



## Internal Grant Cover Sheet

Expanding Simulation in the Women's & Children's Nursing Courses

A proposal submitted to:

NMU Faculty Grants Committee

By

Dr. Kristen Smith

School of Nursing

Northern Michigan University

March 27, 2020

Total Project Length: 2 years (June 2020 – June 2022)

Total Requested Funds: \$ 2400 Committed/Potential external funds: N/A

Total Project Budget: \$ 3476

Kristen L. Smith

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Dr. Kristen Smith

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## ABSTRACT

Instructional Improvement will focus on nursing/healthcare simulation in order to build and expand the use of simulation within the pediatric (NU 332) and obstetric (NU 322) courses in the BSN program. My expertise lies within the specialty of Women and Children's nursing which enables me to develop appropriate teaching strategies for other faculty in those courses. Students verbally have requested an increase in simulation use within the curriculum as they value it as a great learning experience. It is of particular value in specialty areas as these type of cases are difficult to expose students to in a clinical site.

## Discussion:

Simulation is an active learning pedagogy for nursing as well as other disciplines. It is a way of teaching that exposes students to different types of patients as well as skills, diagnosis, and problems that go along with caring for the patient. Research is beginning to show that simulation enhances the learning and transfer of knowledge or critical thinking to a “real life” experience. Simulation allows students to practice skills and the care of patients in a safe, non-threatening environment while working on teamwork, communication and critical thinking skills.

Please also see the School of Nursing’s page for some further information on simulation - <https://www.nmu.edu/nursing/simulation>

The International Nursing Association for Clinical Simulation & Learning (INACSL) is the lead organization for simulation education in nursing. INACSL is also the organization that sets the best practice guidelines for simulation within healthcare education, which NMU has agreed to adopt within its simulation labs. According to the website, “The INACSL Simulation Education Program (ISEP) aligns with the vision, mission and core values of INACSL bringing just-in-time education and best practices to participants. ISEP is a comprehensive, online program integrating concepts of simulation and

instructional design methodologies into practice with interactive, activity-based, on-line projects. Each of the 12 courses in the program incorporate participant discussion boards and video sessions with facilitators related to specific course projects and assignments” (2020). For this grant, I am requesting part of the proposed budget monies for the purpose of completing the 12 month ISEP training.

In addition to the INACSL course, I will plan to consult with the other faculty who teach the Women and Children’s clinics in order to facilitate building appropriate simulations for all courses.

The Covid-19 crisis disrupted our women and children’s clinics that were offered in the community and other healthcare settings. Faculty needed to quickly switch to the simulation lab but many did not have built simulations to utilize. Creating simulations and having the ability to take a group into the simulation lab would also help with snow-day make-up’s as well as give the students experiences with high risk and low frequency experiences. As a former manager in a hospital, we used to do yearly training with our nurses on these low frequency experiences so they maintained competency. Being able to do things like this with our students will help them grow, especially in the area of Women and Children’s where these vulnerable populations are harder to get experience with.

Women and newborn health clinics are held on the inpatient units in the hospital. The census has been decreasing and faculty have been having a hard time finding alternate experiences for students. The OB clinic currently has one regularly used simulation, called “post-partum hemorrhage” but there are many more topics that could be developed into simulations. Examples: couplet care, breastfeeding education, jaundice care of an infant, hypoglycemia care of infant, neonatal resuscitation, fetal demise, premature rupture of membranes, non-stress test, admission of premature infant, and more. Being able to utilize these simulations during low-census at the hospital or as alternative clinic days would actually improve the curriculum by expanding on the students experiences.

Pediatric clinic has students going to many different sites for experiences: preschools, public school system, walk-in clinics, the health department, and the hospital. At times, there are snow-days for public schools or cancellations of sites and simulations need to be utilized. Furthermore, many pediatric cases in the hospital require advanced care and are referred outside of the Marquette area, which makes it difficult for students to see and experience.

Currently the pediatric clinic has a few simulations that are used: appendectomy, respiratory distress, well-child visit, and traction. I have several ideas for additional simulations such as: a pediatric oncology patient who is in

hospice and dies, supraventricular tachycardia, gastro/dehydration, seizure disorder, shock/meningitis, neonatal abstinence syndrome, and trauma.

