> </ul>				
<ul style="list-style-type: none"> <li>Grading:                             <ul style="list-style-type: none"> <li>Meets all Standards = Excellent</li> <li>Misses 1-2 Assessment Elements = Satisfactory Performance</li> <li>Misses 2-3 Assessment Elements = Unsatisfactory Performance</li> </ul> </li> </ul>				



# Scaffolded Evaluation

## SMARTER Behavioral Assessment Tool: NGR 6215L



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NGR 6215L: Adult-Gerontology Acute Care Nurse Practitioner Practicum

Students: \_\_\_\_\_

BEHAVIORAL ASSESSMENT TOOL - SMARTER				
<b>Simulation Scenario:</b> Sepsis/ Code Mgmt				
<b>Learners:</b> AGACNP				
<b>Competencies/Objectives:</b> See SMARTER tool				
<b>Scoring:</b> Hits = score as: Y = done correctly N = not done or done incorrectly IG = instructor guided (i.e. instructor provided prompts through simulator or confederate to elicit desired action from learner)				
Use comments section to record points for debriefing discussion				
Pre-Planned Triggers	Targeted Response	Hits Y/N	IG	Notes for Debriefing
Patient on monitor; vital signs obtained; pt non-verbal	Assesses heart sounds	Y		
	Assesses lung sounds	Y		
	Assesses peripheral pulses	Y		
	ECG ordered	Y		
If requested: Influenza and Pneumovax was received	Orders freq BP Q5 mins	Y		
	Orders SPO2 monitor	Y		
	INT, Central Line, Art Line, Vent Settings	Y		
	Orders labs: PT/PTT, D-Dimer, CBC, CMP, ABG, Cardiac	Y		

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	enzymes, portable CXR, Blood and Sputum cultures, Legionella, Urine culture			
Confederate MD calls for Update	Verbalize 3 potential diagnoses:	Y		
	MI	Y		
	PE	Y		
	Sepsis	Y		
WBC, CXR, UA, and symptoms indicate Sepsis	Identify UTI/PNA	Y		
	Prioritizes Diagnostics	Y		
	Orders Antibiotics and NS bolus for low BP	Y		
Respiratory Failure	Evaluate airway	Y		
	Adjusts Vent Settings	Y		
	Order Albuterol/ Atrovent ETT	Y		
DW FAM W/D Care	Therapeutic Communication and Appropriate Orders for Family Wishes	Y		
Other notes for debriefing and Evaluation:				
<ul style="list-style-type: none"> <li>Overall very nicely done</li> <li>Focus on consideration of integration of physical examination findings with pathophysiology of presentation</li> <li>Focus on consideration of integration of diagnostics findings with pathophysiology of presentation</li> </ul>				
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