In order to ensure that the developed simulation curriculum is in alignment with best practice standards and acknowledged by our accreditation body, I feel it is important to complete the gold standard training. As the INACSL website states (2020) “This cutting-edge program offers participants the opportunity to practice new techniques and put theory into practice.”

The following budget is proposed:

- INACSL Online Program \$1200 (starting summer or fall 2020)
- INACSL Membership \$140
- Conference \$600 (held June 2021)
- Hotel: \$199/night X 4 nights= \$796
- Shuttle/Taxi to/from airport: \$80
- Meals: \$32 X 5 = \$160
- Flight \$500

Total \$3476

Overall goals of Instructional Improvement:

1. Complete the INACSL online program.
2. Work with Women and Children’s faculty and simulation coordinator for improvement of simulation in the SON.
3. Develop at least four new simulations for NMU’s nursing curriculum.
4. Offer students new simulations in the Women and children’s area, which will hopefully also aid with scheduling of students for clinical.
5. Collect student feedback on new simulations in order to alter/improve.
6. Attend and present at the INACSL conference.

## References

- Billings, D. M., & Halstead, J. (2016). *Teaching in nursing: A guide for faculty* (5th ed.). St. Louis, MO: Elsevier.
- Bland, A. J., Topping, A., & Wood, B. (2011). A concept analysis of simulation as a learning strategy in the education of undergraduate nursing students. *Nurse Education Today*, 31(7), 664–670. <https://doi.org/10.1016/j.nedt.2010.10.013>
- International Nursing Association for Clinical Simulation & Learning. (2020). INACSL Simulation Education Program (ISEP), Retrieved from <https://www.inacsl.org/education/inacsl-simulation-education-program/>

# CURRICULUM VITAE

## Dr. Kristen L. Smith DNP, MSN, RNC-NIC, FNP-BC

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Date of Appointment: 08/2018      Appointment type: Tenure Track      Rank: Assistant Professor

### Education

<u>Degree</u>	<u>Major</u>	<u>Institution</u>	<u>Dates</u>
D.N.P.	Doctorate in Nursing Practice	Northern Michigan University	2018
M.S.N.	Nursing Education	Kaplan (Purdue) University	2013
B.S.N.	Nursing	Northern Michigan University	1991

### Current Licensure and Certification

Family Nurse Practitioner License	Michigan Board of Nursing	2019-2022
Registered Nurse License	Michigan Board of Nursing # 4704181760	1991-2020
Certified Neonatal Nurse	National Certification Corporation	2007-2019
BCLS Provider	American Heart Association	1986-2021

## **Professional Teaching Experience**

*8/2012-current      **Instructor**, School of Nursing, Northern Michigan University*  
*Teaching in BSN Program Primarily*  
*Major teaching responsibilities:*  
*NU 441 Leadership & Management in Nursing – Theory*  
*NU 331 Nursing Care of Children/Adolescents - Theory*  
*NU 332 Nursing Care of Children/Adolescents – Clinic*  
*NU 322 Nursing Care of Women & the Perinatal Family - Clinic*  
*NU 302 Nursing Care of Adults – Clinic*  
*AH 102 Growth & Development throughout the lifespan – Theory*  
*PN 132 Maternal-Child Nursing – Lecture*  
*PN 136 Maternal-Child Nursing – Clinic*  
*PN 140 Maternal-Child Nursing – Clinic*  
*NU 452 Transitions into Professional Nursing Practice - Clinic*

*February – May  
2012      Adjunct Faculty, School of Nursing, Northern Michigan University*  
*Teaching in BSN Program – Marquette, Michigan*  
*Major teaching responsibilities:*  
*NU 332 Nursing Care of Children/Adolescents – Clinic*  
*NU 322 Nursing Care of Women & the Perinatal Family – Clinic*

*January – May  
2012      Adjunct Faculty, School of Nursing, Bay College*  
*Teaching in ADN Program – Escanaba, Michigan*  
*Major teaching responsibilities:*  
*Advanced Adult Medical/Surgical Nursing – Clinic*  
*Obstetric Clinic*

## **Professional Practice Experience**

### **Clinical Director of the Family Birthing Center and Neonatal Intensive Care (2009-2011)**

#### **Marquette General Hospital – Marquette, MI 49855**

*Duties included:* budgeting, payroll, statistics, audits, special ordering, scheduling, project management, ensuring proper patient care and standards according to regulatory guidelines and evaluations of 100 employees. Another large part of the job entailed patient satisfaction and employee engagement. Assigned to many committees including Nursing Leadership Council member, Chair of Nursing Recognition committee (responsible for creating a new recognition award called the Trillium Award), Decentralized Testing Committee member, Pediatric Service Line member, Perinatal Committee member, Unit council member, OB Service Line member, Women's Health Service Line member, and Partners in Change member (committee set-up for management, staff and union representatives to discuss current hospital problems and come up with solutions). I also held the position of Perinatal Outreach Coordinator: responsible for meeting with outlying hospitals to see what their needs were in OB and Neonatal education and support.

### **Clinical Manager of the Family Birthing Center and Neonatal Intensive Care (2006-2009)**

#### **Marquette General Hospital – Marquette, MI 49855**

*Duties included:* responsible for many audits, statistics and scheduling of unit as well as staffing and projects as designated by my superiors. In this position I did a number of educational programs for the staff including Pediatric Advanced Life Support, Neonatal Resuscitation, The STABLE program (Stabilization and Sugar, Temperature, Assessment and Airway, Breathing, Lab values and Evaluation of the baby for transport) as well as yearly skill stations and learning days. I organized a number of the staff to prepare and test for their certification exam in their specialty area and gained my certification at the same time. Also responsible for reviewing and updating all physician protocols as well as policies and standards of care for the Neonatal Intensive Care Unit. Created orientation plans and schedules for all new employee's coming into the units. On unit council and unit manager representative on information technology committee.

### **Staff Nurse and Charge Nurse for NICU (1991-2006)**

#### **Marquette General Hospital – Marquette, MI 49855**

Cared for all patients in the unit as well as cross-trained to the family birthing center and the Pediatric Unit. Gained a lot of experience working with families in crisis as well as caring for the needs of my patient. Went above and beyond in this role by learning advanced skills for transport of infants from outlying areas and PICC line insertion which are usually advanced practice nurse or physician skills. In my time on Pediatrics I went for training to Milwaukee

Children's Hospital for Pediatric Cardiac Catheterization and helped implement that new process at Marquette General Hospital along with the Pediatric Cardiologist. Created teaching booklets for parents about the NICU and Kangaroo Care as well as assisting with multiple protocol reviews.

## **Scholarship and Professional Development**

### **Recent Work:**

- Presented at Sigma International Nursing Honor's Society Conference in November 2019 on the Poverty Simulation
- Presented at INACSL International Conference on Nursing Simulation in June of 2019 on the Poverty Simulation and BSN Attitude Change toward those living in poverty.
- Presented at NMU for the Teaching and Learning conference in May 2018 on the Poverty Simulation with Jaime Crabb.
- Presented in Mount Pleasant at Central Michigan University on the Poverty Simulation, with Jamie Crabb – May 2017.
- Presented at NMU's Xi Sigma Chapter of STTI on the Poverty Simulation, with Jamie Crabb – November 2017.
- Reviewed/Re-written Protocols for Lippincott's Nursing Procedures and Skills book and online resource in 2013, 2015, 2016, 2017 & 2019.

### **Previous Work:**

- Presenting at the National Sigma Theta Tau Convention in November of 2015 – The Revision of a PN Curriculum to Concept-Based. Also was delegate for Xi Sigma chapter of honors society.
- Presented on behalf of the General Education Committee (GEC) at the nursing faculty meeting as well as Social Work and Health Education department meetings in December of 2016. Also participated in multiple forums held by the GEC for discussion and updates, university wide 2012 – 2015. General Education passed senate approval for start at NMU Fall 2017.
- Practical Nursing Program Coordinator of Program reform to Concept-Based Curriculum – 2014.
- Reviewed/Edited Chapter for Pearson publication in September 2015.

- Assisted with Research done by Rachel Nye on a new surgical dressing and pediatric oral health.
- Assisted with Research done by Kristi Burdick by holding focus groups in 2012.
- In charge of our Family Birthing Center and NICU participating in a trial of Newborn Screening Changes that were being rolled out in 2010. This required staff orientation and follow-up, communication and meetings with the State Representative from the Health Department as well as the hospitals IRB (internal review board) approval.
- Responsible for collection of data for NICU's involvement with the Vermont Oxford Network database and Quality Improvement (2007-2011).
- Responsible for implementation of the OB unit's collection of data for the Michigan Hospital Associations (MHA) Quality Improvement (2010 and 2011).
- Responsible for collection of data on central line infections and hospital acquired infections in the Neonatal Intensive care unit (2008-2011).

## **Service**

### **School of Nursing:**

Undergraduate Curriculum Committee – Current Chair – 2012 – present

Sigma Theta Tau International Honors Society of Nursing, member and current President for Xi Sigma Chapter, 2012-present

School of Nursing Enrollment Committee & RN-BSN taskforce – Member 2015 - present

School of Nursing Simulation Strategic Planning Committee – Member 2015 - present

### **University:**

Graduate Program Committee – Member – 2019 – present

Advising Task Force – Faculty Member – September 2018 – Winter 2019

General Education Committee – Member and Secretary – 2012 to 2017

### **Community:**

Health Education Advisory Board, Marquette Area Public Schools – 2018 – present

Alger-Marquette Community Action/Health Advisory Committee – 2016 – present

Marquette Area Public Schools Parent Advisory Board – Professional Member, 2013 - 2019

### **Professional Affiliations**

- INACSL, member, 2018-present
- American Association of University Professors (AAUP), member, 2012-present
- Sigma Theta Tau International Honor Society of Nursing, member, 2012-present
- Alpha Beta Kappa Honors Society, member, 2013-present
- Michigan Council of Nurse Practitioners, student member, 2014-2017



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3/30/2020

To: Committee for Internal Faculty Curriculum Grants

From: Kristi Robinia, Associate Dean/Director, School of Nursing

RE: Application for Dr. Kristen Smith

I am writing this as a letter of support for Dr. Smith's application for a curriculum grant "Expanding Simulation in the Women's & Children's Nursing Courses". The School of Nursing has developed a robust simulation program; however, in the specialty areas of Maternal/Child nursing, we would benefit from additional curriculum development. Dr. Smith's proposal includes training from the best practice experts (The International Nursing Association for Clinical Simulation & Learning (INACSL). The Michigan Board of Nursing and our accrediting body (The Commission on Collegiate Nursing Education [CCNE])) both recognize INACSL as providing the appropriate guidelines for simulation curricula.

The training proposed independently would reflect well for the School of Nursing; we currently only have one faculty member who has completed this work (Professor Nancy Maas). The output of developing four solid simulation scenarios to be shared across multiple clinic groups is an additional benefit. This is particularly important for the specialty area of Pediatrics as in Marquette, students are unable to experience the same type of cases their counterparts are able to learn from in urban areas. In conclusion, over the next year or so, the training and developed curricula would be of great value to the School of Nursing.



March 30, 2020

I strongly support Dr. Kristen Smith in her application for an instructional grant to participate in the International Nursing Association for Clinical Simulation and Learning (INACSL) Simulation Education Program. The ability to teach in simulations requires specific skills and abilities in order to support students in meeting learning outcomes. Furthermore, the 2016 INACSL Standards of Simulation charge all facilitators of simulation to acquire specific education on use of simulation through formal coursework/training.

The INACSL Simulation Education Program provides an ideal method for gaining up-to-date knowledge in the area of simulation. Dr. Smith will have the opportunity to network with colleagues and to learn best practices for teaching and implementation of simulation. Faculty training in simulation based healthcare education will benefit the NMU School of Nursing by demonstrating adherence to current recommendations for faculty who teach with simulation, and will contribute to the overall advancement of the simulation program here at NMU.

Dr. Smith has consistently been involved with simulation in the NMU School of Nursing. She is a co-researcher in a study exploring the outcomes of a curriculum wide safety simulation for the School of Nursing, and assists in the coordination of a large, interdisciplinary Poverty simulation twice each term. She has also independently developed several simulations, which are utilized each term in our Pediatric clinical courses. In conclusion, Dr. Smith's is an excellent candidate for this program. Please feel free to contact me if you have any questions.

*Nancy A. Maas*

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